

## Grassley, Bennet Look to Advance Provision for Children with Medically Complex Conditions

Written by Grassley Press

Wednesday, 18 December 2013 09:28

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Tuesday, Dec. 17, 2013

WASHINGTON – Sen. Chuck Grassley of Iowa and Sen. Michael Bennet of Colorado said today they will look for ways to advance their provision to better coordinate care for children with complex medical conditions under Medicaid and the Children’s Health Insurance Program (CHIP), leading to better care and health for these children.

“Considering creative models to promote better outcomes for children with medically complex conditions is something we need to explore in the future,” Grassley said. “Working with the Finance Committee on a bipartisan basis and the Congressional Budget Office, I hope we can move these ideas forward.”

“Kids in Colorado and around the country deserve doctors and hospitals that have every tool and resource they need to help them get better,” Bennet said. “We need to explore ways that we can ensure kids are getting the seamless care they deserve. We’ll continue to work closely with the Senate Finance Committee to get this signed into law.”

Grassley, Bennet and seven other bipartisan members of the Finance Committee sponsored an amendment to the physician payments bill considered in committee last week that would establish under the Medicaid program and Children’s Health Insurance Program an

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accountable care collaborative providing a network of services to children with medically complex conditions.

The amendment, which was offered and withdrawn, establishes a Medicaid Children's Care Coordination Program for children with complex medical conditions that would provide services through nationally designated children's hospital networks. Medically Complex Children are defined as those who are included in Clinical Risk Groups (CRG) 5b-9. The CRG methodology is a well-documented and accepted manner of classifying pediatric patients and their diagnoses nationally and can be adopted for these purposes easily.

Patients in these groups have significant lifelong chronic diseases, limiting the probability of churning in and out of the network, Grassley and Bennet said. Approximately three million children in the country suffer from medically complex conditions, and two million of these children are in Medicaid, accounting for 6 percent of children enrolled in Medicaid and 40 percent of Medicaid spending on children.

Children with medically complex conditions are often need of specialized care that requires services provided by providers found in states outside of the family's state of residence. Medicaid's state-based structure creates impediments to seamless, integrated models of care that may be more appropriate for these children.

Children's hospitals are seen as the anchors to the nationally designated hospital network. While anchor hospitals will provide services for network patients including physician, inpatient and outpatient care, the network will necessarily include other hospitals, physicians, and providers to ensure these children receive the needed services in the most appropriate setting possible. Key to these networks is assurance that there is an adequate network to support the specific pediatric population, Grassley and Bennet said.

Through integrated care and risk-based reimbursement, improved patient outcomes and lower health care costs can be achieved, the senators said.

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Grassley and Bennet said they will look for legislative opportunities to advance this proposal in the coming months.

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