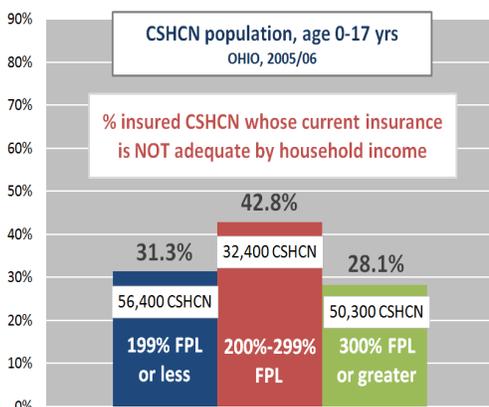
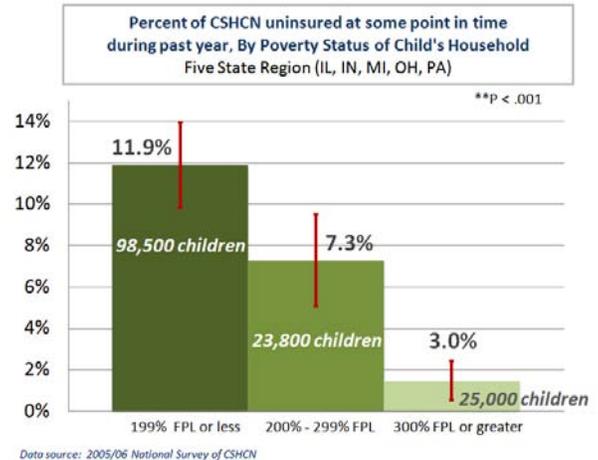


This policy brief is the first in a series to examine the issues of providing care and coverage for children with special health care needs (CSHCN) in Ohio. It reviews what we know about who these children are, what their needs are, and how the health system in Ohio is meeting those needs. CSHCN merit special focus both because the quality of care is critically important to them and because these are often the children who engender highest costs to the system and to the families.

Based on results from the 2005/06 National Survey of CSHCN, **45,200** children or **16.2%** of all Ohio children met the screening criteria to be classified as having a special health care need. These children include those with functional limitations, emotional, behavioral, developmental needs, excess service use or need for prescription medications. Almost **1 in 3** of Ohio's CSHCN has **emotional, behavioral or developmental needs**.

CSHCN needs are more likely to be insured but even so they have unstable coverage. Enhanced efforts at reaching and retaining all Medicaid-eligible children would capture some of these remaining uninsured CSHCN.

- Approximately **8%** of all CSHCN were uninsured at some point during the study year.
- An even higher percentage (**12%**) of Medicaid-eligible CSHCN were uninsured at some point during the study year (199% FPL or less)
- Most uninsured CSHCN (**2 out of 3**) are eligible for current public programs.

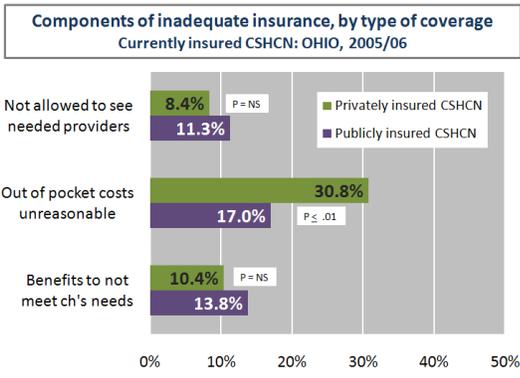


Inadequate health insurance highest among privately-insured children residing in households earning 200-299% of the Federal Poverty Level (FPL)

- **1 in 3** families under 200% FPL report having inadequate coverage. This represents over **30,000** CSHCN in Ohio.
- Families earning 200-299% FPL with CSHCN report the highest incidence of inadequate insurance (**42.8%**).
- Almost **1 in 3** families of CSHCN with household incomes at least at 300% FPL also indicate that current insurance was not adequate to meet needs.

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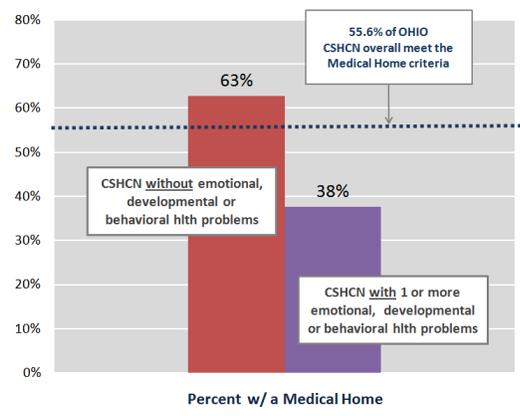


For privately insured CSHCN coverage may not be adequate.

- “Unreasonable” out of pocket costs was the most frequently cited problem of privately insured children, **30.8%**.
- **Highest incidence** of inadequate coverage was reported by families with private insurance who are in the Ohio expansion category for Medicaid coverage (200% to 299% FPL).
- Coverage was reported as inadequate for a full **43%** of these children.

Having a medical home is a cornerstone of adequate health care. More Ohio CSHCN have a medical home than nationally (Ohio: 56%; National: 47%).

- The **sickest** children are **least likely** to have a medical home.
- **Publicly-insured** and **uninsured** children are **less likely** to have a medical home than privately insured CSHCN.
- Not having “family centered care” (e.g., having a doctor that spends enough time with the family, listens carefully, is sensitive to family’s values/culture, provides needed information, and works in partnership with the family) and not receiving needed care coordination were major problems.



Nationally, expenditures are significantly higher for CSHCN, both medical expenditures borne by health care insurers and providers as well as out-of-pocket costs borne by families.

- Medical expenditures to insurers and providers average \$3,171 a year per CSHCN vs. \$684 for non-CSHCN, a greater than four fold difference. Out-of-pocket costs to families average \$535 per CSHCN vs. \$192 for non-CSHCN, an almost three fold difference.
- Annual medical expenditures to insurers and providers for CSHCN with functional limitations average \$7,113 with a further average out-of-pocket expenditure of \$705.
- Total average expenditures to insurers and providers for CSHCN are almost equal across private and public coverage, but those covered with private insurance have more than 3 times the out-of-pocket expenditures (\$681 vs. \$201).

