



Many Children New to HUSKY Part A Receive Well-Child Care Soon After Enrollment

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Well-child care is the keystone of children's health care benefits in HUSKY Part A (Medicaid managed care). Comprehensive, timely screening exams, delivered at regular intervals, are valuable opportunities for health promotion, disease prevention, and early detection of physical, mental or developmental problems. In HUSKY Part A, four participating health plans provide children's health benefits in accordance with Medicaid's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. These health plans are responsible for informing families about the importance of regular preventive care, working with families to select primary care providers, assisting with appointment scheduling, and providing transportation assistance when needed, especially the first six months after enrollment in the plan.

In order to assess the effectiveness of outreach to new members, the Children's Health Council studied well-child care utilization rates for newly enrolled children by health plan and identified other factors that may have affected access to care.¹

Methods

Using Medicaid managed care enrollment data, children under 19 who were newly enrolled in HUSKY Part A each month between January 1 and September 30, 1999, then continuously enrolled for the following year, were identified. Encounter data were searched for records corresponding to well-child care received in that one-year period. The percentages of children who received well-child care within three, six and twelve months after enrollment were determined. The association between well-child visit rates and categories of risk for access problems (age, gender, race/ethnicity, primary language,

residence, coverage category, and health plan) was investigated.

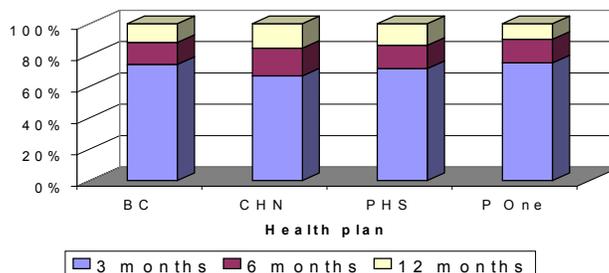
Results

Between January 1 and September 30, 1999, 17,455 children under 19 were newly enrolled in HUSKY Part A.

Overall, 53% of children had a well-child visit within six month of enrollment. Six month well-child visit rates varied significantly by age, race/ethnicity, primary language, residence, coverage group, and health plan. Utilization rates at six months did not vary by gender. Six-month screening rates did not vary according to the time of year that the child enrolled.

Well-child screening rates for newly enrolled children varied by health plan, although the difference between even the lowest rate (51% for PHS) and the highest rate (57% for Preferred One) was relatively small.

Figure 1. When Newly Enrolled Children Received Well-Child Care



Most children who received well-child screening exams in the first year were actually seen soon after enrolling in HUSKY Part A. Over 70 % of children who had exams in the first year were seen in

the first three months; by six months, nearly 90% of those who had exams in the first year after enrollment had been seen (Figure 1).

Among preschool and school-aged children, three-month screening rates varied according to when the child enrolled. Three-month screening rates for preschool children and young school-aged children who enrolled in July, August, or September were one and one-half times higher than three-month screening rates observed for children of the same age who enrolled earlier in the year (January to June).

Screening rates for adolescents who were enrolled in the third quarter were two times higher than rates observed for adolescents who enrolled earlier in the year. In contrast, three-month screening rates for infants and toddlers were not vary across the three enrollment quarters.

Conclusions

- Many children who are newly enrolled in HUSKY Part A have immediate needs for well-child care. Intensive efforts to welcome new members and to link children to primary care providers will probably be most effective soon after enrollment.
- Families with children who do not receive well-child care in the first three to six months should be targeted for outreach by health plans.
- Screening requirements for participation in early childhood education programs and school positively affect well-child care utilization rates.

Recommendations

- In order to improve EPSDT screening rates, DSS and the Children's Health Council should use these results to help health plans:
 - Develop and implement effective welcoming and outreach procedures
 - Target outreach for families with children who do not obtain care soon after enrolling.
- The Connecticut Children's Health Project will continue to identify newly enrolled children who have not obtained services soon after enrollment and will notify health plans monthly.

- HUSKY enrollment outreach efforts should include information for families about the importance of well-child care and how to obtain care in the HUSKY program.

ⁱ A detailed report on the methods and results is available from the Children's Health Council at www.childrenshealthcouncil.org.