

# CHCS

Center for  
Health Care Strategies, Inc.

## Case Study

---

### **Molina Healthcare of Michigan's Step-by-Step Improvement in Early Childhood Assessment**

---

*Funded by a grant from The Robert Wood Johnson  
Foundation's Medicaid Managed Care Program.*

---

*October 2004*

## **Introduction**

Approximately 16 percent of children have some form of developmental disability, yet 70 percent go undetected until school age. To increase the early developmental assessment of children, Molina Healthcare of Michigan participated in a BCAP workgroup on *Enhancing Early Child Development Services in Medicaid Managed Care*. As a workgroup participant, Molina developed a pilot program, “Baby Steps Towards Health,” to increase Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) visits for children from birth to age three.

Molina's BCAP pilot project goal was to increase the number of EPSDT screenings for children from birth to age three to 80 percent by creating a link between the member, practitioner, and health plan as well as increasing parent involvement. Through outreach to members, Molina sought to educate parents about the importance of well-child visits and provide age-specific information on what to expect during each well-child visit. The project also included provider education about EPSDT components, proper documentation, coding, and referral sources for children with developmental delays. Provider offices were asked to provide a developmental assessment during the members' regularly scheduled EPSDT visit. The pilot project, implemented July through December 2003 in Kent County, Michigan, involved 1,537 children from 11 provider offices.

Prior to the “Baby Steps Towards Health” pilot, Molina's EPSDT rate for children from birth to age three was 46.36 percent (Jan –July 2003). The pilot program increased the EPSDT rate for this age group to 75.6 percent.

## **Program Overview**

### Member Intervention

Molina developed an EPSDT database to identify children ages birth to three years and stratify these children into two groups: those without an EPSDT visit and those with at least one visit. Age-specific information, in English and Spanish, explaining the components and importance of the exam, was developed and mailed to the parents of children due or overdue for an EPSDT exam. This included a check-off list that the member gave to the doctor to complete and return to Molina. During the exam, the practitioner provided written age-specific information (in English and Spanish) regarding milestones, safety, and community resources.

### Practitioner Intervention

Eleven provider offices were targeted for the pilot intervention. Molina provider services staff trained the staff at each provider site regarding EPSDT visit components, appropriate documentation, coding, and referral sources. Each provider site was asked to perform a developmental assessment and to complete and return the visit check-off list to Molina. This list, brought in by the member, indicated services, immunizations, tests performed, developmental screening results, and referrals made.

### Member Incentive

Upon receipt of the check-off list, Molina mailed the member an age-appropriate children's board book with a letter explaining the importance of early literacy and tips on incorporating reading as part of daily activity. Between July through December 2003, 833 books were mailed.

Following is a detailed description of the steps Molina took to implement the pilot program following the BCAP Typology:

## **Identification**

### ***Aim:***

- Identify all children in Kent County, from birth to age three, enrolled in Molina Healthcare of Michigan.
- Identify all expectant mothers in Kent County enrolled in Molina.

**Measure:**

Children, age 0-3, in Kent County, enrolled in Molina Healthcare

All children, age 0-3yrs, enrolled in Molina Healthcare

# of previously identified pregnant women

# of deliveries during corresponding time period

**Change:**

Molina implemented the following strategies to improve identification of children, from birth to age three:

- Developed an EPSDT database to generate a monthly list of children living in Kent County and needing EPSDT services. The database generates an age-specific list of members by county and displays the age at which the child’s next EPSDT visit is due.
- Utilization Management nurses recorded births of newborns in Kent County on a newborn notification form and forwarded this information to the Education Department. Newborns were added to the program after the health plan received their identification number from the state.
- Sent a letter to mothers of newborns in Kent County in their welcome packet asking them to call Member Services and select a primary care provider as soon as possible. If the mother selected a provider site that was participating in the pilot project, she was sent the program materials. In addition, a new Maternal Child Nurse who was hired to implement a new program (MOM – Moms of Molina) helped identify members for the pilot project.

Through these efforts, Molina identified 1,537 children, birth to age three, who were eligible for the pilot program in Kent County. In addition, Molina increased identification of expectant mothers from 33 percent at the beginning of the pilot period to nearly 70 percent.

**Stratification**

**Aim:**

Stratify 100 percent of children in Kent County identified by claims data as either having at least one EPSDT visit or having no EPSDT visits.

**Measure:**

# of children in the Kent County pilot with at least one EPSDT visit

Total # of children

# of children in the Kent County pilot with no EPSDT visit

Total # of children

**Change:**

Molina implemented the following change to stratify children, from birth to age three, in Kent County:

- Developed a database of children needing an EPSDT screen to be used in outreach. The database was updated monthly by Education Department staff. Members were added or removed from the database depending on their PCP and eligibility with the health plan.

Stratification Results	July 2003	Nov 2003
<u># of children with EPSDT visit</u> Total number of children	$\frac{527}{1,137} = 46.35\%$	$\frac{624}{862} = 72.39\%$
<u># of children with no EPSDT visit</u> Total number of children	$\frac{610}{1,137} = 53.65\%$	$\frac{238}{862} = 27.61\%$

## **Outreach**

### ***Aim:***

- Educate 100 percent of pilot provider office staff on EPSDT components, proper documentation, coding, and referral sources for children with developmental delays.
- Educate 90 percent of parents in the pilot program about necessary childhood evaluation services.

### ***Measure:***

# PCPs/provider training sessions

Total # provider offices in Kent County participating in the project

Contact rate =  $\frac{\text{\# of successful follow-up calls to parents of no visit}}{\text{\# of children attempted to reach by phone}}$

Successful mail rate =  $\frac{\text{\# mailed} - \text{\# returned}}{\text{Total \# mailed}}$

### ***Change:***

Molina implemented the following provider and member outreach strategies to educate provider staff and parents about EPSDT services and well-child visits:

#### **Provider Outreach**

Education Department staff conducted training sessions for provider office staff at all 11 identified provider practices. To ensure buy-in from providers, Molina's Provider Service Representative spoke with practitioner office staff about the pilot project prior to the training to allow them to give the plan feedback on the format of the session. Training focused on the importance of detecting developmental delays early, referral sources for children with developmental delays, EPSDT visit components, proper documentation, and coding of EPSDT/Well-Child visits.

Communications was frequent to the provider pilot sites throughout the project. Program progress letters were sent to each provider site at two months and five months into the program. The letter included a report indicating the number of check-off slips received verifying the developmental screening and referrals for follow-up if applicable.

#### **Member Outreach**

Molina sent letters to parents that provided education about developmental milestones. Parents of children overdue for well-child visits were sent age-specific information regarding child development and safety along with a reminder letter to bring the child in for an EPSDT visit. Letters were mailed every 60 days or until the child received all recommended EPSDT visits. In addition, phone calls were made to parents of children with no well-child visits to schedule a preventive care visit. The plan achieved a 33 percent contact rate for these calls.

Within the pilot, Molina attempted to improve outreach by correcting returned mail. When pilot project mailings were returned because of an incorrect address, Education Department staff checked the system for a second address, and, if found, the program materials were re-mailed. This second mailing included a note indicating that the plan had two addresses on file and requesting the member to call the plan to verify the correct address. These steps resulted in a 96.70 percent successful mail rate for this program.

## **Intervention**

### ***Aim:***

To ensure that 80 percent of Molina members in Kent County, from birth to age three, have an appropriate EPSDT visit.

***Measure:***

# children identified needing EPSDT visit sent reminder letter and program materials

Total # of children due or overdue for an EPSDT visit

# of EPSDT claims (July – Nov 2003)

Total # of children due or overdue for an EPSDT visit

# of developmental screenings

# of EPSDT visits identified from claims/encounter data

# of referrals

#of screenings

***Change:***

Molina made the following changes to increase the number of children, from birth to age three, who received EPSDT screenings:

**Provider Education**

Molina developed a series of educational materials for practitioner offices to provide information on EPSDT components, coding, and referral sources for children with developmental delays. Provider materials included the following laminated sheets:

- EPSDT overview sheet that explains components of EPSDT exam, additional services required for Medicaid recipients, proper CPT codes, billing instructions, referral sources for children with developmental delays, program outline, and plan contact numbers.
- List of CPT codes.
- EPSDT schedule of services.
- Summary of developmental assessment tools, including information on the specificity and sensitivity of the tool, the age groups covered, a description of the tool, the cost, length of time to complete, and where to purchase the tool.

Molina worked with the Kent County Health Department to develop a list of organizations in the area that provide services to children with developmental delays. Each pilot site was given information on referral sources in their area. Molina found that some of the offices were not aware of or were not familiar with other referral sources that address the needs of children under the age of three. All offices were provided with contact information and a summary of the services available for children three and under.

**Member Intervention**

Molina developed an age-specific educational mailing for parents that explained the components of the EPSDT exam, provided health tips and milestones, and offered the incentive of a baby board book for members who scheduled well-child visits. The mailing included a tear-off form for members to bring to the provider's office. During the visit the provider office completed the form, indicating services rendered, developmental screening performed, tests performed, and referral(s) made, and sent it to Molina. Upon receipt of the form, Molina sent a board book as a gift to parents for their child.

**Overall Program Results**

At the end of the six-month pilot program, Molina's EPSDT Rate for birth to age three increased from 46.36 percent to 75.60 percent. Twelve children (5.55 percent) were referred for follow-up intervention based on examination results. The EPSDT exam rate for three-year-olds rose significantly from 45.94 percent to 63.27 percent.

**Expanding the Program**

Based on its success in increasing EPSDT rates, the "Baby Steps Towards Health" Program has been incorporated into Molina's existing statewide EPSDT reminder program. Beginning in February 2004,

children from birth to age three (13,000 members) were mailed a Well Child Visit Sheet providing age specific information about the components of the EPSDT visit, any immunizations/tests due, and developmental milestones. In the mailing, parents are asked to schedule an appointment and bring to the visit a list of their questions or concerns. Visit sheets are mailed at least 30 days prior to the recommended EPSDT visit for children from birth to 18 months, and every 60 days to children age 20 to 36 months who are due/overdue. In March 2004, the program was extended even further to include four-, five-, and six-year-olds, bringing the total number of children enrolled to more than 23,000. These age groups were added because Molina's HEDIS scores for well-child visits for children, ages four, five, and six, have been below the NCQA 75th percentile.

Although many members appreciated receiving the board books in the initial pilot, Molina found that it was not an effective incentive to encourage parents who were overdue in scheduling well-child visits. As a result, Molina is reconsidering the board book incentive for members and instead will pilot an incentive of a \$10 gift certificate to encourage members whose children are overdue for EPSDT visits and who already have received two reminders to schedule well-child exams.

Molina Healthcare of Michigan also is extending the use of the BCAP methodology to other quality improvement initiatives. The plan will apply BCAP to design and measure the results of a statewide lead screening program and also is planning to use the BCAP approach for mammography reminders and cervical cancer screen reminders.

