

## Maryland Children and Youth with Special Health Care Needs Outcome #3

### Adequate Insurance to Cover Needed Services

Effective promotion of health and health services for children and youth with special health care needs (CYSHCN) requires a system of care that is integrated, comprehensive, coordinated, family centered and consistent across the life course (or lifespan). Ideally, families of CYSHCN can easily navigate such a system, leading to positive experiences seeking care and interacting with service providers. Advancing integrated care systems for CYSHCN 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 CYSHCN, the Federal Maternal and Child Health Bureau established the following six core outcomes:

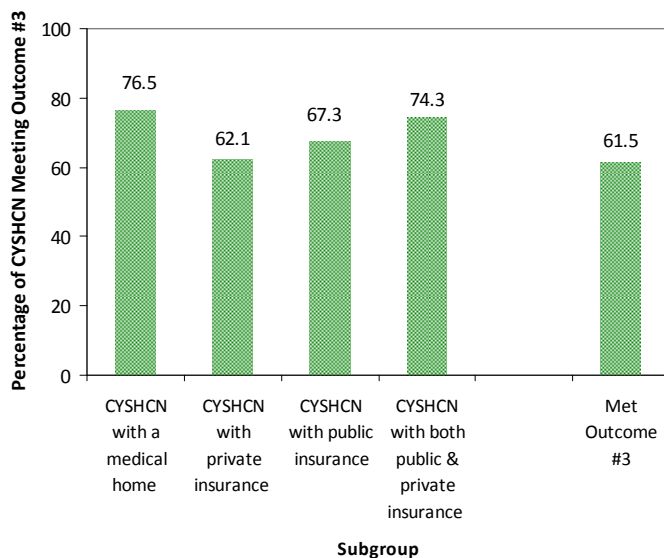
- Partners in Decision-Making
- Medical Home
- Adequate Health Insurance
- Early and Continuous Screening
- Ease of Community-Based Service Use
- Transition to Adulthood

The National Survey of Children with Special Health Care Needs (NS-CSHCN) is designed to provide information on the CYSHCN 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 CYSHCN have adequate insurance to cover needed services. Nationally, 60.6% of CYSHCN meet this outcome, with states ranging from 49.9% - 72.6%, as measured in the 2009/2010 NS-CSHCN. In Maryland, 61.5% of CYSHCN meet this outcome. Maryland ranks 25<sup>th</sup> in the nation. Assessment of the variation between states and within demographic or other subgroups of CYSHCN is critical to developing appropriate interventions and policy responses.

The Successful Achievement of Outcome 3 is based on positive responses to the following sub-components:

1. Insurance at the time of the survey and no gaps in coverage in the previous 12 months
  2. Child's health insurance offers benefits that usually or always meet the child's needs
  3. Non-covered insurance charges are usually or always reasonable
- AND
4. Child's health insurance usually or always allows him or her to see needed providers

**Figure 1: Percentage of Maryland CYSHCN Meeting Adequate Health Insurance by Subgroup in 2009-10**



- Maryland CYSHCN with a medical home (76.5%) have a higher probability of meeting Outcome #3
- Maryland CYSHCN with private insurance (62.1%) have a lower probability of meeting Outcome #3
- Maryland CYSHCN with public insurance (67.3%) and Maryland CYSHCN with both public and private insurance (74.3%) have a higher probability of meeting Outcome #3

reduce burden on families

**OUTCOME 3: ADEQUATE INSURANCE**  
critical for lifelong health

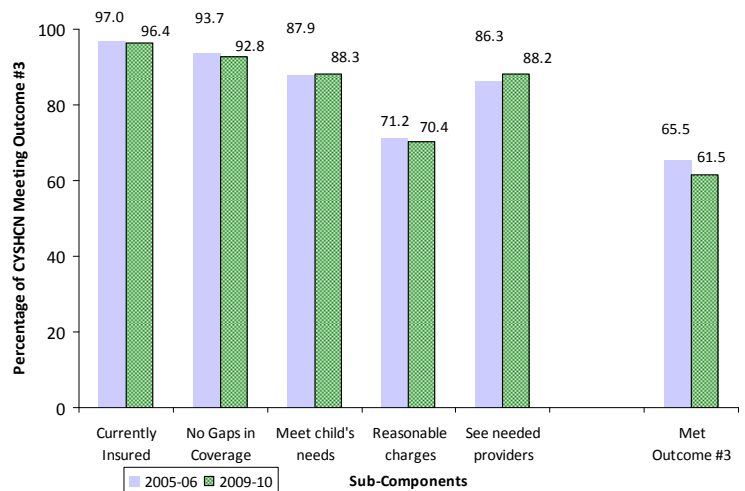
affordable  
reduce stress consistent  
accessible  
equitable access to quality care  
reliable  
reduce disparities  
good coverage

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 CYSHCN do not meet this outcome.

**Figure 2: Percentage of Maryland CYSHCN Meeting Adequate Insurance Sub-Components in 2005-06 and 2009-10**



- Among Maryland CYSHCN, the percent meeting Core Outcome #3 decreased from 65.5% in 2005-06 to 61.5% in 2009-10.
- Among Maryland CYSHCN, the currently insured have a higher probability of meeting Outcome #3 (2005-06: 97.0%, 2009-10: 96.4%)
- Among Maryland CYSHCN, those who reported having no gaps in coverage have a higher probability of meeting Outcome #3 (2005-06: 93.7%, 2009-10: 92.8%)
- Among Maryland CYSHCN, those who reported having reasonable costs of non-covered charges have a lower probability of meeting Outcome #3 (2005-06: 71.2%, 2009-10: 70.4%)
- Among Maryland CYSHCN, those who reported their health insurance met child's needs (2005-06: 87.9%, 2009-10: 88.3%) and allowed them to see needed providers (2005-06: 86.3%, 2009-10: 88.2%) have a higher probability of meeting Outcome #3

<b>50.9</b> CYSHCN qualified on functional limitations	<b>54.4</b> CYSHCN with one or more emotional, behavioral, or developmental issues	<b>61.5</b> All Maryland CYSHCN	<b>70.2</b> CYSHCN qualified on Rx use	<b>71.4</b> CSHCN 0-5 years of age
---	---	------------------------------------	---	---------------------------------------

\* Child and Adolescent Health Measurement Initiative (CAHMI). 2009-2010 National Survey of Children with Special Health Care Needs Indicator Data Set. Data Resource Center for Child and Adolescent Health. www.childhealthdata.org