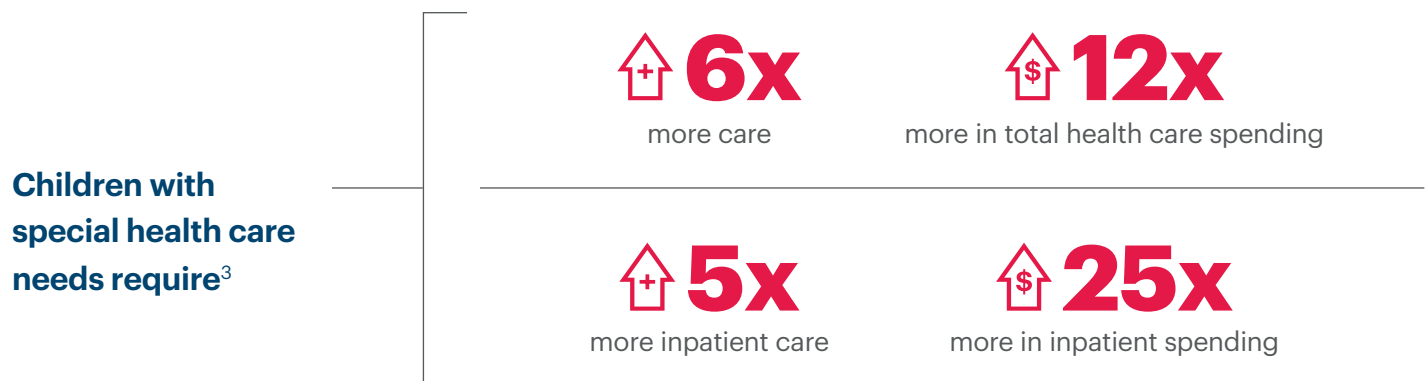


Comprehensive Programming for Families of Children with Special Health Care Needs Improves Experiences while Lowering Costs

One in five children in the United States has a special health care need, which can include physical, intellectual, or developmental disabilities as well as long-standing medical conditions.¹ These children often require care from multiple specialists, including some who may be outside their health plan's network, and need expensive treatment and equipment. As a result of the cost of care and responsibility for its coordination, their families often experience financial strain and need additional support.

More Programs are Needed to Address Families' Challenges



On average, commercially insured children with special health care needs require six times more care that totals 12 times more in health care spending than children without special health care needs.² Additionally, each of their interactions with the health care system can be more time intensive and complicated.



Despite the unique challenges these children and their families face, clinicians do not always have sufficient resources or training to care for them.⁴ **As a result, new partnerships between payers and providers are needed to implement programs that improve experiences and outcomes and lower the cost of care.** Although there are several provider-run programs that offer care management and coordination, there are few complementary programs run by commercial health plans even though over half of children with special health care needs are covered by their parents' commercial coverage.⁵

CASE STUDY: Existing Efforts to Address Families' Challenges

UnitedHealth Group's Special Needs Initiative (SNI)^a works to address these challenges and meet the diverse needs of children and their families by:

-  Providing tailored clinical and social supports
-  Anticipating and addressing common challenges around insurance and payment

^a This analysis focuses on SNI for children who have parents with commercial coverage because it is the program for which the most recent and robust data from 2017 through 2020 are available. As of 2020, children eligible for the program are under 18 and have a high needs score and at least one diagnosis that is indicative of a special health care need. The needs score is informed by gap exceptions, specialists, prior authorizations, providers, out-of-pocket costs, claims, and inbound calls. Common conditions of children in the program include epilepsy, spina bifida, Down syndrome, diabetes, cerebral palsy, paralysis, and autism.

Key Components of the Special Needs Initiative

Each family is assigned a single, specially-trained advisor who builds a strong relationship with that family, assesses and addresses needs, and, if more complex issues arise, connects each family to more specialized staff and clinicians (such as licensed counselors, nurses, or speech therapists). Key components of how SNI supports families include:



Offering insurance and payment assistance to protect families from burdensome administrative duties and avoidable costs;



Assessing their social needs and connecting them to resources that support their well-being and address social determinants of health (e.g., information about the Medicaid program as well as other government programs and private organizations that offer financial assistance, food services, transportation, support groups, and/or special education assistance); and



Partnering with health care providers to ensure families can access needed treatments and that care across providers is coordinated;



Facilitating a timelier diagnosis for children by connecting families to specialized medical centers, health care experts, and other families seeking a diagnosis.



Educating health care providers, social workers, and educators serving children who have special health care needs;

Improvements in Families' Experiences

Comparing survey results for a small sample of enrolled or eligible families, SNI participants' experiences improved by 76 points with SNI implementation.^{6,b}

This may be driven by families:⁷

- Feeling better cared for and supported in living a healthier life;
- Having a greater ability to get care, tests, and prescribed treatment;
- Having flexibility to see doctors they prefer;
- Feeling their interactions with the health care system are simpler, which allows them to focus on what “really matters”; and/or
- Experiencing broader health plan features, including valuable wellness information and programs.



**76
point**

improvement in family experiences with the implementation of the SNI program

^b SNI participants' experience is measured by the Net Promoter Score® on a -100 to 100 scale.

Reductions in Total Health Care Spending and Families' Costs

Total Spending

On average, there was a **\$1,500** reduction in total annual health care spending associated with each SNI participant.⁸ These savings are driven by reductions in inpatient spending.



On average, total annual health care spending per SNI participant was reduced by

\$1,500

Families' Out-of-Pocket Costs

Thirty-eight percent of commercially insured families of children with special health care needs pay \$1,000 or more in annual out-of-pocket costs to cover their child's care.⁹ In addition, 25 percent of commercially insured families of children with special health care needs have trouble paying their child's medical bills.¹⁰

Higher out-of-pocket costs stem from the fact that many children with special health care needs require more care, which is often delivered by highly specialized providers. Many children need to seek care from providers who may be out-of-network, or who require additional information for insurance companies to process their claims; families can be exposed to costs that vary significantly depending on the type and level of care.

For example, one family saved over



on speech therapy services after SNI worked with the provider to ensure the services were properly coded, so that coverage continued above what otherwise would have been their standard benefit for the remainder of the year.¹¹

Another family saved over



after SNI collaborated with the child's pediatrician and physical therapist, as well as a medical equipment company, to get information required to secure coverage for a custom wheelchair that better met the child's needs.¹²

Looking Ahead

Building on its partnerships with 11 health systems and service to over 110,000 families in 2020, SNI continues to evolve and expand. In 2021, components of SNI were extended to adult populations who benefit from tailored supports.

Increasing access to programs like SNI can improve experiences and outcomes for more people while lowering the cost of care.

Comprehensive Programming for Families of Children with Special Health Care Needs Improves Experiences while Lowering Costs: Citations

Citations

- ¹ Centers for Disease Control and Prevention, "Children with Special Healthcare Needs," 2020. www.cdc.gov/childrenanddisasters/children-with-special-healthcare-needs.html#:~:text=A%20special%20healthcare%20need%20can,blood%20disorder%2C%20or%20muscular%20dystrophy
- ² UnitedHealth Group (UHG) analysis of UnitedHealthcare (UHC) commercial claims, March 2019 through February 2020. The average number of medical claims per child and average total allowed costs per child were compared for children with special health care needs to children without special health care needs.
- ³ UHG analysis of UHC commercial claims, March 2019 through February 2020. The average number of medical claims per child and average total allowed costs per child were compared for children with special health care needs to children without special health care needs. In addition, the average number of hospital inpatient claims per child and average hospital inpatient allowed costs per child were compared for children with special health care needs to children without special health care needs.
- ⁴ Megumi Okumura, Heather Knauer, Kris Calvin, and John Takayama, "Caring for Children with Special Health Care Needs: Profiling Pediatricians and Their Health Care Resources," *Maternal and Child Health Journal*, July 2018. www.ncbi.nlm.nih.gov/29497983/
Zohra Moeenuddin, Caroline Kim-Kupfer, Erica Owchar, Joshua Baker, Amy Duffield, and Thomas Santoro, "The Influence of Care Coordination on Patients with Special Health Care Needs in a Pediatric Residency Continuity Clinic," *Global Pediatric Health*, 2019. www.ncbi.nlm.nih.gov/pmc/articles/PMC6507326/
Beverly Nazarian, Laurie Glader, Roula Choueiri, Deborah Shipman, and Matthew Sadof, "Identifying What Pediatric Residents Are Taught About Children and Youth with Special Health Care Needs and the Medical Home," *Pediatrics*, December 2010. www.ncbi.nlm.nih.gov/21123484/
- ⁵ Elizabeth Williams and MaryBeth Musumeci, "Children with Special Health Care Needs: Coverage, Affordability, and HCBS Access," Kaiser Family Foundation, October 2021. www.kff.org/medicaid/issue-brief/how-do-medicaid-chip-children-with-special-health-care-needs-differ-from-those-with-private-insurance/
- ⁶ UHG difference-in-difference analysis of Net Promoter Score (NPS) Key Member Indicator (KMI) survey responses from UHC commercial members who were SNI enrolled, or SNI eligible but not enrolled, January 2019 through December 2019. A subset of members from both groups were selected based on risk scores to create a "test" and "control" group. A pre/post analysis was conducted for the six months prior to and the six months after SNI implementation, which spanned July 2018 through June 2020.
- ⁷ UHG difference-in-difference analysis of NPS KMI survey responses from UHC commercial members who were SNI enrolled, or SNI eligible but not enrolled, January 2019 through December 2019. A subset of members from both groups were selected based on risk scores to create a "test" and "control" group. A pre/post analysis was conducted for the six months prior to and the six months after SNI implementation, which spanned July 2018 through June 2020.
- ⁸ UHG difference-in-difference analysis of total allowed costs associated with UHC commercial members with claims who were SNI enrolled, or SNI eligible but not enrolled, May 2017 through March 2018. A subset of members from both groups were selected based on diagnosis and age to create a "test" and "control" group. A pre/post analysis was conducted for the one year prior to and the one year after SNI implementation, which spanned May 2016 through March 2019.
- ⁹ Williams and Musumeci, 2021.
- ¹⁰ Williams and Musumeci, 2021.
- ¹¹ UHG analysis of family advisor experience and UHC commercial claims of SNI enrolled children, 2020.
- ¹² UHG analysis of family advisor experience and UHC commercial claims of SNI enrolled children, 2019.