The HUSKY Program in Transition: Enrollment and Children's Health Services Utilization in 2008

Presentation to

Medicaid Care Management Oversight Council

April 8, 2011

The HUSKY Program changes in 2008 affected access to care for over 345,000 children, parents, and pregnant women

BACKGROUND

Temporary Suspension of Risk-Based Contracts for Managed Care

- On November 19, 2007, the Rell Administration terminated negotiations with four HUSKY managed care plans (MCOs)
- MCOs agreed to act temporarily as Prepaid Inpatient Health Plans (PIHPs), a type of managed care without risk-based contracts
- *Never before had a state experienced such a sudden and sweeping change to its entire Medicaid managed care program.* (Hurley, 2007)

Shift in Administrative Responsibilities

DSS

- Rate setting
- Setting provider enrollment criteria
- Authorization review
- Claims payment

PIHPs

- Member services,
- Provider enrollment
- Claims processing
- Case management
- Outreach, member education

MCOs were no longer authorized to deny, terminate, or reduce care without Department review

Shift in Financial Responsibility

- PIHPs were paid $18.18 per member per month for administrative services
- DSS paid claims at the Medicaid fee schedule rate or higher
- DSS provided administrative services and paid claims for over 50,000 HUSKY members who chose or were defaulted into “traditional Medicaid”

HUSKY Re-Procurement

- RFP released January 2008, with target date July 1 for implementation
- Participation in HUSKY was tied to participation in new Charter Oak Plan
- CHNCT and two new MCOs (Aetna Better Health, AmeriChoice) were successful bidders for managed care program
- Statewide enrollment resumed Feb 2009

Other Program Changes in 2008

- Provider fee increases implemented JAN 08
- Eligibility for pregnant women expanded JAN 08
- Newborn initiative implemented JAN 08
- Pharmacy benefits "carved-out" FEB 08
- Dental provider fees increased APR 08
- Dental services "carved-out" SEP 08
- Primary Care Case Management developed

STUDY OF ENROLLMENT TRENDS AND UTILIZATION IN 2008

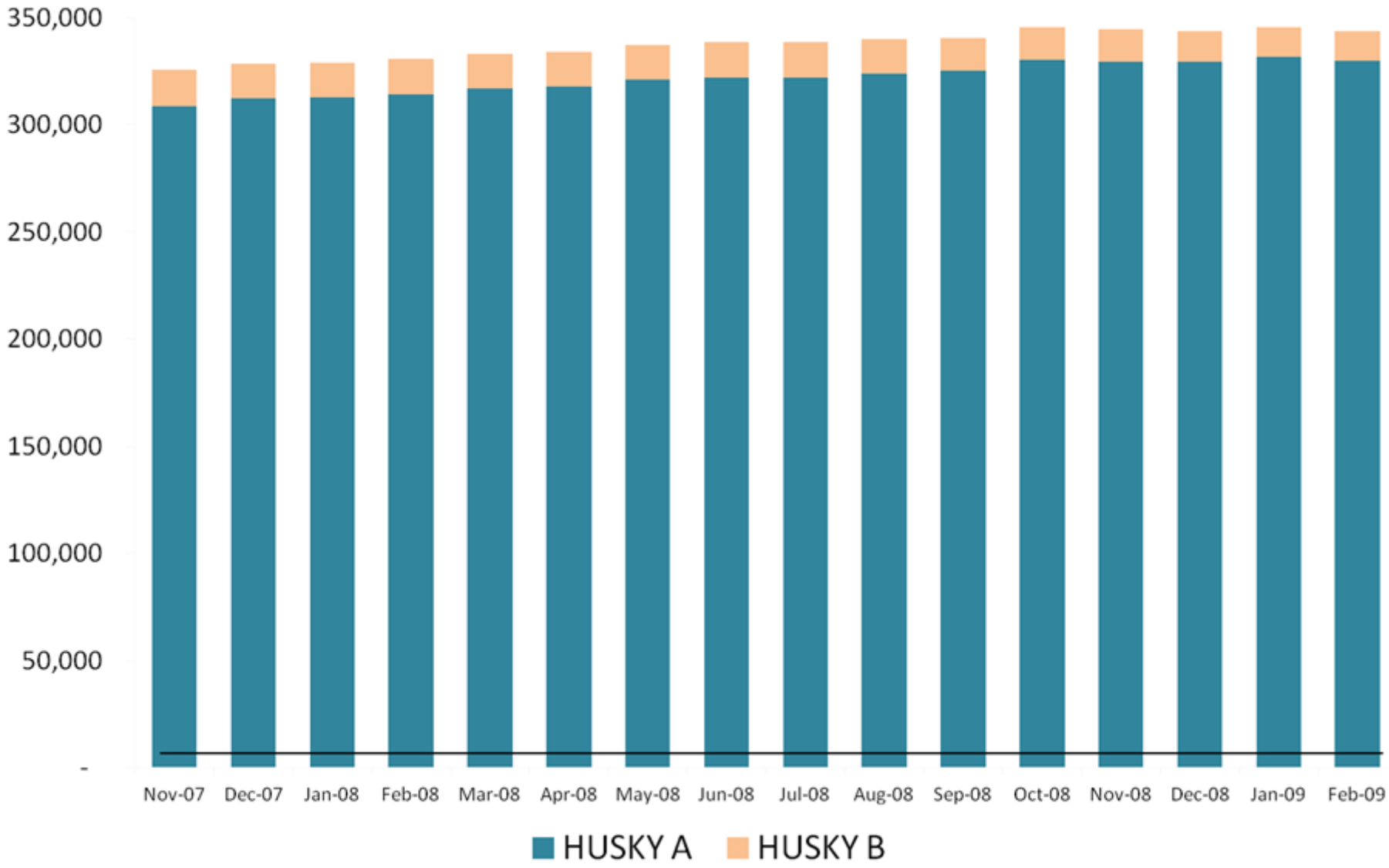
Connecticut Voices for Children

- **Purpose:** To describe 2008 enrollment and children's health services utilization
- **Methods:** HUSKY A enrollment and encounter/claims records (HUSKY A only) for 2008 were compiled and searched for children with …
  - Well-child care, developmental screening
  - Dental care (preventive care, treatment, sealants)
  - Emergency care
  - No care

… and compared to 2007 and 2006

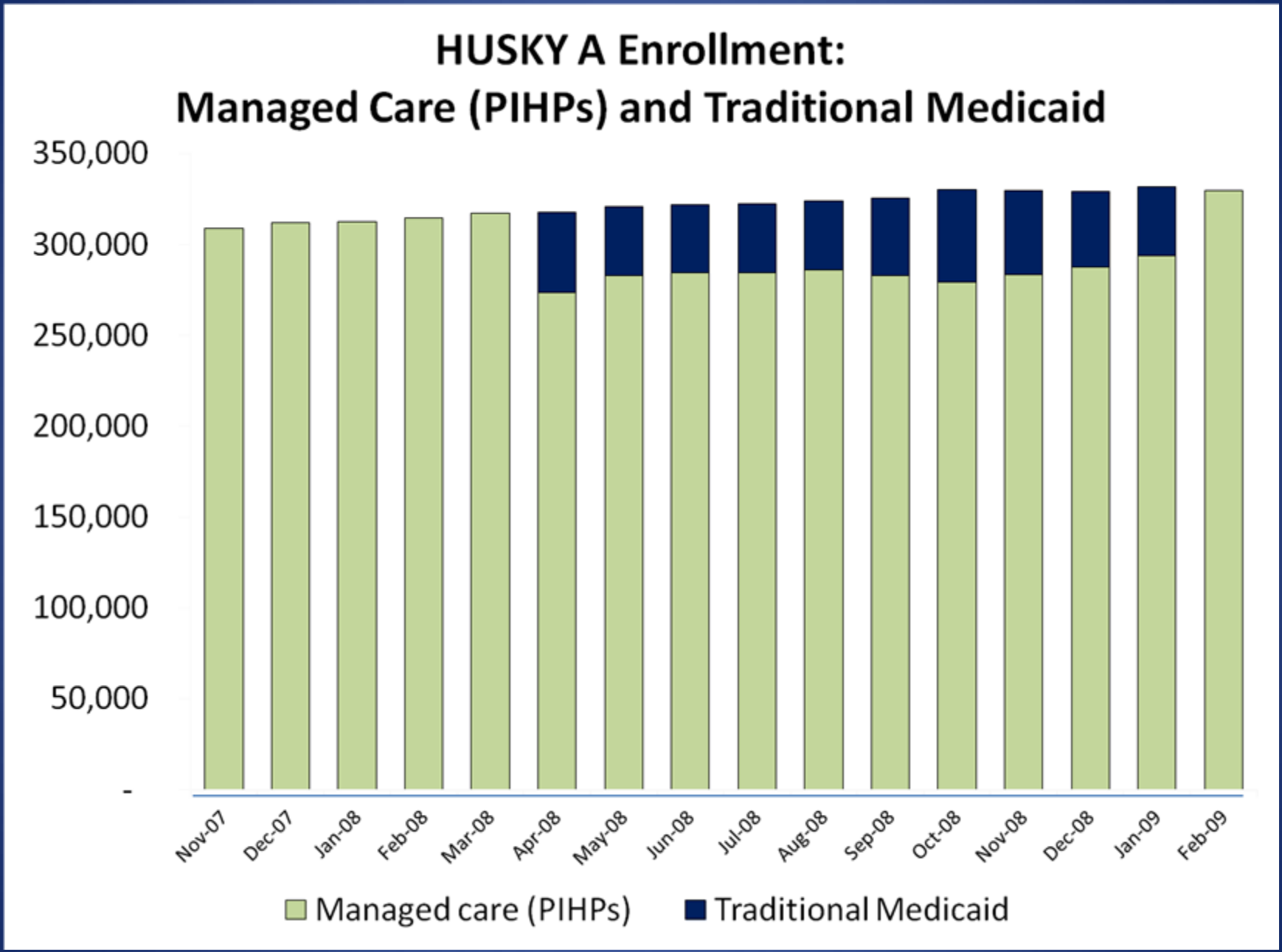
Enrollment Trends, 2008

HUSKY Program in Transition: Enrollment



Enrollment Trends

	NOV 2007 last month of managed care	FEB 2009 managed care resumed	Net Change
HUSKY A total	308,817	329,889	21,072 (6.8%)
Children	212,272	221,915	9,643 (4.5%)
Adults	96,545	107,974	11,531 (11.9%)
HUSKY B	16,713	13,828	-2,885(-17.3%)


HUSKY A Enrollment:
Managed Care (PIHPs) and Traditional Medicaid
350,000
300,000
250,000
200,000
150,000
100,000
50,000
-
Nov-07
Dec-07
Jan-08
Feb-08
Mar-08
Apr-08
May-08
Jun-08
Jul-08
Aug-08
Sep-08
Oct-08
Nov-08
Dec-08
Jan-09
Feb-09
Managed care (PIHPs)
Traditional Medicaid

Additional Findings

- 62.4% of ever enrolled children were continuously enrolled for 12 months, an increase over 2007 and 2006 rates

- 12.5% of continuously enrolled HUSKY enrollees changed between managed care (PIHPs) and traditional Medicaid, far higher rate than plan changes in 2007 and 2006

CHILDREN'S HEALTH SERVICES UTILIZATION , HUSKY A 2008

Well-Child Care and Developmental Screening

	Age Group	2008	2007	2006
Annual well-child visit	2 to 19	57.0%*	54.4%	65.3%
Developmental screening	Under 6	5.3%*	2.0%	2.1%

* Statistically significantly higher than 2007 rate

Children's Dental Care

	Age Group	2008	2007	2006
Any dental care	3 to 19	56.3%	55.7%	51.9%
Preventive dental care	3 to 19	48.4%	48.7%	45.3%
Dental treatment	3 to 19	24.3%	24.6%	23.4%
Sealants	3 to 19	17.6%*	16.3%	16.1%

*Statistically significantly higher than 2007 rate

Emergency Care

	Age Group	2008	2007	2006
Any emergency visit	Under 21	37.2%*	34.4%	37.8%
Percent of those with emergency care that had emergency visits for treatment of ambulatory care sensitive conditions	Under 21	36.0%*	34.8%	35.7%

*Statistically significantly higher than 2007 rate

Care for Children in FFS Medicaid

	Age Group	In managed care (PIHPs)	In FFS any part of the year
Well-child care	2 to 19	57.5%*	53.6%
Preventive dental care	3 to 19	49.9%*	37.4%
Emergency care	Under 21	37.0%*	38.5%
No care	2 to 19	13.2%*	16.7%

*Rate is significantly different than rate for children in FFS Medicaid any part of the year

CONCLUSIONS

Impact on Enrollment

- Program changes do not appear to have hindered enrollment growth in HUSKY A.

- Implementation of a new program appears to have had a detrimental effect on enrollment in HUSKY B.

Impact on Utilization

- Utilization of children's health services remained at or near the rates observed in recent years.
- Children in traditional Medicaid for any part of the year did not receive services at the same rates as children in managed care.

Lessons Learned: Recommendations for Program Transition

Plan for Program Change

- Ramp up operations with program contractors in anticipation of increased call volume and administrative functions.
- Work with HUSKY Infoline and all community-based partners to disseminate information about program changes and gather real-time information about the impact of changed on access to care.

Plan for Program Change

- Work with community-based providers to design and implement additional ways to reach hard-to-reach families
- Attend to the information needs and administrative burdens of providers who are key to ensuring access to care during program transition

Acknowledgements

This report was prepared by Connecticut Voices for Children under a contract between the Department of Social Services and the Hartford Foundation for Public Giving, with a grant from the Hartford Foundation to Connecticut Voices for Children. Amanda Learned of MAXIMUS, Inc. conducted the data analyses. This publication does not express the views of the Department of Social Services or the State of Connecticut. The views and opinions expressed are those of the authors.

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