



Ambulatory Care In HUSKY A: 2004

Presentation to
Medicaid Managed Care Council
October 14, 2005

EPSDT Periodicity Schedule



- Annual well-child visits for children 2-5 and 11-19, with visits every 2 years for children 6-10
- Episodic visits as needed

Methods

- Identified 156,799 children 2-19 continuously enrolled in CY 2004
- Searched HUSKY A encounter data ambulatory care visits (well-child care, other primary care, ER visits)
- Calculated utilization rates
- Analyzed utilization trends (1999-2004)

Any Ambulatory Care

- 85% of children had an office or clinic visit or an emergency visit
- Unchanged from 2002 and 2003



Type of Care

Ambulatory Care in HUSKY A: 2004

Had other care but
no ambulatory care

4%

Did not have any
other care

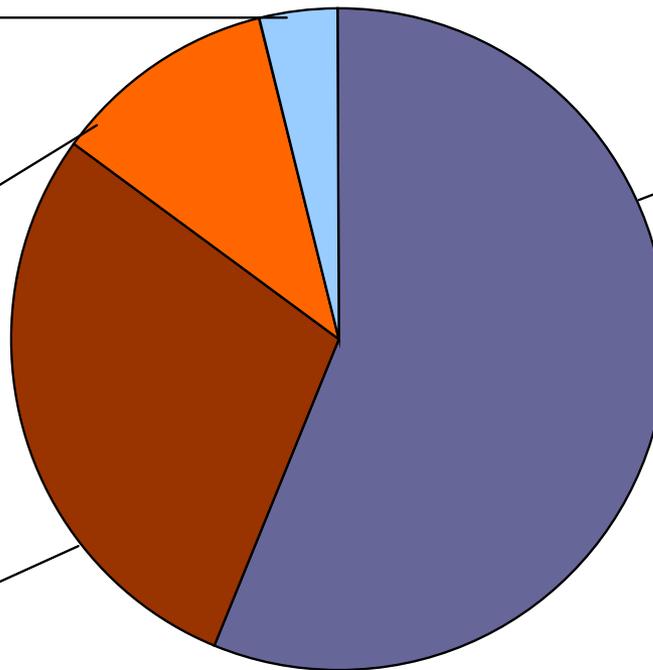
11%

Had acute or
emergency care

29%

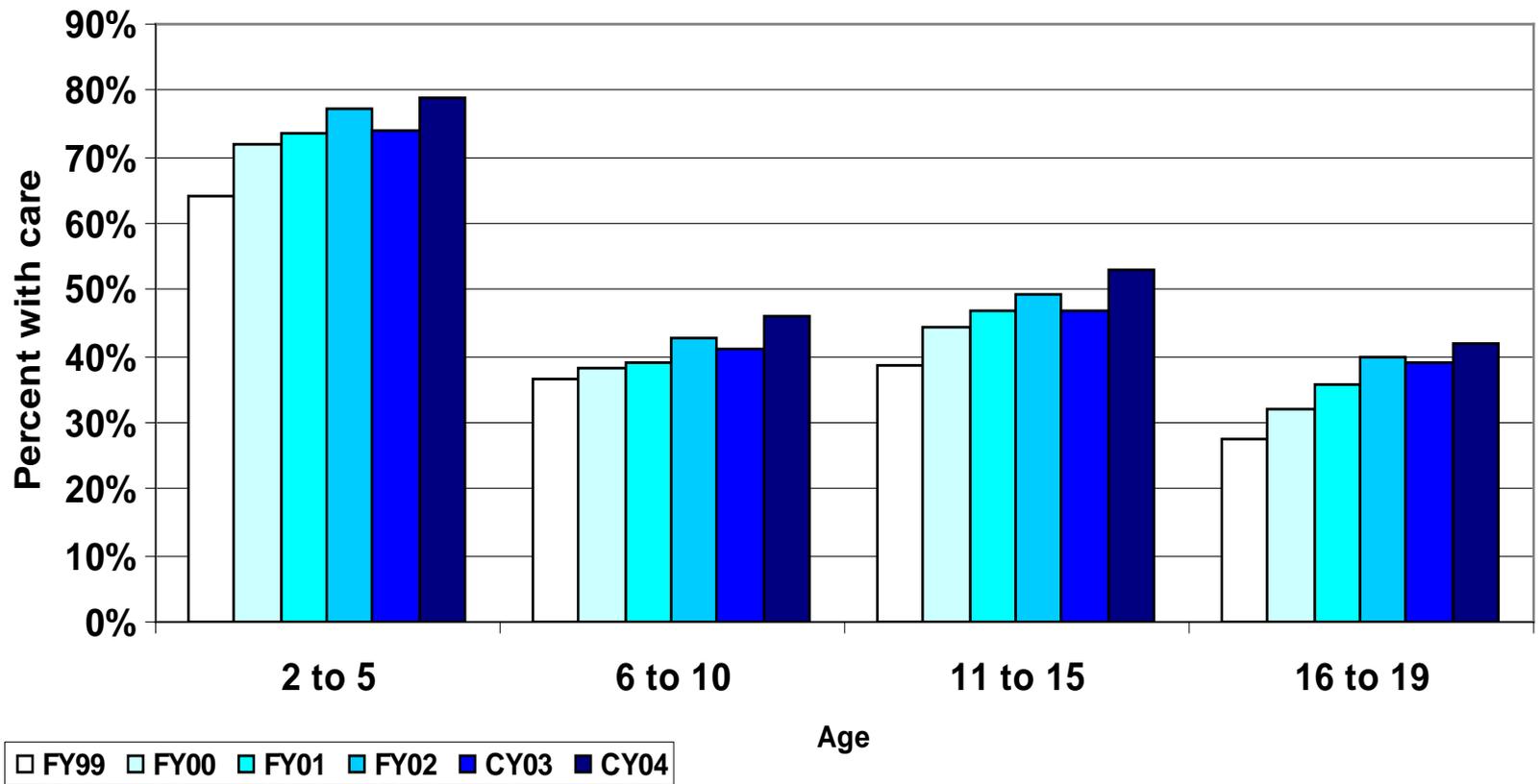
Had well-child care

56%



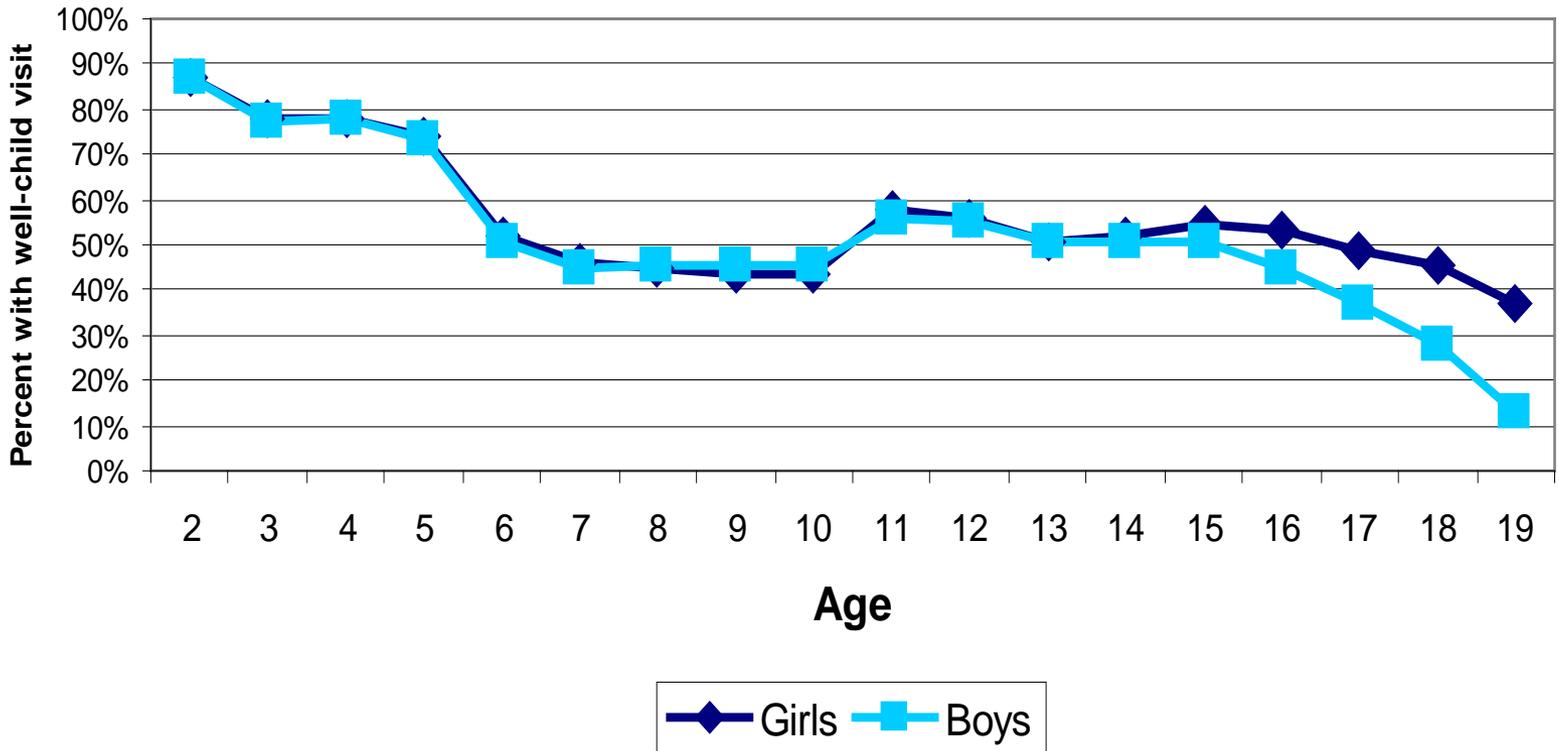
Well Child Care by Age

Well-Child Care by Age in HUSKY A: 1999-2004



Well-Child Care by Gender

Figure 3. Well-Child Care by Age and Gender in HUSKY A: 2004

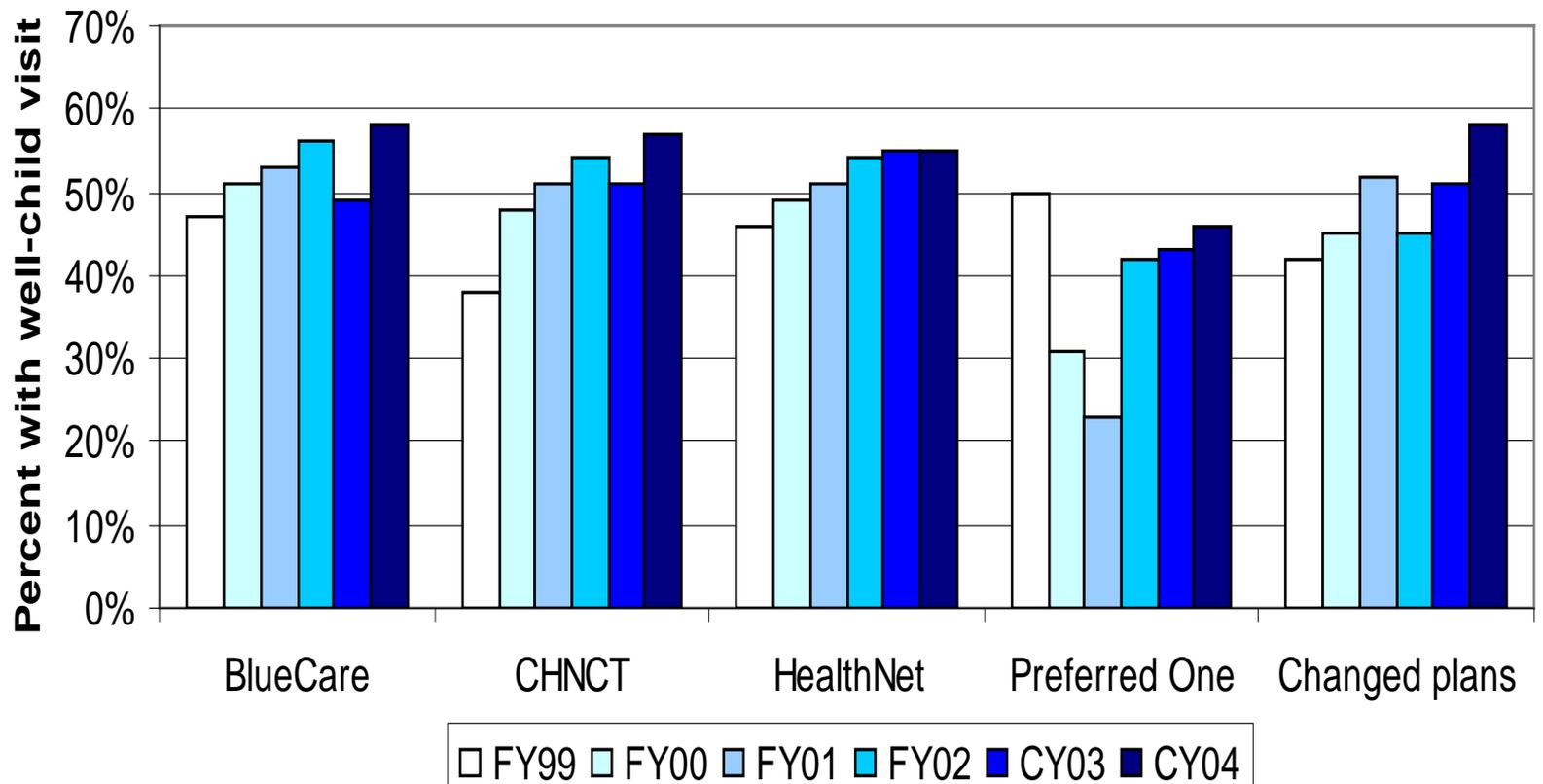


Most Likely to Have Had Well-Child Care:

- **Hispanic children (58%)**
- **Bridgeport children (59%)**
- **Children in BlueCare (58%) and CHNCT (57%)**

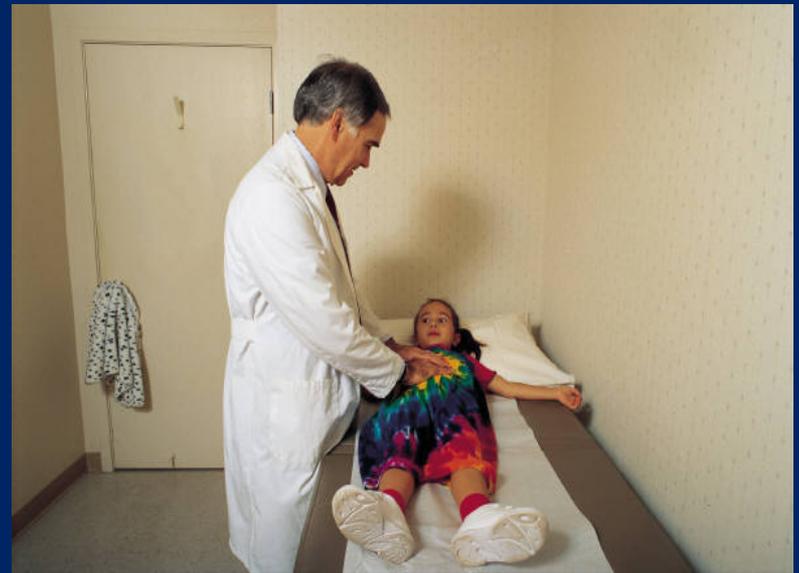
Well-Child Care by MCO

Well-Child Care by Health Plan in HUSKY A: 1999-2004



Acute and Emergency Care

- 29% had other primary care or emergency care for illness, injury or other conditions, (no well-child care)
- 4% had emergency care only



No Ambulatory Care

Children in HUSKY A	156,799	100.0%
Did not have ambulatory care	23,549	15.0%
Had other care (dental, vision, rx)	6,358	4.0%
Did not have any care at all	17,191	11.0%

Most Likely to Have Had No Ambulatory Care

- **School-aged children (18%) and adolescents (17 to 20%)**
- **African American children (20%)**
- **Children enrolled in Preferred One (25%)**

Conclusions

- **Well-child care utilization increased but continues to fall short of professional recommendations, federal goals, and HUSKY A contract requirements**
- **Many children do not get care**
- **Disparities persist**

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