

EVERY CHILD DESERVES A MEDICAL HOME

**Component Three:
Practices, Policies, and
Procedures**
Participant Manual



**In Collaboration With
American Academy of Pediatrics
Family Voices
Maternal and Child Health Bureau
National Association of Children's Hospitals and Related Institutions
Shriners Hospitals for Children**

Authors and Contributors

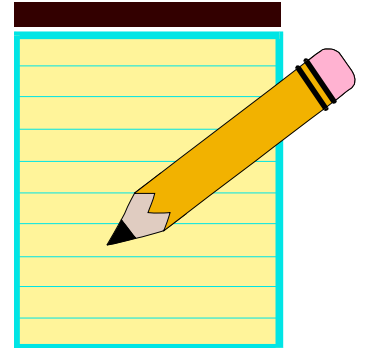
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Slide 1	Section One: Practices, Policies, and Procedures to Provide Quality Care to CYSHCN
Slide 2	<p>Why Look at a Pediatric Office System?</p> <p style="text-align: center;">If...</p> <p style="text-align: center;">12.8% of children meet MCHB’s definition of a “child with special health care needs”</p> <p style="text-align: center;">How many CYSHCN does your practice care for?</p> <p style="text-align: center;"><small>MCHBNCHS. National Survey on Children with Special Health Care Needs. 2002</small></p>
Slide 3	<p>CYSHCN in a Pediatric Office System</p> <p>CYSHCN: Type of Need</p> <ul style="list-style-type: none"> • 74.3%: Prescription medication • 45.6%: Elevated service use • 28.7%: Emotional/behavioral/developmental services • 21.3%: Limitation in activity • 17.4%: Specialized therapy <p style="text-align: center;"><small>MCHB, NCHS. National Survey on Children with Special Health Care Needs. 2002</small></p>
Slide 4	<p style="text-align: center;">What is your/your primary care physician’s practice doing to provide quality care for CYSHCN?</p>
Slide 5	<p>Learning Objectives</p> <ul style="list-style-type: none"> • Understand why implementing methods of accommodating CYSHCN into the primary care office setting is a natural part of providing quality care to all children. • Become aware of how the quality improvement process serves as a tool for a practice to provide a medical home. • Understand the importance of having a practice mission statement and how it should guide the creation of office procedures and layout. • Examine office practices, layout, and other features with the philosophy that the medical home is the basis to care for CYSHCN. • Discuss the role of financing, data management, and <i>Current Procedural Terminology (CPT)</i> coding in a managed care environment.

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Slide 6	<p>Quality Improvement Methodology</p> <ul style="list-style-type: none"> • Partnership with parents • Primary care–based care coordination • Continuous improvement process • Linkages to community resources • Improved office systems that <ul style="list-style-type: none"> - Identify CYSHCN - Track and monitor progress - Evaluate outcomes <p>Cooley WC. Developing primary care medical homes for CSHCN. Presented at: Institute for Leaders in State Title V CSCHN Programs; May 19, 2003; Baltimore, MD</p>
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Slide 7	<p>Quality Improvement: Why Do You Do It?</p> <ul style="list-style-type: none"> • Patient-focused outcomes of care interventions • Usefulness of practices’ policies and procedures designed to support CYSHCN and their families • Behaviors and practices that support common elements of the medical home • Child and family satisfaction with the care experience
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The Center for Medical Home Improvement developed the Medical Home Index (MHI). It is a validated self-assessment and classification tool designed to translate the broad indicators defining the medical home (accessible, family-centered, comprehensive, coordinated, etc) into observable, tangible behaviors and processes of care within any office setting. It is a way of measuring and quantifying the “medical homeness” of a primary care practice. The MHI is based on the premise that “medical home” is an evolutionary process rather than a fully realized status for most practice settings. The MHI measures a practice’s progress in this process. It is available in **Appendix A**.

The companion, The Medical Home Family Index, was also developed by the Center for Medical Home Improvement as a tool for families of CYSHCN to assess the quality of care received. The Medical Home Family Index should be used in conjunction with the MHI as part of a quality improvement process. It is available in **Appendix B**.

Slide 8


What to Do After the Quality Assessment

- Communicate results with
 - Families
 - Health care professionals and practice employees
 - Payers
 - Professional colleagues involved in the care of CYSHCN in your practice
- Devise a system for addressing areas for improvement and re-evaluation of performance.
- Track performance over time.



A special article was published in *Pediatrics* in November 2003 to highlight the need for assessing the quality of care pediatricians are providing. “Incorporating Quality Improvement Into Pediatric Practice Management” is available in **Appendix C**.

Slide 9	Section Two: Establishing Your Practice’s Mission Statement
Slide 10	<p>Mission Statement: Why Is It Developed?</p> <ul style="list-style-type: none"> • Ensures everyone is on the “same page” • Serves as reference for decision-making opportunities • Conveys practice’s philosophy to its consumers and community • Instills inspiration, pride, and cohesion; working for shared mission • Reflects the “ideal”
Slide 11	<p>Mission Statement: How Is It Developed?</p> <ul style="list-style-type: none"> • Involve all stakeholders, including parents, in its drafting. • Get 100% consensus. • Include purpose, organizational description, population served, guiding principles, and distinguishing characteristics. • Format it in 5 sentences or less. • Distribute it in waiting room, exam rooms, office brochures, marketing material, part of logo, and letterhead. <p>Cooley WC. Changing care in private practice: Management of chronic conditions in the primary-care setting. In: Management of Chronic Illness and Disability in the Primary-Care Setting, Report of the 26th Ross Roundtable on Critical Approaches to Common Pediatric Problems; October 15–16, 1994; Washington, DC</p>
Slide 12	<p>Mission Statement: What Does It Cover?</p> <ul style="list-style-type: none"> • Design and use of office space • Design and implementation of office systems • Quality improvement initiatives • Financial management • Data management • Communication strategies used

<p>Slide 13</p>	<p>Section Three: Physical Environment</p>
<p>Notes:</p>	
<p>Slide 14</p>	<p>Physical Environment: Things to Consider</p> <ul style="list-style-type: none"> • Are doorways, hallways, and bathrooms accessible? • Is there a suggestion box available to collect consumer feedback? • Are medical records easily accessible? • Is examination equipment used during the visit (ie, scale) accessible?
	<p>Implementing a system to consistently collect caregiver/patient feedback is important for every practice. Exeter Pediatrics (New Hampshire) developed pre- and post-office visit surveys for families/patients, as well as a post-office visit survey for providers to facilitate feedback collection.</p> <ul style="list-style-type: none"> • Pre-visit survey: Tool for families/patients to note concerns, issues, reason for visit. Available in Appendix D. • Post-visit survey: Tool for caregivers/patients to evaluate the visit for provider to see if they are meeting the needs of the caregiver/patient. Available in Appendix E. • Provider survey: Tool for provider to evaluate if he or she is meeting the needs of a particular caregiver/patient. Available in Appendix F.

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Section Four: Practice Procedures

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Slide 16

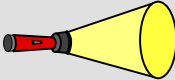
Practice Procedures Should Address

- Identification of CYSHCN
- Scheduling
- Telephone and triage management
- Billing and financial assistance
- Support for continuity of care



A fact sheet on **Practice Procedures** is available in **Appendix G** and provides an overview of strategies to consider for each area of the practice.

<p>Slide 17</p>	<p>Identifying CYSHCN: Why Is It Important?</p> <ul style="list-style-type: none"> • Monitors quality of care • Assists in making adequate scheduling accommodations • Coordinates health and related services • Refers to case management or disease management programs • Refers to Title V and other public programs • Adjusts reimbursement amounts <p>Shenkman E. Identifying children with special health care needs. Institute for Child Health Policy's Web-based Training Module; January 15, 2002.</p>
<p>Slide 18</p>	<p>Identifying CYSHCN: How Do You Do It?</p> <ul style="list-style-type: none"> • Categorical: program eligibility, diagnostic, high cost, high use, classification system • Non-categorical: CYSHCN with diverse conditions grouped according to consequences and duration of condition(s) <p>Shenkman E. Identifying children with special health care needs. Institute for Child Health Policy's Web-based Training Module; January 15, 2002.</p>
<p>Slide 19</p>	<p>Categorical Approach</p> <ul style="list-style-type: none"> • Categorical approach uses <ul style="list-style-type: none"> - Administrative data - Groupers - Algorithm software (combines diagnostic codes with encounter data into categories) - Clinical risk groups • Non-categorical approach uses <ul style="list-style-type: none"> - Survey screening tools (Questionnaire for Identifying Children with Chronic Conditions and the CSHCN Screener) <p>Shenkman E. Identifying children with special health care needs. Institute for Child Health Policy's Web-based Training Module; January 15, 2002.</p>
<p>Slide 20</p>	<p>Practice Procedures: Scheduling</p>


	<p>More time may need to be scheduled for appointments for CYSHCN to</p> <ul style="list-style-type: none"> • Adequately deal with time-intensive problem solving and counseling. • Appropriately record office visit, complete necessary forms, and make needed phone calls. • Coordinate appointments and tests for families' convenience. • Review CYSHCN charts before appointment. • Consider flagging charts with a sticker indicating more time be allocated for this appointment.
<p>Slide 21</p>	<p>Practice Procedures: Scheduling Strategies</p> <ul style="list-style-type: none"> • Use a telephone script to easily identify those children/youth that may require additional appointment time. • During a reminder call, ask if child/youth has seen any specialists or therapists, or met with case managers, school, etc. • Remind families to bring in any reports/documentation from meetings with other professionals regarding child's/youth's health for the physician to review/be aware of.
<p>Spotlight Example</p> 	<p>Gil Buchanan, MD, Little Rock, AR, has experienced great success teaching families to tell the scheduling receptionist that they have a child with special health care needs who requires a longer appointment time. He found that even if charts are flagged to denote longer office visits, the charts may not be available at the time an appointment is made. Dr Buchanan also maintains a list of CYSHCN who require more time and provides it to the receptionist.</p>

<p>Slide 22</p>	<p>Practice Procedures: Telephone and Triage Management</p> <ul style="list-style-type: none"> • Courtesy • Confidentiality • Hours of operation • After-hours access • Telephone consultations or face-to-face meetings • Telephone triage • Language barriers
<p>Slide 23</p>	<p>Practice Procedures: Billing and Financial Assistance</p> <ul style="list-style-type: none"> • Options for payment • Assistance with and knowledge of health plan, alternative funding, or both • Advocating on behalf of family with managed care organizations and other health plans
<p>Slide 24</p>	<p>Practice Procedures: Support for Continuity of Care <i>(ie, information about community agencies and resources)</i></p> <ul style="list-style-type: none"> • Tools to assist families to manage the care of their child’s health care information • Family and community resources in waiting room • Bilingual information • Updates about CYSHCN at staff meetings • Notification of on-call physicians of imminent or anticipated problems for CYSHCN within your practice




Creating and maintaining an accurate and recent medical file on all CYSHCN in a practice is an essential part of providing comprehensive, continuous, and family-centered care. The following are forms that assist in developing a medical file.

- **Care Plan:** Hitchcock Clinic, with support from the National Center for Medical Home Improvement, has developed a comprehensive care plan that is available in **Appendix H**.
- **Release Forms:** Appropriately releasing a patient's medical information is a complex issue, and must be compliant with the Health Insurance Portability and Accountability Act of 1996. These forms have been developed to assist in that process. An example of a general medical information release form is available in **Appendix I**. An example of a medical information release form to schools is available in **Appendix J**.
- **Referral Fax Back Form:** This form was developed to facilitate the referral process. It is available in **Appendix K**.
- **Long Term Care Form:** Kevin Berger, MD, with Phoenix Pediatrics, Ltd, in Arizona developed a long-term care plan. It is available in **Appendix L**.
- **Child History Fact Sheet:** Cincinnati's Children's Hospital developed a concise overview of a child's medical history. It is available in **Appendix M**.
- **Emergency Form:** A copy of an emergency form can be found in the appendices of the Comprehensive, Coordinated, Collaborative Care component.

	<p>Managed Care Environment</p>
<p>Slide 26</p>	<p>Challenges of Managed Care</p> <ul style="list-style-type: none"> • Financial risk and potential for loss • Need to assess expenses accurately • Administrative burden • Need to comply with policies and paperwork requirements • Coordination with system • Need to maintain communication with network of administrators and other providers • Need to maximize quality while minimizing cost
<p>Slide 27</p>	<p>Overcome Some of These Challenges in Your Practice Through</p> <ul style="list-style-type: none"> • Knowledge of financing issues and systems • Data collection • <i>CPT</i> coding
	<p>The Shared Responsibilities Toolkit: Tools for Improving Quality of Care for Children with Special Health Care Needs (CSHCN). This publication (2002, 75 pages) is designed to focus the attention of health plans on CSHCN. The toolkit includes an 8-page introductory booklet and 15 additional tools that can help plans identify CYSHCN and collaborate with families, providers, and Title V programs to improve systems of care. The tools available can be easily adapted by any health plan, provider group, purchaser, or state agency working in partnership with health plans. To download the toolkit, visit the New England SERVE Web site</p> <p style="text-align: center;">WWW.NESERVE.ORG</p>


Slide 28	Financial Issues and Systems
Notes:	
Slide 29	<p>Financial Issues: How It Is Affecting CYSHCN Care</p> <ul style="list-style-type: none"> • 14% say insurance does not cover needed services. • 12% say insurance does not allow family to see the provider they need. <p>MCHB. NCHS. National Survey on Children with Special Health Care Needs. 2002.</p>

<p>Slide 30</p>	<p>Financial Issues in Managed Care</p> <ul style="list-style-type: none"> • Realize capitation and risk-adjustment are key factors. • Develop appropriate risk-sharing arrangement. • Check to ensure that risk-adjustment mechanisms remove financial disincentives to care for CYSHCN. • Consider carve-outs, stop-loss provisions, partial capitation, and reinsurance in the absence of pediatric risk adjustment.
<p>Slide 31</p>	<p>Financial Issues in Managed Care (cont'd)</p> <ul style="list-style-type: none"> • Determine whether the enhanced capitation rate made to plans is reflected in primary care physician payments. • Determine whether bonuses or performance-based incentives are available for physicians serving this population. • Identify the specific services reimbursed by managed care organizations and the scope, amount, and duration of services provided.
	<p>The American Academy of Pediatrics has published the <i>Pediatrician's Guide to Managed Care</i>, 2nd Edition, which identifies topics and issues involving managed care contracts. This book includes sample contracts and appropriate language. For more information, please visit:</p> <p><u>WWW.AAP.ORG/BST/SHOWDETL.CFM?&DID=15&PRODUCT_ID=2299&CATID=133</u></p>

Slide 32	Eligibility Enrollment Requirements for Financial Assistance <ul style="list-style-type: none">• Age• Disability• Family income and assistance• Processes for enrollment in programs• Documentation for continued participation in programs• Requirements for preapproval and for treatments, procedures, and referral
Notes:	
Slide 33	Where Does the Money Go? <ul style="list-style-type: none">• Hospitalization is the major reason that care for children with chronic illness and disability is costly.• Children and youth who receive more outpatient services spend less time in the hospital.• Intensive outpatient monitoring, including proactive care and case management, can help to reduce total expenditures.• Without appropriate reimbursement for primary care services, care for CYSHCN would not be possible.

<p>Slide 34</p>	<p>CYSHCN: Financial Reality</p> <ul style="list-style-type: none"> • CYSHCN, 20% of the pediatric population, account for 80% of pediatric health care expenditures • Annual cost of providing medical care to CYSHCN: <ul style="list-style-type: none"> - Hospitalization: 61% - Specialists: 14% - Durable medical equipment: 5% - Primary care: 5% - Other: 15% <p>Health Partners/Institute for Health and Disability, 1997.</p>
<p>Slide 35</p>	<p>Data Collection</p>
<p>Notes:</p>	<div style="background-color: #cccccc; height: 280px;"></div>
<p>Slide 36</p>	<p>Basic Demographic Data Collection</p> <ul style="list-style-type: none"> • Geographic distribution • Age distribution • Payer distribution
<p>Slide 37</p>	<p>Clinical Diagnosis Data Collection</p>


- | | |
|--|---|
| | <ul style="list-style-type: none">• List and frequency of diagnoses• List and frequency of functional disabilities• List and frequency of severity of dysfunction |
|--|---|

<p>Slide 38</p>	<p>Utilization Data Collection: Inpatient and Outpatient</p> <ul style="list-style-type: none"> • Overall frequency of encounters • Frequency of encounter by groups of diagnosis, disability, or dysfunction
<p>Slide 39</p>	<p>Financial Data Collection</p> <ul style="list-style-type: none"> • Average total charge per office visit • Average total collected per office visit • Weighted average relative value unit per office visit
<p>Local Input</p> 	<p>Depending on your local or regional area, different data may be more appropriate and helpful to collect, and different reimbursement issues may be important. In capitated environments, data collection and tracking will be imperative to address. If you use the next 15 minutes for participants to discuss these issues, you may have to condense other sections of this component.</p>
<p>Slide 40</p>	<p>Encounter and Procedure Data Are Tracked to</p> <ul style="list-style-type: none"> • Prove to the payers that services being provided are worthy of adequate reimbursement. • Monitor professional and staff activities so that services may be charged at an appropriate amount. • Show outcomes justifying charges. These are measured in economic and quality-of-life-terms.


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Slide 41	<p>Data Management Systems</p> <ul style="list-style-type: none"> • Data management systems may or may not operate from a billing database. To avoid redundancy in data entry, choose one that operates from a billing database or that will interface with it. • Various companies sell data management systems. • Select a computer program that gives options for extracting various types of data. • Use existing systems whenever possible.
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Slide 42	<p>Data Management Process</p> <ul style="list-style-type: none"> • Input encounter data with each visit. • Determine the information that needs to be extrapolated. • Generate quarterly utilization and financial reports.
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	<p>For a comparison of various practice management software, visit the AAP Council on Clinical Information Technology's (COCIT) EMR Review Site: HTTP://WWW.SCOCIT.ORG/EMR/</p> <p>For further recommendations, please note the AAP Task Force on Medical Informatics article "Special Requirements for EMR Systems in Pediatrics" is available in Appendix O.</p>
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<p>Slide 43</p>	<p>CPT Coding</p> <p><i>Current Procedural Terminology</i> © 2003. American Medical Association. All Rights Reserved.</p>
<p>Slide 44</p>	<p>Coding Considerations</p> <ul style="list-style-type: none"> • The only code you don't get reimbursed for is the one you don't use. • Although coding does not guarantee reimbursement, it is important to code all services to inform managed care organizations about how often procedures and services are provided.
<p>Notes:</p>	
<p>Slide 45</p>	<p>Coding for Children With Complex Medical Needs</p> <ul style="list-style-type: none"> • 99381–99397: Preventive medicine service codes <i>with the use of office or other outpatient codes (99201–99215) and the –25 modifier</i> • 99401–99412: Counseling and/or risk factor reduction codes • 99361–99362: Team conferences codes • 99371–99373: Telephone call codes

<p>Slide 46</p>	<p>Coding for Children With Complex Medical Needs (cont'd)</p> <ul style="list-style-type: none"> • 99375–99376: Care plan oversight services • 99354–99359: Prolonged physician service • 99201–99215: Office or other outpatient service codes • 99241–99245: Outpatient consultation codes • Modifier –21: Prolonged services modifier
	<p>The “The Medical Home Cross Walk to Reimbursement” was designed by Peggy McManus, Joel Bradley, MD, FAAP, and Alan Korht, MD, FAAP, with support from the Maternal and Child Health Bureau and National Center for Health Statistics. It is a reimbursement tool that identifies the range of relevant codes that could be used to finance components of a medical home and contains an index of medical home codes and selected vignettes. It is available in Appendix P.</p>
<p>Slide 47</p>	<p>Other Considerations in Managed Care</p> <ul style="list-style-type: none"> • Physicians should form a network of contacts among other physicians in the community to ensure continuity of care. • Physicians of families whose children are enrolled in Medicaid and other insurance plans may need to be active advocates for a comprehensive, community-based service system.

Other Considerations in Managed Care (cont'd)

- Physicians caring for CYSHCN should ensure that their profiles are compared with others in the provider network who see the same or a similar population.
- Physicians should explore how managed care organizations handle home health care and other ancillary services.
- Use medical groups that are familiar with CYSHCN.
- Ask other medical groups what percentage of their caseload is pediatric.
- Primary and specialty pediatricians need to be aware of the realistic home care needs of the child and family.
- Assess the care plan's degree of access to pediatric specialists within the network, and referral process within or outside the network.

<p>Slide 49</p>	<p>Section Six: Emergency Care Needs and CYSHCN</p>
<p>Slide 50</p>	<p>CYSHCN and Emergency Medical Services (EMS)</p> <ul style="list-style-type: none"> • CYSHCN who use EMS are more likely to receive advanced life support services and pre-hospital procedures, and be transferred from one health care facility to another. • Lower continuity of care is associated with a higher risk of emergency department use and hospitalization.
<p>Slide 51</p>	<p>Why Primary Care Physician’s Role in EMS Is Critical</p> <ul style="list-style-type: none"> • Primary care physician has most complete medical record for CYSHCN. • With acute symptoms, caregivers are often unsure of which subspecialist to call. • In an emergency, the caregiver is often not the parent. • EMS personnel are not likely to have ready access to useful and current medical information. <p>Levin RS. EMS and CSHCN. Presented at: First Annual EMSC Continuing Education Conference; October 3, 2003; Cincinnati, OH</p>
	<p>The AAP policy statement “Emergency Preparedness for Children With Special Health Care Needs” and the “Emergency Information Form for Children With Special Needs” are located in Appendix Q.</p> <p>An example of an emergency department referral form is in Appendix R.</p>

Slide 52**Office Procedures to Assist in CYSHCN Emergencies**

- Maintain a complete and recent medical record.
 - Outline of patient's medical history
 - Updated plan of care
 - Medical articles and clinical pathways specific to patient's condition(s)
 - Recent lab and x-ray results
- Create a comprehensive discharge plan.
 - Training at least 2 caregivers
 - Arranging nursing and durable medical equipment
 - Verifying the condition of the home
 - Arranging transportation, if necessary
 - Notifying local EMS and utilities

Levin RS. EMS and CSHCN. Presented at: First Annual EMSC Continuing Education Conference; October 3, 2003; Cincinnati, OH

	Section Seven: Wrap-up
Slide 53	Learning Objectives <ul style="list-style-type: none">• Understand why implementing methods of accommodating CYSHCN into the primary care office setting is a natural part of providing quality care to all children.• Become aware of how the quality improvement process serves as a tool for a practice to provide a medical home.• Understand the importance of having a practice mission statement and how it should guide the creation of office procedures and layout.• Examine office practices, layout, and other features with the philosophy that the medical home is the basis to care for CYSHCN.• Discuss the role of financing, data management, and <i>Current Procedural Terminology (CPT)</i> coding in a managed care environment.

Appendices

The Medical Home Index	A
The Medical Home Family Index	B
Incorporating Quality Improvement Into Pediatric Practice Management	C
Exeter Pediatric: Office Visit Family “Mini” Survey (Pre-Visit)	D
Exeter Pediatric: Family Survey (Post-Visit)	E
Exeter Pediatrics: Provider Survey	F
Practice Procedures Fact Sheet	G
Hitchcock Clinic—Concord Pediatric: Care Plan (Parts I and II)	H
Release Form—Request for Non-CHMC Medical Records	I
Release Form—Authorization for Use and/or Disclosure of Protected Health Information to Schools	J
Referral Fax Back Form	K
Long Term Care Form	L
Child History Fact Sheet	M
Evaluating Managed Care Plans for Children With Special Health Needs: A Purchaser’s Tool	N
Special Requirements for Electronic Medical Record Systems in Pediatrics	O
Medical Home Crosswalk to Reimbursement	P
Emergency Preparedness for Children With Special Health Care Needs	Q
CHMC ED Referral Fax Form	R
Additional Resources	S

Additional Resources

Books

American Academy of Pediatrics. *A Pediatrician's Guide to Managed Care. 2nd ed.* Elk Grove Village, IL: American Academy of Pediatrics; 2001

American Academy of Pediatrics. *Coding for Pediatrics. 7th ed.* Elk Grove Village, IL: American Academy of Pediatrics; 2001

Search the Medical Home Bibliography at:

www.medicalhomeinfo.org/publications/bibliography.html

Office Procedures Web Sites

- **Institute for Community Inclusion:** www.communityinclusion.org
- **Markle Foundation:** www.markle.org/resources/facct/index.php
- **Institute for Child Health Policy:** www.ichp.edu/
- **Maternal and Child Health Bureau:** www.mchb.hrsa.gov
- **Center for Medical Home Improvement:** www.medicalhomeimprovement.org
- **New England SERVE:** www.neserve.org
- **Pediatrics in Practice:** www.pediatricsinpractice.org

Financing Web Sites

- **AAP Department of Practice and Research:** www.aap.org/visit/pedpract.htm
- **AAP Coding Hotline-email:** aapcodinghotline@aap.org
- **AAP State Government Affairs Information:** www.aap.org/advocacy/sgalinks.htm
- **Center for Health Care Strategies:** www.chcs.org/
- **Centers for Medicare & Medicaid Services:** <http://cms.hhs.gov/>
- **The Commonwealth Fund:** www.cmwf.org/
- **The Kaiser Family Foundation's State Health Facts Online:** www.statehealthfacts.kff.org/
- **The National Center on Financing for CSHCN:** cshcnfinance.ichp.ufl.edu/
- **NHeLP National Health Law Program:** www.healthlaw.org

Please note: Inclusion in this publication does not imply endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned.