



CHILDREN'S  
HEALTH  
COUNCIL

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

**April 2001**

Children's Health Council  
60 Gillett Street, Suite 204  
Hartford, Connecticut 06105  
Phone (860) 548-1661  
Fax (860) 548-1783  
[www.childrenshealthcouncil.org](http://www.childrenshealthcouncil.org)

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

**April 2001**

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. Early diagnosis and treatment can prevent disease progression, avert complications, and help families avoid significant disruptions of family life and school that are often associated with childhood illness and handicapping conditions.

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.<sup>i</sup>

**PURPOSE:** To determine well-child care utilization rates for newly enrolled children by health plan and to identify other factors that may have affected access to care.

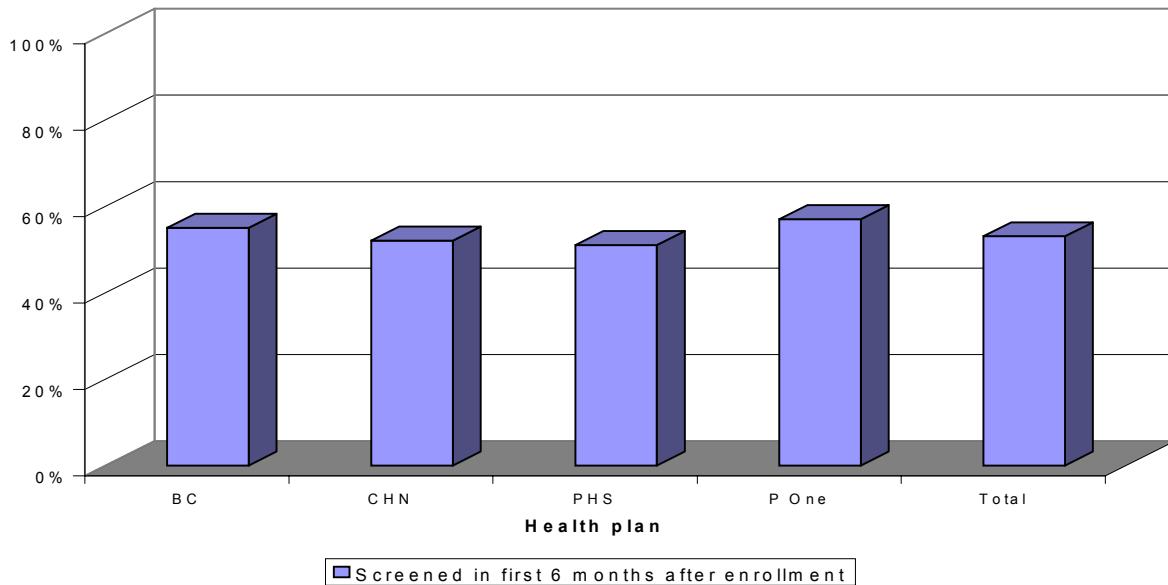
**METHODS:** Using Medicaid managed care enrollment data, children under 19 who were newly enrolled in HUSKY Part A each month between January 1 and September 30, 1999, were identified. Longitudinal enrollment data were then used to determine which of these children were continuously enrolled for the next twelve months. Encounter data were searched for the one-year period.<sup>ii</sup> 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 using  $\chi^2$ . Rates for subgroups and 95% confidence intervals were determined. It was not possible to determine which children may have had well-child care in the months just prior to enrollment, nor was it possible to determine which children selected or were assigned to new primary care providers after enrollment.

**RESULTS:** Between January 1 and September 30, 1999, 17,455 children under 19 were newly enrolled in HUSKY Part A and remained continuously enrolled for an entire year. Three-, six- and twelve-month well-child screening rates by sociodemographic and enrollment characteristics are shown in Table 1.

**Overall, 53% of children had a well-child visit within six month of enrollment.** As expected, six-month well-child visit rates varied significantly by age.<sup>iii</sup> Six-month screening rates also varied significantly by race/ethnicity,<sup>iv</sup> primary language,<sup>v</sup> residence,<sup>vi</sup> coverage group,<sup>vii</sup> and health plan.<sup>viii</sup> 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 (data not shown).

**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 2).** In fact, the association between screening and health plan was significant only for infants <1 and for young adolescents (Table 2).

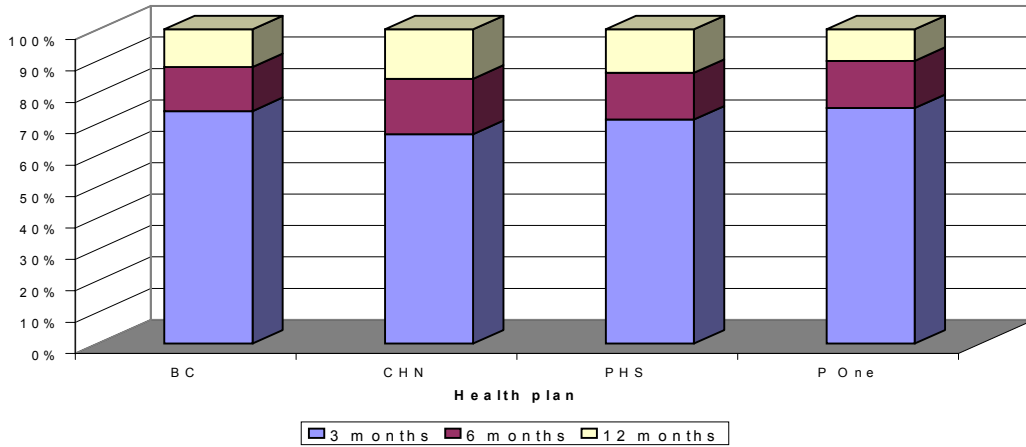
**Figure 1. Newly Enrolled Children with Well-Child Visit**



**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% had been seen (Figure 2). The twelve-month screening rate for these newly enrolled children (61%) was higher than the annual screening rate previously reported (45%) for children whose ongoing enrollment spanned a one-year period.<sup>ix</sup>

**Among preschool and school-aged children, three-month screening rates varied according to when the child enrolled.** Three-month screening rates for children enrolled in the first, second, and third calendar quarters of the year were compared within age groups to determine whether the proportion screened soon after enrollment varied, depending on when they enrolled (Table 3). 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.

Figure 2. When Newly Enrolled Children Received Well-Child Care



## 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; and
  - ◆ Target more intensive outreach on 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.

---

<sup>i</sup> Health plans are required to “have systems in place to ensure access to medically necessary and medically appropriate well-child care ... [including] ... monitoring new members with new PCPs to ensure that an initial well care appointment is scheduled within 6 months of enrollment.” New members should “receive an initial PCP appointment in a timely manner...[and]...access goods and services within the first six months of enrollment.” Purchase of service contract between the Connecticut Department of Social Services and MCO, January 19, 1999: 24, 35.

<sup>ii</sup> Encounter records with the following CPT-4 and UB-92 hospital revenue codes represent well-child care (EPSDT) when accompanied by any diagnosis code: 092, 093, 094; 99381-5; 9938R, 9938T; 99382; 99391-5; 9939R, 9939T; 99431, 9943R, 9943T. The following CPT-4 codes represent well-child care (EPSDT) when accompanied by a well-child diagnosis (v20 series, v70, v70.0, v70.3-v70.9): 99201-5; 99211-5; 99432; clinic codes 510, 515.

<sup>iii</sup>  $X^2=6405.68$ ,  $p<.001$

<sup>iv</sup>  $X^2=56.90$ ,  $p<.001$

<sup>v</sup>  $X^2=29.22$ ,  $p<.001$

<sup>vi</sup>  $X^2=41.70$ ,  $p<.001$

<sup>vii</sup>  $X^2=444.56$ ,  $p<.001$

<sup>viii</sup>  $X^2=41.63$ ,  $p<.001$

<sup>ix</sup> Children’s Health Council. Utilization of ambulatory health care services by children enrolled in HUSKY Part A. Hartford, CT: CHC, September 2000.