

TABLE 25. Parent-Reported Measures of Access to Care for Non-Institutionalized Children with Special Health Care Needs (CSHCN) by Source of Health Insurance, 2009–2012

	Measure Number ¹	CSHCN ² with Selected Sources of Insurance ³			
		All CSHCN ²	Medicaid/CHIP ⁴	Private/Other ⁵	Uninsured ⁶
Connection to the health care system (past 12 months)					
Has a personal doctor or nurse ⁷	S3	92.8%	90.3%	95.8%*	75.3%*
Receipt of effective care coordination ^{7,8}	S7				
Parent did not receive all care coordination needed		33.1	34.3	32.1	38.2*
Parent received all care coordination needed		42.9	41.8	45.5	18.9*
Did not need care coordination		23.9	24.0	22.4	42.8*
Family had one or more unmet needs for support services ^{9,10}	S8	7.2	8.8	4.6*	18.1*
Contact with health professionals (past 12 months)					
Had at least one preventive dental visit (age 2–17) ⁷	C4	84.4	80.1	90.1*	49.7*
Received care from a specialist doctor ⁹	C5	45.6	40.4	50.0*	31.9*
Timeliness of care (past 12 months)					
Had unmet need for selected types of care ⁹	T5				
Specialist care		4.4	6.2	2.5*	15.3*
Prescription drugs		2.6	3.4	1.4*	15.9*
Mental health care and counseling		5.6	7.3	4.0*	14.9*
Non-preventive dental		5.4	7.1	3.7*	20.8*
Physical, occupational, or speech therapy		4.7	5.1	3.8*	8.0*
Vision care or eyeglasses		2.1	2.8	1.3*	8.2*
Had 2 or more unmet needs for 14 specific services ^{9,11}	T6	8.8	11.9	5.3*	33.6*
Receipt of appropriate care (past 12 months)					
Doctors and other providers spend enough time with child ^{7,12}	A1	79.7	74.2	85.8*	54.3*
Had at least one preventive medical visit ⁹	A2	90.4	91.5	91.1	70.3*
Children less than age 2		97.8	97.5	98.3*	— ¹³
Children age 2–4		94.6	92.9	96.6*	93.5
Children age 5–11		89.3	88.1	93.1*	52.6*
Children age 12–17		90.4	90.2	90.2	64.5*
Received coordinated, ongoing, comprehensive care within a medical home ⁹	A4	46.8	40.6	53.2*	25.8*
Had two or more ER visits ⁹	A6	21.6	33.0	12.8*	23.5*

TABLE 25, Continued

Notes: Data in this table are drawn from national samples of children based on two different surveys, the 2010–2011 National Survey of Children’s Health (NSCH) and the 2009–2010 National Survey of Children with Special Health Care Needs (NS-CSHCN). Measures are for children age 0–17, unless otherwise noted. The NSCH and NS-CSHCN apply different methods to sample children, and data are collected from different time periods. In addition, the surveys have different questions on health insurance coverage. For these reasons, measures from different surveys should not be directly compared. The table is intended to compare populations with different coverage sources within each measure. Responses to access and use questions are based on the previous 12 months, during which time the individual may have had different coverage than that shown in the table. As a result, experiences with access barriers and service use may be due partly to periods with other coverage or no coverage in the past year. Not separately shown are children covered by Medicare (generally children with end-stage renal disease). See additional notes.

* Difference from Medicaid/CHIP is statistically significant at the 0.05 level.

1 Measure number corresponds to the index of access measures in the MACStats Appendix. See the appendix for additional details on each measure.

2 CSHCN is children with special health care needs. In both the NSCH and NS-CSHCN, CSHCN are identified using a five-item, parent-reported tool that identifies children across the range and diversity of childhood chronic conditions and special needs and who currently experience one or more of five common health consequences due to a physical, mental, behavioral, or other type of health condition lasting or expected to last at least 12 months. See Child and Adolescent Health Measurement Initiative (CAHMI), Fast facts: *Children with special health care needs screener* (Portland, OR: CAHMI, 2007). <http://childhealthdata.org/docs/cshcn/cshcn-screener-cahmi-quickguide-pdf.pdf>.

3 The population in each column differs somewhat based on the data source. See additional notes for the selected populations.

4 CHIP is State Children’s Health Insurance Program. For all measures, the Medicaid/CHIP population is children with Medicaid or CHIP at the time of interview and includes children who were uninsured during the past year or who switched coverage sources during the year. For NSCH measures, Medicaid/CHIP includes a small number of children with additional sources of public or private coverage. For NS-CSHCN measures, Medicaid/CHIP is limited to children with Medicaid or CHIP only at the time of interview and excludes children with additional sources of public or private coverage.

5 For NSCH measures, the private/other population consists of children who were covered by any insurance other than Medicaid/CHIP at the time of the interview. These children primarily have employer-sponsored insurance, other private plans, and military health plans, but this population also includes a small number of children with other state-sponsored or other government-sponsored insurance. For the NS-CSHCN measures, the private/other population is limited to children with private health insurance only, defined as insurance through an employer, purchased directly from an insurance company, or any military health plan. For both NSCH and NS-CSHCN measures, the private/other population includes children insured at the time of interview who were uninsured during the year or who switched coverage sources during the year.

6 For both NSCH and NS-CSHCN measures, the uninsured population consists of children who did not have any health insurance coverage at the time of interview and includes children who had a source of coverage sometime in the past year. For NS-CSHCN measures, parents who indicated the child was insured by a source other than Medicaid/CHIP were asked a follow-up question of whether the insurance covered doctor visits and hospital stays. If not, these children also were classified as uninsured. In addition, the NS-CSHCN instructed parents not to count dental, vision, school, or accident insurance as coverage.

7 Measure is constructed from the 2011–2012 NSCH (see source noted below).

8 Children are defined as needing care coordination if they received two or more services or the parent reported needing care coordination. The criteria for receipt of effective care coordination were that the family received some type of help with care coordination, and the family was very satisfied with doctors’ communication with other health care providers, school, and other programs, if those services were needed. The denominator for each statistic is all children.

9 Measure is constructed from the 2009–2010 NS-CSHCN (see source noted below).

10 The family needed one or more family supports (respite care, genetic counseling, or family mental health care or counseling) but did not receive all the help they needed.

11 In addition to the services listed in the table, this includes unmet need for dental, home health care, substance abuse treatment or counseling, durable medical equipment, genetic counseling, and respite care.

12 The percentage of children whose parents reported the providers usually or always spend enough time with child.

13 Data not shown due to small sample size.

Source: MACPAC analysis of the 2011–2012 National Survey of Children’s Health (NSCH) and the 2009–2010 National Survey of Children with Special Health Care Needs (NS-CSHCN).