



Ambulatory Care Utilization by Children Enrolled in HUSKY A FFY 2002

September 2003

Children enrolled in HUSKY A (Medicaid managed care) are entitled to comprehensive, timely screening exams, delivered at regular intervals in accordance with professional guidelines for health promotion, disease prevention, and early detection of physical, mental or developmental problems. Children enrolled in HUSKY A should have a medical home, that is, a place where medical care is “accessible, continuous, comprehensive, family-centered, coordinated, and compassionate,” a place for meeting well-child and acute care needs.”¹

This report on ambulatory care in HUSKY A is the fourth annual report from the Children’s Health Council.²

Methods

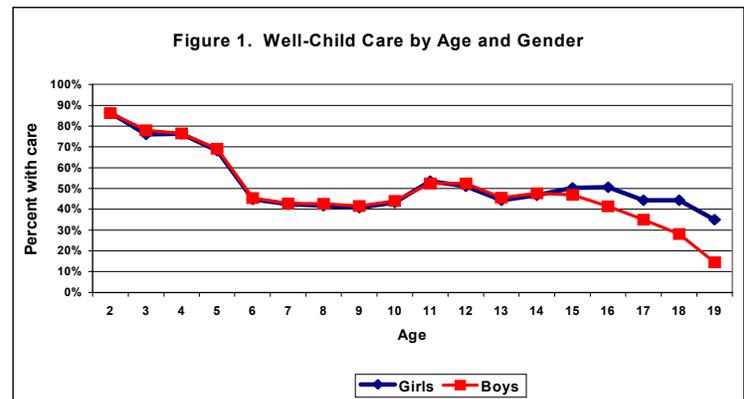
HUSKY A enrollment and encounter data for October 1, 2001 and September 30, 2002, were searched for records corresponding to ambulatory care (office visits, clinic visits, emergency visits) for continuously enrolled children 2 to 19 (n=128,975). Utilization rates for well-child care were determined for all children and for children with special health care needs.³ The percentage of children who did not receive any ambulatory care was also determined. To compare health plan performance, the odds of having received well-child care or no ambulatory care were determined after adjusting for other factors that may have affected access to care (age, gender, race/ethnicity, primary language, residence, special health care needs). Four-year trends were investigated.⁴

Results

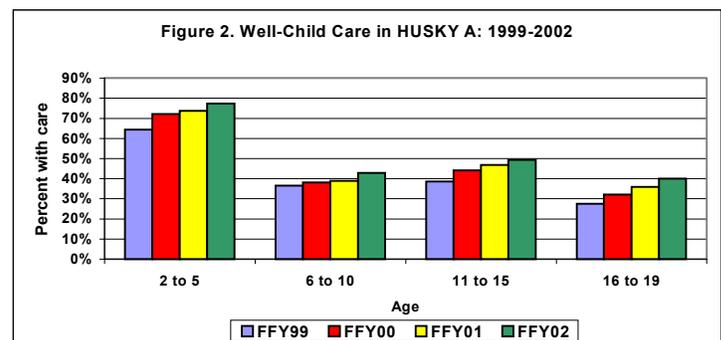
85% of children had ambulatory care (office or clinic visit, emergency visit).

Over 53% of children received well-child care, up from 50% in the previous year.

- **Age:** Rates varied by age from 77% of children 2 to 5 to 40% for adolescents 16 to 19 (Figure 1).



- **Race/ethnicity:** Black/African American children were less likely than White children to have had care.⁵ Hispanic children were slightly more likely than White children to have had well-child care.⁶
- **Health plan:** The percentages of children who had well-child care varied by health plan (55% for children in BlueCare, 54% for children in CHN, 53% for children in Health Net, and 42% for children in First Choice).
- **Trend:** Well-child care rates have increased steadily over the past four years, from 45% to 53% in FFY 2002 (Figure 2). Rates increased in all racial/ethnic groups. The percentage of adolescents 16-19 who had well-child care increased from 28% to 40% in FFY 2002.



4% of children had emergency care only, down from 5% in the previous year.

15% of children did not have any ambulatory care, down from 18-20% in previous years.⁷

- **Age:** Children who were least likely to have had care were older teens, compared to all younger children.
- **Race/ethnicity:** Compared with White children, Black/African American children and children of other racial/ethnic groups were about 50% more likely to have had no ambulatory care.⁸ Hispanic children were slightly more likely to have had no ambulatory care.⁹
- **Health plan:** Compared to children enrolled in BlueCare, children enrolled in First Choice were less likely to have had any ambulatory care.¹⁰
- **Trend:** The percentage of children with no ambulatory care steadily decreased from 20% in FFY 1999 to 15% in FFY 2002. Rates decreased in all racial/ethnic groups.

Children with special health care needs were more likely than other children to have had well-child care and less likely to have had no care in the one-year period.¹¹

Table 1. Care for children with special needs

	Well-child care	Emergency care only	No ambulatory care
All children (n=128,975)	53.4%	4.3%	14.8%
DCF custody (n=7,095)	54.3%	4.0%	19.0%
SSI (n=4,019)	52.7%	4.3%	8.8%
Title V (n=150)	56.7%	<1%	2.0%

Comparison with national data

The well-child visit rate for children in HUSKY A does not compare favorably with findings based on national data. Analysis of responses to the 1999 National Survey of America’s Families shows that 85% of publicly insured children had well-child visits that met American Academy of Pediatrics guidelines, compared with 76% of privately insured children and just 68% of uninsured children. Those who did not receive well-child care were more likely to be children in fair to poor health.

Conclusion

Over the past four years, well-child care utilization has increased significantly in HUSKY A in all age groups.

Gaps between children of different racial/ethnic backgrounds persist, despite the improvement in well-child visit rates.

¹ American Academy of Pediatrics. The medical home. Pediatrics, 1992; 90(5): 774.

² The Children’s Health Council was created by the Connecticut General Assembly in 1995 and charged with evaluating the impact of Medicaid managed care on children’s health services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. The Children’s Health Council monitors children’s health services under a contract with the Connecticut Department of Social Services and with support from the Hartford Foundation for Public Giving. The Children’s Health Council contracts with MAXIMUS, Inc. for data management and data analysis.

³ Under the Balanced Budget Act of 1997, Medicaid managed care programs with mandatory enrollment of children with special health care needs must monitor access to care and quality. In Connecticut, the following groups of children with special health care needs are enrolled in Medicaid managed care: children in foster care or adoption assistance, children who receive Supplemental Security Income, and children who receive benefits under Title V of the Social Security Act. Some children receive benefits in more than one program.

⁴ A detailed report on the methods and results is available at <www.childrenshealthcouncil.org>

⁵ OR_{Black:White}=0.92 (95% CI: 0.89, 0.95)

⁶ OR_{Hispanic:White}=1.06 (95% CI: 1.03, 1.09)

⁷ Some children (32%) without ambulatory care had other types of care like prescriptions or dental care; the remaining 12,927 children (10%) had no records for any type of care in the one-year period they were enrolled.

⁸ OR_{Black:White}=1.54 (95% CI: 1.48, 1.61); OR_{Others:White}=1.48 (95% CI: 1.32, 1.65)

⁹ OR_{Hispanic:White}=1.07 (95% CI: 1.02, 1.12)

¹⁰ OR_{FirstChoice:BlueCare}=0.45 (95% CI: 0.35, 0.48)

¹¹ Well-child care: OR_{CSHCN: others}=1.21 (95% CI: 1.16, 1.26)

No ambulatory care: OR_{CSHCN: others}=0.90 (95% CI: 0.85, 0.95)