Health Care Experiences for CSHCN in the KidCare Program

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Overview

- **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

*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
Background

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

- 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

- 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

- 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

- 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

- Healthy
- Significant Acute
- Minor Chronic
- Moderate Chronic
- Major Chronic

Legend:
- Healthy Kids
- PCCM
- CMS Title XIX

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Health Employer Data Information Set (HEDIS) MEASURES
% With Appropriate Use of Asthma Medications – SFY 2005

15 Years and Older

6-14 Years

Does Not Include Medicaid HMOs
% 3 to 6 Year Olds and Adolescents with Well Visit – SFY 2005

- Medicaid PCCM
- Healthy Kids
- CMSN
- National Medicaid Average

Does Not Include Medicaid HMOs
POLICY ANALYSES

Healthy Kids
Change in Renewal Requirements

- 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

- All programs: 87.1%
- CMSN: 89.8%
- Healthy Kids: 87.1%
- MediKids: 86.3%

Coverage Renewed [shaded]
Coverage Not Renewed [clear]
% 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

Figure 3: Hazard Rate for Disenrollment by Time Period and Renewal
Renewal Policies: Impact on CSHCN in Healthy Kids

- 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

- 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

- 1% increase in odds of disenrollment equates to 18,000 additional children disenrolling each year
Premium Increases: Impact on CSHCN in Healthy Kids

- 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

- 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
Consumer Assessment of Health Plan Survey (CAHPS)
CAHPS Results N=1,673
Percentage Usually or Always Having a Positive Experience
CAHPS – Methodologic Issues

- 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

- 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