

# Wisconsin Department of Health Services

## Division of Medicaid Services

### Foster Care Medical Home Quality Guide

### Measurement Year 2023

This Guide provides an overview of the quality measures and operational details that support Wisconsin Department of Health Services’ Foster Care Medical Home initiative. It includes information pertinent to submission of data and calculation of results.

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### DHS Contacts

Nicole Miller  
 Bureau of Children’s Services  
 Division of Medicaid Services  
 Wisconsin Department of Health Services  
[nicolek.miller@dhs.wisconsin.gov](mailto:nicolek.miller@dhs.wisconsin.gov)

Isabelle Leventhal  
 Bureau of Children’s Services  
 Division of Medicaid Services  
 Wisconsin Department of Health Services  
[isabelle.leventhal@dhs.wisconsin.gov](mailto:isabelle.leventhal@dhs.wisconsin.gov)

# I. Measurement Year 2023 Overview

## Program Goals

Care4Kids provides comprehensive, coordinated physical, dental, developmental, and behavioral health services for children in out-of-home care delivered through a medical home model. Care4Kids is a pre-paid inpatient health plan (PIHP) providing a foster care medical home (FCMH) benefit to children and youth placed in out-of-home care in Milwaukee, Racine, Kenosha, Waukesha, Washington, and Ozaukee Counties.

The program was designed to ensure that children in out-of-home care receive high quality, trauma-informed health care that includes early screening and comprehensive health assessment at the time of entry into out-of-home care, an enhanced schedule of well child checks, and access to dental and evidence-informed behavioral health services.

The Care4Kids medical home provides comprehensive and coordinated health care services based on a child centered, individualized treatment plan. Care is integrated across multiple elements of the broader health care system including primary and specialty care, dental, developmental, behavioral health, inpatient hospital, and community services and supports. The aims of the program include improved quality, timeliness, and access to necessary health services, as well as coordinated health service delivery including transitional planning, to assure continuity of health care and improve child well-being while the child is in out-of-home care and up to an additional twelve months after discharge from out-of-home care.

## Quality Approach

### Wisconsin Medicaid Managed Care Quality Strategy

The Centers for Medicare and Medicaid Services (CMS) requires the development and implementation of a quality strategy for all managed care programs. In accordance with this federal requirement, the Division of Medicaid Services (DMS) within the Wisconsin Department of Health Services (DHS) has developed the [Wisconsin Medicaid Managed Care Quality Strategy](#), a three-year strategic plan that outlines managed care quality goals, objectives, strategies, and programs intended to achieve the overarching goals of DMS, as well as establishes a process for monitoring progress toward these goals. The Quality Strategy provides a structure to improve individual and population health and the member experience of care, while managing the costs of care.

### Care4Kids Quality Strategy

The quality strategy for Care4Kids aligns with the Wisconsin Medicaid Managed Care Quality Strategy, works to prepare the program for compliance with upcoming federal reporting requirements, and reflects shifts in the child welfare system to keep more children and families connected and meet requirements in the 2018 Family First Prevention Services Act (FFPSA).

Quality activities for Care4Kids include:

- Periodic engagement between staff from DHS, the Department of Children and Families (DCF), and Care4Kids
- Regular reporting from the PIHP on the performance measures detailed in this guide
- The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey which gathers information from parents, guardians, or caregivers about child healthcare experiences
- Federally required monitoring through an External Quality Review Organization (EQRO)
- Annual Program Improvement Projects (PIPs)
- National Committee for Quality Assurance (NCQA) accreditation through Chorus Community Health Plan (CCHP)

## Care4Kids Performance Measurement

### Federal Requirements

The Bipartisan Budget Act of 2018 (P.L. 115-123) requires states to report on the Child Core Set for Medicaid and CHIP beginning with reports for fiscal year 2024. To improve alignment with current and future CMS requirements and improve quality of care, DHS is working towards incorporating measures from the Child Core Set into the Care4Kids Performance Measure Set.

### Development of MY2023 Performance Measure Set

The Care4Kids Performance Measure Set for MY2023 incorporates DMS quality priorities, federally required changes for the Child Core Set, updated public health guidance, and changes within the child welfare system as a result of the 2018 Family First Prevention Services Act (FFPSA).

DHS worked closely with DCF and Care4Kids to develop an updated measure set including removal of three measures, modification of one measure, and the addition of two measures. The final measure set tracks timely access to care and service utilization including the out-of-home care health screen and comprehensive initial health assessment, measures of clinical prevention services (such as developmental and behavioral health screenings, immunizations, dental) and access to needed behavioral health services including oversight of psychotropic medications.

## II. Care4Kids Performance Measure Set for MY2023

The Performance Measure Set for Care4Kids for MY2023 is summarized below. Full technical specifications can be found in Appendix A.

| Area of Care  | Category                                   | Obj # | Measure Name  |
|---|--|-------|---|
| <b>1. Out-of-Home Care</b>                            | <b>Screening and Assessment</b>            | 1.1   | Out of Home Care Health Screen  |
|   |  | 1.2   | Initial Health Assessment   |
| <b>2. Primary Care Access and Preventive Services</b> | <b>Enhanced Primary Care</b>               | 2.1   | Enhanced HealthCheck Periodicity  |
|   | <b>Immunizations</b>                       | 2.2   | Childhood Immunization Status (CIS-CH)  |
|   |  | 2.3   | Immunizations for Adolescents (IMA-CH)  |
|   | <b>Screening</b>                           | 2.4   | Developmental/ Mental Health Screen   |
|   |  | 2.5   | Lead Screening in Children (LSC-CH)   |
|   |  | 2.6   | Enhanced Blood Lead Screening   |
| <b>3. Care of Acute and Chronic Conditions</b>        | <b>Acute Care</b>                          | 3.1   | Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)                            |
| <b>4. Dental and Oral Health Services</b>             | <b>Preventive Dental Care</b>              | 4.1   | Initial Dental Exam   |
|   |  | 4.2   | Subsequent Dental Exam  |
| <b>5. Behavioral Health Care</b>                      | <b>Assessment</b>                          | 5.1   | Developmental Assessment  |
|   |  | 5.2   | Mental Health Assessment  |
|   | <b>Follow-Up and Medication Monitoring</b> | 5.3   | Outpatient Mental Health Follow-Up After Hospitalization for Mental Illness* (FUH-CH) |
|   |  | 5.4   | Outpatient Mental Health Follow-Up After ED Visit for Mental Illness+ (FUM-CH)        |
|   |  | 5.5   | Metabolic Measures for Antipsychotic Medications                                      |

\*New for MY2023

\*Specifications changed for MY2023

### HEDIS® Measures

To further align with current and future CMS requirements and improve quality of care, DHS will require NCQA audited results for Healthcare Effectiveness Data and Information Set (HEDIS) measures in the Care4Kids Performance Measure Set for MY2023.

#### HEDIS Measures for MY2023

| Obj # | Measure Name   |
|-------|--|
| 2.2   | Childhood Immunization Status (CIS-CH)   |
| 2.3   | Immunizations for Adolescents (IMA-CH)   |
| 2.5   | Lead Screening in Children (LSC-CH)  |
| 3.1   | Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)                           |
| 5.3   | Outpatient Mental Health Follow-Up After Hospitalization for Mental Illness (FUH-CH) |
| 5.4   | Outpatient Mental Health Follow-Up After ED Visit for Mental Illness (FUM-CH)        |

Note: HEDIS® is a registered trademark of the [National Committee for Quality Assurance \(NCQA\)](#)

## III. Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

The [Consumer Assessment of Healthcare Providers and Systems \(CAHPS\) Survey](#) was developed by the Agency of Health Research and Quality (AHRQ) to capture information from members about their experiences with their health plan and health care providers. The child survey gathers information from parents, guardians, or caregivers about child healthcare experiences.

DHS uses the [NCQA version](#) of CAHPS to survey member experience and satisfaction with care for children enrolled in PIHPs, HMO, and fee-for-service Medicaid. The survey is performed annually for children in the BadgerCare Plus, CHIP, and Care4Kids populations. The CAHPS survey is part of [Child Core Set](#) reporting, and survey data is shared with CMS.

DHS administers CAHPS through a certified vendor, surveying approximately 1,650 Care4Kids members, 1,650 fee-for-service members, and 1,650 members from each HMO. Results are stratified by language (English, Spanish, and Hmong) and CHIP, Medicaid, HMO, and FFS populations. Care4Kids results are reported separately.

DHS follows NCQA administration protocols for the survey, including:

- Eligibility criteria for sampling:
  - Continuous enrollment for the last 6 months prior to 12/31/2022
  - No more than one-month enrollment gap
- Using current CAHPS version 5.1 child questionnaire
- Using mixed survey outreach methodology by survey vendor:
  - Questionnaire mailings
  - Reminder mailings
  - Multiple follow-up call attempts

## IV. Care Management Review

The PIHP is responsible for the management of the complex medical, dental, vision, psychosocial, and developmental needs of children in out-of-home care including those with special health care needs. Central to the foster care medical home is the establishment of a health care management structure that assures coordination and integration of all aspects of the child's health care needs and promotes effective communication between the individuals who are instrumental to the child's care.

The Care Management Review is an annual review activity completed by Wisconsin's External Quality Review Organization (EQRO) at the direction of DHS to measure the PIHP's compliance with the standards for care management established in Article III of the [2022-2023 Foster Care Medical Home Contract](#). The EQRO reviews a sample of records for a six-month period for children who were enrolled for at least 60 days at the time of the review.

The review assesses each record for compliance with DHS established indicators in five categories:

1. Screening
2. Assessment
3. Care Planning
4. Care Coordination
5. Transitional Health Care Planning

The PIHP is provided an opportunity to share comments and feedback on the preliminary report before the EQRO issues the final report.

## V. Performance Improvement Projects

### PIP Requirements

The PIHP is required to conduct two Performance Improvement Projects (PIP) each year as part of the quality assessment and performance improvement (QAPI) Program. A PIP is a project conducted by the PIHP that is designed to achieve significant improvement, sustained over time, in health outcomes and member satisfaction. Per Article X, H(1) of the [2022-2023 Foster Care Medical Home Contract](#), the PIHP must conduct one clinical PIP and one non-clinical PIP. The PIHP must work with the EQRO to meet specific project requirements defined by CMS.

The PIP process follows this timeline:

- The PIP proposals are due to DHS by December 1, 2022
- After DHS approval, the PIHP's projects will operate for CY2023
- The final PIP reports are due to DHS and the EQRO by July 1, 2024

### Racial Health Disparity PIP

Wisconsin DHS recognizes that persistent differences in health outcomes for different Wisconsin populations are well documented and that improving health equity is a foundational strategy for improving the health of Wisconsin's residents, improving the experience of care for Wisconsinites, and containing costs of care to ensure affordability. To align with federal and state priorities and to further improvements in health outcomes for all Medicaid members in Wisconsin, at least one PIP for MY2023 must focus on reducing health disparities among Medicaid members.

### PIP Resources

State and federal resources are available to support the PIHP through PIP process:

- The [Quality of Care External Quality Review Protocol](#) from CMS may be a helpful reference in developing the PIP proposal and meeting federal project requirements.
- DHS has developed a [PIP Proposal and Final Report Template](#) which is optional for PIHP use.
- EQRO PIP Standards and PIP Scoring Example may be useful tools for their PIP proposals and final reports. See Appendices H and I of the [2023 HMO Quality Guide](#).
- Additional guidance on PIPs is available through the Wisconsin HMO Quality Forum PIP Training recordings. The [PIP 101 Training](#) focuses on the topic of project proposals and the [PIP 102 Training](#) focuses on the topic of project validation.

## VI. NCQA Accreditation

### Accreditation Requirements

In March 2021, DMS issued a policy memo indicating that all BadgerCare Plus and Medicaid SSI Health Maintenance Organizations (HMOs) must receive National Committee for Quality Assurance (NCQA) Health Plan Accreditation by December 31, 2023. Additionally to support the DMS goal of improving members' access to culturally and linguistically appropriate care, all HMOs must achieve either Multicultural Health Care Distinction (MHCD) or Health Equity Accreditation (HEA) by December 31, 2023. Care4Kids is operated and administered by Chorus Community Health Plan which was awarded accreditation status by NCQA on December 18, 2020, expiring on December 18, 2023.

### Accreditation Deeming

As part of the Wisconsin Medicaid Managed Care Quality Strategy, DMS and the EQRO completed a [Managed Care Organization \(MCO\) Accreditation Deeming Plan](#), which includes a crosswalk to federal requirements to DMS oversight, EQRO oversight, and NCQA accreditation.

HMOs with NCQA accreditation are deemed as having met specific federal requirements, and additional DMS or EQRO review is waived as being duplicative. These HMOs are not subject to a comprehensive compliance standards review by the EQRO. For federal requirements that are not met via accreditation, the EQRO conducts a focused accreditation review to bridge the gap for specific standards.

Accreditation status of HMOs is included on DMS's public website, and accreditation review activities are described in the EQRO's annual report, which is published on DMS's public website and submitted to CMS annually, per federal requirements.



## Appendix A: Care4Kids Performance Measure Specifications

This section provides the full technical specifications for the Performance Measure Set for Care4Kids for MY2023.

### Area of Care 1: Out-of-Home Care

**Goal for Area of Care 1:** Prioritize identification, assessment, and coordination of care for children’s health concerns when entering out-of-home care.

| 1.1 Timely Out-of-Home Care Health Screen |  |
|---|--|
| <b>Objective</b>                          | Within 2 business days of the child’s removal date, an out-of-home care health screen will be completed to identify any immediate medical, urgent mental health, or dental needs the child may have  |
| <b>Measure Description</b>                | Number and percent of children who had a timely out-of-home health screen  |
| <b>Measure Steward</b>                    | DHS  |
| <b>Numerator</b>                          | Children newly entering out-of-home care in the reporting period with health screen completed before the end of the day on the second business day from the removal date (example: youth removed on January 4, screen completed before the end of January 6).  |
| <b>Denominator</b>                        | All children newly entering out-of-home care in the reporting period.  |
| <b>Comments</b>                           | <ol style="list-style-type: none"> <li>1. Newborns being removed from the hospital after birth are exempt from this measure, per Article IV, A (2.a).</li> <li>2. Children removed from an inpatient hospital setting are exempt from this measure, per Article IV, A (2.a).</li> <li>3. Children entering into protective custody at the time of or subsequent to the completion of a forensic evaluation may be granted an exemption under specific circumstances, per Article IV, A (2.a)</li> <li>4. Children becoming eligible for Care4Kids without a new allegation of abuse or neglect may be granted an exemption, per Article IV, A (2.a).</li> <li>5. Children placed directly in secure detention are exempt from this measure.</li> </ol> |

| 1.2 Timely Comprehensive Initial Health Assessment |  |
|--|--|
| <b>Objective</b>                                   | Within 30 days of enrollment in Care4Kids, children will have a comprehensive initial assessment of their health to identify acute or chronic physical health conditions; oral health concerns; and developmental, behavioral, or mental health related needs. |
| <b>Measure Description</b>                         | Number and percent of children newly enrolled in Care4Kids during the reporting period who have a Comprehensive Initial Health Assessment completed within 30 days of their enrollment date.   |
| <b>Measure Steward</b>                             | DHS  |

|                    |   |
|--------------------|---|
| <b>Numerator</b>   | Children newly enrolled in Care4Kids during the reporting period with a completed Comprehensive Initial Health Assessment within 30 days of their enrollment date.  |
| <b>Denominator</b> | All children newly enrolled in Care4Kids in the reporting period.   |
| <b>Comments</b>    | <ol style="list-style-type: none"> <li>1. Children enrolled fewer than 30 days will be removed from the denominator.</li> <li>2. Children remaining in an inpatient hospital setting for more than 30 days from enrollment will have 30 days from their discharge date to receive the expected Comprehensive Initial Health Assessment.</li> <li>3. Children retroactively enrolled by 30 days or more are expected to be seen within 30 days of Care4Kids being notified of enrollment. Care4Kidswill report these members separately.</li> <li>4. Care4Kidswill report on children enrolled as of the first 834 report received by Care4Kids after the end of the reporting period.</li> <li>5. Report will break out Comprehensive Initial Health Assessments that take place at Centers of Excellence (COEs).</li> <li>6. Children enrolling in Care4Kids without a new allegation of abuse or neglect will be reflected as “timely” in the calculation if they are up to date with HealthCheck periodicity and have documentation of the most recent HealthCheck that occurred during their out-of-home care placement.</li> </ol> |

## Area of Care 2: Primary Care Access and Preventive Services

**Goal for Area of Care 2:** Provide access to primary care and preventive services to maintain wellbeing, identify health concerns, and ensure timely intervention.

| 2.1 HealthCheck Periodicity |  |
|-----------------------------|--|
| <b>Objective</b>            | All children enrolled in Care4Kids will be up to date with HealthCheck exams according to the enhanced periodicity schedule.   |
| <b>Measure Description</b>  | Number and percent of children who are up to date with expected HealthCheck exams as defined by the enhanced periodicity schedule.   |
| <b>Measure Steward</b>      | DHS  |
| <b>Numerator</b>            | All children enrolled in Care4Kids who are up to date with their last expected HealthCheck exam during the reporting period as defined by the enhanced periodicity schedule.   |
| <b>Denominator</b>          | All children enrolled in Care4Kids.  |
| <b>Comments</b>             | <ol style="list-style-type: none"> <li>1. Results for this measure will be provided to Care4Kids by DHS</li> <li>2. Enhanced periodicity schedule for well child exams: <ol style="list-style-type: none"> <li>a. Every month for the first 6 months of age;</li> <li>b. Every three months between ages 6 months and 2 years of age;</li> <li>c. Twice a year after 2 years of age</li> </ol> </li> </ol> |

|  |  |
|--|--|
|  | <ol style="list-style-type: none"> <li>3. Where applicable, the Comprehensive Initial Health Assessment will count as the last expected HealthCheck exam following which the recommended enhanced periodicity schedule will apply.</li> <li>4. This measure allows the following age-related variance regarding the date of completion of the last expected HealthCheck exam: <ol style="list-style-type: none"> <li>a. For children ages 6 months and under during the reporting period: the allowable variance includes the 20 days subsequent to the expected date of completion</li> <li>b. For children ages 7 months to 24 months during the reporting period: the allowable variance includes the 30 days subsequent to the expected date of completion</li> <li>c. For children ages 25 months and older during the reporting period: the allowable variance includes the 60 days subsequent to the expected date of completion</li> </ol> </li> </ol> |
|--|--|

**2.2 Childhood Immunization Status (CIS-CH)**

|                            |  |
|----------------------------|--|
| <b>Objective</b>           | Children enrolled in Care4Kids will be fully immunized within 6 months of enrollment.  |
| <b>Measure Description</b> | Number and percent of children enrolled in Care4Kids that receive combo immunizations in accordance with the latest HEDIS specifications.      |
| <b>Measure Steward</b>     | NCQA   |
| <b>Numerator</b>           | All children enrolled in Care4Kids who turned 2 years of age during the reporting period that are up to date on all CIS Combo 3 immunizations. |
| <b>Denominator</b>         | All children who were enrolled in Care4Kids 11 of 12 months prior to and on their second birthday.   |
| <b>Comments</b>            | 1. Refer to HEDIS Technical Specifications published by NCQA for full measure specifications applicable to the dates of service.               |

**2.3 Immunizations for Adolescents (IMA-CH)**

|                            |  |
|----------------------------|--|
| <b>Objective</b>           | Adolescents enrolled in Care4Kids will be fully immunized within 6 months of enrollment.   |
| <b>Measure Description</b> | Number and percent of adolescents enrolled in Care4Kids that receive immunizations for adolescents in accordance with the latest HEDIS specifications. |
| <b>Measure Steward</b>     | NCQA   |
| <b>Numerator</b>           | All children enrolled in Care4Kids who turned 13 years of age during the reporting period that are up to date on all IMA Combo 2 immunizations.        |
| <b>Denominator</b>         | All children who were enrolled in Care4Kids for 11 of 12 months prior to and on their thirteenth birthday.   |
| <b>Comments</b>            | 1. Refer to HEDIS Technical Specifications published by NCQA for full measure specifications applicable to the dates of service.                       |

| <b>2.4 Timely Developmental and/or Mental Health Screen</b> |  |
|---|--|
| <b>Objective</b>  | Within 30 days of enrollment in Care4Kids, children will have a developmental and/or mental health screen completed using a validated screening tool.  |
| <b>Measure Description</b>                                  | Number and percent of children newly enrolled in Care4Kids during the reporting period who have an expected screen (developmental or mental health) completed within 30 days of their enrollment date. |
| <b>Measure Steward</b>                                      | DHS  |
| <b>Numerator</b>  | Children age 60+ days newly enrolled in Care4Kids during the reporting period with a completed developmental or a mental health screen within 30 days of enrollment.                                   |
| <b>Denominator</b>  | All children age 60+ days newly enrolled in Care4Kids during the reporting period.   |
| <b>Comments</b>   | 1. In addition to measure results as defined above, reporting will include a breakdown of performance on this measure for developmental screens and mental health screens.                             |

| <b>2.5 Lead Screening in Children (LSC-CH)</b> |  |
|--|--|
| <b>Objective</b>                               | All children enrolled in Care4Kids at 2 years of age will be screened for lead poisoning.  |
| <b>Measure Description</b>                     | Number and percent of children enrolled in Care4Kids at 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.                                      |
| <b>Measure Steward</b>                         | NCQA   |
| <b>Numerator</b>                               | All children enrolled in Care4Kids who turned 2 years of age during the report period, with a completed lead screen (at least one lead capillary or venous blood test on or before the child's second birthday). |
| <b>Denominator</b>                             | All children who were enrolled in Care4Kids 11 of 12 months prior to and on their second birthday.   |
| <b>Comments</b>                                | 1. Refer to HEDIS Technical Specifications published by NCQA for full measure specifications applicable to the dates of service.   |

| <b>2.6 Enhanced Blood Lead Screening</b> |  |
|--|--|
| <b>Objective</b>                         | All children enrolled in Care4Kids at 12 months, 18 months, and 24 months will be screened for lead poisoning.   |
| <b>Measure Description</b>               | Number and percent of children enrolled in Care4Kids at 12 months, 18 months, and 24 months of age who had one or more capillary or venous lead blood test for lead poisoning. |
| <b>Measure Steward</b>                   | DHS  |
| <b>Numerator</b>                         | All children enrolled in Care4Kids who turned 12 months, 18 months and 24 months of age during the reporting period with a completed lead screen.                              |

|                    |   |
|--------------------|---|
| <b>Denominator</b> | All children who were enrolled in Care4Kids for 5 of 6 months prior to and on the date of the expected lead screen.   |
| <b>Comments</b>    | <ol style="list-style-type: none"> <li>1. In addition to measure results as defined above, reporting will include a breakdown of results on this measure for each age group (12 months, 18 months, and 24 months).</li> <li>2. For MY2023, DHS will be responsible for calculation of results on this measure.</li> </ol> |

### Area of Care 3: Care of Acute and Chronic Conditions

**Goal for Area of Care 3:** Provide support to manage chronic conditions and reduce adverse acute outcomes.

| <b>3.1 Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)</b> |  |
|---|--|
| <b>Objective</b>  | Care management will prevent high utilization of the emergency department by providing support to manage chronic conditions and reduce adverse acute outcomes.   |
| <b>Measure Description</b>  | Rate of emergency department (ED) visits per 1,000 beneficiary months among children enrolled in Care4Kids up to age 19.   |
| <b>Measure Steward</b>  | NCQA   |
| <b>Numerator</b>  | Number of ED visits for children enrolled in Care4Kids during the reporting period.  |
| <b>Denominator</b>  | Number of beneficiary months.  |
| <b>Comments</b>   | <ol style="list-style-type: none"> <li>1. Measure excludes ED visits that resulted in an inpatient admission.</li> <li>2. Refer to HEDIS Technical Specifications published by NCQA for full measure specifications applicable to the dates of service.</li> </ol> |

### Area of Care 4: Dental Care

**Goal for Area of Care 4:** Provide access to timely comprehensive dental services.

| <b>4.1 Timely Initial Comprehensive Dental Exam</b> |   |
|---|---|
| <b>Objective</b>                                    | Within 3 months of enrollment, children aged 12 months and older with no previous comprehensive dental exam history will receive a comprehensive dental exam.                                     |
| <b>Measure Description</b>                          | Number and percent of children newly enrolled in Care4Kids who received a comprehensive dental exam within 3 months of enrollment.  |
| <b>Measure Steward</b>                              | DHS   |
| <b>Numerator</b>                                    | Number of children aged 12 months and older newly enrolled in Care4Kids during the reporting period who received an initial comprehensive dental exam within 3 months of their enrollment date.   |
| <b>Denominator</b>                                  | All children ages 12 months and older newly enrolled in Care4Kids during the reporting period that did not have a comprehensive dental exam documented in the 3 months prior to their enrollment. |
| <b>Comments</b>                                     | 1. Results for this measure will be provided to Care4Kids by DHS  |

|  |  |
|--|--|
|  | <ol style="list-style-type: none"> <li>2. If there is no record of a comprehensive dental exam in the 6 months prior to enrollment, the initial comprehensive dental exam must be completed within 3 months from the date of enrollment</li> <li>3. If a comprehensive dental exam occurred before 3 months prior to the date of enrollment, the initial comprehensive dental exam must be completed within 3 months from the date of enrollment</li> <li>4. If a comprehensive dental exam occurred within 3 months prior to the date of enrollment, the initial comprehensive dental exam must be completed within 6 months from the date of the documented comprehensive dental exam – these children are not included in the above measure.</li> <li>5. This measure allows up to a one-month variance regarding the date of completion of the comprehensive dental exam.</li> <li>6. A comprehensive dental exam is defined as a claim or encounter submit containing any of the following procedure codes: 'D0120', 'D0150', 'D0140'.</li> </ol> |
|--|--|

| 4.2 Timely Ongoing Comprehensive Dental Exam |  |
|--|--|
| <b>Objective</b>                             | Children enrolled in Care4Kids age 12 months and older will receive comprehensive dental exams twice per year.   |
| <b>Measure Description</b>                   | Number and percent of children enrolled in Care4Kids expected to receive a comprehensive dental exam during the reporting period that received a comprehensive dental exam.  |
| <b>Measure Steward</b>                       | DHS  |
| <b>Numerator</b>                             | All children enrolled in Care4Kids with an expected date of next dental exam during the reporting period that received a comprehensive dental exam within 6 months of the previous exam.   |
| <b>Denominator</b>                           | All children enrolled in Care4Kids with an expected date of next dental exam during the reporting period.  |
| <b>Comments</b>                              | <ol style="list-style-type: none"> <li>1. Results for this measure will be provided to Care4Kids by DHS</li> <li>2. This measure allows up to a one-month variance regarding the date of completion of the comprehensive dental exam.</li> <li>3. A comprehensive dental exam is defined as a claim or encounter submit containing any of the following procedure codes: 'D0120', 'D0150', 'D0140'.</li> </ol> |

## Area of Care 5: Behavioral Health Care

**Goal for Area of Care 5:** Promote early identification, timely intervention, and timely follow-up care for developmental and behavioral health concerns.

| 5.1 Timely Developmental Assessment |   |
|-------------------------------------|---|
| <b>Objective</b>                    | Children newly enrolled in Care4Kids will receive a developmental assessment within 90 days of a developmental screen indicating the need for further evaluation. |

|                            |  |
|----------------------------|--|
| <b>Measure Description</b> | Of children 2-60 months newly enrolled in Care4Kids whose developmental screen indicated a need for a developmental assessment, number and percent who had a completed developmental assessment.   |
| <b>Measure Steward</b>     | DHS  |
| <b>Numerator</b>           | Children (2-60 months in age) newly enrolled in Care4Kids during the reporting period with a completed developmental screen that indicated the need for a developmental assessment and who have a documented developmental assessment within 90 days of the positive screening date.   |
| <b>Denominator</b>         | All children (2-60 months in age) newly enrolled in Care4Kids during the reporting period screened as needing a developmental assessment within 30 days of enrollment.   |
| <b>Comments</b>            | <ol style="list-style-type: none"> <li>1. Children already enrolled in services will be considered exempt from this measure.</li> <li>2. In addition to measure results as defined above, reporting will include a breakdown of results on the measure for children who received an assessment within 30 days, 60 days, and 90 days of the positive screening date.</li> </ol> |

| <b>5.2 Timely Mental Health Assessment</b> |   |
|--|---|
| <b>Objective</b>                           | Children newly enrolled in Care4Kids will receive a mental health assessment within 90 days of a mental health screen indicating the need for further evaluation.   |
| <b>Measure Description</b>                 | Of children over five-years-old newly enrolled in Care4Kids whose mental health screen indicated a need for a mental health assessment, number and percent who had a mental health assessment.  |
| <b>Measure Steward</b>                     | DHS   |
| <b>Numerator</b>                           | All children newly enrolled in Care4Kids during the reporting period with a completed mental health screen that indicated the need for a mental health assessment, and who have a documented mental health assessment within 90 days of the positive screening.   |
| <b>Denominator</b>                         | All children newly enrolled in Care4Kids during the reporting period who were screened as needing a mental health assessment within 30 days of enrollment.  |
| <b>Comments</b>                            | <ol style="list-style-type: none"> <li>1. Children already enrolled in services will be considered exempt from this measure.</li> <li>2. In addition to measure results as defined above, reporting will include a breakdown of results for children who received an assessment within 30 days, 60 days, and 90 days of the positive screening date.</li> </ol> |

**5.3(a) Follow-Up Within 7 Days After Hospitalization For Mental Illness (FUH-CH)**

|                            |  |
|----------------------------|--|
| <b>Objective</b>           | Children will have a follow-up visit with an outpatient mental health provider within 7 days of discharge from inpatient treatment for a mental health disorder or intentional self-harm.  |
| <b>Measure Description</b> | Number and percent of children 6 years of age and older enrolled in Care4Kids who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 days of discharge for treatment of selected mental health disorders.  |
| <b>Measure Steward</b>     | NCQA   |
| <b>Numerator</b>           | Children 6 years of age or more enrolled in Care4Kids during the reporting period with an outpatient visit, intensive outpatient encounter or partial hospitalization (HEDIS Value Sets) with a mental health practitioner within 7 days after discharge for treatment of selected mental health disorders. Do not include outpatient visits, intensive outpatient encounters or partial hospitalizations that occur on the date of discharge. |
| <b>Denominator</b>         | All children 6 years of age or older enrolled in Care4Kids during the reporting period who were hospitalized and discharged for treatment of selected mental health disorders. The child must be enrolled in Care4Kids as of their discharge date and 30 or more consecutive days after discharge.   |
| <b>Comments</b>            | 1. Refer to HEDIS Technical Specifications published by NCQA for full measure specifications applicable to the dates of service.   |

| <b>5.3(b) Follow-Up Within 30 Days After Hospitalization For Mental Illness (FUH-CH)</b> |   |
|--|---|
| <b>Objective</b>   | Children will have a follow-up visit with an outpatient mental health provider within 30 days of discharge from inpatient treatment for a mental health disorder or intentional self-harm.  |
| <b>Measure Description</b>   | Number and percent of children 6 years of age and older enrolled in Care4Kids who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 30 days of discharge for treatment of selected mental health disorders.  |
| <b>Measure Steward</b>   | NCQA  |
| <b>Numerator</b>   | Children 6 years of age or more enrolled in Care4Kids during the reporting period with an outpatient visit, intensive outpatient encounter or partial hospitalization (HEDIS Value Sets) with a mental health practitioner within 30 days after discharge for treatment of selected mental health disorders. Do not include outpatient visits, intensive outpatient encounters or partial hospitalizations that occur on the date of discharge. |
| <b>Denominator</b>   | All children 6 years of age or older enrolled in Care4Kids during the reporting period who were hospitalized and discharged for treatment of selected mental health disorders. The child must be enrolled in Care4Kids as of their discharge date and 30 or more consecutive days after discharge.  |



|                 |  |
|-----------------|--|
| <b>Comments</b> | 1. Refer to HEDIS Technical Specifications published by NCQA for full measure specifications applicable to the dates of service. |
|-----------------|--|

| <b>5.4(a) Follow-Up Within 7 Days After Emergency Department Visit For Mental Illness (FUM-CH)</b> |  |
|--|--|
| <b>Objective</b>   | Children will have a follow-up visit with an outpatient mental health provider within 7 days of an Emergency Department visit for mental illness.  |
| <b>Measure Description</b>   | Number and percent of children 6 years of age and older enrolled in Care4Kids who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 days of an ED visit for mental illness or intentional self-harm.  |
| <b>Measure Steward</b>   | NCQA   |
| <b>Numerator</b>   | Children 6 years of age or more enrolled in Care4Kids during the reporting period with an outpatient visit, intensive outpatient encounter or partial hospitalization (HEDIS Value Sets) with a mental health practitioner within 7 days after ED visit (8 total days) for treatment of selected mental health disorders. Include outpatient visits, intensive outpatient encounters or partial hospitalizations that occur on the date of ED visit.                                   |
| <b>Denominator</b>   | All children 6 years of age or older enrolled in Care4Kids during the reporting period with an ED visit for treatment of selected mental health disorders. The child must be enrolled in Care4Kids as of their ED visit date and 30 or more consecutive days after discharge.  |
| <b>Comment</b>   | <ol style="list-style-type: none"> <li>1. Refer to HEDIS Technical Specifications published by NCQA for full measure specifications applicable to the dates of service.</li> <li>2. Exclude ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit (31 total days), regardless of the principal diagnosis for the admission.</li> </ol> |

| <b>5.4(a) Follow-Up Within 30 Days After Emergency Department Visit For Mental Illness (FUM-CH)</b> |  |
|---|--|
| <b>Objective</b>  | Children will have a follow-up visit with an outpatient mental health provider within 30 days of an Emergency Department visit for mental illness.   |
| <b>Measure Description</b>  | Number and percent of children 6 years of age and older enrolled in Care4Kids who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 30 days of an ED visit for mental illness or intentional self-harm. |
| <b>Measure Steward</b>  | NCQA   |
| <b>Numerator</b>  | Children 6 years of age or more enrolled in Care4Kids during the reporting period with an outpatient visit, intensive outpatient encounter or partial hospitalization (HEDIS Value Sets) with a mental health practitioner within  |

|                    |  |
|--------------------|--|
|                    | 30 days after ED visit (31 total days) for treatment of selected mental health disorders. Include outpatient visits, intensive outpatient encounters or partial hospitalizations that occur on the date of ED visit.   |
| <b>Denominator</b> | All children 6 years of age or older enrolled in Care4Kids during the reporting period with an ED visit for treatment of selected mental health disorders. The child must be enrolled in Care4Kids as of their ED visit date and 30 or more consecutive days after discharge.  |
| <b>Comments</b>    | <ol style="list-style-type: none"> <li>1. Refer to HEDIS Technical Specifications published by NCQA for full measure specifications applicable to the dates of service.</li> <li>2. Exclude ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit (31 total days), regardless of the principal diagnosis for the admission.</li> </ol> |

**5.5(a) Initial Metabolic Monitoring for Antipsychotic Medications Started After Enrollment**

|                            |  |
|----------------------------|--|
| <b>Objective</b>           | Children prescribed one or more antipsychotic medications after enrollment will receive initial metabolic monitoring within 30 days of starting the medication.  |
| <b>Measure Description</b> | Number and percent of children prescribed one or more antipsychotic medications after entering Care4Kids program, for whom all metabolic measures were recorded (BMI, glucose and/or HbA1c, non-fasting lipid profile) as baseline, before or at the time of starting an antipsychotic.  |
| <b>Measure Steward</b>     | DHS  |
| <b>Numerator</b>           | Number of children receiving all 3 tests (BMI, glucose and/or HbA1c, non-fasting lipid profile) as baseline, before or at the time of starting an antipsychotic medication. Appropriate lab results from within 3 months prior to starting on antipsychotics would be acceptable in lieu of newly administered tests. If previous lab results are not available, the 3 metabolic tests should be performed within 30 days of the anchor date.  |
| <b>Denominator</b>         | Number of children starting an antipsychotic medication after enrolling in Care4Kids, who were due for the baseline tests during the reporting period. This includes children who started on antipsychotic medication in the previous reporting period but their due date (30-days) fell in the current reporting period.  |
| <b>Comments</b>            | <ol style="list-style-type: none"> <li>1. Anchor date: Date of receipt of the Care4Kids Monthly Report uploaded to the SFTP by DHS.</li> <li>2. If a child has the tests completed on separate days, the updated labs should be drawn 6 months from the earliest date.</li> <li>3. If a child is re-enrolled less than six months after the child’s last disenrollment the child will continue as they were previously reported either 5.5(a) or 5.5(b), and will require another test within six months of the previous test. If the child re-enrolls after 6 months of the last</li> </ol> |

|  |   |
|--|---|
|  | disenrollment date they should be re-categorized (if necessary) and receiving tests within the respective measurement period. |
|--|---|

| <b>5.5(b): Initial Metabolic Monitoring for Antipsychotic Medications Started Before Enrollment</b> |  |
|---|--|
| <b>Objective</b>  | Children prescribed one or more antipsychotic medications prior to enrollment will receive initial metabolic monitoring within 60 days of entering the program.  |
| <b>Measure Description</b>  | Number and percent of children prescribed one or more antipsychotic medications before entering Care4Kids program, for whom all metabolic measures were recorded (BMI, glucose and/or HbA1c, non-fasting lipid profile) as baseline, within 60 days of entering the program  |
| <b>Measure Steward</b>  | DHS  |
| <b>Numerator</b>  | Number of children receiving all 3 tests (BMI, glucose and/or HbA1c, non-fasting lipid profile) as baseline, within 60 days of the anchor date. Appropriate lab results from within 3 months prior to starting on antipsychotics would be acceptable in lieu of newly administered tests. If previous lab results are not available, the 3 metabolic tests should be performed within 60 days of the anchor date.  |
| <b>Denominator</b>  | Number of children who had an antipsychotic prescription dispensed within 90 days prior to enrolling in Care4Kids, who were due for the baseline tests during the reporting period. This includes children who enrolled in the previous reporting period but their due date fell in the current reporting period.  |
| <b>Comments</b>   | <ol style="list-style-type: none"> <li>1. Anchor date: Date of receipt of the Care4Kids Monthly Report uploaded to the SFTP by DHS.</li> <li>2. If a child has the tests completed on separate days, the updated labs should be drawn 6 months from the earliest date.</li> <li>3. If a child is re-enrolled less than six months after the child's last disenrollment the child will continue as they were previously reported, and will require another test within six months of the previous test. If the child re-enrolls after 6 months of the last disenrollment date they should be re-categorized (if necessary) and receive tests within the respective measurement period.</li> </ol> |

| <b>5.5(c): Ongoing Metabolic Monitoring for Antipsychotic Medications</b> |  |
|---|--|
| <b>Objective</b>  | Children who are prescribed one or more antipsychotic medications will receive ongoing metabolic monitoring every six months.  |
| <b>Measure Description</b>  | Number and percent of children prescribed one or more antipsychotic medications for whom all metabolic measures were updated at or near the 6-month mark from the last previous date of metabolic measurement. |
| <b>Measure Steward</b>  | DHS  |

|                    |  |
|--------------------|--|
| <b>Numerator</b>   | Number of children with recorded BMI receiving 2 tests (glucose or HbA1c and lipid profile) or proper monitoring as defined in the comments section, at or near the 6-month mark from the last previous date of metabolic measurement. The 2 follow-up tests must be performed within the 60-day window defined as the time between the 5th and the 7th month from the last previous date of metabolic measurement.  |
| <b>Denominator</b> | Number of children already on antipsychotics who were due for a “follow-up” during the reporting period, and who were enrolled in Care4Kids during the 60-day window of the follow-up.   |
| <b>Comments</b>    | <ol style="list-style-type: none"> <li>1. The 2 follow-up tests must be performed within the 60-day window defined as the time between the 5th and the 7th month from the last previous date of metabolic measurement.</li> <li>2. For children starting anew on antipsychotics, the window would be 5th to the 7th month from the date baseline measurement was done.</li> <li>3. For children already on antipsychotics, the window would be 5th to the 7th month from the immediately previous date when the 2-test metabolic measurements were updated.</li> <li>4. A child is required to receive these tests at least once within a 12-month period (with one month variance allowed), even if monitoring shows they are stable.</li> <li>5. If a child has the tests completed on separate days, the updated labs should be drawn 6 months from the earliest date.</li> <li>6. If a child is re-enrolled less than six months after the child’s last disenrollment, the child will continue on periodicity with the anchor date being the previous lab date (unless child is due while not enrolled in the program). If the child re-enrolls after 6 months and continues on a qualifying medication they require another test within the respective measurement period as outlined above.</li> <li>7. If the 2 tests are administered prior to 5 months, Care4Kids Medical Director will determine if laboratory results would qualify as proper follow-up.</li> </ol> |

## Appendix B: Performance Targets

The following table shows the MY2023 Initial Enrollment Measures selected for performance targets, historic performance, and the MY2023 Level Targets. The target levels for MY2023 were selected to continue focusing program efforts on recovering to pre-pandemic performance levels.

### MY2023 Foster Care Medical Home (Care4Kids) Performance Targets

| MY2023 Measures                              | Historical Performance (2016-2019) |            | 2022 Performance          |           | Level Target for MY2023 |
|--|------------------------------------|------------|---------------------------|-----------|-------------------------|
|  | Range                              | Average    | Quarter 1                 | Quarter 2 |                         |
| <b>1.2 Initial Health Assessment</b>         | 66%-86%                            | 78% timely | 71%                       | 72%       | 78%                     |
| <b>4.1 Initial Comprehensive Dental Exam</b> | 57% - 84%                          | 66% timely | <i>Data not available</i> |           | 66%                     |
| <b>5.1 Developmental Assessment</b>          | 77%- 92%                           | 85% timely | 85%                       | 79%       | 85%                     |
| <b>5.2 Mental Health Assessment</b>          | 59%-86%                            | 73% timely | 59%                       | 65%       | 73%                     |

## Appendix C: Reporting Dates

### Reporting Produced by Care4Kids

| Report Date | Report Name   | Measures  | Reporting Period    |
|-------------|---|---|---------------------|
| 8/31/2023   | Initial Enrollment Measures Report<br><i>2023 Semiannual Report #1</i>                        | 1.1 Out-of-home Care Health Screen<br>1.2 Initial Health Assessment<br>2.4 Developmental/ Mental Health Screen<br>5.1 Developmental Assessment<br>5.2 Mental Health Assessment  | Jan 1- June 30 2023 |
| 10/31/2023  | Metabolic Monitoring for Antipsychotic Medications Report<br><i>2023 Semiannual Report #1</i> | 5.5 Metabolic Monitoring for Antipsychotic Medications  | Jan 1- June 30 2023 |
| 2/28/2024   | Initial Enrollment Measures Report<br><i>2023 Semiannual Report #2</i>                        | 1.1 Out-of-home Care Health Screen<br>1.2 Initial Health Assessment<br>2.4 Developmental/ Mental Health Screen<br>5.1 Developmental Assessment<br>5.2 Mental Health Assessment  | July 1- Dec 31 2023 |
| 4/30/2024   | Metabolic Monitoring for Antipsychotic Medications Report<br><i>2023 Semiannual Report #2</i> | 5.5 Metabolic Monitoring for Antipsychotic Medications  | July 1- Dec 31 2023 |
| 9/30/2024   | 2023 Annual Measures Report   | 2.5 Blood Lead Screening<br>2.2 Childhood Immunization Status<br>2.3 Immunizations for Adolescents<br>3.1 Emergency Department Utilization<br>5.3 Follow-Up After Hospitalization for Mental Illness<br>5.4 Follow-Up After ED Visit for Mental Illness | Jan 1- Dec 31 2023  |

### Reporting Produced by DHS Vendor

| Report Date | Report Name  | Measures  | Reporting Period    |
|-------------|--|---|---------------------|
| 8/31/2023   | Dental Measures Report<br><i>2023 Semiannual Report #1</i> | 4.1 Initial Dental Exam<br>4.2 Subsequent Dental Exam             | Jan 1- June 30 2023 |
| 2/28/2024   | Dental Measures Report<br><i>2023 Semiannual Report #2</i> | 4.1 Initial Dental Exam<br>4.2 Subsequent Dental Exam             | July 1- Dec 31 2023 |
| 9/30/2024   | 2023 Annual Measures Report                                | 2.1 Health Check Periodicity<br>2.6 Enhanced Blood Lead Screening | Jan 1- Dec 31 2023  |

## Appendix D: Measure Set Change Log

### Measures Modified or Added for MY2023

| Area of Care  | Quality Measure                                    | Notes  |
|---|--|--|
| <b>2. Primary Care Access and Preventive Services</b> | Blood Lead Testing                                 | Modified measure added to match new contract requirement for testing at 12, 18, and 24 months to align with Wisconsin Department of Public Health testing recommendations for children enrolled in Medicaid. |
| <b>5. Behavioral Health</b>                           | Follow-Up After ED Visit for Mental Illness        | Added for MY2023.  |
| <b>5. Behavioral Health</b>                           | Follow-Up After Hospitalization for Mental Illness | Updated specifications to follow-up within 7 days and follow-up within 30 days.  |

### Measures Removed for MY2023

| Area of Care  | Quality Measure                | Notes  |
|---|--------------------------------|--|
| <b>2. Primary Care Access and Preventive Services</b> | Comprehensive Health Care Plan | This measure was recommended for removal for the MY2023 Measure Set due to the program's consistent high level of performance across time. The Care Management Review conducted by the EQRO will continue to monitor for contract compliance via file reviews. This measure will be returned to future measure sets should the Care Management Review show a decrease in timely completion of initial and subsequent health care plan. |
| <b>3. Acute and Chronic Care</b>                      | Inpatient Hospital Utilization | This measure is not currently providing actionable data. Remove for MY2023 and revisit in future years to determine if another measure would provide meaningful information.   |
| <b>5. Behavioral Health</b>                           | Polypharmacy Review            | This measure is not currently providing actionable data. Replace with new custom measure in 2024.  |