

Children with Special Health Health Insurance Coverage

MCHB Outcome & AMCHP System Outcome #5: Families of CSHCN have adequate private and/or public insurance to pay for the services they need.

Research shows that for children generally, retention of coverage is important for health care continuity, quality of care, parent adherence to medical advice and parent self-management of children’s conditions.

From the National Survey of CSHCN 2009/2010ⁱ

Current Insurance Inadequate Overall and by Race

	Overall	Hispanic	White	Black	Other. Non-Hispanic
California %:	37.2	38.8	34.4	47.8[^]	33.6
Nationwide %:	34.3	37.9	33.0	35.9	33.9

No Insurance Coverage during Past Year

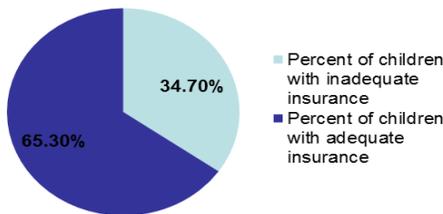
	2001	2005/2006	2009/2010
California %	9.9	8.0	8.3
Nationwide %	11.6	8.8 ^{**}	9.3

From “Children with Special Health Care Needs: A Profile of Key Issues in California” (Bethell, 2014)^j

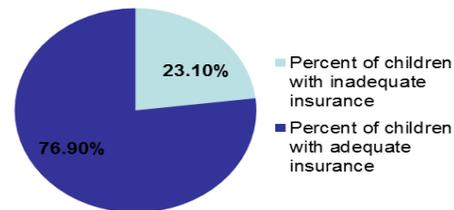
Data Source: 2011/12 National Survey of Children’s Health

- California ranks 34th in the nation on this outcome
- **Gaps in coverage:** Nearly one in nine CSHCN is currently uninsured or lacked coverage for at least part of the year
- Even having consistent insurance isn’t always enough...**More than 1 in 3** CA CSHCN has insurance that is inadequate to meet his or her health care needs (46th in nation)

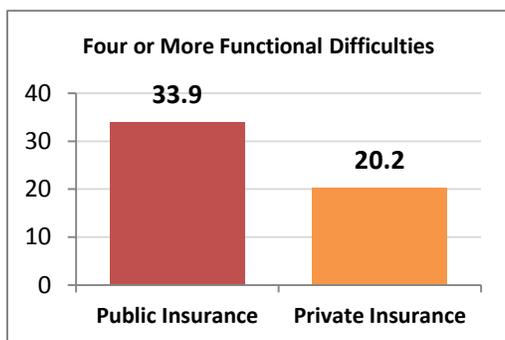
CSHCN



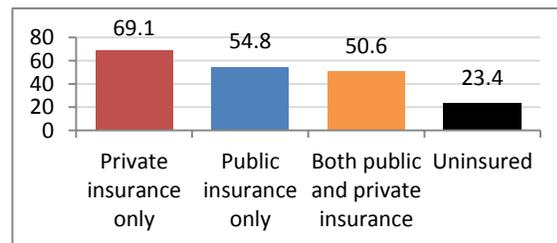
Non-CSHCN



CA CSHCN with public insurance are more likely to experience 4+ functional difficulties



Privately insured CSHCN more likely than publicly insured CSHCN to receive routine preventive medical and dental care visits (69.1% vs. 54.8%)



94.3% of privately insured and only 87.6% of publicly insured CSHCN in California have a usual source of sick and well care

* Difference between CA and Nation significant at $p < .05$

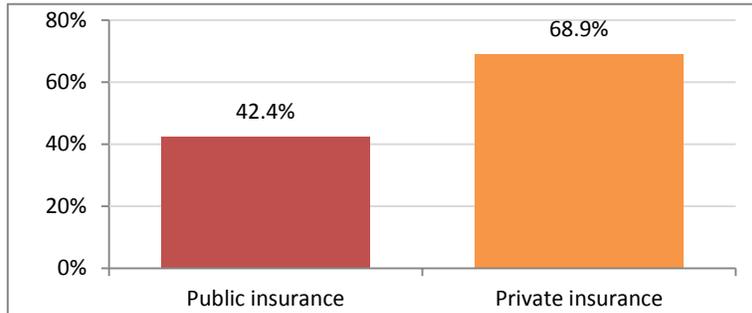
** Differences within the Nation significant at $p < .05$

[^] Difference within the State significant at $p < .05$

^a Difference between 2001 and 2005/2006 significant at $p < .05$

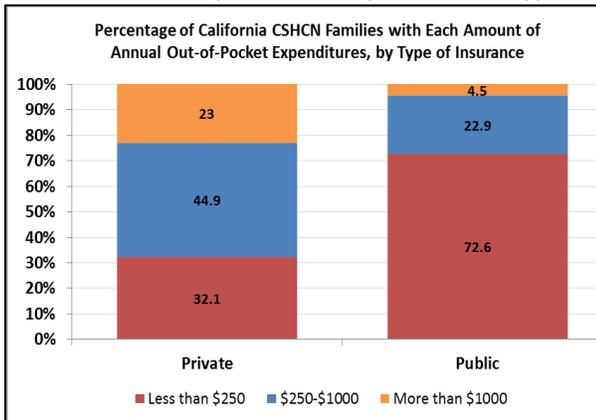
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- Privately insured CSHCN are more likely than publicly insured CSHCN to receive all components of family-centered care

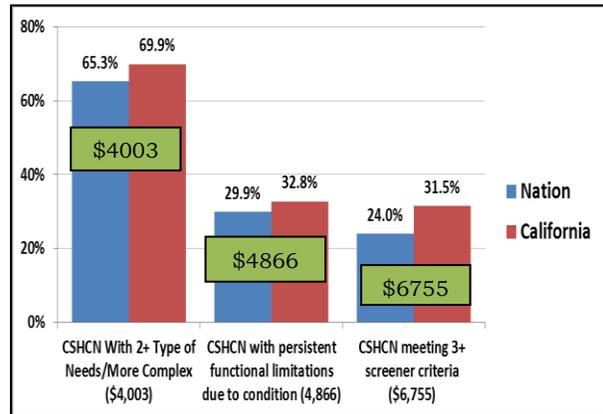


- Additionally, 49.9% of privately insured and only 29.7% of publicly insured CSHCN receive coordinated, ongoing, comprehensive care within a medical home
- More than twice as many CSHCN with public vs. private insurance have parents who had to stop or cut back on work to care for their child (36.1% vs. 16.1%)
- Parents of CSHCN who have private insurance pay more out-of-pocket expenses than those with public insurance; 23% of those with private insurance vs. 4.5% of those with public insurance pay at least \$1,000 a year out-of-pocket

Out-of-Pocket Expenditures by Insurance Type



Prevalence and Medical Expenditures for CSHCN: By Complexity



Non-CSHCN average expenditures: \$856

Prevalence Data: 2011/12 National Survey of Children's Health; Expenditures Data: 2008 MEPS

Difficulties with Current Insurance Coverage

From the National Survey of CSHCN, 2009/2010¹

Are the costs not covered by health insurance reasonable?

	No out of pocket expenses	Never/sometimes reasonable	Usually reasonable	Always reasonable
California	4.2%	28.8%	23.3%	43.7%
Nationwide	5.5%	28.7%	26.8%	39.0%

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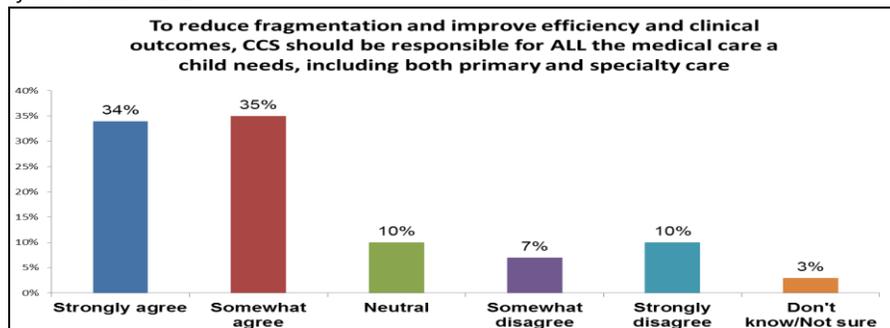
Cost related barriers to accessing care

From the FHOP Survey of CCS Administrators/Medical Consultants 2014

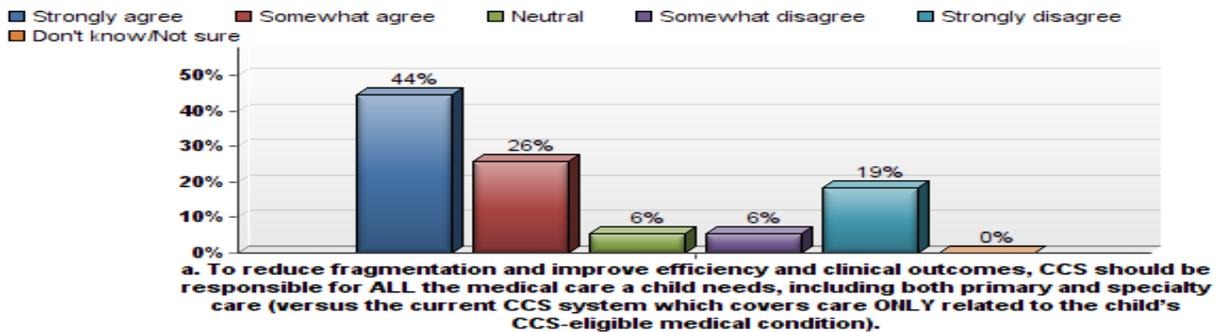
	Major Problem	Moderate Problem	Small Problem	Not a Problem	Don't Know/Not Sure	Total N
a. Availability of resources to support parents traveling to and from the hospital and medical appointments.	39%	33%	19%	6%	4%	70
b. Out-of-pocket expenses for family services	27%	37%	24%	3%	9%	70
c. Problems accessing primary care for child (e.g. share-of-cost Medi-Cal, co-pays/deductibles, no primary care coverage)	26%	31%	26%	7%	10%	70

Covering the Whole Child

From the FHOP Survey of CCS Families 2014



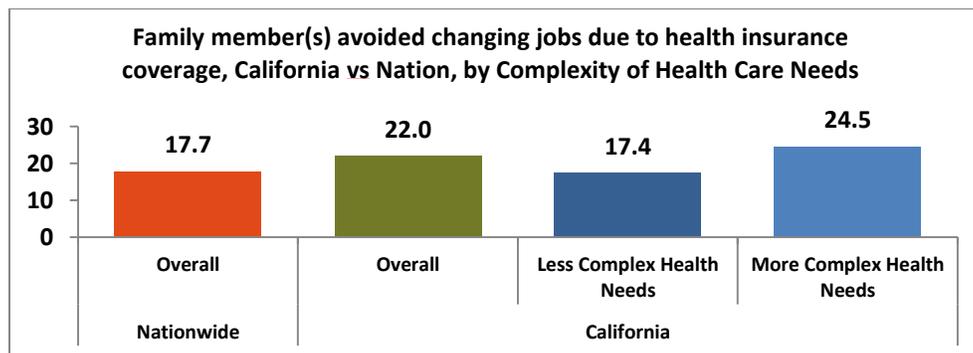
From the FHOP Survey of CCS Administrators/Medical Consultants 2014



Impact of Coverage System on Families

From "Children with Special Health Care Needs: A Profile of Key Issues in California" (Bethell, 2014)

Data Source: 2011/12 National Survey of Children's Health



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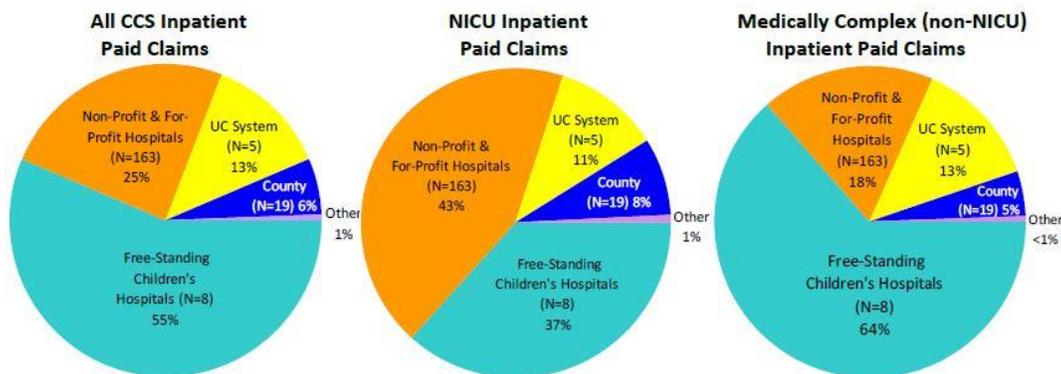
Eligibility/Coverage Comments

- Difficulty getting prescriptions approved and covered by CCS including over-the-counter products
- What medications are covered by CCS? Questions as to what the pharmacy can charge
- Inconsistent coverage of diseases from county to county
- Delays in obtaining approval makes DME and prescriptions out of date, the wrong size, quantity, dosage, etc., particularly a problem for children with rapid progression; should not take 2-3 months for a prescription
- Unsure as to what lab tests are covered or not and why
- Discontinuation of therapies because child does not meet goals
- Lack of follow up with DME vendors
- *I wish they hadn't discontinued my daughter's physical therapy because she wasn't meeting her goals.*
- *I feel that CCS should have a part in giving emergency coverage when there is a problem with insurance. A child could very well end up dead without the treatment they may need!!*
- *Takes too long to get authorizations. Authorizations are too vague and ambiguous, unclear what is covered.*
- *When a different claim was recently denied for my son, we didn't even bother fighting it, but rather paid out of pocket, to avoid the frustration of trying to get an approval with CCS.*

Inpatient Paid Claims

From "California Children's Services: All Inpatient Paid Claims by Site of Care, 2009-2012" (Stanford Center for Primary Care and Outcomes Research, 2014)

- Most hospital claims for medically complex children in California (55%) are paid to the state's eight, free-standing children's hospitals, followed by non-profit and for profit hospitals, and the UC System.
- The most expensive subset of inpatient paid claims, defined as the top 10% of claims, expanded this consolidation in free-standing children's hospitals from 55% to 61% (data not shown).
- Conversely, the majority of NICU claims (43%) were paid to non---profit and for---profit hospitals.
- The majority of claims for "high-cost" NICU patients, defined as those in 10% of paid claims, were paid to free-standing children's hospitals (41%), followed by non---profit and for---profit hospitals (39%). (Data not shown).
- Isolating medically complex, non---NICU claims, increases the percent of claims paid to free-standing children's hospitals to 64%.



¹ National Survey of Children with Special Health Care Needs. NS-CSHCN 2009/10. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [12/30/2014] from www.childhealthdata.org.

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