

Care Use by “High-cost” Children Enrolled in CCS

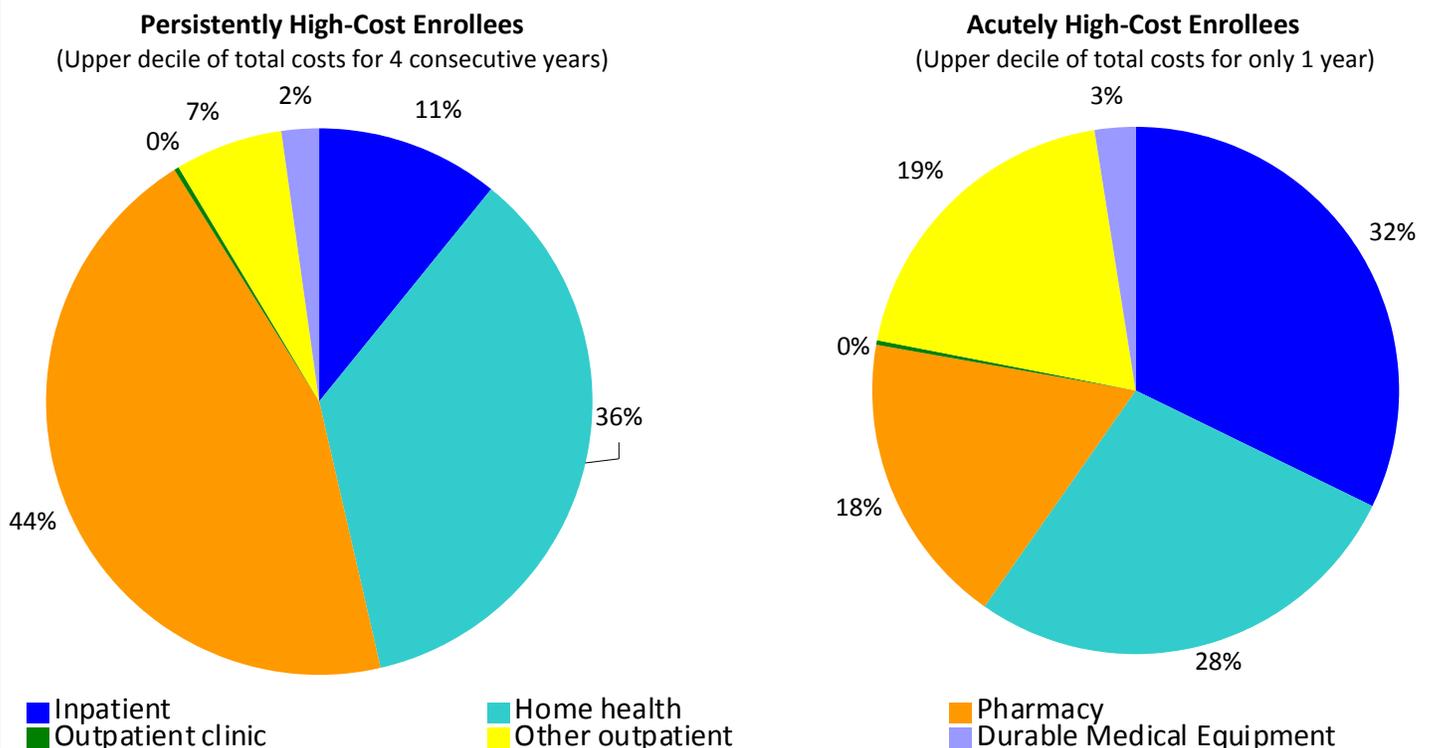
THE FINDINGS

- **Children who are “high-cost” over consecutive years use care differently than children who are only “high-cost” for one year.** These “persistently high-cost” children are more likely to have higher use of home-health and pharmacy services, compared with “acutely high-cost” children.
- **“Persistently high-cost” children** are most likely to have primary diagnoses in the categories of neurology, cardiology, and oncology.
- **“Acutely high cost” children** are most likely to have primary diagnoses in the categories of neonatology, injury and ENT.

POLICY IMPLICATIONS

- **Different systems of care may be necessary** to attend to the special requirements of the highest-cost children with serious chronic illness.
- **Increasing the efficiency of home-health service delivery should be a dominant feature of any improved system of care for these children.**

Exhibit 1: Service Use by Cost over Time among California Children Services Enrollees



"CCS enrollee" is any child enrolled in California Children's Medi-Cal fee-for-service from 7/1/2006 to 6/30/2012. As the nation's largest Title V program, CCS provides case management each year for >150,000 children with a serious chronic medical condition and whose family has an eligible adjusted annual income. Most CCS enrollees are enrolled in MediCal or Healthy Families. <http://www.dhcs.ca.gov/services/ccs>. Data analyzed were de-identified information from all paid claims for these CCS enrollees, as abstracted from the state's Management Information System / Decision Support System.