



# Health Care Experiences for CSHCN in the KidCare Program

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**CHILD HEALTH POLICY**  
UNIVERSITY OF FLORIDA



# Overview

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- Background
  - Children with special health care needs (CSHCN) and how to identify them
- Policy Analyses
  - Premium increases
  - Change in renewal practices
- Methodological Issues - CAHPS
- Recommendations



# Background

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*Children with special health care needs . . .  
. . . a chronic physical, developmental,  
behavioral, or emotional condition and  
who also require health and related  
services of a type or amount beyond  
that required by children generally.”*

— Maternal and Child Health Bureau, July 1998



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# Background

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- Different methods to identify CSHCN
  - CSHCN Screener – parent report
  - Diagnostic lists
  - Programmatically
  - Software systems that group diagnoses into categories



# Data Sources

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- Telephone surveys with families using the Consumer Assessment of Health Plan Surveys (CAHPS)
- Enrollment and claims and encounter data
  - MediPass
  - Healthy Kids
  - CMS – Title XIX





# Background

## Clinical Risk Groups

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- Uses over 2,000 ICD 9-CM codes and some CPT codes to assign enrollees to health status categories
  - Healthy/non-acute (includes non-users)
  - Significant acute – could be precursor to chronic illness (e.g., prematurity, meningitis)
  - Minor chronic – usually managed effectively with few complications (e.g., hearing loss, ADHD)

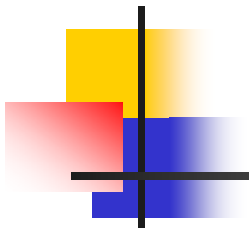


# Background

## Clinical Risk Groups

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- Moderate chronic – variable in severity and progression, can be complicated (e.g., epilepsy, major depressive disorder)
- Major chronic – serious illness that often results in progressive deterioration, debility, and death (e.g., active malignant conditions, cystic fibrosis, spina bifida)



# Children's Health Status



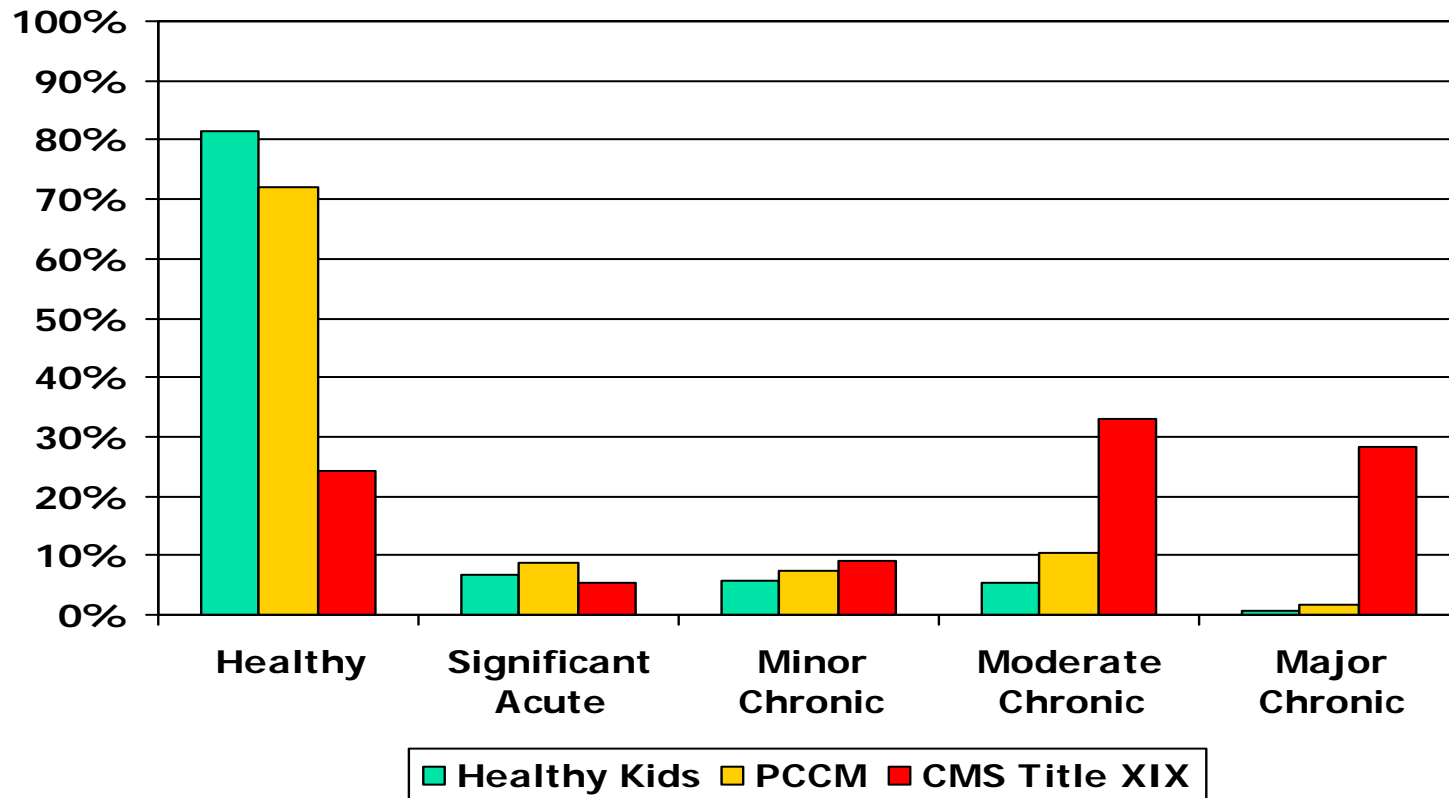


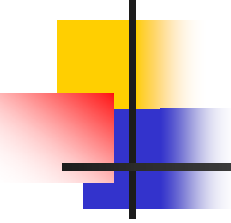
# Children Classified - 2006

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- Healthy Kids
  - N=252,642 (N=95,199 not assigned)
- PCCM
  - N=561,540 (N=178,005 not assigned)
- CMSN – Title XIX
  - N=26,227 (N=7,397 not assigned)

# Distribution of Children by Health Status Categories

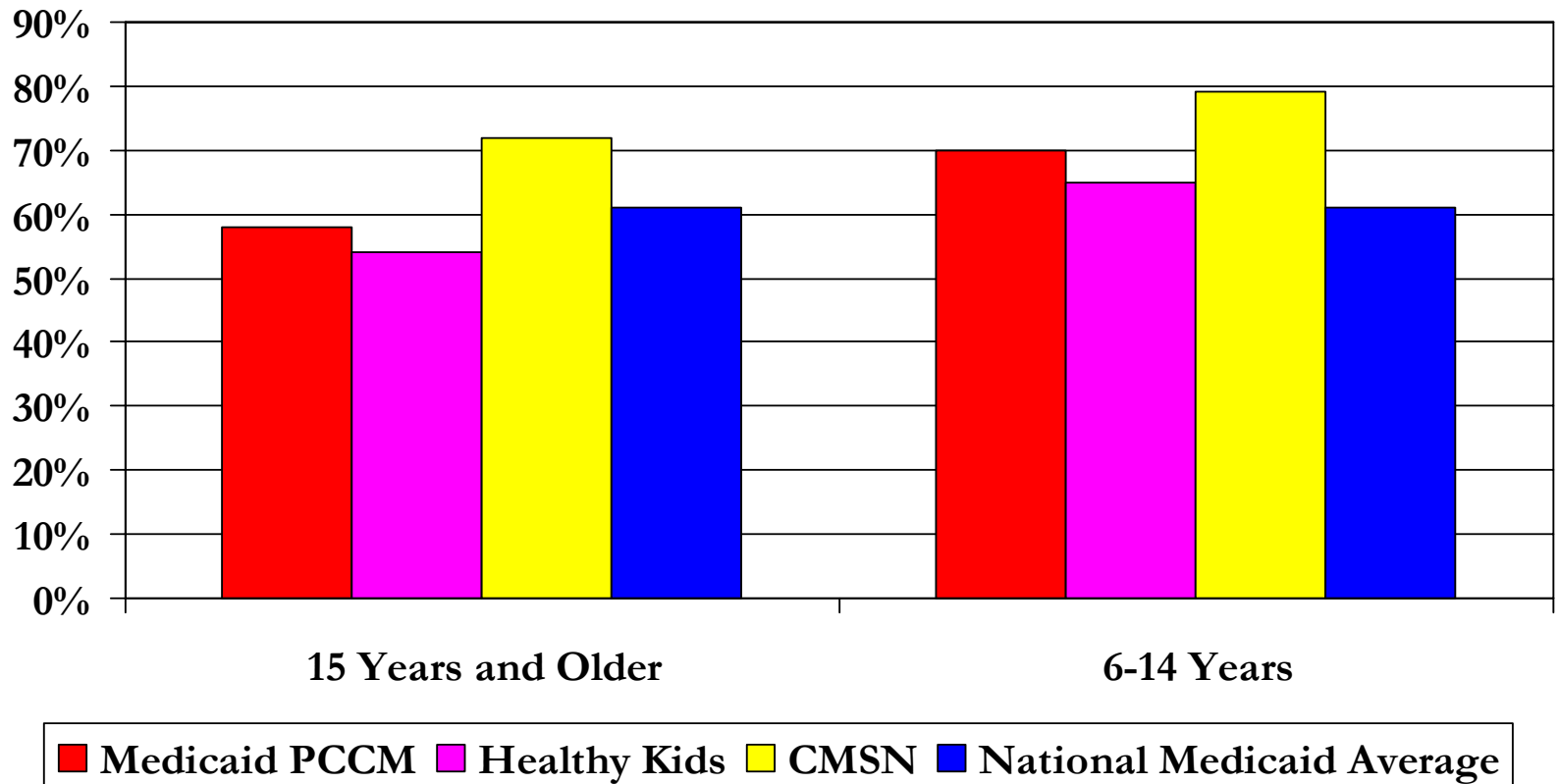




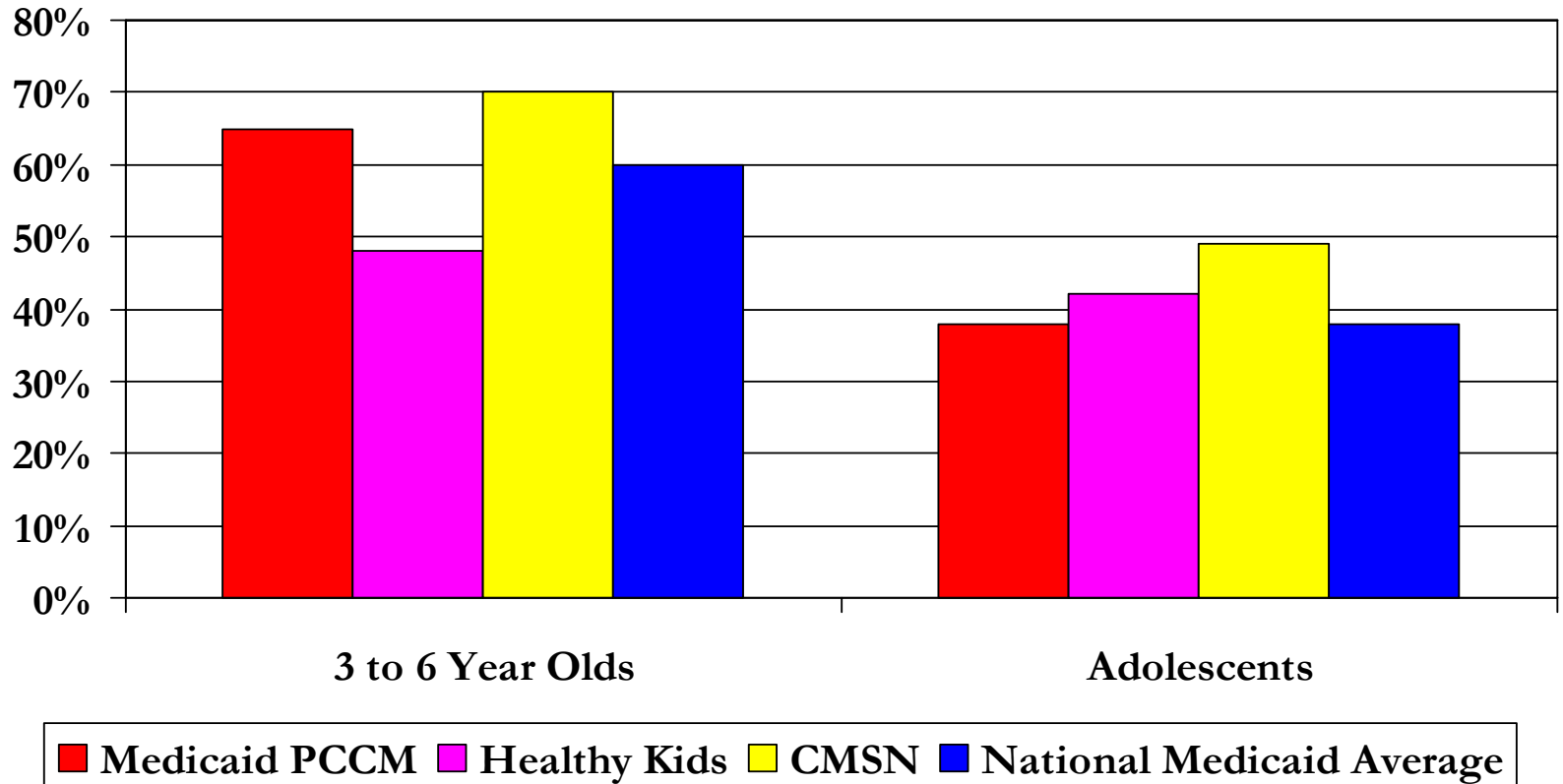
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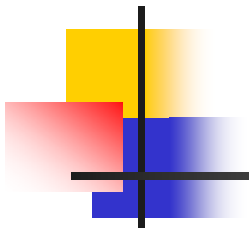
# Health Employer Data Information Set (HEDIS) MEASURES

# % With Appropriate Use of Asthma Medications – SFY 2005



# % 3 to 6 Year Olds and Adolescents with Well Visit – SFY 2005





# POLICY ANALYSES

## Healthy Kids

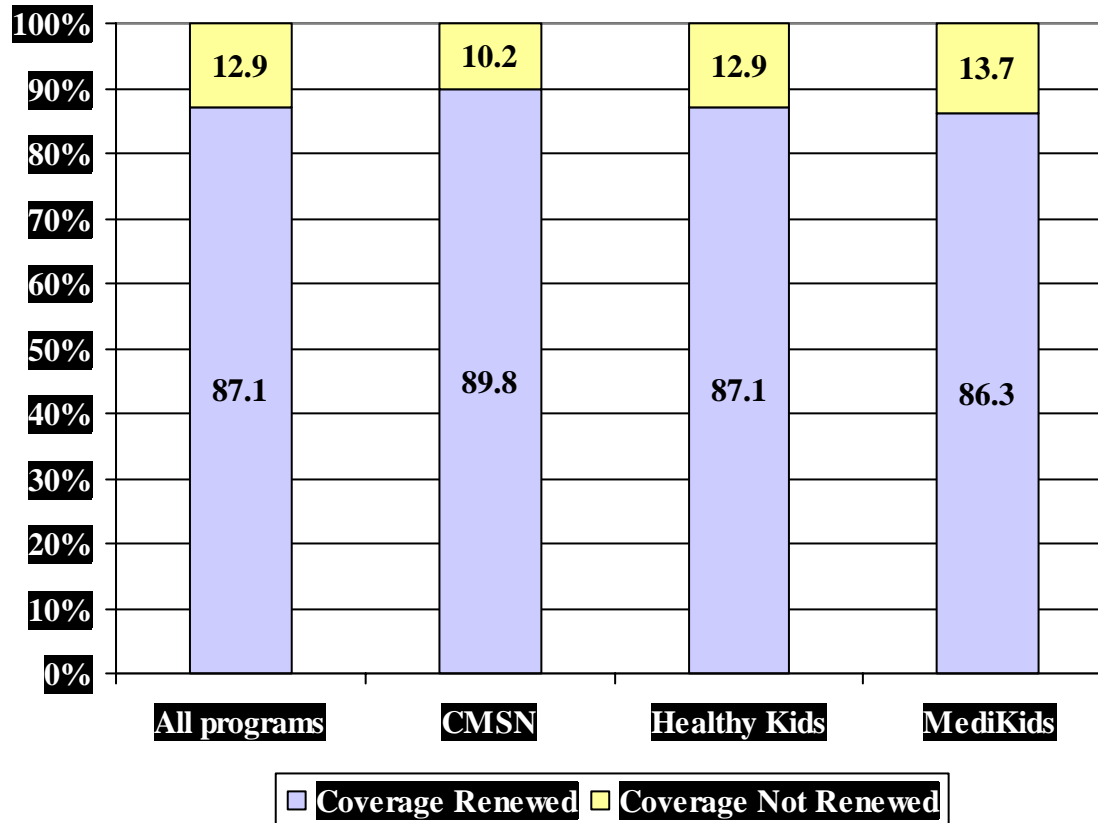


# Change in Renewal Requirements

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- Florida had a passive renewal process
- In SFY 2004-2005 a change was made to active renewal
  - Redetermine eligibility
  - Income verification requirements
  - Renewal every 12 months

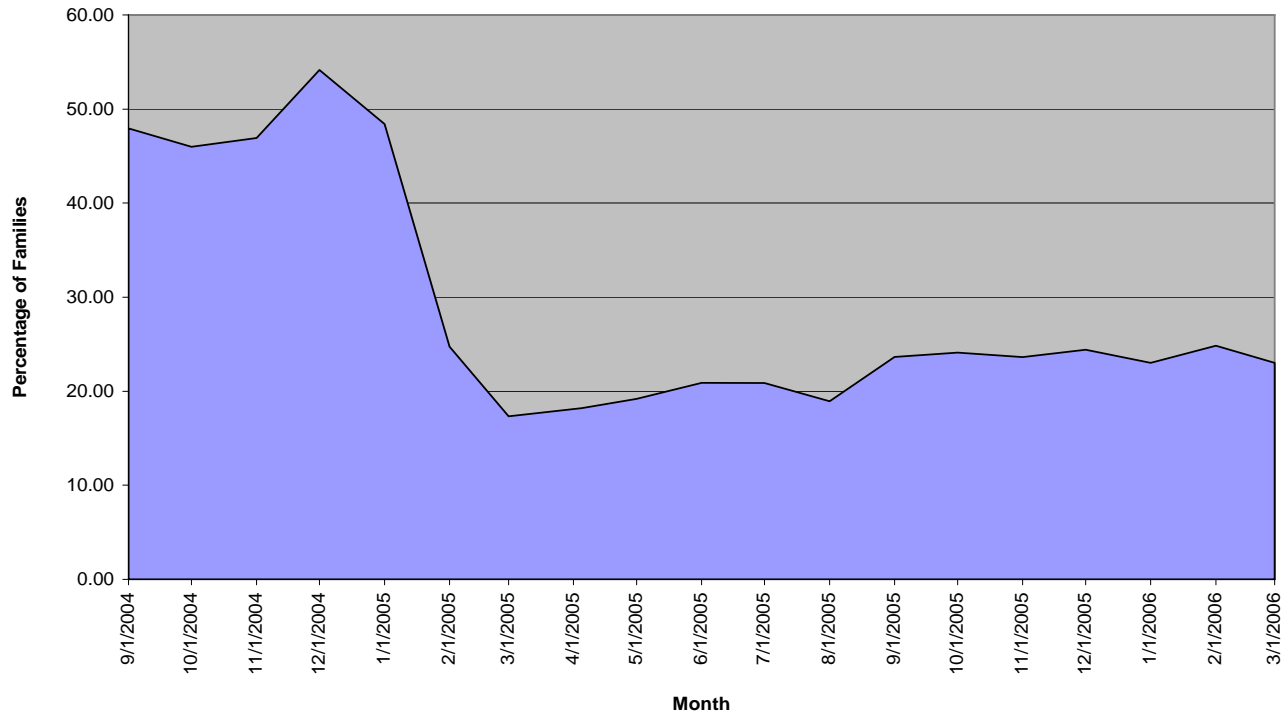
# % Renewing



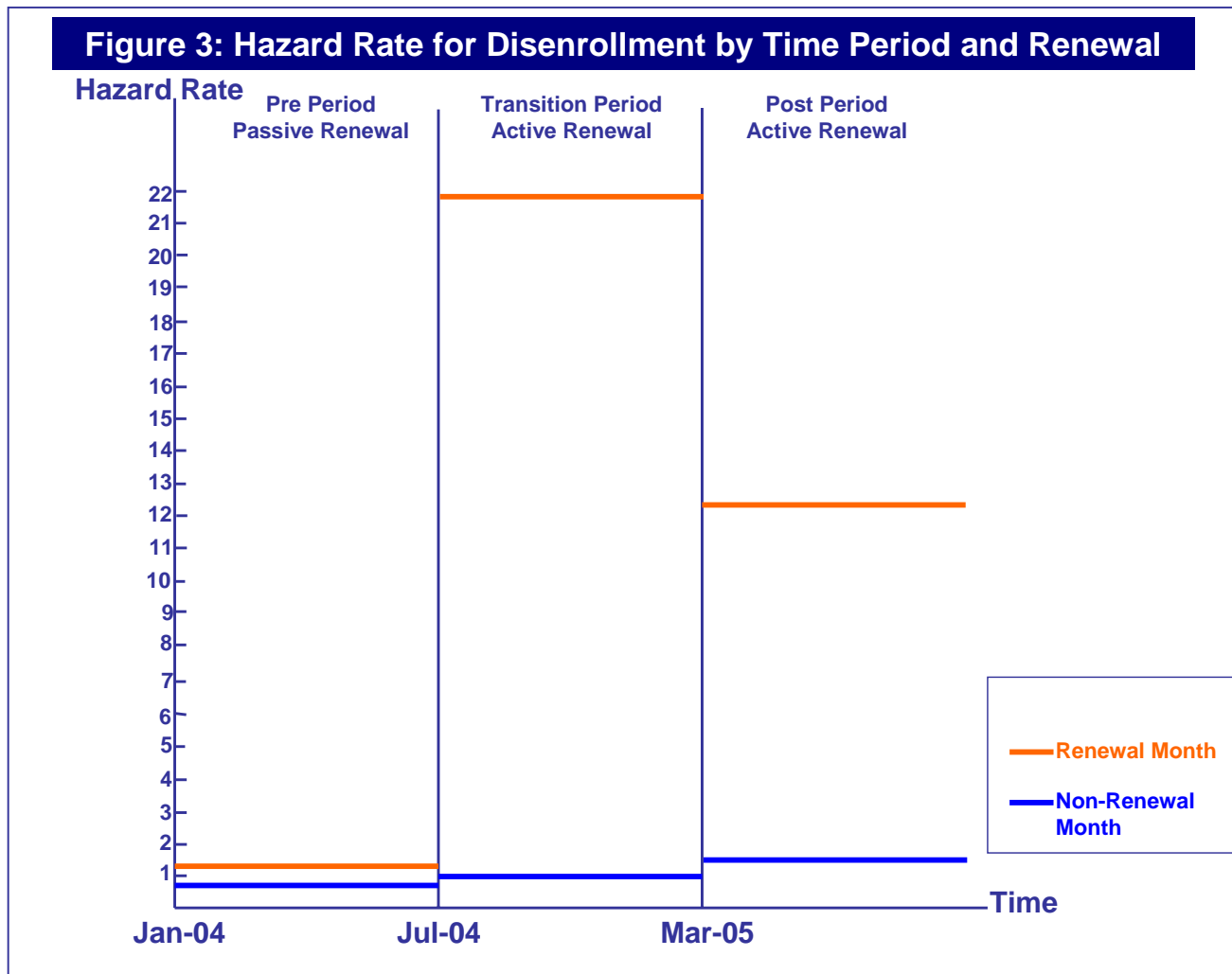


# % Receiving Letter Stating Missing Information on Renewal

Percentage of Families up for Renewal who Received a Missing Information Letter by Renewal Month



# Healthy Kids: Impact of Renewal Policies





# Renewal Policies:

## Impact on CSHCN in Healthy Kids

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- Main effect: healthy children 53% more likely to disenroll than children with major chronic conditions – consistent regardless of policy change
- *However, there was no differential impact of the policy change across children with different health status levels, which is consistent with the active renewal requirements not impacting sicker children differently than healthy children*



# Premium Increases

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- Analyses conducted prior to renewal change
- Average disenrollment – 1-4% per month
- Magnitude of impact large – but operating on a low base
  - Probability of remaining enrolled for 12 months for those below 150% FPL – 81% (\$15 PMPM)
  - Decreased to 60% with the premium increase (\$20 PMPM)
  - Changed to 71% when premium reduced again (\$15 PMPM)



# Premium Increases

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- 1% increase in odds of disenrollment equates to 18,000 additional children disenrolling each year



# Premium Increases:

## Impact on CSHCN in Healthy Kids

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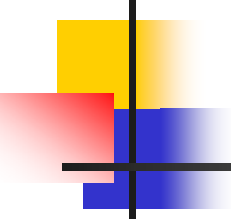
- Children with significant acute or chronic health conditions less likely to disenroll after premium increases compared to healthy children
- 15-17 year olds more likely to disenroll than younger children
- Lower income families more likely to disenroll (takes into account transition to Medicaid)



# Policy Change Summary

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- Analyses to see if same pattern seen in CMSN
- Renewal: increased documentation creates barriers which cut across health status groups
- Premium increases (at least modest ones) do not create that same barrier across health status categories



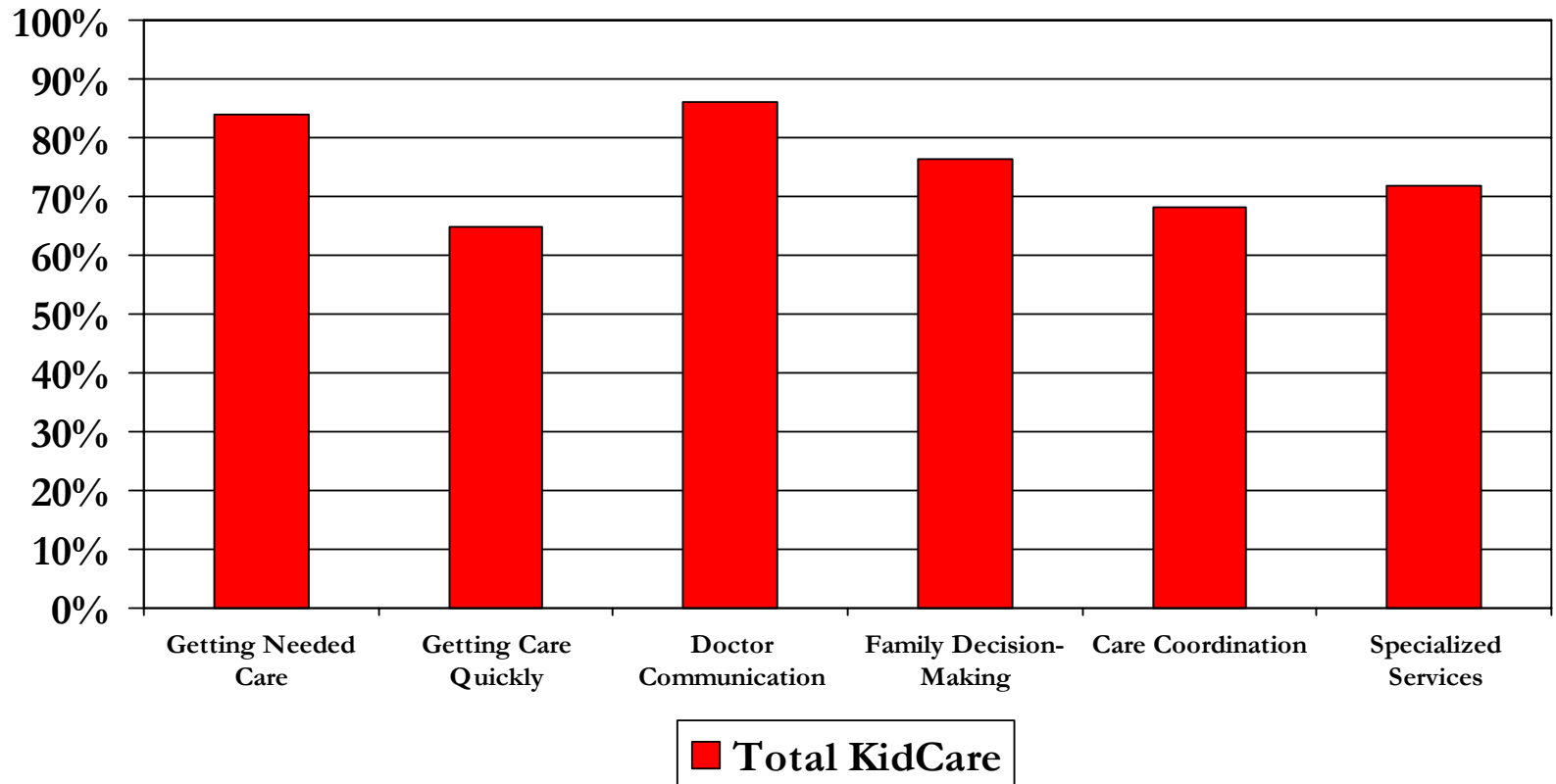
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# Consumer Assessment of Health Plan Survey (CAHPS)



# CAHPS Results N=1,673

## Percentage Usually or Always Having a Positive Experience





# CAHPS – Methodologic Issues

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- Finding a ceiling effect, particularly among CSHCN
- Could indicate uniform high performance level
- Could indicate uniform low expectations
- Potentially indicates poor ability of instrument to actually differentiate health care experiences
- Testing other shared decision making instruments in particular – major focus at NIH



# Recommendations

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- Quality of care tends to be higher in specialized programs
- Impact of policy changes on CSHCN need to be monitored carefully
- Ability to capture health care experiences for CSHCN limited
  - HEDIS measures general
  - CAHPS may not perform well