



## How is the HUSKY Program Performing?

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The public health implications of the HUSKY program's performance in providing health care are wide reaching, since HUSKY is responsible for providing health care for about 230,000 Connecticut children and youth (one in four), as well as 98,000 parents and pregnant women.

The implications for fiscal accountability are also important. In HUSKY's managed care system, the state pays HUSKY health plans a monthly fee for each enrolled member and requires the plans to provide services required by federal law, including regular preventive care. The state makes these payments whether or not the member receives any services; when required care is not provided, the plans are not required to reimburse the state.

To help ensure that tax dollars are being spent wisely and to help meet accountability standards, Connecticut Voices for Children monitors the health care services that children enrolled in HUSKY A (Medicaid managed care) are receiving. Under a state appropriation and a grant from the Hartford Foundation for Public Giving, this annual performance monitoring project examines encounter data for children and youth who are continuously enrolled in HUSKY A for a year. (Health care utilization data for children in HUSKY B are not available.) This brief highlights several of the most recent findings. More detailed reports are available on the Connecticut Voices Web site at [www.ctkidslink.org](http://www.ctkidslink.org).<sup>1</sup>

### Well-child care

All children need high quality care to support healthy growth and optimal development, to identify health problems early, and to reduce the need for emergency care or more costly health care services later on. Pediatric care guidelines established for Medicaid

under federal law call for regular preventive well-child exams.<sup>2</sup> In 2006:

- Sixty-five percent of children ages 2 to 19 received well-child care, a continuation of a fairly steady increase from 45% in 1999.
- Well-child care rates were lower for older adolescents, compared to young children.
- Over 13,000 children (9% of those enrolled for an entire year) *did not get any health care at all*. Children without care were more likely to be older adolescents, male, or African-American.

### Emergency care

Research suggests that publicly insured children are more likely to use emergency care services than uninsured or privately insured children. In 2006:

- Over one-third of children (38%) were seen for emergency care, up from the previous year. Most at risk for emergency care were children under 6 and Hispanic children.
- The leading reasons for emergency visits were respiratory conditions for children under 6 and injuries for older children and youth.
- One in four emergency visits was for treatment of a condition that could have been managed or avoided with primary care.
- Children who had well-child care were *more* likely to have had emergency care than those who did not have well-child care.

### Dental care

Tooth decay is the most common chronic disease of childhood. Low-income children have more dental problems and are more likely to go untreated. In 2006:

- Less than half (45%) of the children ages 3 to 19 preventive dental care. Those who were most likely to get care were school-aged (6 to 11), Hispanic, or residents of Hartford.

- Children who had well-child care were more likely to have had preventive dental care than children who did not have well-child care.

### **Asthma and related care**

Asthma is among the most common childhood illnesses and disproportionately affects children in low-income families. For children who need emergency or hospital care, follow-up outpatient care is important in reducing the likelihood of future hospital visits. In 2006:

- Just over 20% of children in HUSKY A had a health care visit with a primary diagnosis of asthma and/or filled one or more prescriptions for medication used to treat asthma.
- The treatment prevalence of asthma was highest for Hispanic children and children living in Bridgeport or Hartford and other Connecticut towns, compared with those living in New Haven.
- Fewer than one in four children who had emergency care for asthma received follow-up care within two weeks of the visit, as recommended in treatment guidelines. Just 52% of those who were hospitalized for treatment of asthma had timely follow-up care.

### **Prenatal care**

The importance of the Medicaid program for improving maternal and infant health outcomes cannot be overstated. In 2005:

- Nearly one in three of babies (32%) in Connecticut were born to mothers covered by Medicaid (HUSKY A or fee-for-service).
- Fewer women with Medicaid coverage began prenatal care in the first trimester (76% of mothers in HUSKY A and 64% of mothers with fee-for-service Medicaid, compared with 91% of other mothers).
- Mothers in HUSKY A were less likely to have adequate care (i.e., care that began early, followed by at least 80% of recommended visits) than other mothers (73% vs. 82%).

### **Low birthweight and preterm births**

Babies born at a low birthweight or preterm (“premature”) are more likely to suffer illness, developmental problems, or death. In 2005:

- Babies born to mothers with Medicaid coverage were significantly more likely to be low birthweight (9.5% for HUSKY A mothers and

9.1% for fee-for-service mothers, compared with 7.2% of babies born to other mothers).

### **Smoking during pregnancy**

In addition to all the other health risks, women who smoke during pregnancy are at risk for pregnancy complications, preterm birth, low birthweight infants, stillbirth, and infant death. In 2005:

- Fifteen percent of mothers in HUSKY A smoked during pregnancy, compared with just 3% of other mothers who gave birth. The percentage of HUSKY A mothers who smoked has declined from 19% in 2000 when this monitoring began.
- Among mothers in HUSKY A, the low birthweight rate for mothers who smoked (15%) was twice the rate for non-smoking mothers in HUSKY A (7%). The preterm birth rate was for mothers who smoked (14%) was also higher than the rate for non-smokers in HUSKY A (10%).
- In 2005, Medicaid programs in 38 states and the District of Columbia covered at least some smoking cessation services (e.g., counseling, medications) for all Medicaid recipients. *Connecticut does not.*

### **Conclusion**

Preventive care guidelines established under federal Medicaid law and codified in Connecticut are specially designed to meet the needs of children in low income families who are disproportionately at risk for common chronic conditions and special health care needs. Unfortunately, the health care actually provided to children enrolled in HUSKY falls short of these goals. These findings -- and other evidence showing that three-fourths of new HUSKY patients were unable to get appointments for needed care -- are troubling.<sup>3</sup> After 10 years of experience with this program, it is time to take bold steps to ensure that children in HUSKY receive the care they need. The long-term benefits will include better health for Connecticut families and lower costs for the HUSKY program, the state, and the health care system as a whole.

<sup>1</sup> The following reports are available from Connecticut Voices for Children at [www.ctkidslink.org](http://www.ctkidslink.org): Preventive Care for Children in HUSKY A: 2006 (November 2007). Emergency Care for Children in HUSKY A: 2006 (February 2008). Asthma and Asthma-Related Health Care in Children Enrolled in HUSKY A: 2006 (will be posted in March 2008). Births to Mothers in HUSKY A: 2005 (April 2007).

<sup>2</sup> Under Medicaid’s Early Periodic Screening Diagnostic & Treatment (EPSDT) program, states must provide children with timely comprehensive physical and oral health care and needed health services.

<sup>3</sup> Mercer, Inc. Mystery shopper project (November 2006). Available from CT Department of Social Services.