Health Plan Transition in the Florida Healthy Kids Program: Enrollee Health Status and Access to Care

A Report Prepared for the
Florida Healthy Kids Corporation

Prepared By

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I. EXECUTIVE SUMMARY

As part of its 2003-2004 evaluation, the Institute for Child Health Policy evaluated the impact of health plan changes in Miami-Dade County on children's health status and health expenditures. Specifically, the evaluation focused on those children who transferred from JMH Health Plan to Amerigroup or Staywell when JMH was not awarded the Healthy Kids contract effective January 1, 2004 during a competitive bidding process. Because limited post-transfer claims and encounter data were available for the 2003-2004 evaluation, the Florida Healthy Kids Corporation Board of Directors asked the Institute to conduct a follow-up analysis to (1) determine if the children's health status changed during the year post-transfer to the new plans using the Clinical Risk Group classifications of healthy, significant acute conditions, minor chronic conditions, moderate chronic conditions, and major chronic conditions; and (2) examine the enrollees' access to care prior to and subsequent to their health plan transition. The following data sources were used to conduct this study: (1) administrative enrollment data provided by the Florida Healthy Kids Corporation and (2) health care claims and encounter data submitted by the health plans participating in the Florida Healthy Kids Program.

Children's Health Status Pre- and Post-Transfer

- Prior to the transfer, approximately 73 percent of children in the Florida Healthy Kids Program statewide were classified as "healthy" compared to 75 percent of those transferring to Amerigroup, 78 percent of those transferring to Staywell, and 80 percent of those who disenrolled. Therefore, children who disenrolled at the time of transfer had the most favorable case-mix.

- Post-transfer, the case-mix of children who transferred to Amerigroup and Staywell are comparable with 83 percent classified as "healthy" for both plans. This compares to 78 percent of other Healthy Kids enrollees statewide who were classified as "healthy" during the same time period.

Children's Health Care Access Pre- and Post-Transfer

- Two measures of health care access were examined: (1) the percentage of transferring enrollees who had emergency room (ER) visits attributable to ambulatory care sensitive conditions (ACSCs) and (2) the percentage of children with at least one visit to a primary care practitioner (PCP).
- The percentage of children with ACSC ER visits was similar between the two plans and did not change significantly after the children transferred from JMH: four percent to five percent of transferring children in each plan had ER visits attributable to ACSCs.
- After transfer, the percentage of children seeing a PCP is similar for both Amerigroup and Staywell (approximately 96 percent) and is higher than the percentage of children who saw a PCP before the transfer.

Implications

- Based on these descriptive analyses, one year post-transfer, children have good access to primary care.
- Further research is needed to know if the changes in the case mix of enrollees pre- and post-transfer reflect actual changes in the children's health status.

II. BACKGROUND

In 2003, eleven Florida counties experienced changes in the managed care organizations (MCOs) serving their Healthy Kids enrollees. These MCO exits involved the following plans: Clarendon, Health Options, Capital Health Plan, Vista Health Plan, Healthy Palm Beaches, and Jackson Memorial Health (JMH) Health Plan. When MCOs exit the market, children must transfer to remaining MCOs or to new MCOs in their counties. However, little is known about the short and long term impact of these health plan transfers on the children's health care access, expenditures, and quality of care. Specifically, transferring to new MCOs could disrupt the children's continuity of care and pose barriers to health care access.

As part of its 2003-2004 evaluation, the Institute for Child Health Policy evaluated the impact of MCO changes in Miami-Dade County on children's health status and health expenditures. Specifically, the evaluation focused on those children who transferred from JMH Health Plan to Amerigroup or Staywell when JMH was not awarded the Healthy Kids contract effective January 1, 2004 during a competitive bidding process. JMH enrollees were sent notices informing them of the need to transfer, giving them 60 days to choose another plan or be reassigned by the state. The Institute assessed the health status and health care expenditures of the children pre-transfer to determine if either of the health plans accepting the transferring children experience adverse selection. In addition, children's access to a usual source of care and family satisfaction among those transferring from JMH Health Plan to Amerigroup or Staywell were assessed.[1]

[1] The findings of these analyses are contained in a report entitled "Health Plan Exit in Miami-Dade County." This report is available at: http://www.healthykids.org/documents/evaluation/institute.php.

Because limited post-transfer claims and encounter data were available for the 2003-2004 evaluation, the Institute was asked to conduct a follow-up analysis to (1) determine if the children's health status and expenditures changed during the year post-transfer to the new plans and (2) examine the enrollees' access to care prior to and subsequent to their health plan transition. The analyses provided in this report are descriptive.

III. THE HEALTH PLANS

The JMH Health Plan offers different benefit plans, tailored to the specific needs of small businesses, large corporations, government agencies, and other organizations in South Florida. Plan members can choose from 2,300 physicians in the South Florida area and from 22 area hospitals.[2] The JMH Health Plan is part of a large academic health center. Although no longer serving the Healthy Kids population, it continues to serve Medicaid enrollees, including children in the Children's Medical Services (CMS) Integrated Care System, a special managed care program for SCHIP recipients meeting CMS medical eligibility criteria for enrollment.

Staywell is part of the WellCare Group of Companies, which serves enrollees in public insurance programs in seven different states. For 15 years, WellCare has provided government-sponsored health plans including Medicare, Medicaid, SCHIP, and others.[3] In Florida, Staywell participates in the Healthy Kids Program in 13 counties.[4] Staywell began serving Healthy Kids enrollees in Miami-Dade County in 2002.

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[2] Description of JMH Health Plan. http://www.jmhhp.com/N_About_Us.html. Accessed August 30, 2005.

[3] Description of WellCare. http://www.wellcare.com/AboutUs/AboutUs.aspx. Accessed August 30, 2005.

[4] Description of Staywell Healthy Kids. http://www.wellcare.com/HealthPlans/Florida/StaywellHealthyKids/Home.aspx. Accessed August 30, 2005.

Amerigroup is a multi-state managed healthcare company focused on serving enrollees in publicly sponsored programs including Medicaid, SCHIP, and FamilyCare. The Company operates in Florida, Georgia, Illinois, Maryland, New York, New Jersey, Ohio, Texas, Virginia and the District of Columbia.[5] Amerigroup also recently completed the acquisition of CarePlus Health Plan, one of the largest for-profit Medicaid managed care companies in New York City.[6] Amerigroup began serving Healthy Kids enrollees in Miami-Dade County in 2003.

During the competitive bid process, Staywell and Amerigroup requested monthly premiums of approximately $84 per child compared to $99 per child requested by JMH Health Plan. About 25,000 children in Miami-Dade County were affected by this change. The Florida Healthy Kids Corporation sent letters to families informing them of the change in MCOs and JMH Health Plan also worked with families to facilitate a successful transfer.

IV. Data Sources and Measures

A. Data Sources

The following data sources were used:

1. Enrollment files provided by the Florida Healthy Kids Corporation. The enrollment files contain information about the child's age, gender, family income, the MCO in which the child is enrolled, and the number of months the child was enrolled in the program. This information was used to (a) identify children who

[5] Amerigroup Fact Sheet Second Quarter 2005. http://www.amerigroupcorp.com/pdf/fastfacts/986_CORP_FACTS_SHEET.pdf. Accessed August 30, 2005.

[6] Amerigroup Newsroom. http://www.amerigroupcorp.com/newsroom/2005_stories/050103.asp. Accessed August 30, 2005.

disenrolled after leaving JMH Health Plan and (b) identify children who transferred to Staywell and Amerigroup.

2. Health care claims and encounter data submitted by all of the MCOs participating in the Florida Healthy Kids Program. The person-level claims and encounter data contain Physician's Current Procedural Terminology (CPT) codes and International Classification of Diseases, 9th Revision (ICD 9-CM) codes. Claims and encounter information from January 1, 2003 through December 31, 2003 was used to classify children's health status for the Healthy Kids enrollees overall and for children enrolled in JMH Health Plan prior to their transfer to either Staywell or Amerigroup. In addition, health care claims and encounter data from January 1, 2004 through December 31, 2004 were used to classify the children's health status post-transfer.

B. Measures

The Clinical Risk Groups (CRGs) was used to classify the enrollees' health status. This system classifies individuals into mutually exclusive clinical categories by reading ICD-9-CM diagnosis codes from all health care encounters, except those associated with providers known to frequently report unreliable codes (e.g., non-clinician providers and ancillary testing providers).[7] It assigns all diagnosis codes to a diagnostic category (acute or chronic) and body system, and assigns all procedure codes to a procedure category. Each individual is grouped to a hierarchically defined core health status group, and then to a CRG category and severity level, if chronically ill.

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[7] Neff, J.M., Sharp, V., Muldoon, J., Graham, J. Popalisky, J., Gay, J. 2001. "Identifying and Classifying Children with Chronic Conditions Using Administrative Data with the Clinical Risk Group Classification System." *Journal of Ambulatory Pediatrics*. 2(1): 72-29.

Chronic and acute illnesses are generally classified only if there has been at least two outpatient encounters for that diagnosis separated by at least a day. There are a few diagnoses that require only one outpatient encounter based diagnosis, and these include the codes for mental retardation, Down's Syndrome, blindness, and procedural codes such as chemotherapy and renal dialysis. Enrollees in the program for six months or longer are included in the analyses. Some continuity of enrollment is required to classify individuals accurately. The health status classifications of children meeting the enrollment criteria are reported in these analyses. The health status of children not meeting the enrollment criteria is reported as "not classified." The CRG health status categories are defined below:

1. ***Healthy*** includes children who were seen for preventive care and for minor illnesses. This category also includes children who were enrolled but did not use health care services during the classification period.
2. ***Significant Acute Conditions*** are those acute illnesses that could be precursors to or place the person at risk for developing a chronic disease. Examples in this group are head injury with coma, prematurity, and meningitis.
3. ***Minor Chronic Conditions*** (both ***single minor*** and ***multiple minor***) are those illnesses that can usually be managed effectively throughout an individual's life with typically few complications and limited effect upon the individual's ability, death and future need for medical care. This category includes attention deficit / hyperactive disorders (ADHD), minor eye problems (excluding near-sightedness and other refractory disorders), hearing loss, migraine headache, some dermatological conditions, and depression.
4. ***Moderate Chronic Conditions*** are those illnesses that are variable in their severity and progression, but can be complicated and require extensive care and sometimes contribute

to debility and death. This category includes asthma, epilepsy, and major depressive disorders.

5. ***Dominant Chronic Conditions*** are those illnesses that are serious, and often result in progressive deterioration, debility, death, and the need for more extensive medical care. Examples in this group include diabetes, sickle cell anemia, chronic obstructive lung disease and schizophrenia.
6. ***Chronic Pairs and Triplets*** are those individuals who have multiple primary chronic illnesses in two (Pairs), or three or more body systems (Triplets).
7. ***Metastatic Malignancies*** include acute leukemia under active treatment and other active malignant conditions that affect children.
8. ***Catastrophic Conditions*** are those illnesses that are severe, often progressive, and are either associated with long term dependence on medical technology, or are life defining conditions that dominate the medical care required. Examples in this group include cystic fibrosis, spina bifida, muscular dystrophy, respirator dependent pulmonary disease and end stage renal disease on dialysis.

For these analyses, the CRG categories were grouped as follows: (1) Healthy, (2) Significant Acute, (3) CSHCN – Minor Conditions (single minor conditions and multiple minor conditions), (4) CSHCN – Moderate Conditions (moderate chronic conditions), and (5) CSHCN – Major Conditions (dominant chronic, chronic pairs and triplets, metastatic malignancies, and catastrophic conditions). The CRG categories were collapsed into the preceding categories by following instructions from the developers.

The ***Practice Management Information Incorporated (PMIC)*** listing of physician fees was linked to the CPT codes to calculate the PMPM expenditures. The PMIC contains

information from millions of paid claims nationally.[8] The reported paid amount at the 50th percentile was used for each CPT code. In addition, a per diem of $1,500 was assigned to each day of an inpatient stay. A wholesale price index was used to assign charges to the pharmacy data. The MCOs participating in the Florida Healthy Kids Program do not provide their actual paid amounts, therefore it was necessary to use the fee schedule.

V. RESULTS

A. Description of Transition Categories

Three transition categories of children were studied to examine health status and access to care before and after the transition occurred:

1. ***Disenrolled.*** Children classified as disenrolled are those who were enrolled in JMH continuously for 6 months or more prior to the transition period, who disenrolled from the Florida Healthy Kids Program during the transition period, and who remained disenrolled for 12 months. There were 1,103 children identified in this category.

2. ***Amerigroup Transfers.*** Amerigroup transfers are those children who were enrolled in JMH continuously for 6 months or more during 2003 immediately prior to transferring, who transferred to Amerigroup during the transition period, and who remained enrolled continuously in Amerigroup for at least 6 months after the transfer. A minimum of 6 months of continuous enrollment was specified in order to have sufficient claims and encounter data to assess the children's health status and access to care. There were 9,239 children identified in this category.

[8] Practice Management Information Incorporated. 2000. *Physician Fees*. Los Angeles, California: James B. Davis, Publisher.

3. ***Staywell Transfers.*** Staywell transfers are those children who were enrolled in JMH continuously for 6 months or more during 2003 immediately prior to transferring, who transferred to Staywell during the transition period, and who remained enrolled continuously in Staywell for at least 6 months after the transfer. A minimum of 6 months of continuous enrollment was specified in order to have sufficient claims and encounter data to assess the children's health status and access to care.[9] There were 7,229 children identified in this category.

These transition categories are summarized in Table 1 below.

Table 1: Summary of Transition Categories Studied

Groups Studied	Definition	Number of Children
Disenrollees	Children who were enrolled in JMH continuously for 6 months or more prior to the transition period, who disenrolled from Healthy Kids during the transition period, and who remained disenrolled for 12 months.	1,103
Amerigroup Transfers	Children who were enrolled in JMH continuously for 6 months or more prior to transferring, who transferred to Amerigroup during the transition period, and who remained enrolled continuously in Amerigroup for at least 6 months after the transfer.	9,239
Staywell Transfers	Children who were enrolled in JMH continuously for 6 months or more prior to transferring, who transferred to Staywell during the transition period, and who remained enrolled continuously in Staywell for at least 6 months after the transfer.	7,229

B. Health Status – Descriptive Analysis

Health Status Prior to the Transfer

The children's health status prior to the transfer was classified using claims and encounter data from JMH Health Plan for the twelve months preceding the children's transfer. The health status of those transferring to Amerigroup or Staywell was compared to those who disenrolled upon leaving JMH and to the health status of all other Healthy Kids enrollees

[9] The continuous enrollment criteria allows for no more than a one-month lapse in coverage. Transfers were restricted to Miami-Dade County. For example, children who transferred to Amerigroup in Hillsborough County during the transition period (e.g., because their families moved) are not included in these analyses.

throughout the state who were continuously enrolled for at least six months during 2003. Children who had insufficient data for health status classification are indicated as "unclassified." The results are shown in Figure 1.

Overall, approximately 73 percent of children in the Florida Healthy Kids Program were healthy compared to 75 percent of those transferring to Amerigroup, 78 percent of those transferring to Staywell, and 80 percent of those who disenrolled. At transfer, therefore, the JMH transferring children had a favorable case-mix compared to Healthy Kids enrollees overall. The children leaving JMH who went to Staywell had a somewhat more favorable case-mix than those going to Amerigroup. Children who disenrolled at the time of transfer had the most favorable case-mix.

Figure 1: Enrollee Health Status Classified Prior to the Transfer Using the Clinical Risk Groups

	Healthy	Significant Acute	Minor Chronic	Moderate Chronic	Major Chronic	Unassigned
Healthy Kids Overall	73.24%	5.02%	3.90%	3.98%	0.43%	13.43%
Amerigroup	75.41%	6.58%	2.90%	4.09%	0.37%	10.65%
Staywell	78.36%	5.04%	2.08%	3.14%	0.22%	11.16%
Disenrolled	79.78%	4.81%	2.27%	2.45%	0.36%	10.34%

Health Status After the Transfer

The children's health status after the transfer was classified using claims and encounter data from the health plan that the children became enrolled in (i.e., Amerigroup or Staywell) for the twelve months after the children's transfer to the new plan. The health status of those transferring to Amerigroup or Staywell was compared to the health status of all other Healthy Kids enrollees throughout the state who were continuously enrolled for at least six months during 2004. The results are shown in Figure 2.

Overall, approximately 78 percent of children in the Florida Healthy Kids Program were healthy compared to 83 percent of those who transferred from JMH to Amerigroup and 83 percent of those who transferred from JMH to Staywell. Post-transfer, the case-mix of children who transferred to Amerigroup and Staywell are comparable, and those who transferred are healthier than Healthy Kids enrollees overall.

Figure 2: Enrollee Health Status Classified After the Transfer Using the Clinical Risk Groups

	Healthy	Significant Acute	Minor Chronic	Moderate Chronic	Major Chronic	Unassigned
Healthy Kids Overall	78.16%	6.07%	4.94%	4.86%	0.51%	5.45%
Amerigroup	83.29%	6.78%	4.34%	5.07%	0.53%	0.00%
Staywell	83.34%	6.56%	4.77%	4.66%	0.66%	0.00%

C. Health Care Access – Descriptive Analysis

Two measures of health care access were examined: (1) the percentage of transferring children with emergency room (ER) visits attributable to ambulatory care sensitive conditions (ACSCs) and (2) the percentage of transferring children with at least one visit to a primary care practitioner (PCP).

ACSC ER Visits

ACSCs refer to those conditions that are not expected to result in inpatient or emergency room (ER) use if there is good access to care in the outpatient setting. ACSCs include:

1. Immunization preventable conditions such as pertussis, rheumatic fever, tetanus, polio, and hemophilus meningitis;
2. Chronic conditions such as asthma, diabetes with ketoacidosis or hyperosmolar coma, diabetes with specified manifestations, diabetes without specified complications, grand mal seizures, and hypoglycemia; and
3. Acute conditions such as cellulitis, dehydration, gastroenteritis, pneumonia, and kidney/urinary tract infections, ear, nose, and throat infections, and ruptured appendix.

The percentage of emergency room visits that are attributable to ACSCs was calculated both for the 12-month period prior to the children's transfer from JMH to Amerigroup or Staywell and for the 12-month period after the children's transfer. Both six-month minimum continuous enrollment and 12-month minimum continuous enrollment criteria were applied.

Table 2 shows ACSC ER visits for each plan as a percentage of transferring enrollees who were enrolled continuously for six months both before and after the transfer. Between four percent and five percent of transferring enrollees for each plan had an ACSC ER stay both in the pre-transfer period and in the post-transfer period.

The ER use rates for ACSCs for transferring enrollees also were compared to the ER use rates for the same conditions for existing enrollees in the receiving health plans. *Existing enrollees* are defined to be those children who were enrolled in Amerigroup or Staywell in Miami-Dade county for at least six months prior to the transfer period. Because Amerigroup did not begin serving Healthy Kids enrollees in Miami-Dade County until 2003, there were too few existing enrollees to do this comparison.

Table 2: Emergency Room Ambulatory Care Sensitive Condition Visits (ACSCs) as a Percentage of Plan Enrollees in Miami-Dade County
Enrollment Criterion: 6 Months

	AMERIGROUP			STAYWELL		
	Total Enrollees	Enrollees with ER ACSC Visits	Percent of Enrollees with ER ACSC Visits	Total Enrollees	Enrollees with ER ACSC Visits	Percent of Enrollees with ER ACSC Visits
Pre-Transfer (while enrolled in JMH)	9205	454	4.93%	7196	290	4.03%
Post-Transfer	9205	460	5.00%	7196	373	5.18%
Existing Enrollees*	N/A	N/A	N/A	2876	189	6.57%

*Amerigroup did not begin serving Healthy Kids enrollees in Miami-Dade County until 2003. Consequently, there were not enough existing enrollees who met the enrollment criteria to identify ACSC visits.

Table 3 shows the percentage of emergency room visits attributable to ACSCs for enrollees who were enrolled continuously for twelve months during the pre-transfer and post-transfer periods. The results are similar to those obtained when a six-month minimum enrollment criterion is applied.

Table 3: Emergency Room Ambulatory Care Sensitive Condition Visits (ACSCs) as a Percentage of Plan Enrollees in Miami-Dade County
Enrollment Criterion: 12 Months

	AMERIGROUP			STAYWELL		
	Total Enrollees	Enrollees with ER ACSC Visits	Percent of Enrollees with ER ACSC Stays	Total Enrollees	Enrollees with ER ACSC Visits	Percent of Enrollees with ER ACSC Stays
Pre-Transfer (while enrolled in JMH)	7288	380	5.21%	5667	242	4.27%
Post-Transfer	8617	436	5.06%	6766	362	5.35%
Existing Enrollees*	N/A	N/A	N/A	2508	160	6.38%

*Amerigroup did not begin serving Healthy Kids enrollees in Miami-Dade County until 2003. Consequently, there were not enough existing enrollees who met the enrollment criteria to identify ACSC visits.

PCP Visits

The percentage of children who had a visit to a PCP is one of the access to care measures identified in the Health Plan Employer Data and Information Set (HEDIS). HEDIS is a set of standardized performance measures that can be used to evaluate the quality of managed health care plans. HEDIS is sponsored and maintained by the National Committee for Quality Assurance (NCQA).[10]

[10] The Health Plan Employer Data and Information Set. http://www.ncqa.org/Programs/HEDIS/. Accessed October 2005.

Table 4 shows the percentage of transferring children with at least one visit to a PCP during the 12-month period prior to the children's transfer from JMH to Amerigroup or Staywell and also during the 12-month period after the children's transfer.[11] After the transfer, the percentage of children seeing a PCP is similar for both Amerigroup and Staywell and is higher than the percentage of children who saw a PCP before the transfer.

Table 4: Percentage of Enrollees with at Least 1 Visit to a Primary Care Physician (PCP)

	AMERIGROUP			STAYWELL		
	12 Months to 6 Years Old	7 Years to 11 Years Old	12 Years to 19 Years Old	12 Months to 6 Years Old	7 Years to 11 Years Old	12 Years to 19 Years Old
Pre-Transfer (while enrolled in JMH)	90.09%	90.18%	90.49%	81.62%	88.44%	89.41%
Post-Transfer	96.69%	96.15%	95.78%	96.67%	97.12%	94.85%
Existing Enrollees*	N/A	N/A	N/A	94.81%	97.26%	95.84%

*Amerigroup did not begin serving Healthy Kids enrollees in Miami-Dade County until 2003. Consequently, there were very few existing enrollees who met the enrollment criteria. There was only one child in the 12 month to 6 year old age group, there were 18 children in the 7 to 11 year old age group, and there were 27 enrollees in the 12 to 19 year old age group.

Health Care Expenditures

The analysis of health care expenditures is not available at this time because there are questions about Staywell's inpatient data. ICHP has been working with Staywell since November to address this issue. Staywell's research department is currently investigating the matter. The Institute will provide an addendum to this report regarding the health care expenditures for transferring enrollees pre- and post-transfer after it receives the necessary information.

[11] The HEDIS measure requires that children and adolescents age 7 years and older be continuously enrolled during the measurement year and the calendar year preceding the measurement year and looks at who had a visit during the measurement year or the preceding year. We relaxed this enrollment criteria to just the measurement year itself (requiring at least 11 months of enrollment) in order to look separately at PCP visits for the year prior to the transfer and the year after the transfer.

VI. CONCLUSIONS

Based on these descriptive analyses, one year post-transfer, children have good access to primary care. The measures of access to care are similar between the two health plans. Among the children who transferred from JMH Health Plan to Amerigroup or Staywell, a greater percentage of children in both plans had a visit to a PCP after the transfer compared to before the transfer. Further research is needed to know if the changes in the case mix of the enrollees before and after the transfer reflect actual changes in the children's health status.