Access to Specialty Care in the Florida Healthy Kids Program

A Report Prepared for the
Florida Healthy Kids Corporation

Prepared By

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I. INTRODUCTION

As part of its 2005-2006 Florida Healthy Kids Program evaluation, the Florida Healthy Kids Corporation Board of Directors asked the Institute for Child Health Policy (ICHP) to analyze enrollees' access to specialty care. Although the most severely ill children, who have the greatest need for specialty care, are cared for in the Children's Medical Services Program in Florida, the Healthy Kids Program does enroll children with chronic conditions who need specialty services. There are two main components of this analysis of access to specialty services among Florida Healthy Kids enrollees: (1) families' reports of unmet specialty service needs, based on telephone interviews with parents of children who are enrolled in the Florida Healthy Kids Program and who have chronic or potentially chronic health conditions and (2) the relationship between health plan organizational characteristics and children's receipt of specialty services.

II. 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, and enrollment status. These files were used to identify the children who met the sample selection criteria and to obtain contact information for the families.
2. Health care claims and encounter data submitted by all of the health plans 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 data were used to classify the children's health status and to determine whether children had outpatient physician specialist visits.

3. Telephone survey data from parents of children with significant acute, moderate chronic, or major chronic conditions who were enrolled in the Florida Healthy Kids Program from January 2005 through June 2005 in one of the following four plans in Miami-Dade and Broward counties: Amerigroup, Staywell, United Healthcare, and Vista Health Plan.
4. The Managed Care Organization Administrator Interview Guide completed by all of the health plans participating in the Florida Healthy Kids Program.[1] The MCO Administrator Interview Guide was developed to assess the strategies that health plans use to organize care for children in the Florida Healthy Kids Program, including care for children with special health care needs. The MCOs received a copy of the interview guide and provided responses in writing. After a careful review of the responses, ICHP followed up with each of the plans requesting further information where additional detail or clarification was needed. The plans' responses were coded into categories when possible. A matrix summarizing the plans' responses is contained in Appendix A to this report.

B. Measures

The Clinical Risk Groups (CRGs) was used to classify 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

[1] Dental plans were not included in these interviews.

frequently report unreliable codes (e.g., non-clinician providers and ancillary testing providers).[2] 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. The following health status categories were used in this report: (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). A more complete description of the CRG health status categories can be found in Appendix B.

III. FAMILY SURVEYS

A. Sample Selection

To assess access to specialty care in the Florida Healthy Kids Program, enrollees with *significant acute*, *moderate chronic*, and *major chronic* conditions were identified using claims and encounter data from January 1, 2004 through December 31, 2004 for children enrolled in the program for six months or longer during that period. Because significant acute conditions are precursors to or place children at risk for developing a chronic condition, access to specialty care is important. Untreated or incorrectly treated conditions in this category could result in greater illness and health care expenditures in the future. Access to specialty care also is important for

[2] 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.

children with moderate or major chronic conditions. Children with minor chronic conditions were excluded because many minor chronic conditions may not require referral to specialists. In addition, these analyses focus only on those children with physical significant acute or chronic conditions and not those with behavioral conditions. Although children with behavioral conditions often require specialty care, this should be a focus for a separate study.

The sample was further restricted to those children enrolled in the Florida Healthy Kids Program from January 2005 through June 2005, allowing no more than a one month lapse in coverage, in one of the following four health plans in Miami-Dade and Broward counties: Amerigroup, Staywell, United Healthcare, and Vista Health Plan. These four plans were selected in order to compare access to specialty care across different plans operating in the same geographic area within the state. Children who switched between plans during the study period were excluded from the analysis.

Two hundred telephone surveys per plan were targeted, with 100 interviews of parents of children with significant acute conditions and 100 interviews of parents of children with moderate chronic or major chronic conditions. Table 1 summarizes the sample strata. The total number of surveys targeted was 800, and 799 completed interviews were obtained.

Table 1: Healthy Kids Specialty Care Survey Stratification

Survey Areas	Eligible Universe	Targeted Interviews	Completed Interviews
Amerigroup, Significant Acute	575	100	100
Amerigroup, Moderate and Major Chronic	414	100	100
Staywell, Significant Acute	829	100	100
Staywell, Moderate and Major Chronic	643	100	100
United Healthcare, Significant Acute	387	100	98
United Healthcare, Moderate and Major Chronic	311	100	101
Vista Health Plan, Significant Acute	1,498	100	100
Vista Health Plan, Moderate and Major Chronic	873	100	100
TOTAL:	**5,530**	**800**	**799**

Using a 95 percent confidence interval, the responses reported for the overall population are within ±3.21 percentage points of the "true" response. For results reported at the health plan level, the survey responses range from within ± 5.86 to ± 6.63 percentage points of the "true" response.[3]

B. Survey Instrument and Data Collection Techniques

To assess families' satisfaction with their children's health care and access to specialty services, the Consumer Assessment of Health Plans Survey (CAHPS), Version 3.0 was used. Specifically, the Medicaid module was used with supplemental questions addressing care for children with special health care needs (CSHCN). The CAHPS Medicaid module asks parents about their experiences with their children's health care during the past six months. In addition, questions about demographics were asked.

The Bureau of Economic and Business Research (BEBR) at the University of Florida conducted the telephone surveys using computer-assisted-telephone-interviewing (CATI). No financial incentives were offered to participate in the surveys. The eligible respondent was selected by asking to speak with the person in the household who was most knowledgeable about the child's health care. In 97 percent of the cases, the respondent was the child's biological parent. The surveys were conducted from August 2005 to December 2005 in both English and Spanish, with 51 percent of the surveys completed in Spanish. The response rates across the four plans were similar and ranged from 59.3 percent to 61.0 percent. The overall response rate was 59.9 percent. Survey respondents were compared to those in the sample who were not reached

[3] The confidence intervals are presented for hypothetical items with uniformly distributed responses. These numbers are a "worst case" generality presented for reference purposes only.

or who refused to participate. No significant differences were found between respondents and non-respondents in age, gender, or family income.

C. Survey Results – Descriptive Statistics

The primary focus of the surveys was families' health care experiences. Questions about demographics also were asked.

Household and Socio-Demographic Characteristics

Race and Ethnicity. The majority of respondents' children, 64 percent overall, are Hispanic. The Amerigroup surveyed population has the highest percentage (78 percent) of respondents with Hispanic children. Fourteen percent of the children are non-Hispanic black, and the Staywell surveyed population has the highest percentage of respondents with non-Hispanic black children (20 percent). Eighteen percent of the children are non-Hispanic white.

Figure 1: Children's Race and Ethnicity

Household Characteristics. Figure 2 compares the household characteristics of respondents across health plans. Overall, 66 percent of respondents are married, and 30 percent characterize their household as a single parent household. The Amerigroup surveyed population has the highest percentage of respondents who are married (69 percent) and who characterize their household as a two-parent household (76 percent). The percentage of respondents who characterize their household as a single-parent household is similar among the other three plans, ranging from 30 percent to 34 percent.

Figure 2: Respondent Household Type and Marital Status

Respondents' Education. Figure 3 shows the educational status of the survey respondents by health plan. Approximately 15 percent of all respondents reported having less than a high school degree, 27 percent reported obtaining a high school diploma or GED, 20 percent reported having some college or vocational training, and 36 percent reported obtaining an associate's degree or higher. United has the highest percentage of respondents who reported obtaining an associate's degree or higher (43 percent), and Amerigroup has the highest percentage of respondents reporting having obtained less than a high school degree (20 percent).

Figure 3: Respondent Education

Health Care Experiences

Usual Source of Care. Having a usual source of care is associated with early detection of health problems, and the children's usual source of care can be an important referral source for those who need specialty care. Table 2 provides information from the CAHPS about the presence of a personal doctor or nurse as a usual source of care for the sample overall and by plan. Overall, approximately 90 percent of respondents reported that their child has a personal doctor or nurse. There is some variation in the percentage of children with a personal doctor or nurse by health plan. Respondents whose children are enrolled in Amerigroup reported the highest percentage of children with a personal doctor or nurse (94 percent), and respondents whose children are enrolled in Staywell reported the lowest percentage (83.5 percent).

Respondents who reported that their children had a personal doctor or nurse also provided information about the length of time that their children had been seen by this provider. Thirty-nine percent of respondents reported that their children had been with their personal doctor or nurse for five years or more. Only about eight percent of respondents indicated that their children had been going to the personal doctor or nurse for less than one year. Seventy-eight percent of respondents who did not keep the same personal doctor or nurse before joining their current health plan indicated that it was "not a problem" to get a personal doctor or nurse for their children since joining the plan.

Table 2: Usual Source of Care					
USUAL SOURCE OF CARE	**TOTAL**	**AMER**	**STWL**	**UHC**	**VST**
Do you have one person you think of as your child's personal doctor or nurse? (N=799)	%	%	%	%	%
Yes	89.8	94.0	83.5	93.0	89.0
No	8.8	5.5	13.0	6.5	10.0
Refused	0.5	0.5	0.5	0.0	1.0
Don't Know	0.9	0.0	3.0	0.5	0.0
How many months or years has your child been going to his/her personal doctor or nurse? (N=718)					
Less than 6 months	4.3	3.2	3.0	5.4	5.6
At least 6 months but less than 1 year	3.4	4.3	2.4	2.2	4.5
At least 1 year but less than 2 years	12.0	16.5	11.4	9.7	10.1
At least 2 years but less than 5 years	38.3	42.6	45.5	36.2	29.2
5 years or more	39.1	30.3	35.3	43.8	47.2
Refused	1.5	2.1	0.6	1.1	2.2
Don't Know	1.4	1.0	1.8	1.6	1.1
Did your child have the same personal doctor or nurse before you joined this health plan? (N=718)					
Yes	38.9	32.4	34.7	47.0	41.0
No	59.3	66.0	62.9	51.4	57.3
Refused	0.4	0.0	1.2	0.0	0.6
Don't Know	1.4	1.6	1.2	1.6	1.1
Since you joined this health plan, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with? (N=520)					
A big problem	7.9	8.6	11.3	6.3	4.7
A small problem	12.7	17.3	8.5	14.3	11.0
Not a problem	78.2	73.4	78.2	79.5	82.7
Refused	0.2	0.0	0.0	0.0	0.8
Don't Know	1.0	0.7	2.1	0.0	0.8

Specialty Care. Approximately 52 percent of the respondents reported that their children needed to see a specialist during the past six months (Table 3). Of those who reported needing a specialist for their children, approximately 30 percent of respondents reported problems getting a referral for and seeing a specialist. About 69 percent of respondents reported that it was "not a problem" to get a referral and to see a specialist. This compares to 74.5 percent of established enrollees (including children in all health status categories) statewide in the Florida Healthy Kids Program who indicated that it was "not a problem" to get a referral for a specialist (of those who needed to see a specialist).[4] Vista Health Plan had the highest percentage of respondents reporting that it was "not a problem" to get a referral to a specialist and to see a specialist (77 percent). Approximately 32 percent of respondents whose children saw a specialist during the past six months reported that the specialist that their children saw most often was the same doctor as their personal doctor.

[4] Established enrollees are those children enrolled in the Healthy Kids Program for 12 months or longer. Surveys with parents of established enrollees in the Healthy Kids Program are conducted as part of the Florida KidCare program evaluation. The Florida KidCare Program Evaluation Report, 2004, is available at: http://www.healthykids.org/documents/evaluation/institute/2005/2004_kidcare_evaluation.pdf.

Table 3: Specialty Care					
SPECIALTY CARE	**TOTAL**	**AMER**	**STWL**	**UHC**	**VST**
In the last 6 months, did you or a doctor think your child needed to see a specialist? (N=799)	%	%	%	%	%
Yes	51.7	50.0	50.0	54.3	52.5
No	47.3	49.0	49.0	44.7	46.5
Refused	0.3	0.5	0.0	0.0	0.5
Don't Know	0.7	0.5	1.0	1.0	0.5
In the last 6 months, how much of a problem, if any, was it to get a referral to a specialist that your child needed to see? (N=413)					
A big problem	12.1	13.0	18.0	10.2	7.6
A small problem	18.4	26.0	13.0	19.4	15.2
Not a problem	69.0	60.0	69.0	69.4	77.1
Refused	0.5	0.0	0.0	0.0	0.0
Don't Know	0.0	1.0	0.0	0.9	0.0
In the last 6 months, how much of a problem, if any, was it to see a specialist that your child needed to see? (N=413)					
A big problem	14.8	14.0	23.0	11.1	11.4
A small problem	16.0	26.0	11.0	15.7	11.4
Not a problem	68.8	59.0	65.0	73.1	77.1
Refused	0.2	0.0	0.0	0.0	0.0
Don't Know	0.2	0.0	1.0	0.0	0.0
	0.0	1.0	0.0	0.0	0.0
In the last 6 months, did your child see a specialist? (N=799)					
Yes	48.2	47.5	43.5	51.8	50.0
No	51.7	52.5	56.0	48.2	50.0
Don't Know	0.1	0.0	0.5	0.0	0.0
In the last 6 months, was the specialist your child saw most often the same doctor as your child's personal doctor? (N=385)					
Yes	32.0	36.8	33.3	28.2	30.0
No	65.5	58.9	65.5	69.9	67.0
Refused	0.5	2.1	0.0	0.0	0.0
Don't Know	2.0	2.1	1.1	1.9	3.0

Access to Prescription Medicine. Figure 4 indicates the percentage of respondents who received or refilled a prescription for medicine for their children in the last six months and how much of a problem it was to get that prescription medicine. Approximately 63 percent of all respondents reported getting or refilling a prescription for their children. Of those who received or refilled a prescription, 69 percent reported that it was "not a problem" to get the prescription medicine, 18 percent indicated that it was a "small problem" to get prescription medicine, and 13 percent reported that it was a "big problem" to get prescription medicine. This compares to 82 percent of established enrollees statewide in the Florida Healthy Kids Program who reported that it was "not a problem" to get prescription medicine. Of those who reported that they experienced problems in getting prescription medicine for their children, 55 percent reported receiving help from someone at the health plan or doctor's office.

Figure 4: Access to Prescription Medicine

Care Coordination. Figure 5 provides information about respondents' experiences with coordination of health care services for their children. Only about six percent of respondents (N=51) needed their children's health care provider to contact a school or daycare center about their children's health or health care needs. However, virtually all (98 percent) of the respondents who needed help from their doctor or other health care providers in contacting their children's school indicated that they received this help.

Approximately 16 percent of respondents (N=125) indicated that their children received care from more than one kind of health care provider or used more than one kind of health care service in the last six months. Of those children who required more than one type of provider or service, approximately 63 percent reported that they received assistance from their children's health plan, doctor's office or clinic in coordinating care across the different providers or services.

Figure 5: Experiences with Care Coordination

Access to Needed Care. Respondents who reported taking their children to a doctor's office or clinic during the past six months (N=663) were asked about their experiences with getting needed care, tests, and treatment for their children. Their responses are summarized in Table 4. Fifty-nine percent of respondents indicated that their children needed care, tests, or treatment during the past six months. Of those, approximately 77 percent reported that getting that care was "not a problem." This compares to 85 percent of established enrollees statewide in the Florida Healthy Kids Program who report that it was "not a problem" to get needed care for their children. Respondents whose children are enrolled in Vista Health Plan were most likely to report no problems in getting needed care (81.6 percent).

Approximately 38 percent of respondents reported that they had to get health plan approval during the past six months for needed care, tests, or treatment, and 71 percent of those requiring approval indicated that it was "not a problem" to get that approval. This compares to 60 percent of established enrollees statewide in the Florida Healthy Kids Program who report that it was "not a problem" to get health plan approval for needed care.

Table 4: Access to Needed Care					
NEEDED CARE	**TOTAL**	**AMER**	**STWL**	**UHC**	**VST**
In the last 6 months, did you or a doctor believe your child needed any care, tests, or treatment? (N=663)	%	%	%	%	%
Yes	59.3	62.3	56.7	57.0	61.3
No	39.7	35.8	42.1	42.4	38.1
Refused	0.1	0.6	0.0	0.0	0.0
Don't Know	0.9	1.3	1.2	0.6	0.6
In the last 6 months, how much of a problem, if any, was it to get the care, tests, or treatment your child that you or your doctor believed necessary? (N=393)					
A big problem	7.8	7.1	10.8	10.2	3.9
A small problem	14.8	18.2	11.8	14.3	14.6
Not a problem	76.8	73.7	77.4	74.5	81.6
Refused	0.3	1.0	0.0	0.0	0.0
Don't Know	0.3	0.0	0.0	1.0	0.0
In the last 6 months, did your child need approval for any care, tests, or treatment? (N=663)					
Yes	38.4	43.4	32.9	37.2	40.5
No	58.8	54.7	62.2	59.9	58.3
Refused	0.8	1.3	1.2	0.6	0.0
Don't Know	2.0	0.6	3.7	2.3	1.2
In the last 6 months, how much of a problem, if any, were delays in your child's health care while you waited for approval from your child's health plan? (N=255)					
A big problem	9.4	11.6	9.3	12.5	4.4
A small problem	20.0	20.3	24.1	15.6	20.6
Not a problem	70.6	68.1	66.7	71.9	75.0

IV. CAHPS Composites of Parents' Satisfaction with Their Children's Health Care Across Plans

A. CAHPS Composites: Descriptive Results

The CAHPS reporting composites group related survey question items together to summarize specific categories of consumers' health care experiences. The core CAHPS composites measure respondents' experiences with the following aspects of their children's health care: (1) getting needed care; (1)getting care quickly; (3) how well doctors communicate; (4) courtesy, respect, and helpfulness of office staff; and (5) health plan customer service, information, and paperwork.

In addition, there are composites that pertain specifically to children with chronic conditions and measure respondents' experiences with the following aspects of their children's health care: (1) prescription medicine; (2) specialized services; (3) family centered care - child's personal doctor or nurse; (4) family centered care - shared decision-making; (5) family centered care - getting needed information about child's care; and (6) care coordination. Appendix C provides the specific questions that are contained within each composite category.

Only composites for which there were at least 50 valid responses per composite question per health plan are reported here. Eight composites met this requirement:

(1) getting needed care;

(2) getting care quickly;

(3) how well doctors communicate;

(4) courtesy, respect, and helpfulness of office staff;

(5) prescription medicine;

(6) family centered care – personal doctor or nurse;

(7) family centered care – shared decision-making; and

(8) family centered care – getting needed information.

Each composite question was linearly transformed to a 0 – 100 scale, and then the composite means were computed. Table 5 lists the mean composite scores overall and for each of the four health plans. Both the lowest and highest score for each domain are highlighted.[5]

Overall, parents' experiences with doctors' communication and doctors' office staff were very positive, with average scores of 89.22 and 89.85, respectively, out of a possible 100 points. Parents' experiences with getting care quickly was less positive; the overall mean composite score for this domain was 65.79 out of a possible 100 points.

Although the means of the composite scores are fairly positive overall, the standard deviations (s.d., which are not shown) are broad for some of the domains, indicating greater variability in the responses. The greatest variability among the domain scores was in parents' experiences with family centered care – personal doctor or nurse (s.d. $\pm$ 37.39) and prescription medicine (s.d. $\pm$ 35.56). The smallest variability occurred in parent reports of their experiences with doctor communication (s.d. $\pm$ 16.96) and office staff (s.d. $\pm$ 19.70).

There is also some variability in the CAHPS composite scores across the four health plans. Amerigroup had the highest score for four of the nine domains: parents' experiences with getting care quickly, parents' experiences with doctor communication, family centered care – personal doctor or nurse, and family centered care – shared decision-making. Vista had the

[5] The composite means were computed by calculating the individual respondent's composite score and then averaging across all respondents' composite scores. An alternative approach is to calculate the mean score for each question item within a composite and then averaging across all of the questions in the composite. The relative scores are qualitatively the same across six of the eight domains for the two approaches. There are two domains for which the relative scores change based on the approach used: (1) Vista Health Plan has the highest mean score instead of Amerigroup for the Getting Care Quickly domain under the alternative approach, and (2) Staywell has the lowest mean score instead of Vista for the Family Centered Care – Personal Doctor or Nurse under the alternative approach.

highest composite score for three of the eight domains: parents' experiences with getting needed care for their children, parents' experiences with their children's doctors' office staff, and parents' experiences with getting prescription medicine for their children. Staywell had the lowest score in five of the eight domains. The greatest variation between plans is seen in parents' experiences with getting prescription medicines for their children: the mean score for the highest scoring plan was 87.70 compared to a low score of 71.32.

Table 5: Average CAHPS Composite Scores Measuring Parents' Satisfaction with Their Children's Health Care

Health Plan	Getting Needed Care[1]	Getting Care Quickly[2]	How Well Doctors Communicate[2]	Office Staff[2]	Prescription Medicine[1]	Family Centered Care-Personal Doctor or Nurse[3]	Family Centered Care-Shared Decision-Making[2]	Family Centered Care-Getting Needed Information[2]
	N=701	N=701	N=662	N= 662	N=502	N=795	N=316	N=325
Overall	83.70	65.79	89.22	89.85	78.19	80.25	78.58	85.09
Amerigroup	80.93	68.83	91.01	90.04	74.44	82.41	80.80	86.77
Staywell	81.91	63.47	87.24	88.55	79.82	80.23	75.56	80.67
United	85.29	65.67	88.65	88.56	71.32	81.48	79.05	87.50
Vista	86.83	65.28	90.02	92.26	87.70	76.88	78.67	84.54

[1] Response type: big problem/small problem/not a problem.
[2] Response type: never/sometimes/usually/always.
[3] Response type: yes/no.

B. CAHPS Composites: Multivariate Results

Satisfaction with health care can be influenced by such factors as the enrollee's health status and socio-demographic characteristics. The CAHPS clusters were compared in a logistic regression model using the following variables:

- Race/ethnicity (non-Hispanic white as the reference, Hispanic, non-Hispanic black, and non-Hispanic other);

- Family income (0 – 150 percent of the FPL as the reference; 151% - 200% FPL; and > 200% FPL);
- Respondent education (less than high school as the reference; high-school degree or GED; some vocational or college education; and A.A. degree or higher);
- Enrollee's health status using the CRG classification system (significant acute as the reference; moderate chronic; and major chronic); and
- Health plan (using the highest scoring plan in Table 5 as the reference plan).

After controlling for health status and socio-demographic variables, there were statistically significant differences between the highest scoring health plan (Vista) and the lowest scoring health plan (Amerigroup) for the getting needed care cluster. There also were statistically significant differences between the highest scoring plan (Vista) and the two lowest scoring plans (United and Amerigroup) for the prescription medicine cluster. No significant differences were observed for the other clusters. The logistic regression results are provided in Appendix D.

V. Descriptive Analysis of Receipt of Outpatient Specialty Services and Health Plan Organizational Characteristics

Person-level claims and encounter data submitted by all of the health plans participating in the Florida Healthy Kids Program were used to identify whether children had an outpatient specialist physician visit during the period July 2004 through June 2005.[6] Children who are enrolled in the program for a longer period of time are more likely to have a specialist visit, and

[6] Specifically, the claims and encounter data were used to identify whether enrollees had at least one of the following five Evaluation and Management (E&M) CPT codes: 99241, 99242, 99243, 99244, 99245.

children with significant acute or chronic conditions are more likely to have a specialist visit than those who are healthy.

Table 6 provides a descriptive summary of the receipt of outpatient specialty physician visits for children who were enrolled in the Florida Healthy Kids Program statewide for 10-12 months during the period July 1, 2004 through June 30, 2005.[7] The percentage of outpatient physician specialty visits for children is broken out by health status category for each plan in order to compare outpatient specialty visits across health plans within each health status category. The plans with the highest and lowest percentages of outpatient specialty visits are highlighted. For three health status categories – healthy, significant acute, and minor chronic conditions – children enrolled in Plan 7 have the highest percentage of outpatient specialty visits. The highest percentage of specialty visits for children with moderate chronic conditions and major chronic conditions occurs in Plan 6 and Plan 3, respectively. Children in all health status categories, except those with minor chronic conditions, have the lowest percentage of outpatient specialty visits in Plan 4.

Table 6: Percentage of E&M Specialty Visits for Children Enrolled 10-12 Months by Health Plan and Clinical Risk Group Category

Health Plan	Total	Healthy	Significant Acute	Minor Chronic	Moderate Chronic	Major Chronic
Plan 1 (N=36,839)	11.31%	9.62%	19.37%	15.46%	18.83%	23.31%
Plan 2 (N=10,553)	7.12%	5.75%	14.20%	10.15%	13.00%	28.21%
Plan 3 (N=5,677)	9.51%	7.57%	15.21%	13.43%	14.83%	28.57%
Plan 4 (N=1,172)	4.95%	3.53%	8.57%	14.56%	5.66%	10.00%
Plan 5 (N=39,834)	9.38%	7.57%	15.60%	13.83%	16.96%	25.11%
Plan 6 (N=9,768)	10.89%	9.20%	18.24%	15.17%	18.94%	28.26%
Plan 7 (N=37,171)	12.24%	10.89%	19.67%	17.94%	18.71%	26.36%

[7] Claims and encounter data for the period July 2003 through June 2004 were used to classify children into the CRG categories. At least six months of enrollment is required for CRG classification.

Health Plan Organizational Characteristics. The methods that managed care organizations (MCOs) use to organize care for their enrollees may affect access to specialty care. Prior research on the effect of MCO characteristics on outpatient physician specialist use among children with chronic conditions has found that such MCO characteristics as the percentage of pediatricians in the primary care provider (PCP) network, the method of reimbursement, and financial incentives for meeting quality of care standards are significantly related to children's receipt of outpatient physician specialist visits.[8]

Administrators of the health plans that participate in the Florida Healthy Kids Program completed the Managed Care Organization Administrator Interview Guide, which was developed to assess the strategies that health plans use to organize care for children in the Florida Healthy Kids Program, including care for children with special health care needs. Table 7 summarizes the plan responses for organizational characteristics that may affect children's receipt of specialty services.[9]

The percentage of pediatricians in the PCP network varied across plans from a low of 34.11 percent for Plan 4 to a high of 74.27 percent for Plan 1. As seen in Table 6 above, Plan 4 typically had the lowest percentage of outpatient physician specialty visits. Plan 1 is among the plans with a relatively high percentage of outpatient specialty physician visits. These descriptive analyses suggest that there may be a positive relationship between the percentage of pediatricians in the PCP network and the percentage of children with an outpatient physician specialist visit,

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[8] Shenkman, E., Tian, L., Nackashi, J., Schatz, D. 2005. "Managed Care Organization Characteristics and Outpatient Specialty Care Use Among Children with Chronic Illness." *Pediatrics*. 115: 1547-1554.

[9] The complete summary of the plans' responses to the interview guide are contained in Appendix A.

which would be consistent with prior research.[10] Additional analyses that control for other MCO characteristics, such as the method of reimbursement, and other factors that may influence access to specialty care are necessary to further explore the existence of such a relationship.

Table 7: MCO Characteristics for Plans Participating in the Florida Healthy Kids Program

Health Plan	% PCPs Who are Pediatricians	% PCPs Paid FFS	% PCPs Paid Salary	% PCPs Paid Capitation Only	% PCPs Paid Mixed FFS and Capitation
Plan 1 (N=36,839)	74.27%	75%	0%	2%	23%
Plan 2 (N=10,553)	57.81%	100%	0%	0%	0%
Plan 3 (N=5,677)	40.00%	18%	29%	0%	53%
Plan 4 (N=1,172)	34.11%	0%	0%	100%*	0%
Plan 5 (N=39834)	59.59%	Not available*	Not available*	Not available*	Not available*
Plan 6 (N=9,768)	61.71%	100%	0%	0%	0%
Plan 7 (N=37,171)	60.98%	25%	0%	60%	15%

*Plan 4 contracts with an IPA under a global capitation arrangement in the part of the state in which it serves Healthy Kids enrollees. Information about how the IPA reimburses individual physicians is not available. Plan 5 has not provided reimbursement information.

VI. CONCLUSIONS

Family surveys, using the CAHPS, indicate variation in parents' satisfaction with their children's health care. Respondents participating in this survey, which was restricted to children with chronic or potentially chronic health conditions in Miami-Dade and Broward counties, were more likely to indicate problems in getting needed care, specialty care, and prescription medicine than were established enrollees in the Florida Healthy Kids Program statewide. The highest levels of satisfaction were found in the areas of Doctor's Communication and Doctor's Office Staff. The lowest level of satisfaction occurred in the area of Getting Care Quickly. There were statistically significant differences between the health plans in their performance on the Getting

[10] Shenkman, E., Tian, L., Nackashi, J., Schatz, D. 2005. "Managed Care Organization Characteristics and Outpatient Specialty Care Use Among Children with Chronic Illness." *Pediatrics*. 115: 1547-1554.

Needed Care composite and Prescription Medicine composite after controlling for enrollee health status and socio-demographic characteristics.

The descriptive analysis of children's outpatient physician specialist visits indicates variability between health plans in children's access to specialty care providers. Due to incomplete information from the health plans, the full analyses could not be completed. However, some of the variation in specialty care use may be attributable to the adequacy of the provider network.