

Building Funding Mechanisms to Support a System of Care

INTRODUCTION

To ensure access to a comprehensive system of care, families must have a way to pay for needed services. The third CSHCN performance measure, “families of CSHCN will have adequate private and/or public insurance to pay for the services they need,” recognizes this as a priority. According to the National Survey of CSHCN, approximately 9.4 million of the nation’s children have special health care needs. Although over 80% of families reported that their children received all the services needed, children from low-income families and Hispanic children were twice as likely to be uninsured than white, higher-income families. (U.S. Dept. of HHS, 2004). About 40% of families surveyed were considered to have inadequate insurance coverage, meaning that they were not allowed to see needed providers, the benefits did not meet the child’s needs, or the families’ out-of-pocket costs were reported as unreasonable.

State CSHCN leaders play a key role in supporting the provision of adequate insurance coverage for families. Title V CSHCN programs historically have played a role in covering needed medical care and/or providing the care itself. As CSHCN programs evolve from providing and paying for direct services and move toward assuring that

all families can access needed services, the potential and challenges to meeting family insurance needs is more likely to be accomplished via interagency collaboration. For example, many state CSHCN programs work in partnership with Medicaid and commercially managed care providers to increase adequacy of coverage. Additionally, funding sources from other private and public entities are being pursued. In these times of budget shortfalls, the importance of states, communities, and families coming together to build funding mechanisms to support a system of care has never been greater. The following state examples represent only a few of the successful strategies being used.

STATE AND COMMUNITY STRATEGIES

1. Build partnerships with insurers and other agencies.

- Title V programs are working closely with their state’s Medicaid as well as with other departments (e.g., education, human services) to support needed services, such as care coordination, durable medical equipment, and increased reimbursement rates. Oregon requires managed care plans to provide care coordinators for CSHCN.
- Interagency efforts must clearly communicate “what’s in it” for all. For example, supporting medical home strategies can result in better patient health and serve to document quality improvement.
- Florida presents a “Gold Standard Award” annually to the top insurance plan, providing them with a good marketing tool. Recognizing the promising efforts of insurers promotes new partnerships and opportunities.
- Wisconsin and Kentucky are enhancing their use of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) to support services.
- In Michigan, EPSDT is particularly visible as a measured component of quality improvement.
- Massachusetts is using bioterrorism funds to support the creation of “medical home emergency plans.”



2. Use various communication tools to document needs, establish a common vision, and measure outcomes.

- It is important for stakeholders to understand the language of the insurance industry. For example, “quality improvement” is an important outcome for insurance companies, and medical home strategies can be introduced as methods that lead to quality improvement.
- Massachusetts has strengthened partnerships with commercially managed care providers by using data to discuss issues, such as screening, identification of CSHCN, medical home, and care coordination.
- In New Hampshire, data were used to document the need for increased reimbursement through demonstrating both the need for services as well as strategies to obtain better outcomes.
- Demonstration grants or pilot programs can be a way to initiate collaborative strategies to improve the service system. In Utah, Title V collaborated with Family Voices, insurers, and community providers to develop a more cost-effective palliative care system.

3. Educate consumers about how to ensure adequacy of insurance coverage.

- Advocacy groups can unite to make their voice heard by insurers and to prevent “under-the-table” negotiations.
- Florida and Wisconsin educate families on communicating with insurance companies, authorization for medical necessities, and especially the appeals process.
- In Montana, families can buy into an insurance pool that serves as a bridge when they are between insurance policies.
- Illinois has developed brochures, which they disseminate via regional care coordinators, to help families understand their insurance policies and how to maximize benefits.

- Utah disseminates customer satisfaction and performance data on public and private insurance companies based on Health Employer Data and Information Set standards to help consumers make informed decisions.

DISCUSSION QUESTIONS FOR COMMUNITY-BASED TEAMS

At a series of Multi-State Meetings hosted by the Champions for Progress Center in 2004, state CSHCN staff and parent representatives discussed Building Funding Mechanisms to Support a System of Care. The questions below can be used for discussion by interagency community teams and councils in order to share information and to build relationships.

1. What public/private funders have been most interested and cooperative in addressing the needs of families of CYSHCN in our state and community?
2. Describe any examples of positive negotiations with insurance providers that have occurred to ensure adequate coverage and provider compensation.
3. What are examples of information or materials developed in our state that helps employers to make better choices about adequate coverage for their employees who have CYSHCN?
4. What are the greatest accomplishments in our state and/or community related to building funding mechanisms to support a system of care?
5. What are the greatest challenges in our state/community related to building funding mechanisms to support a system of care?
6. What are some of the next steps our team needs to take to build funding mechanisms to support a system of care?

Useful Links and Resources:

ABC for Health: www.abcforhealth.org

CSHCN Data Resource Center: <http://cshcndata.org/>

Utah CAHPS Report: http://health.utah.gov/hda/consumer_publications/HmoPerformance2004.pdf

National Committee for Quality Assurance (NCQA): www.ncqua.org

Institute for Child Health Policy: <http://cshcnfinance.ichp.ufl.edu/default.asp>

EIRI Measuring and Monitoring Community-based Systems of Care:

<http://www.championsforprogress.org/main/measuringMonitoringRelatedDocs.cfm?CFID=14904&CFTOKEN=27952357>



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