CCS Program Length of Enrollment

THE FINDINGS

- Length of enrollment in CCS varied by child’s primary diagnosis.
  - Enrollees with a primary neurological diagnosis had the longest median enrollment.
  - Enrollees with a primary external/injury diagnosis had the shortest median enrollment.
- The most common reasons for disenrollment across all CCS patients included: no current services requested (27%), medically ineligible (22%), CCS treatment services completed (17%), patient reached 21 years of age (8%), program eligibility process incomplete (6%), no response at last known address (3%), and patient died (2%).

POLICY IMPLICATIONS

- Best practices, such as effective coordination and administration, could be shared among providers to prevent the disenrollment of eligible children.
- Length of enrollment, for some children, may be an indicator of the stability and continuity of care.

Figure 1. Length of Enrollment (Days) by Diagnosis

Enrollment Lengths. Children enrolled 7/1/2009–6/30/2012 by diagnostic group

CCS claims from all payor sources, including FFS and MMC, for 2009 to 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](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. Complete packet of figures available at: [http://www.dhcs.ca.gov/services/ccs/Documents/TWGMeeting3PP.pdf](http://www.dhcs.ca.gov/services/ccs/Documents/TWGMeeting3PP.pdf).

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