

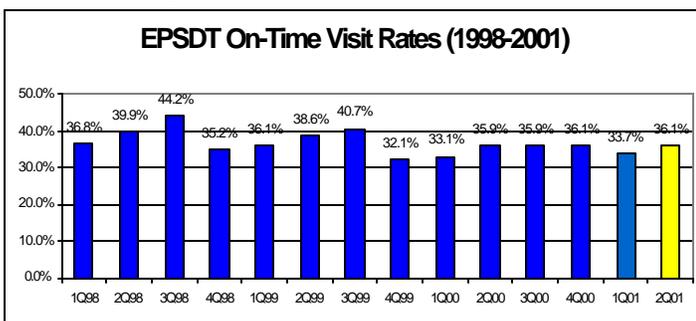


EPSDT On-Time Visit Rates, Second Quarter 2001

January 2002

The Children's Health Council tracks children's health services and conducts performance monitoring aimed at increasing participation in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for children enrolled in HUSKY Part A (Medicaid). The EPSDT On-Time Visit Rate is an estimate of program performance in terms of the rate at which individual children enrolled in HUSKY Part A (Medicaid managed care) receive timely screening examinations.¹ EPSDT On-Time Visit Rates are calculated by the Connecticut Children's Health Project and reported quarterly to the Department of Social Services by age and by health plan. The EPSDT On-Time Visit Rate is an important component of ongoing monitoring of access and utilization that includes focus groups, surveys, special studies, and qualitative analyses of calls to the Children's Health Infoline.

- ◆ In the second quarter 2001, the EPSDT On-Time Visit Rate (36.1%) was increased from the previous quarter (33.7%) but essentially unchanged from the rate observed in the second quarter 2000 (35.9%).



- ◆ Most children did not receive timely EPSDT screening examinations. Screening rates in every age group were similar to rates observed in the previous quarter and one year earlier.

Child's Age	OTVR 2Q01	Compared to:	
		Previous quarter	One year earlier
4 to 24 months	62.3%	61.9%	61.5%
3 to 5 years	34.6%	33.1%	35.7%
6 to 10 years	14.3%	11.2%	13.5%
11 to 19 years	13.9%	10.3%	13.5%
Total	36.1%	33.7%	35.9%

- ◆ EPSDT On-Time Visit Rates varied by health plan. Preferred One has identified a problem with completeness of the data submitted for performance monitoring, but has not yet corrected the problem or re-submitted data.

Health Plan	Children due for screen	OTVR 2Q01
BlueCare	17,630	39.3%
Community Health Network	7,275	35.4%
Physicians' Health Services	16,496	38.2%
Preferred One	3,687	12.9%

- ◆ Once again, for the second consecutive quarter, the EPSDT On-Time Visit Rate for children in DCF custody (39.5%) was higher than the overall rate (36.1%). The gap between the DCF rate and the overall rate began to narrow in mid-2000 when DCF Health Care Advocates, working with data from the Connecticut Children's Health Project, began systematic, intensified outreach, education, and follow-up with foster care and adoptive families.

ⁱ Every month, the Connecticut Children's Health Project identifies children due for screens in two months' time; their respective health plans are notified. The health plans can use this information to inform families and/or providers that children are due for well-child visits. After allowing time for the visit to occur and 180 days for encounter records to be submitted to the Project, the encounter database is searched for encounter records coded according to the Department's uniform encounter data coding and reporting requirements for children who remained enrolled during the on-time window. The window of time in which a visit is considered "on-time" varies by the age of the child and the frequency of recommended screens: For 4 month old infants, 15 days on either side of the 4 month birthday (30 day window); for 6, 9, 12, 15, 18 month olds, 1 month on either side of the month in which the infant turns that age (3 month window); for annual exams between 2 to 5 and between 11 and 19, two months on either side of the birthday month (5 month window); for biennial exams between 6 and 10, two months on either side of the birthday month (5 month window). The number of children screened on time is compared to the number due for screens during that calendar quarter. These results are entirely dependent on the quality of the encounter data. A report by the CHC showed that in 1999-00, among continuously enrolled children 2-19, 48% had a well-child visit.