

California Children's Services: All Inpatient Paid Claims by Site of Care, 2009-2012

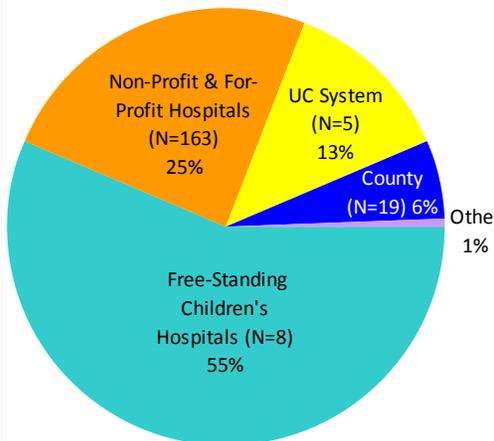
THE FINDINGS

- Most hospital claims for medically complex children in California (55%) are paid to the state's eight, free-standing children's hospitals, followed by non-profit and for profit hospitals, and the UC System.
- The most expensive subset of inpatient paid claims, defined as the top 10% of claims, expanded this consolidation in free-standing children's hospitals from 55% to 61% (data not shown).
- Conversely, the majority of NICU claims (43%) were paid to non-profit and for-profit hospitals.
- The majority of claims for "high-cost" NICU patients, defined as those in 10% of paid claims, were paid to free-standing children's hospitals (41%), followed by non-profit and for-profit hospitals (39%). (Data not shown).
- Isolating medically complex, non-NICU claims, increases the percent of claims paid to free-standing children's hospitals to 64%.

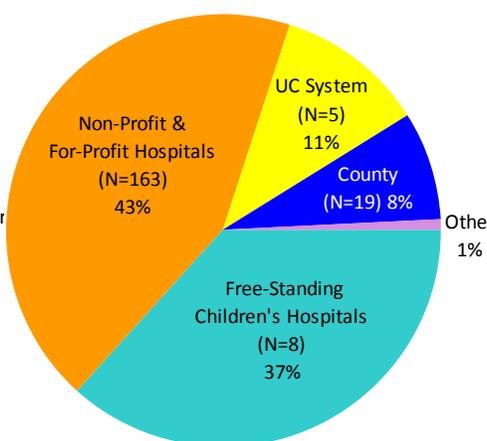
POLICY IMPLICATIONS

- Understanding paid inpatient claim distribution for medically complex children is important in crafting payment reform for the CCS program, as payment shifts could destabilize current systems of care.
- NICU paid claims distribution is distinct and departs from that of paid claims for older children with serious medical complexity.
- It is unclear if paid claims distributions represent variation in complexity of care or higher reimbursement rates.

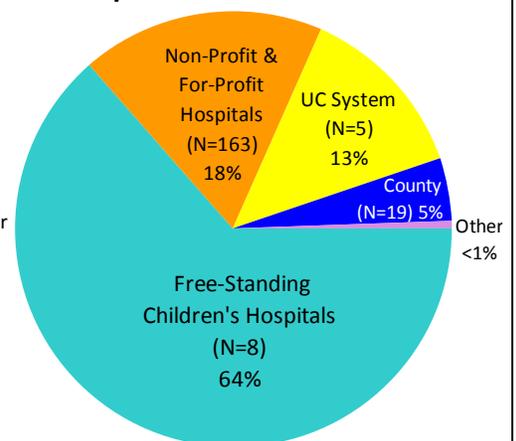
**All CCS Inpatient
Paid Claims**



**NICU Inpatient
Paid Claims**



**Medically Complex (non-NICU)
Inpatient Paid Claims**



"CCS enrollee" is any child enrolled in California Children's Services for > 6 months 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 based on paid claims for these CCS enrollees, as abstracted from the state's Management Information System / Decision Support System. This work was funded by the California Health Care Foundation www.chcf.org