



## Adequate Insurance

**MCHB Goal: There is adequate insurance and funding to cover services.**

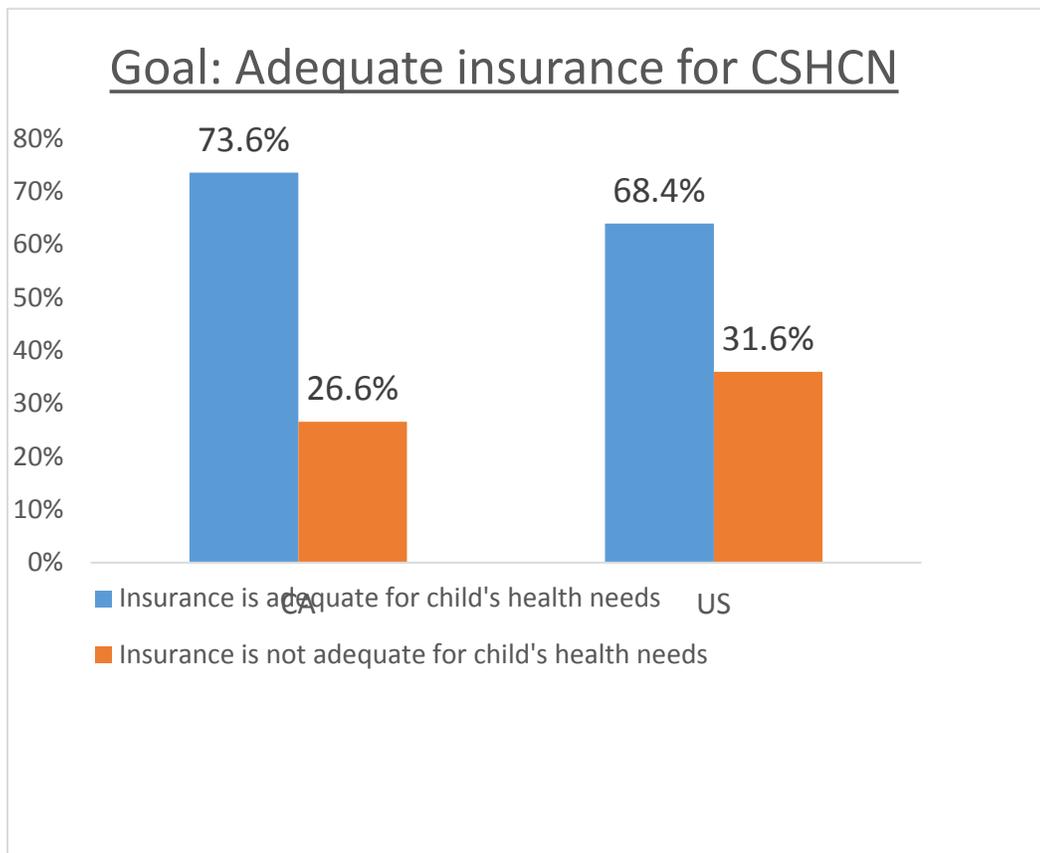
### Definitions:

“Adequacy of insurance” is defined in the National Survey of Children’s Health as: 1) having continuous insurance in the past 12 months, and/or 2) having current insurance, which is adequate for the child’s healthcare needs.

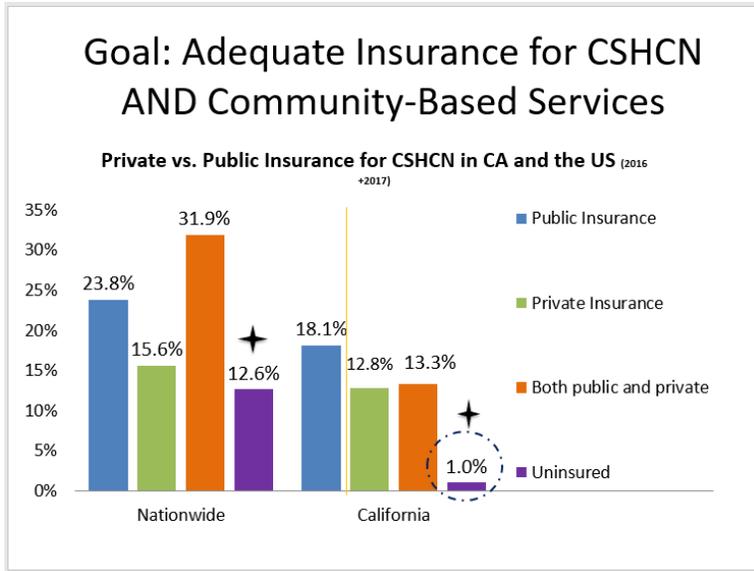
AMCHP defines this goal as: “All families of children and youth with special health care needs will have adequate private and/or public insurance to pay for the services they need (AMCHP, 2019).”

### Data on Adequate Insurance (NSCH):

**National Survey of Children’s Health** (Source: CAHMI 2016-2017)



- Insurance that is NOT adequate for CSHCN is Purple/Blue
- The data are not statistically different (the confidence intervals overlap) so the rates for California don’t differ massively or significantly from the Nation
- CA is 5<sup>th</sup> for adequacy of insurance (5<sup>th</sup> for not adequate and 47<sup>th</sup> for adequate)



- California does have significantly lower rates of uninsured CSHCN than the Nation
- Interestingly, the data are telling us that a large amount of CSHCN in California may be utilizing both public and private insurance and that the Nation has a similarly large rate
- CA’s combined insurance rate was unreliable due to wide CI, but it overlapped w/ the US’s CI.

[Findings and Data on Adequate Insurance from the Title V CCS Needs Assessment:](#)

**Data from Family Survey (N = 3, 419):**

Note: All data reported from the Family Survey is for families that do have CCS coverage for their child.

Child covered by any of the following types of insurance (check all that apply)	%
Medi-Cal	90.9
Private	13.5
Do not know	0.2
Uninsured	0.1

Does your child’s health insurance allow your child to see the health care providers that your child needs?	%
Always	74.5
Usually	18.6
Sometimes	4.2
Never	0.6
Not applicable	1.2
Missing	0.7



- During the last 12 months, did your child need any services that their insurance did not cover? Please check all that apply:
  - 17.8% (609) checked at least one service

Service	%
Communication aids or devices	7.2
Dental checkup/teeth cleaning	14.3
Durable medical equipment	20.0
Eyeglasses or vision care	17.9
Hearing aids or hearing care	5.4
Home health care	3.6
Hospitalization (in-patient stay)	4.1
Mental/behavioral health care	5.1
Medications	26.8
Other dental care	12.3
Pain management	2.0
Physical/occupational therapy	11.7
Specialty care	8.7
Speech therapy	10.8
Substance abuse treatment/counsel	0.2
Well-child check-up	4.6
X-rays	2.6

**Data from CCS County Administrators Survey (N = 44):**

*Comments related to insurance:*

- “Create an aid code that pends the Medi-Cal for CCS eligible clients rather than dropping the Medi-Cal if pended so that folks do not experience a lapse in care”
- “Stop the CHURN [children falling on and off Medi-Cal and CCS]. This leads to poor case management and fragmented services”
- “Improve the Medi-Cal Churn, consider extending the CCS eligibility to 6 months, not monthly”
- “Require [Medi-Cal Managed Care Plan] to keep their children for 30-60 days when they fall off of [Medi-Cal Managed Care Plan] but still have fee for service Medi-Cal.”
- “Difficulty with the managed care covering health care needs while waiting for CCS eligibility”

**Comments on CCS Financial Eligibility**

**CCS Needs Assessment Administrators Focus Group**

*Financial eligibility criteria is far too low:*

- “That it is low. I talk to families that may not qualify because they are \$100 or \$200 over and then I’m looking what their out of pocket is going to be and it is right under 20%....the cost of living is so high and the \$40K is so low.”
- “If CCS would advocate for \$300K then we (CCS) would be back in business!”
- “YES YES YES—\$40K is ridiculous, it hasn’t been looked at in many years. Needs to be increased.”
- “I agree that \$40K is ridiculous. So many families are losing their care. \$50K is still a huge hardship if you have a child with a special health care need.



*Financial eligibility should not be a factor in whether or not a child receives care from CCS:*

- To me, the monetary figure is arbitrary and it should only have to do with medical need that should be the basis for CCS only.”

### **CCS Needs Assessment WCM Health Plans Focus Group**

*Health Plans on Financial Eligibility:*

*Financial eligibility criteria is inadequate:*

- “...You can also have someone fall off of financial eligibility and that doesn’t mean that they don’t still need it. So there is an inequity building because they have less funding support outside of CCS eligibility. I would love to have a pediatric team that doesn’t operate within this arbitrary line; I don’t think it benefits the children.”

*On Eligibility in General:*

Many Health Plans see Whole Child Model as a way to get around the restrictions put in place by eligibility criteria (financial or medical), which they feel is necessary:

- “We have to think about it from the patient or family perspective, if a kid is having a negative experience, we want our team to be able to get involved regardless of eligibility. This is what the Whole Child Model allows us to act on. My son had very acute and time related issues and was on CCS and it was terrible, and so I called the [the Health Plan] and they helped. And I would want to still be on [Health Plan] if I were still in need. I kept wondering ‘I work in this industry, how can other families that don’t have this knowledge navigate this?’”

Also in the case of paneled providers, health plans have viewed this as a type of eligibility that can be a barrier, but also a benefit under WCM:

- “One of the things that we have heard loud and clear from the providers is a sigh of relief because they don’t have to wait months to determine if they get approved for eligibility. This is one area that may be a benefit and maybe even entice providers to get paneled with us.”
- “We had one hearing aid vendor that was CCS paneled and they refused to provide to CCS kids because they didn’t want to bill through the state they only wanted to bill through [Health Plan]—now under Whole Child Model they don’t have to do that.”

Neonatal ICUs present issues for Health Plans because eligibility fluctuations quickly:

- “If I could be an advocate for any particular issue, it would be the NICU, we are literally afraid to touch it—there is a policy that is functioning well enough, but anything can change and cause a lot of confusion. Our CCS team receives all of the NICU requests to cover the expense or authorization request. The NICU complexity is all tied up in Medi-Cal eligibility and that changes, and trying to keep up with that on a day to day basis is difficult and these are some of the most expensive cases and they

shift over time. There is no way to tell what the baby's insurance will be after the first two months on the mom's [insurance]."

There are issues with Medi-Cal as secondary insurance:

- "This brings up a problem, how to coordinate care when Medi-Cal operates as secondary insurance and there is a primary insurer? The system is only set up at the claims level and then we are held to requirements with an insurer that isn't held to the numbered letters. Most all of them agree that this creates a lot of complications."

### **CCS Needs Assessment Key Informant Interviews**

- Financial eligibility criteria **must have been considerate of the state's financial capacity and therefore is fair and/or makes sense:**
  - "It overlaps with Medi-Cal eligibility overall, and helps when people fall off CCS for money reasons."
  - "I'm assuming that if there are still funds, that it must be appropriate."
  - "20% is fair"
- Financial eligibility criteria is widely outdated and **does not adequately meet or consider the needs of low-income families in California with CYSHCN:**
  - "It is pathetic – it is an insult and so unrealistic, especially with inflation. It shocks me really. Especially hard in high cost counties."
  - "I wish that all kids had the same access as those that are financially eligible."
  - "I did CCS 30 years ago in another county and then moved away. 40K is still the same amount as back then. Hasn't kept pace with inflation."
  - "Some families have to "spend down" to get on the program. One family member may quit their job to bring the family income down. This was extremely common before ACA, because the disease is catastrophically expensive (pre-existing conditions)."
- Financial eligibility criteria could benefit from **re-evaluation and a new perspective:**
  - "I don't feel qualified to know if the number or where to draw the line on income should be answered by those that need the care, not providers"
  - "They need to focus on coordination for those with private insurance or other insurance AND CCS and how much denial [patients that are denied based on financial eligibility but would otherwise need CCS services] falls on CCS and public programs are asked to pick up services that the plans probably should cover."