

## Independent Performance Monitoring in the HUSKY Program: Ensuring Accountability for Scarce State Dollars

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Over 449,000 children, parents and pregnant women rely on Connecticut's HUSKY Program for access to preventive care and protection from catastrophic health care expenses.

Independent HUSKY Program performance monitoring enhances the Department of Social Service's capacity for HUSKY Program administration and oversight. Since 1995, state-funded independent performance monitoring has contributed to data-driven policy and program improvements. The HUSKY Program for children, parents and pregnant women costs Connecticut over a billion dollars a year, while independent performance monitoring costs less than 0.02% of that amount (\$180,000 per year on average for FY16-17, down from \$208,050 per year in FY14-15 appropriation). The federal government reimburses Connecticut at least 50 cents on every dollar spent, so state spending to ensure accountability is minimal.

**Under the state-funded contract for HUSKY Program performance monitoring, Connecticut Voices for Children reports on the following aspects of program performance and quality:**

- **Continuity of health insurance coverage and enrollment changes.** Coverage continuity ensures uninterrupted access to preventive services, including well-child visits, vision and hearing screening, developmental screening, and age-appropriate health promotion. For children with chronic conditions, coverage continuity ensures ongoing access to care for chronic health conditions such as asthma. Utilization of timely, comprehensive health services is essential for support of healthy growth and development, as well as optimal social functioning and learning.  
*Why this matters:* In the absence of Connecticut Voices for Children's monitoring and reporting, policy makers and advocates would not know

about the extent or impact of coverage instability or about the effectiveness of efforts to prevent loss of coverage. Neither the Department of Social Services (DSS) nor its contractors report on coverage continuity and gaps in coverage.

- **Maternal health and birth outcomes for new families in Connecticut's publicly-funded HUSKY Program.** More than one in three births to Connecticut residents is covered with public funds. For 13 consecutive years, the HUSKY performance monitoring project has linked birth records and HUSKY data (enrollment and claims) to track important health indicators such as low birthweight, preterm birth, smoking in pregnancy, cesarean delivery rates, and adequacy of prenatal care. The Department of Social Services uses the linked dataset for program administration. The Department of Public Health uses the linked data for program evaluation and Title V program reporting.  
*Why this matters:* Without monitoring and reporting by Connecticut Voices for Children, state and local policy makers and advocates would not be able to assess the full impact of the HUSKY Program and other publicly-funded programs. Neither DSS nor its contractors link HUSKY and birth data for tracking maternal health and birth outcomes.
- **Enrollment and preventive health services utilization in early childhood.** Connecticut has made a considerable investment in early childhood education and services for the state's youngest children. These initiatives may have their greatest impact in improving the lives of children in low income families. Most of these children are also in Connecticut's HUSKY Program, so it makes sense to track coverage and access to the health services that children need for optimal growth and

development. The HUSKY data are used by local early childhood initiatives to track progress toward local objectives for improving the health of young children.

**Why this matters:** In the absence of Connecticut Voices for Children’s monitoring and reporting, policy makers and advocates would not know about how the HUSKY Program cares for young children or about the effectiveness of publicly-funded programs in coordinating early learning and health. Neither the Department nor its contractors track coverage and health services for Connecticut’s youngest children.

- **Health services access and utilization trends, with special focus on the impact of major program and policy changes and on health disparities.** In recent years, Connecticut has taken bold steps to improve the HUSKY Program for children and families. These changes include a change from risk-based managed care to administered fee-for-service behavioral health care (2006); transition from risk-based managed medical care to administered fee-for-service medical care (2012); temporary suspension of Medicaid managed care (2008); increased dental provider reimbursement rates and a change from risk-based managed care to administered fee-for-service dental care (2008); transition from risk-based managed medical care to administered fee-for-service medical care (2012); and efforts to reduce gaps in coverage when babies turn one (ongoing). Understanding the impact of major changes in eligibility management, financing, administration, and delivery of health services is key to knowing whether the changes have improved access to care and utilization for children, parents, and pregnant women. In addition, health services are analyzed by other factors that can affect access to care and utilization, such as age, gender, race/ethnicity, primary language, and residence.

**Why this matters:** Without Connecticut Voices for Children’s monitoring and reporting, policy makers and advocates would not know whether major program changes contributed to improved access to care and utilization or whether the program is effective in reducing health disparities and ensuring health equity. Neither DSS nor its contractors report on trends in access to care or utilization such that the impact of major program

changes or efforts to reduce disparities can be assessed.

- **Impact of federally-funded project on maternal and infant oral health services.** The Department of Social Services has a grant from the US Department of Health and Human Services Maternal and Child Health Bureau for improving perinatal and infant oral health services. Connecticut Voices for Children serves as lead evaluator for this grant, building on years of independent performance monitoring oral health care, maternal health and birth outcomes.  
**Why this matters:** Without Connecticut Voices for Children’s partnership with the Department and the Connecticut Dental Health Partnership, federal and state policy makers and advocates would not have an independent source for determining baseline utilization and assessing the impact of this grant-funded project on improving maternal health and birth outcomes.
- **HUSKY Program data quality improvement.** The Department of Social Services is responsible for ensuring that HUSKY Program data are timely and complete and can be used reliably for program administration. DSS manages eligibility determinations, pays claims, and provides data to contractors to use in administering medical, dental, behavioral health, and support services for HUSKY Program members who need care and care coordination.  
**Why this matters:** In the absence of Connecticut Voices for Children’s monitoring and reporting, DSS would not have recognized and corrected two recent lapses in data quality.

**Policy makers and advocates, including legislators, Department of Social Services staff and contractors, and the Department of Public Health staff, rely on independent analyses of program data and policies for assessing program success and identifying areas for improvement.**

**The State of Connecticut should continue to fund this long-standing investment, building on the legacy of independence performance monitoring and program accountability.**