CCS Program Spend, by Health Service Category

THE FINDINGS

- The leading drivers of CCS program spend are health-care services associated with Hospital, Outpatient Pharmacy, Home Health, and Residential Care.
- Spend on Residential Care and Home Health is particularly skewed toward a relatively few number of children receiving the majority of the services.
  - < 1% of children are responsible for >80% of the spend on Residential Care and Home Health.

POLICY IMPLICATIONS

- Across the entire CCS population, preventing hospitalizations or reducing hospital length of stay may provide opportunities for cost savings.
- For targeted subpopulations (the <10% responsible for >80% of spend), more efficient use of home health, residential and pharmacy services may provide opportunities for cost savings.

Figure 1. Percent of total CCS Spend, by Health-Service-Delivery Category

Figure 2. Percent of Children Responsible for >80% of CCS Program Spend in Each Service Category

CCS claims from all payor sources (fee-for-service, managed care, CCS only, and mixed payor) for fiscal year 2012. Hospital includes all inpatient services. Outpatient Pharmacy includes medications and education/training about those medications. Home Health refers to services provided in the home, including nursing services and hospice care. Residential Care refers to any overnight care in a nonhospital facility. DME includes all durable medical equipment. MD Visits includes all outpatient office and clinic visits. 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.

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