



## The HUSKY Program in Transition: Enrollment and Health Services Utilization in 2008

April 2011

### KEY FINDINGS

This report describes enrollment trends and children's health services utilization in the HUSKY Program in 2008. It is the first and only report on utilization during a period when the program underwent significant change in the way services were administered and financed.

In 2008, the Department of Social Services assumed responsibility for authorizing health services, setting rates, and paying claims. The four participating managed care plans operated on a non-risk basis to administer various member and provider services. Two plans exited the program within months and the other two stayed till the end of the year. During the transition year, traditional fee-for-service Medicaid was offered as an enrollment option and was the default option for HUSKY members who did not select a new plan. That year, there were also significant changes the way pharmacy and dental services were administered and delivered.

These changes affected over 345,000 children, parents, and pregnant women who were enrolled in HUSKY A and B that year. The purpose of this study was to describe enrollment and children's health services utilization in 2008 and to compare utilization with previous years to assess the impact of the program transition on access to care. Overall in 2008, enrollment grew while utilization rates remained at or near the low utilization rates observed in recent years. Key findings:

- During the transition period, enrollment in HUSKY A grew by over 21,000 adults and children (6.8%). Enrollment in HUSKY B declined by nearly 3,000 children (17%), beginning in the latter half of the year. Over 50,000 adults and children were covered in traditional Medicaid for some part of the year.
- Children's health services utilization in 2008:
  - The well-child visit rate (57.0%) increased over the previous year, but was still not back to the level observed in 2006 (65.3%).
  - The rate of developmental screening doubled, to 5.3% of children under age 6.
  - Dental care utilization was unchanged from 2007, but up significantly from 2006.
  - Rates for emergency care were just higher than rates for 2007.
  - About 16,000 children who were enrolled for the entire year had no care at all; the corresponding rate (13.7%) was greater than the rate in 2007.
  - Children who were covered in traditional Medicaid for any part of the year, i.e., not continuously enrolled with one or more of the participating health plans, were significantly less likely to have had well-child care or dental care and were more likely to have had emergency care or no care at all in the one-year period.

At the rates that children received preventive care in recent years, the program has a long way to go toward ensuring that all children receive timely well-child and preventive dental care and that all young children are screened for developmental delays. Emergency care rates remain unacceptably high. Just as the contractual process can be used to ensure transparency, the process can be used to ensure accountability for delivering essential services to the children enrolled in the HUSKY Program. Lessons learned in this transition period should be applied to ensuring uninterrupted access to care during the upcoming program overhaul.