

# CONNECTICUT VOICES FOR CHILDREN



## Ensuring Accountability and Access to Care in the HUSKY Program Through Independent Performance Monitoring

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Governor Rell's proposed budget for Fiscal Years 2010 and 2011 would eliminate funding for independent performance monitoring of the HUSKY program, undermining longstanding legislative efforts to ensure that taxpayer funds for a major health care program are spent wisely. Over 345,000 Connecticut children, parents, and pregnant women depend on the HUSKY Program for access to preventive care and treatment. Each year, one in three Connecticut babies is born to a mother who is enrolled in the HUSKY Program or fee-for-service Medicaid. To help ensure that tax dollars for one of the most important programs in the state budget are spent wisely and to help meet federal accountability standards, the Connecticut General Assembly has appropriated funds for independent performance monitoring since 1995. Under a state appropriation and a contract with the Hartford Foundation for Public Giving, Connecticut Voices for Children has conducted this performance monitoring since 2004. Health coverage in HUSKY A (Medicaid managed care) and HUSKY B (State Children's Health Insurance Program managed care) costs about \$800 million (50% or more of this amount is reimbursed by the federal government). For a relatively small annual cost of \$218,000 for performance monitoring, Connecticut can help ensure that this \$800 million is well spent. (In FY08-09, the funds appropriated for performance monitoring were in a line item labeled "Children's Health Council.")

**Performance monitoring and evaluation provide a window into the care that HUSKY members actually receive.** The goal of the HUSKY program is ensuring access to health care, not simply enrollment. Through HUSKY Program performance monitoring, Connecticut Voices helps to evaluate

whether the program is meeting this goal. Connecticut Voices obtains HUSKY A enrollment and "encounter" (provider billing) records and HUSKY B enrollment data from DSS, then uses these data to track enrollment and utilization of health care, including well-child care, preventive dental care, asthma, emergency care, and other aspects of health and health care.

**Without independent tracking and oversight, families in HUSKY A may not get the care they need and *no one will know.*** For families enrolled in HUSKY's managed care plans, the state pays a monthly fee for each HUSKY member, *whether or not the member receives any health services.* An analysis of HUSKY A health care found that in 2007, the state paid millions of dollars for HUSKY members who did not get care. Nearly 16,000 children aged 2 to 19 (11% of all children in HUSKY A for the entire year) did not have *any care at all*, even though Connecticut paid the managed care plans over \$38 million to provide care for these children. (Behavioral health care was not included in this analysis.)

**Maintaining independent performance monitoring can ensure accountability during a time of tremendous change in the HUSKY program.** The HUSKY program has been undergoing sweeping and often confusing changes that are directly affecting access to care for thousands of Connecticut families.

- In 2008, after quickly shifting all health care management *out* of risk-based managed care plans for the first time in the history of the HUSKY program, the Governor later *returned* management of health care decisions to managed care plans. Two of the three health plans are new to

HUSKY. During this transition, many HUSKY A members were covered under “fee-for-service” arrangements, outside the managed care system.

- Providers were slow to sign up to participate in the HUSKY health plans, leading many to question whether HUSKY families will be able to find a doctor who will treat them.
- In the last two years, pharmacy, mental health, and dental benefits were “carved out” of the managed care plans and are now administered by DSS or third party organizations.
- In February 2009, DSS began implementing a pilot Primary Care Case Management system that pays providers to coordinate the care of HUSKY patients outside of managed care organizations.

These and other developments have resulted in major and unprecedented changes and disruptions in the delivery of health care for HUSKY members. Independent performance monitoring is critically important for assessing whether these dramatic changes have helped or harmed access to care.

**Performance monitoring can help improve public health and public policy.** Effective health care policy must be driven by data and evidence. While investigating health care access problems, an independent monitor can work effectively with state agencies, health plans, and providers to identify problems, track trends, evaluate outcomes, and improve health care for all children in HUSKY. For example, through HUSKY performance monitoring:

- Connecticut Voices reported that smoking during pregnancy, which increases health risks for both mother and child, is five to six times higher among mothers in HUSKY than other mothers. This finding motivated HUSKY health plans to provide some treatment for tobacco dependence even though it is not a covered benefit in the Medicaid program.
- Connecticut Voices reported that most children who have emergency room care for asthma do not receive recommended follow-up visits. This finding led at least one health plan to invest more resources into managing asthma care.
- Poor access to dental care has been a systemic problem in the HUSKY program. Connecticut

Voices reported that school-age children in Hartford are far more likely than other children in HUSKY to receive preventive dental care. This finding is solid evidence of the effectiveness of providing services through school-based dental clinics.

**Performance monitoring identifies problems and trends in HUSKY enrollment.** Each year, many children lose eligibility or move between HUSKY A (for low-income residents) and HUSKY B (for low-to moderate-income residents) because of changes in income or family size. Because of confusion among families about application and renewal forms and requirements, and because enrollment for the programs is administered by separate entities, many children lose coverage. An analysis of enrollment data by Connecticut Voices found that over 2006 and 2007, there was a large number of children and parents new to the program (141,291) who had not been enrolled in the previous 12 months. An expansion of income eligibility for parents during this period led to increased enrollment among both adults and children. However, there was only a modest net increase in total enrollment in HUSKY (11,355). The large difference between the net enrollment increase and the number of new enrollees indicates that there are ongoing problems with keeping eligible families in the program. These problems warrant increased attention on the part of policy makers, state agencies and community-based outreach providers.

**Independent performance monitoring is an essential component of an overall approach to oversight and quality improvement in a program that affects the health and well-being of many Connecticut residents.** Only through independent performance monitoring can all stakeholders -- the state, health care providers, consumers, and the public at large -- assess the effects of program changes and ensure that state and federal dollars are spent wisely. Ongoing performance monitoring by an independent entity that is "on the ground" in Connecticut contributes to timely, data-based information for policy development and program evaluation.