

## **AMCHP 2008 ANNUAL CONFERENCE**

**WE ARE MAKING A DIFFERENCE:**

### **LEADERSHIP, INNOVATION AND INVESTMENT IN MATERNAL AND CHILD HEALTH**

#### **Making a Positive Impact for Children with Special Health Care Needs Through Cross Systems Care Coordination**

March 1st to 5th, 2008

AMY SHANNON: Twenty-five to thirty new level one's every month. Uh, the level two's uhm, obviously are ongoing, and they have new folks coming in and out as they transition on and off chip. But that's on average, what we have seen over the past two years in data.

UNKNOWN SPEAKER: When you say the level one in twenty five, thirty-five, but what's the sort of ongoing level one?

AMY SHANNON: Well the, the level one's, it's about twenty five, to thirty five new, new level one's every single month. And, depending upon that interaction can be significantly less, or more, uhm, that's pretty variable, so those are brand new level one's each month. But, the level two's are the one's that are ongoing, so if you look at, you know, right now we're in March, the coordinator's typically

have twenty-five level two's that they they've had, and this month, they anticipate rolling in another thirty-five level one's.

UNKNOWN SPEAKER: I guess my question is if they're enrolling twenty-five, thirty level ones how many are they maintaining from previous months?

AMY SHANNON: The, the twenty-five level two's are ongoing. But level one.

MARY KAY HOLLERAN: I, I understand your question, what you're saying, but we haven't.

AMY SHANNON: Okay.

MARY KAY HOLLERAN: Sorry, we haven't necessarily quantified that, but you, you know you're right, if it's twenty-five for twelve months do they, or twelve months for easy math for me, 25 children, uhm, it probably is, it's much more than that, but what happens with children is, you probably already (unintelligible) Unlike commercial insurance. Uhm, they can income up, they can income out, uhm, end up coming to the Medicaid loophole, but I, I, if I would have to haphazardly guess, I'd say that there's probably two hundred or so, uhm, that have the potential to call them. So, some of them they introduce themselves to, and, as was noted this morning, those families, they could probably teach us a thing or two.

Uhm, they don't necessarily need this level of service and there's others as Amy had indicated that they could be calling five times a week.

UNKNOWN SPEAKER: And you'd be funding (unintelligible)

To try to find programs, or is this something else?

AMY SHANNON: The question is about where is the funding from. The funding is one-hundred percent through the

High Carrying Mark Foundation. Yes?

UNKNOWN SPEAKER: And the funding is all from the High Mark Foundation?

AMY SHANNON: We've never had external funding, or funding.

UNKNOWN SPEAKER: Not part from somewhere else?

AMY SHANNON: Nope. We have all funding through the High Carrying Mark Foundation. Uh hmm. Yes.

UNKNOWN SPEAKER: So all that's, so those screens that you were showing with the updated information, that they were only, those were only updated if. Particularly on the level one's if the family calls back and updates. She's not doing them monthly right?

AMY SHANNON: Right. The question was are the screens for the web-based system, are they updated, how are they updated for level ones. And what happens with that, is that, that, I would say about ninety-five of those screens are primarily used for level two enrollees because of that higher level of contact. And so the level one engagement and the level one, uhm, information that's available is dependent upon that relationship that's built between that coordinator and that level one family.

Because it could be a much-limited rate, or it could be more, but those screens are primarily for level two's. Yes. Yes. Yes.

UNKNOWN SPEAKER: What percentage of your level one's, you, you talked about this, that they may move on to a level two, do you have a sense of that movement back and forth, or, once a level two.

AMY SHANNON: It is a fluid.

UNKNOWN SPEAKER: How long they stay in a caseload, sort of a new coming in, but its kind of a percent that move out.

AMY SHANNON: Uh, hmm. It is fluid, where we do have level one's go to level two, and we do have level two's, who move to, who transition down to level one, you know, "I feel like I know have the, the knowledge to take care of that." Percentage wise, I don't know that I can put that into percentage. I would say, less than ten percent, shift either direction, uh, on average.

But, I can't say that a whole, that's, uhm, kind of pulling on memory there. Uhm.

UNKNOWN SPEAKER: For those that, uh, (unintelligible)  
Or however.

AMY SHANNON: Uh hm.

UNKNOWN SPEAKER: Is there any follow-up, uhm, with those families.

AMY SHANNON: What we try to do is be prepared for that. If the coordinators are working closely with the families, then they should be aware of that, that mom or dad has changed positions, and, and they need to notify our Operations Department of the change of income. So we try to be kind of primitive of that, saying that, okay, "This could happen." , you may income out, or we know

Susie's going to age-out, because we know she's coming up to her nineteenth birthday.

That's part of transition planning for these families, whether they're, you know eighteen, or they're ten and there's an income issue, up or down, we try to plan for that, and you know, talk to them about what resources are available. The follow-up is the family can certainly always call us back, certainly. Uhm, there is, in the respect to planning and making sure they have all the information possible, we do try to do that ahead of time.

UNKNOWN SPEAKER: I was wondering, is there any thing that is provided to the family, because it's an intranet for them to have, like a portable benefits summary that the family has for each of them?

AMY SHANNON: The question is, is the information available via the intranet for the families and do we support them in having access to those resources. We do not have the capacity to support first families getting access to the Internet, so we, we're not able to do that. Right now, uhm, our program the, is intranet-based, those pages, and the, the intent is, uhm, hopefully, for it to be internet-based, but that would be looking at a portal, different things like that.

But we're just not there yet. So.

UNKNOWN SPEAKER: Even if you had that information though, would you venture to say what percentage of your population actually would have access to Internet?

AMY SHANNON: You know, I don't know that, that's not, of all the data we capture,

That's not one, but we recognize that's an issue, and really that's an issue that happened for this little guy. This uhm, family, this is Buddy, who has two older siblings, that at the time they were born, they were five and four, and the mom shared the story, you know after, we had gotten enrolled them, that when he came home at about two weeks old, she knew that something was different with him, something wasn't right.

She really couldn't put her finger on it, and she really couldn't put her finger on it. And she expressed her concerns to her pediatrician, uhm, and repeatedly he said, you know, "You're being a worried mom, he's going to develop at his own rate". By the time he was nine months, he couldn't sit independently, he wasn't imitating sounds of others around him, he wasn't trying to pick up anything up.

And she said, "Really, there's something, something's off" And she was again told not to worry about it. And, she fortunately in the community found a friend who said, "Let me tell you about early intervention." And thankfully, she got in

contact to early intervention, who said, "Clearly your son is more than twenty-five percent delayed" That's up until he was one-year old though.

And she took that back to her pediatrician who said, "Okay, let's go see a genetisys now." This child, one year-old already, and she did go to a genetisys uhm, area in Central Pennsylvania, and did all the, you know, all the questions, all the testing, and bought Buddy home, only to get a phone call there after with the test results. A phone call with that diagnosis, Ring Twenty-two Chromosome Disorder.

And this, this mom was first off heartbroken that she knew something was wrong. This, whole year, and nobody heard her, and now she's got this diagnosis bigger than Buddy and she doesn't know what to do with it. And that was the issue. She didn't know where to turn, not having internet access, so she turned right back to that pediatrician, and shockingly did not go as well as we all hoped.

Uhm, she went to the pediatrician and said, "What should I do, what's my follow-up? What am I doing at home, is it helping, is it hurting? What do I do?" And that pediatrician said "I don't know either. I don't know about this rare disease, you should go to the Internet."

And exactly that, she said "I don't have the internet." And his response to that was "Well, go to the library." She lived in a rural county, it was, it was, yes, and it

was just hit after hit after hit, after hit for this poor family. And about that time, it was a little bit, I think he was about thirteen or fourteen months old, the father changed jobs and the insurance was not, uhm, something that they could afford.

And they enrolled their children in CHIP, and that process started for them where they got involved in CHIP, and two weeks later they got our letter, we got them enrolled, and our nurse practitioner who covers Buddy's territory went to the home armed with all the information from the internet that she had, and all the medical training that she had, uhm, and supported really her in educating her on the diagnosis, identifying new treating physicians, we found a new PCP who was going to hear mom, who was able to listen to mom.

Got mom connected to uh, Genetics Department within her new network, to say, "Let's go answer all those questions that you have." Because mom's major question, that unfortunately nobody could answer, her question was "Is Buddy going to ever know that I'm his mom?" And it's heartbreaking. And they can't answer that, but what they could answer for her is that with multiple therapies that we are going to get engaged in, and they did get engaged immediately that he's progressing.

He's in a specialized walker now, which helps him be upright, and quite honestly try to chase after his brother and sister.

Uhm, but he's being a typical kid as best he can be right now, and they hope that someday he's going to be able to speak, and we hope that one day some of his words is "Mom". But, we can't guarantee that and we can't promise that, but we can get him into every last supporting service that's got him connected to a support program. Uhm, so really, that really showed the benefit of what this program can be for a family.

Uhm, and the benefits of it. We are, I want to get into the evaluation piece too. Okay.

MARY KAY HOLLERAN: Uhm, one other, I'll try to wrap, Megan's story is probably longer than Buddy's and as I said uh, these, these are truly the statistics with tears, and uhm, Megan was diagnosed when she was, I'm going to say probably two to three years old with diabetes, uhm, they, they didn't know what was happening, they ran her emergently to the Children's Hospital, with a blood sugar four to five-hundred or whatever, uh, this fairly young parents were absolutely devastated with this diagnosis, they knew nothing about uh, Type 1 Diabetes.

There's no family history. Uhm, just didn't know where to turn. So, uh, there, we're going from a fairly rural area to Children's Hospital in downtown Pittsburgh to uh, have Megan treated. Doing the best that they possibly could do, Megan was, uh come along obviously like any new child with diabetes, very brittle. Uhm,

only to find out that thinking that this is the worse thing that could happen in their life, to find out then the dad was diagnosed with a terminal illness. Well, the time Megan was five years old, her dad died.

Uhm, you know, it took the poor mother from thinking that she was in a area that no one knew and understood what she was going through with just Megan. Now was there with this poor child, and without a husband, so at that point, uhm, obviously without the husband's insurance thank God that there was a state CHIP program in the area, and she enrolled Megan in CHIP. Uh, through that time, uhm, we got a care coordinator evolved with her care. Uh, Megan was having horrible problems at school because she was such a brittle diabetic, there was not a nurse in the school.

The mom now was the sole breadwinner, and now because the school was unprepared to deal with the diabetes, the mom was getting called out of work every time Megan had an episode, they didn't want to check her blood sugar. They were calling, uh, ambulances for her, to take her to the emergency room, and the care coordinator came in, got the school educated, bought in the Department of Health, and a diabetic educator came to the school, taught the school what, what to do.

The school system then worked through with a 504 Plan, to have a nurse more available to Megan, and uh, the mom was at a juncture that she was going to

lose her job because she was getting pulled out of work so much, uh, and now that's happening.

She's not ending up in the emergency room, and ambulances are being called, uhm, the mom feels very supported, she knows that she can call that care coordinator whenever she needs to, and uhm I think the school, this wasn't only a life lesson for the school related to Megan, hopefully their going to take what they've learned and embrace what they learned for any child in that school who has diabetes.

Uhm, so uhm basically we can say that the mom is learning to be a great advocate for herself, and, uh is feeling much more empowered than she was previously.

UNKNOWN SPEAKER: So, I've got a question for you. Let me just clear it up in my head, this is only for the, this program is only for CHIP eligible clients. So what about the Medicaid patients that you guys are missing, or, the private PH insurance who are lacking care coordination, or (unintelligible)

MARY KAY HOLLERAN: Yeah. Right.

Uhm, this is a model program, so it was put out their being funded through the Foundation, to try and show what the return on investments were. Uhm, that, you

know, does it really meet the social needs? Does it have any statistical significance in those outcomes, and then what happens with the cost of outcomes. And, and we'll be sharing that with you, so our hope is that this will be replicated in uh, other arenas.

UNKNOWN SPEAKER: Now you just touched on this, when a family gets offered CHIP, in those Or Medicaid or something, they can still call into you?

MARY KAY HOLLERAN: They can, uhm, only because we're in the foundation right now, but because this is a model and it's set up for children enrolled in CHIP. Because we're housing the foundation, we don't, we don't have to turn anyone away. We can answer a question, we can no longer go to appointments and doctor visits with them, but we would always answer a question.

We'd answer a question from anyone, whether they were another insurer, whatever, we can do that telephonically, but we couldn't enroll them in that higher level of care coordination, or keep them in it. Yes?

UNKNOWN SPEAKER: How can we see the face of the coordinator, and we talked about the Foundation, which makes me think there is an arm's length, about uhm, authorizing certain services. Uhm, to enroll, the coordinator, or how you would vision that.

MARY KAY HOLLERAN: Yeah. This is.. The question is really, kind of do these care coordinators act as care and case managers, do I have that right?

UNKNOWN SPEAKER: Do they decide if somebody gets a service or have a role as far as through an insurer.

MARY KAY HOLLERAN: Right. And what, as I mentioned earlier, we work very closely with our, uh, HMS Department that does the care and case management. So, you know, we try to be care coordinated within Hymark, that, uhm, we're not making these families go out and call a different number. We're trying to facilitate that for them. But right now we do not do authorizations, like in the referral that I think that you're referring to. Okay? Alright, we're going to zip through here and try to get the evaluation piece to you quickly, so you can ask some more questions.

AMY SHANNON: Yeah. Just wanted to get to kind of the evaluation that really speaks to the fact that we believe that this program really does work, not just because of Buddy and Megan's story, but because we had, uhm, a private evaluation done with the University of Pittsburgh's Graduate School of Public Health.

They did the assessment, the evaluation in two factors, psychosocial factors, and utilizations and costs. And the psychosocial factors were done via a telephonic

survey, and the hundred and thirty nine intervention group members were from our level two, the entire evaluation is based off our level two's, because we don't have research auth's to be talking with the level one's, to be talking with them, so that was one of the limitations, because there's such a vast number of level one's, uhm, we have a smaller uhm, sample size for our intervention group when it came time to the level two's at the time of evaluation. For the psychosocial factors, the fifty control group members that we were able to uhm, obtain research authorizations for were in a product, which was the same as chip, except that it was called Direct Pay.

Uhm, were paying out of pocket as opposed to the uh, CHIP benefits. We, they did these telephonic surveys as a pre-post. What was life like prior to care coordination, what was life like after care coordination, and talking with then control group, "Have you ever had care coordination, and what is your life like not having?"

Uh, for those who don't have it? And they looked at school days, workdays missed, out of pocket expenses for the family, and participation, recreation, and anxiety levels. And what we were very excited to find, was the statistical significance we found in the decreased days of school missed, the increased level of participation in extra curricular activities. Lot of times, it was participation at the local YMCA, summer camps. Uhm, we were able to educate families about

what summer camps were available, get scholarships, or find community funding for it.

Uhm, less post-intervention anxiety, and that uhm, the families they are stating that that was related to the support that they were given for school, because they weren't going to miss days at work, and that they knew that their child was safe, getting the education that they needed in school And the families, uhm also reported a less out of pocket expense post-intervention.

We showed a trend toward fewer workdays missed, uhm, we weren't able to demonstrate statistical significance, and some of that is issues related to some of these families aren't working. We have dad's working and mom's not. So mom's already taking this child to appointments when she's off, or vice versa, uhm, but we did see a trend in the uhm, reduction in uhm, work days missed.

Uhm, this is the statement that the improvement of academic performance is associated with overall family functioning, based on the support from the coordinators. Uhm, the greatest help that families noted was getting access to services, and continual support, continued support, because families don't know what they don't know. They didn't know what resources were available, and so they didn't even know to ask for help, uhm whether it be respid or funding, or transportation, they just didn't know what was out there. A lot of the families didn't know their child could be eligible for a 504 Service Plan,

in school, and so really trying to help them through those processes and being by their side through them has really uhm, made a difference for those families.

MARY KAY HOLLERAN: Thank you. And then for the utilization cost piece of this. This was kind of a secondary thought when we first implemented this, the idea was that we were only going after that first psychosocial component of this. This program really makes a difference in these children's lives. And we kind of said, "You know what, if we're really coordinating their care, shouldn't they be out of the, out of the, uh, emergency room, in the emergency room less frequently with a related diagnosis, or in the hospital less frequently for a related diagnosis?" So we added on this component, uh, to it as well.

Uhm, we had a hundred children in the intervention group, and the reason for a hundred and again, we feel like we're speaking to the choir here, but you know this population is so fluid, uhm, children income into CHIP on a monthly basis, and the income and age out on a monthly basis. So in order to do this evaluation we needed a child in the program, I mean we had claim data for them for twelve months before we touched them, and then they stayed there for twelve months after the intervention.

So, so often, because of the work that they did, they uh, some went to the Medicaid loophole, that they needed services that were beyond the benefits, of, uh what a CHIP product would give them. Uh, and you would say some of the

parents, the dads would get a job, and the family would get commercial insurance, so they'd income down into Medicaid.

So, it's really hard trying to get twelve months of pre and post data for these kids. Uh, we then secured a second control group of ninety-nine children that ended up being in just one of high mark general, PPO, you know, one of the routine, uh products that's offered there. And for those children, we did twenty-four months of related claims data. The informatics area tried to do a matching strategy, so they used the same diagnosis, and tried to ensure that the children had had the illness for twelve months prior.

And, to make a long story short despite all of these efforts in two different intervention groups, and probably not a surprise to those of you who work with this population, no two children are alike. You know, you have two children with epilepsy or diabetes, and because of the family unit, uhm, you know, what they look like in person and on paper, are very, very different. So the control group did not look as alike to our intervention group as we would have liked or the University of Pittsburgh would have liked, so, uhm there is some variation in the data. But again, for these children, we look at inpatient hospitalizations, emergency room utilizations, specialist visits, DME charges, and pharmacy charges, and these were related to their diagnosis.

Uhm, utilization and costs related to the children, uh the University of Pittsburgh used a pairing sample

T test analysis, of the pre versus post for the intervention group. And uh, much to our surprise, and we're certainly happy to report this, that there was statistical significance in the reduction of the number of hospitalizations, the number of inpatient days, and the number of uh, emergency room visits. The number of emergency room visits, in particular were cut in half.

Uh, so you can imagine, you're educating a family about their diagnosis, you have a care coordinator call, and you're not feeling alone. Every time your child's blood sugar goes down, or whatever it would be, the didn't feel like the emergency room was their primary source of care.

Uhm, we also saw reductions in costs related to, uh these elements, but they were not statistically significant, they certainly trended towards, uh, reductions. For the cost of inpatient days, the costs of the ED visits, the cost of the DME's, the number of specialists visits, and the uh, costs of the specialists visits.

Increased utilizations' actually seen in the following areas; DME's, by date of service and pharmacy costs. And, even our Executive Directors at Hymark do believe that sometimes an increase in pharmacy costs is a good thing.

(unintelligible)

You're seeing then the children are getting the medications they need at the right dosage, and uh, they do believe that that keeps children out of the hospital. Our case management area, management area feels the same way. Yes sir?

UNKNOWN SPEAKER: Do you have any idea why the, the dramatic increase on pharmacy costs for the control group?

MARY KAY HOLLERAN: For the control group? Uh, the really, the dramatic increase was more in our intervention group, the control group did not increase as much, but we also saw with the control group, that we saw actually in the data that there were actually prescriptions for things that had zero cost to them. So we're believing that there was a coordination of benefit issue involved in that, and again, that's why the graduate school didn't feel like that, these populations from the control group were quite as alike as we would have liked.

Uhm, an interesting statistic here, uhm, for the sample of the ninety-nine control group children in uh, the cost p.m., so it's per member per year was thirty-six percent higher, thirty-six percent higher in this post versus the pre uhm, intervention, uh, time frame, same years, at least the intervention group, and the for the sample of the hundred, uh the hundred intervention group children, the costs were eight point eight percent lower, so you have a pretty huge difference in the two of these. Uh, again, though, I have to be, you know, totally forthcoming

and honest with you to say, because it was a sample of a hundred though, there is a lot of variation within this.

So, again, it's, even while those specific elements were statistically, uh significant differences, the University of Pittsburgh is saying that they can't, uh, actually say the exact price that's saved per member, per person, per year, because of the variation in the cost. Really quickly here, I want to just show you those of you, who speak "Statistics-geez", uhm as I mentioned before, these are the actually the data elements to, uhm, uh, the statistical significant improvements, that I showed you, and it was just in the, the first two.

Uh, is the number of hospitalizations and the number of inpatient days, and the number of ER visits, were the three that were statistically significant. This is definitely where you see in the intervention group, that the uh, cost, if you include in the cost of pharmacy in here, uh, it's, it's not as a significant a savings without and, these were just some total costs pre and post for the intervention group, and as I mentioned, we had, uh the control group with the PPO product of Hymark.

We know for a fact, though, we're definitely missing data. We would, saw children in there who were Type 1 diabetes who had no insulin, uh according to their Hymark uh, pharmacy stats. So we know that there's coordination and benefits issues, uhm with some of those children. Uhm, just for the sake of time, these would be, uh individual, uhm elements, dimensions of this that this specialists

visits, inpatient, uhm, Emergency Department, uh, DME, uhm, sorry about that, that are in your slides, and certainly if you have any questions we'll be here afterwards, but I don't want to take everyone's time at this point.

UNKNOWN SPEAKER: One quick question, the total cost figure didn't include the cost of the intervention I'm assuming, or did it?

MARY KAY HOLLERAN: No, it did not.

UNKNOWN SPEAKER: It's just utilization?

MARY KAY HOLLERAN: It's just utilization at this point. Uh, so at that point, uhm, any other questions? Yes?

UNKNOWN SPEAKER: Can you say what Hymark's total investment in this project?

MARY KAY HOLLERAN,: Uh, at this point, because of the more start-up costs that, we, you know, we're not one-hundred percent sure at this point to give you a dollar figure for that, and we also know in addition to that, that, uhm, besides the start-up costs, there's some areas within, uh, our forty-nine counties here that, we have nurses, as I mentioned, who are uhm, home-based telecommuters, who

actually have additional capacity. Like, we can serve more children right now. So, uhm, that's an element of this that I think needs further evaluation.

UNKNOWN SPEAKER: You have a pretty extensive resource guide. Has there been any follow-up to see what kind increasing utilization from these agencies? Have they (unintelligible)

MARY KAY HOLLERAN: We haven't looked into that, that's an interesting thought though. That, uh, it's something that we'll follow-up with, that's a pretty dynamic resource guide as well. Uhm, we add things to it as we find them, and we also have a website out there that anyone is uh, able to, uh, it's [www.caringprogram.com](http://www.caringprogram.com), that those resources are on that as well, and they're available, you don't have to be enrolled in CHIP, to, to view that in or to gain access to it.

So, anyone in the Medicaid or any other uh, population can view that website as well. Yes, sir?

UNKNOWN SPEAKER: Do you feel your evidence is strong enough that the insurers in your state are going to uh, start paying for these services? (unintelligible)

MARY KAY HOLLERAN: Yeah. The question was, you know, basically, where do we go from here. Uhm, actually last Friday, we were at the Pennsylvania Insurance Department if, uh, presenting these findings to the Deputy, uh, commissioner, and, uh, certainly was very, uh, engaged with what we were sharing with them. And the RFP for our state is going out this summer, so they're looking at, you know, whether this becomes a required element in the RFP, it was a requested element this last time out, to management for certain elements were required last time.

And actually, Hymark, themselves are looking at, uh, all of these data to determine whether this might be appropriate for the PPO population as well.

Yes?

UNKNOWN SPEAKER: Regarding transition, uhm, you said that you talked about family creating a transition plan, who is involved in that? Do you collaborate with the Physicians, and the school, and do you help them locate a primary care provider?

AMY SHANNON: Some of that is dependent on the insurance that the is going to go to, because that'll change the networks for the providers, so, often times it's transitioning to the insurance, and then saying, okay, "Here's what we're going to need you to do next."

Taking on that responsibility from the young adult, and then working with the schools about the transition plan, and then trying to put all those pieces together for that young adult, so yes.

MARY KAY HOLLERAN: Yes?

UNKNOWN SPEAKER: I, it seems like there's some real wonderful things about the model, one question I have is when you figure that, I mean, you've talked about it as uh, an demonstration project, and if, if you given any thought of making it a scale more closely linked to the medical home, so that when kids go in and out of the insurance, the types as you've mentioned, on, there's some continuity, and there's some sort of leveraged the knowledge of the practice to, you know, provide some continuity. I wonder, is that a discussion you've had, have you talked to the academy about with the state?

MARY KAY HOLLERAN: Yeah. The question was, you know, how we're integrating this with medical home, and actually, we've been at the meetings with the Pennsylvania, uh, Medical Home, Epic IC, and are trying to ensure, we're actually trying to find the medical home practices, where we have the greatest prevalence of children, and try to collaborate with them in that way. Uhm, so it's, you know, it's still a progress in transition, itself. Yes?

UNKNOWN SPEAKER: I know that the level one's have less need, but have there been a study of their satisfaction, or?

MARY KAY HOLLERAN: There, there hasn't because we would have to have each one of them sign a uh, consent to participate, so that was considered by our privacy attorneys, as being "generalizable" knowledge, and uhm, we can't do that without their individual permission. Yeah. Yes.

UNKNOWN SPEAKER: How have some of the children that are not enrolled with CHIP have some of the same medical health providers. Have you seen, in, because of your association with this program, has that information assisted them with other kids? Have you seen the benefit of uhm, utilizing that knowledge to assist other families?

MARY KAY HOLLERAN: Uhm, I can't say that we have any specific data on that, I know that there's been offices that uh, been very appreciative at the resources that we've had, and shared it with them, but we've not gone back to see, you know, any hard data as to how, how frequently, or how often they've used that. Okay? Well, we'll be here if you have any specific questions. Thank you so much for your attention today.