CONNECTICUT VOICES FOR CHILDREN

Emergency Care of Children in HUSKY A: CY 2003

April 2005

This report is the second annual summary of emergency care in HUSKY A (Medicaid managed care), issued by the Children's Health Council in 2003 and by Connecticut Voices for Children in 2005.[1]

Methods

Using HUSKY A enrollment data, children under 21 who were continuously enrolled from January 1 through December 31, 2003, were identified.[2] Encounter data were searched for records corresponding to emergency (ER) visits.[3] The distribution of ER visits across diagnostic categories was determined. Emergency visits for children with special health care needs (SHCN) were also described.[4]

Results

There were 163,615 children under 21 who were continuously enrolled in HUSKY A in CY 2003, up 17% from the previous year. Of these children, 11,960 (7%) had SHCN.

Thirty-three percent of children made at least one ER visit in 2003, for a total of 95,091 visits (average: 1.8 visits per child with emergency care). While the percentage of children with emergency visits is essentially unchanged from 2002, increased enrollment contributed to a 10 percent increase in the number of visits, up from 86,650 visits in 2002.

Among all children, the leading reasons for ER visits were injuries (26%) and respiratory conditions (21%) (Figure 1). The leading reasons for ER visits varied by age group (Table 1), but were similar to the leading reasons by age for 2002.

The percentage of children who had any emergency care varied significantly by health plan. The rates for children in Community Health Network (37%) and Preferred One (36%) were higher than the rate for children in BlueCare Family Plan (34%). The rate for children in Health Net (29%) was significantly below the rates for other health plans. The average number of ER visits for children who had any emergency care did not vary substantially by health plan (range: 1.7 to 1.9 visits per child). Thirty-eight percent of children who changed plans during the year (n=13,156) were seen for emergency care.

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[1] Connecticut Voices for Children is a non-profit organization that conducts research and policy analysis on children's issues. This report on emergency care and hospitalizations was prepared under a contract between the Connecticut Department of Social Services and the Hartford Foundation for Public Giving, with a grant to Connecticut Voices from the Hartford Foundation. Performance monitoring in HUSKY A builds on work begun by the Children's Health Council which was created by the Connecticut General Assembly in 1995 and charged with evaluating the impact of Medicaid managed care on children's health services. Connecticut Voices for Children contracts with MAXIMUS, Inc. for data management and data analysis. This report was prepared under the direction of Mary Alice Lee, Ph.D., Senior Policy Fellow. This report is also available at www.ctkidslink.org.

[2] In 2003, the time frame for performance monitoring in HUSKY A was changed from a fiscal year (FY, October 1 through September 30) to a calendar year (CY).

[3] Emergency care: CPT-4 codes (99281, 99282, 99283, 99284, 99285) and UB-92 revenue codes (450, 456, 459) with any diagnoses other than well-child (v20 series, v70, v70.0, v70.3-v70.9) or pregnancy and childbirth (ICD-9-CM codes 630-677).

[4] For the purpose of monitoring Medicaid managed care programs, the Balanced Budget Act of 1997 defines children with special health care needs as children in foster care or receiving adoption assistance, children receiving SSI benefits, children eligible to receive services in Title V programs, and children in the Katie Beckett waiver program (not enrolled in managed care in Connecticut). Children in the Title V program were identified with the cooperation of the Connecticut Department of Public Health and permission for use of identifying data from the DPH Human Investigations Committee.

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Figure 1. ER Visits for Children in HUSKY A: 2003

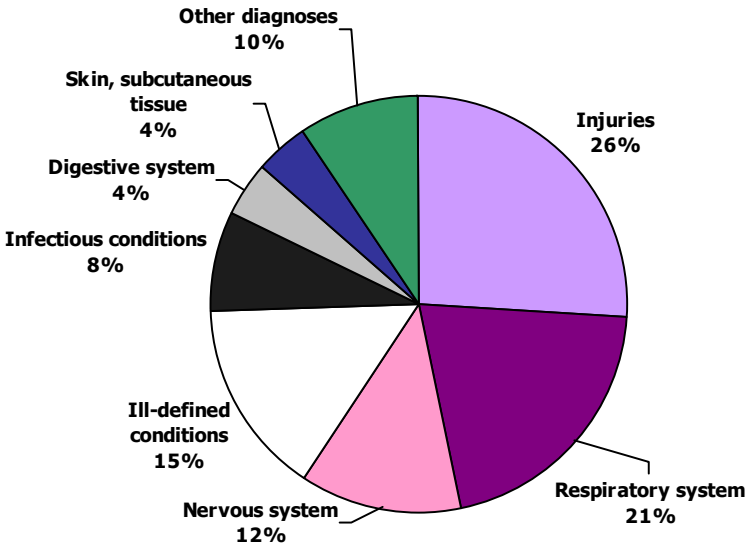

Table 1. Leading Reasons for Emergency Visits

Age Group (years)	*< 1*	*1-5*	*6-14*	*15-20*
Total number of children	725	49,367	81,303	32,220
Percent with ER visit	50%	42%	27%	33%
Number of ER visits	783	40,381	34,707	19,220
Reason for ER visit:				
Injuries	7%	19%	***33%***	***30%***
Respiratory conditions	***27%***	***24%***	20%	15%
Nervous system	15%	18%	10%	5%
Ill-defined conditions	***27%***	16%	13%	15%
Infectious/parasitic	9%	10%	8%	5%
All other conditions	15%	13%	16%	30%

Note: Leading reasons in each age group are shown in italics and blue or bold.

Children with special health care needs:

Among children with SHCN, 33 percent had at least one ER visit (average: 1.9 visits per child who had emergency care), similar to 2002.

Discussion

Children in HUSKY A, like all Connecticut children, need regular preventive care to maintain good health. To avoid emergency care, younger children need access to primary care for common acute illnesses like conjunctivitis, otitis media and upper respiratory conditions, while older children need information about injury prevention.

Results of this analysis show that the percentage of children with ER care in HUSKY A (33%) is higher than rates reported in a national survey by low income parents with publicly insured children (16% reportedly had had an ER visit in the previous 12 months).[5] A similar study of ER utilization in another Medicaid program showed that 22 percent of ever-enrolled children 18 and under had had ER visits at 35.9 ER visits per 1000 member-months.[6] (The comparable rate for children in HUSKY A was 48.4 ER visits per 1000 member-months.) This study also showed that 77 percent of visits did not require complex treatment for serious conditions.

Conclusions

- **The ER visit rate in HUSKY A is unchanged from the previous year, but the number of visits increased due to an increase in the number of children in the program.**
- **Rates of emergency care varied greatly by health plan.**

Recommendations

- **ER utilization monitoring should include additional information about factors associated high rates of utilization.**
- **In order to reduce ER utilization, efforts should be made to ensure that all children, especially those enrolled in Community Health Network and Preferred One, have access to primary care 24/7 for diagnosis and treatment of acute health problems that can be managed in the ambulatory care setting.**

[5] Simpson L et al. Health care for children and youth in the United States: annual report on patterns of coverage, utilization, quality and expenditures by income. Ambulatory Pediatrics, 2005; 5(1): 6-44.
[6] Dombkowski KJ, Stanley R, Clark SJ. Influence of Medicaid managed care enrollment on emergency department utilization by children. Archives of Pediatric and Adolescent Medicine, 2004; 158: 17-21.
[7] Simpson L et al. Health care for children and youth in the United States: annual report on patterns of coverage, utilization, quality and expenditures by income. Ambulatory Pediatrics, 2005; 5(1): 6-44.
[8] Dombkowski KJ, Stanley R, Clark SJ. Influence of Medicaid managed care enrollment on emergency department utilization by children. Archives of Pediatric and Adolescent Medicine, 2004; 158: 17-21.