

## Outcome #3

### Adequate insurance to cover needed services

Effective promotion of health and health services for children with special health care needs (CSHCN) requires a system of care that is integrated, comprehensive, coordinated, family centered and consistent across the life course (or lifespan). Ideally, families of CSHCN can easily navigate such a system, leading to positive experiences seeking care and interacting with service providers. Advancing integrated care systems for CSHCN and their families is a national mandate under Public Law 101-239 as well as a priority reflected in the Healthy People goals set forth by the U.S. Department of Health and Human Services from 2000 to 2020. To determine progress toward an integrated system of care for all CSHCN, the Federal Maternal and Child Health Bureau established the following six core outcomes:

- Partners in Decision-Making
- Early and Continuous Screening
- Medical Home
- Ease of Community-Based Service Use
- Adequate Health Insurance
- Transition to Adulthood

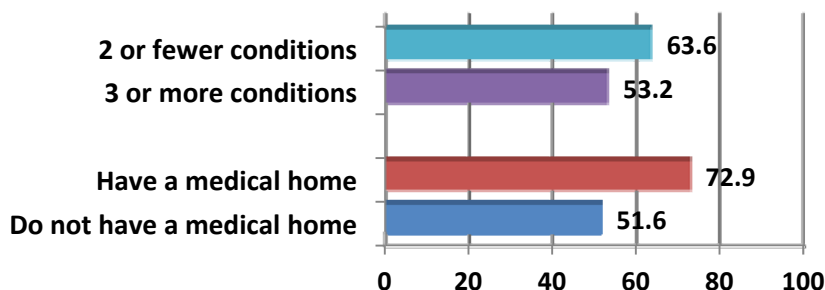
The National Survey of Children with Special Health Care Needs (NS-CSHCN) is designed to provide information on the CSHCN population and to assist in the measurement of these core outcomes. Since 2001, the NS-CSHCN has been conducted every four years. The NS-CSHCN measures each core outcome with low-threshold criteria. Outcome #3 assesses if CSHCN have adequate insurance to cover needed services. Nationally, 60.6% of CSHCN meet this outcome, with states ranging from 49.9-72.6%, as measured in the 2009/10 NS-CSHCN. Assessment of the variation between states and within demographic or other subgroups of CSHCN is critical to developing appropriate interventions and policy responses.

#### Measurement

CSHCN meet Outcome 3 when the respondent answers that:

1. Their child was insured at the time of the survey and has had no gaps in coverage in the previous 12 months (UNINS, UNINS\_YR)
2. Their child's health insurance offers benefits that usually or always meet the child's needs (C8Q01\_A)
3. The non-covered insurance charges are usually or always reasonable (C8Q01\_B)  
AND
4. Their child's health insurance usually or always allows him or her to see needed providers (C8Q01\_C)

**Percentage of CSHCN Meeting Outcome #3 by Number of Reported Conditions of Those Asked About in the Survey and Presence of a Medical Home**



- CSHCN with 3 or more of the conditions asked about in the survey (representing 29.1% of CSHCN) have a lower probability of meeting Outcome #3 than those with 2 or fewer of the conditions asked about in the survey (representing 70.9% of CSHCN).
- CSHCN with a medical home are more likely to meet Outcome #3 than CSHCN without a medical home.

\*Emotional, behavioral or developmental

\*\*National and state-level prevalence of all outcomes by demographics & subgroups are available online at [childhealthdata.org](http://childhealthdata.org)

<b>53.6%</b>	<b>55.7%</b>	<b>60.6%</b>	<b>63.4%</b>	<b>68.1%</b>
CSHCN with one or more EBD* issues	CSHCN with more complex needs	All CSHCN	Privately insured CSHCN	CSHCN qualified on Rx use only

reduce burden on families

### OUTCOME 3: ADEQUATE INSURANCE

critical for lifelong health

affordable  
 reduce stress consistent  
 accessible  
 equitable access to quality care

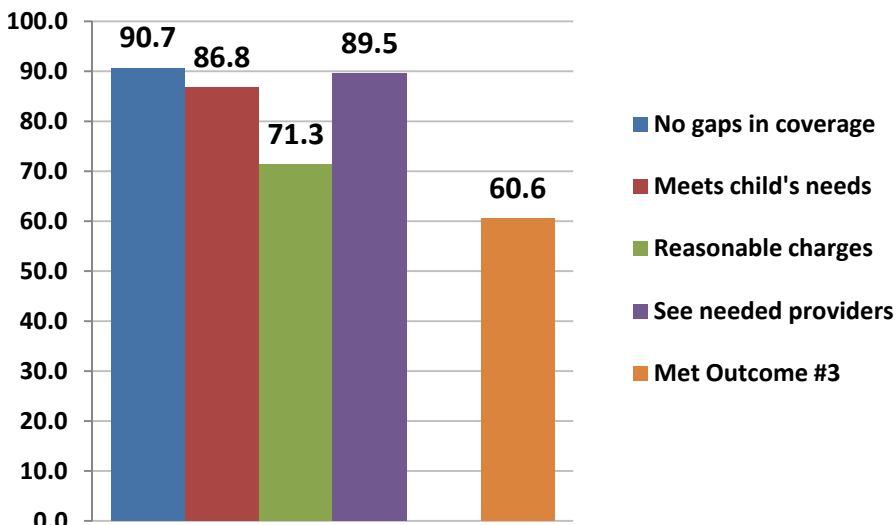
reliable  
 reduce disparities  
 good coverage

ability to get needed care

#### A foundation for adequate care.

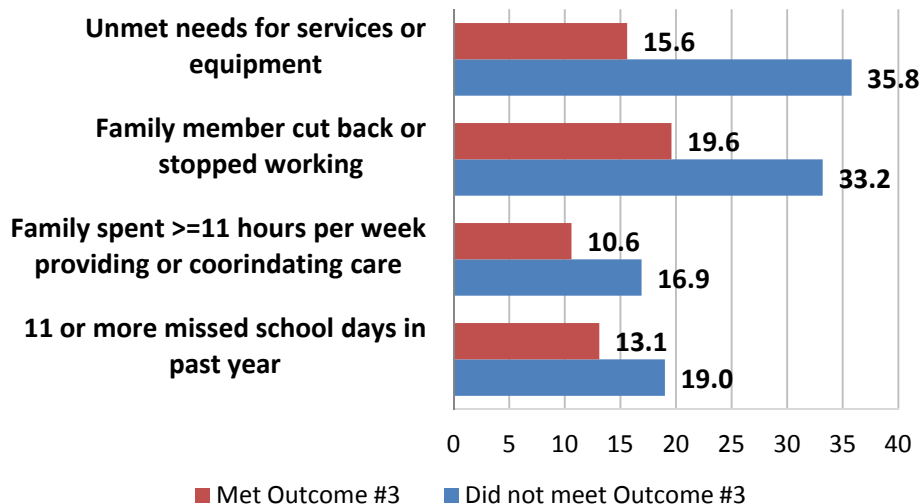
Children with nonexistent, inconsistent or inadequate health insurance are less likely to receive the care they need and thus suffer greater consequences from their health conditions. Adequate health insurance plays a substantial role in ensuring access to family-centered care and a medical home. Additionally, health insurance coverage and adequacy are related to underlying social factors such as income and employment. Children with inadequate or no health insurance are also more likely to face greater stress and adversity related to poverty or education. The combination of these factors makes them especially vulnerable to the health and psychological consequences of unmet needs. All children need adequate insurance, yet nearly 4 in 10 CSHCN do not meet this outcome.

#### Percentage of CSHCN Meeting Adequate Insurance Sub-Components



- Reasonable costs of non-covered charges is the component of Outcome #3 least likely to be met.

#### Experience with care, impact on the family and missed school for CSHCN with and without adequate insurance



**Trending Across Survey Years:** Measurement has not been changed and this outcome in 2009/10 can be compared to survey results in 2005/06 and 2001.

#### Taking it a Step Further:

The following are questions relating to Outcome #2 that cannot be answered by this national survey data but are important to consider when evaluating how early and continuous screening can best work to improve the health and well-being of CSHCN:

- Does insurance give a choice in providers?
- Does insurance cover the services needed for optimal health?
- Is insurance easy to use and navigate? Does it cause stress?
- What, if anything, do families give up to pay for CSHCN's medical needs even if costs not covered by insurance are reasonable?
- Do families avoid seeking certain types of care for their CSHCN because they don't know if insurance covers it?