

# Wisconsin Department of Health Services

## Division of Medicaid Services

### Foster Care Medical Home Quality Guide

#### Measurement Year 2026

This Quality Guide provides an overview of the quality strategy that the Wisconsin Department of Health Services utilizes for the Wisconsin Foster Care Medical Home initiative. It includes information on program performance measurement and reporting and other quality initiatives.

## Table of Contents

<b>I. Measurement Year 2026 Overview .....</b>	<b>1</b>
Program Goals .....	1
Quality Approach .....	1
<b>II. Care4Kids Performance Measure Set for MY2026.....</b>	<b>3</b>
Summary of Changes for MY2026 .....	3
MY2026 Performance Measure Set for Care4Kids.....	4
Validation of Performance Measure Results.....	5
<b>III. Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey.....</b>	<b>6</b>
Survey Administration .....	6
<b>IV. Care Management Review .....</b>	<b>7</b>
EQRO Review Process .....	7
MY2026 Target Level .....	7
<b>V. Performance Improvement Projects .....</b>	<b>8</b>
PIP Requirements .....	8
PIP Resources.....	9
Suggested Topics .....	9
<b>VI. NCQA Accreditation .....</b>	<b>10</b>
Accreditation Requirements.....	10
NCQA Accreditation Desk Review .....	10
<b>Appendix A: Care4Kids Performance Measure Specifications .....</b>	<b>1</b>
Area of Care 1: Initial Enrollment Screening and Assessment .....	1
Area of Care 2: Primary Care Access and Preventive Services .....	4
Area of Care 3: Care of Acute and Chronic Conditions.....	8
Area of Care 4: Dental Care .....	8
Area of Care 5: Behavioral Health Care .....	10
<b>Appendix B: Performance Targets.....</b>	<b>15</b>
Target Level Development.....	15
MY2026 Target Levels.....	15
<b>Appendix C: Reporting Dates .....</b>	<b>19</b>
Reporting Produced by Care4Kids.....	19
Reporting Produced by DHS Vendor .....	19
<b>Appendix D: Measure Set Change Log.....</b>	<b>20</b>
Measure Year 2026.....	20

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# I. Measurement Year 2026 Overview

## Program Goals

Care4Kids is a Wisconsin Medicaid pre-paid inpatient health plan (PIHP) providing a foster care medical home (FCMH) benefit to eligible children, youth and young adults across Wisconsin, primarily serving members located in Milwaukee, Racine, Kenosha, Waukesha, Washington, and Ozaukee Counties.

Children, youth, and young adults eligible for enrollment in Care4Kids include:

- Children and youth in out-of-home care
- Members in the one-year extension after exiting out-of-home care
- Children of Care4Kids members
- Former Foster Care Youth

The Care4Kids medical home provides comprehensive and coordinated health care services based on a person-centered, individualized care 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 health and well-being for members.

## Quality Approach

### Wisconsin Medicaid Managed Care Quality Strategy

Under [42 C.F.R. § 438.340\(a\)](#) and [42 C.F.R. § 457.1240\(e\)](#), the Centers for Medicare and Medicaid Services (CMS) requires that state Medicaid and Community Health Improvement Plan (CHIP) managed care programs develop and maintain a Medicaid and CHIP quality strategy to assess and improve the quality of healthcare and services managed care plans provide.

The Wisconsin Department of Health Services (DHS), Division of Medicaid Services (DMS), has broad quality priorities that include:

- Improving access, member choice, and health equity
- Promoting appropriate, efficient, and effective care
- Focusing on patient or person-centered care and superior clinical and personal outcomes
- Employing principles of evidence-based continuous quality improvement.

The purpose of [Wisconsin Medicaid's Managed Care Quality Strategy](#) (Quality Strategy) is to describe population health and quality improvement priorities, oversight efforts, and goals and objectives to make progress in the Wisconsin DMS programs. The Quality Strategy is part of Wisconsin's quality assurance and performance improvement approach to align programs to

best meet the health care and service needs of Medicaid members. This Quality Strategy sets a three-year vision for DMS to achieve its quality goals and objectives and is intended to evolve over time. The Quality Strategy covers calendar years 2025 through 2027, using baseline data from years 2018 through 2024.

## Care4Kids Quality Framework

The quality framework for Care4Kids includes compliance with federal requirements; alignment with the [Wisconsin Medicaid Managed Care Quality Strategy](#); prioritization of the unique healthcare needs of children, youth, and young adults currently or previously placed in out-of-home care; and inclusion of the child welfare goal to keep more children and families connected as outlined 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 members, parents, guardians, or caregivers about the child's healthcare experiences
- Federally required and optional monitoring activities by the External Quality Review Organization (EQRO)
- Annual Performance Improvement Projects (PIPs)
- National Committee for Quality Assurance (NCQA) accreditation through Chorus Community Health Plan (CCHP)

## Development of MY2026 Performance Measure Set

In alignment with the quality strategy, the Care4Kids performance measure set considers members' experiences with out-of-home care and prioritizes the unique healthcare needs of children, youth, and young adults; complies with federal requirements; and aligns with the [Wisconsin Medicaid Managed Care Quality Strategy](#).

Changes for the MY2026 measure set were made in accordance with measure steward changes and in alignment with updates to the 1937 ABP (Alternative Benefit Plan) State Plan Amendment (SPA) to include former foster care youth (FFCY) and children of members (COM). One measure was added, and some measure specifications were changed to apply to these new populations. The measure set for MY2026 tracks timely access to care and service utilization; measures of clinical prevention services, such as screening for developmental and behavioral health needs, immunizations, and dental services; and access to behavioral health services.

See [Section 2](#) for detailed information on the measure set and [Appendix A](#) for technical specifications

## II. Care4Kids Performance Measure Set for MY2026

In alignment with the quality strategy for Care4Kids, the set of performance measures for Care4Kids prioritizes the unique healthcare needs of children, youth, and young adults with a current or previous out-of-home care placement; complies with federal requirements; and aligns with the [Wisconsin Medicaid Managed Care Quality Strategy](#). Performance in these measures will be used for federal reporting, evaluating progress towards the Managed Care Quality Strategy goals and objectives, and in determining priorities for future quality initiatives.

### Summary of Changes for MY2026

Changes for the MY2026 measure set were made in accordance with measure steward changes and in alignment with [Wisconsin Medicaid's Managed Care Quality Strategy](#) for 2025 to 2027. With updates to the 1937 ABP (Alternative Benefit Plan) State Plan Amendment (SPA) to include former foster care youth (FFCY) and children of Care4Kids members (COM), some measure specifications were changed to apply to these new populations.

### Measure Set Changes for MY 2026

The Performance Measure Set for Care4Kids for MY2026 will have 23 measures, the same number as MY25. Changes are summarized below. See [Appendix A](#) for detailed measure specifications.

- **Retired by the measure steward and removed from measure set:**
  - 3.1 Asthma Medication Ratio (AMR-CH)
- **New measure added for the adult population:**
  - 2.6 Adult Immunization Status (AIS-AD)
- **Measure specifications expanded to the adult population:**
  - 1.2 Initial Enrollment Comprehensive Health Exam
  - 1.3 Initial Enrollment Developmental or Mental Health Screen
  - 1.4 Initial Enrollment Developmental Assessment
  - 1.5 Initial Enrollment Mental Health Assessment
  - 2.2 Child and Adolescent Well-Care Visits (WCV-CH)
  - 2.9 Chlamydia Screening in Women: Ages 16 to 21 (CHL-CH); Ages 21 to 24 (CHL-AD)
  - 4.1 Initial Dental Exam
  - 4.2 Ongoing Dental Exams
  - 4.3 Oral Evaluation, Dental Services (OEV-CH)
  - 4.4 Topical Fluoride for Children (TFL-CH)
  - 5.1 Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH); Age 18 and Older (FUH-AD)
  - 5.2 Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH); Age 18 and Older (FUM-AD)

- 5.4 Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH); Age 18 and Older (FUM-AD)

## MY2026 Performance Measure Set for Care4Kids

The measure set for Care4Kids for MY2026 is summarized below. Full technical specifications can be found in [Appendix A](#).

*Measures expanded to adult population highlighted in yellow. New measure highlighted in purple.*

### 1. Initial Enrollment Screening and Assessment

Steward	PM#	Measure Name	Ages Included	Specifications
DHS	1.1	Initial Enrollment Out-of-Home Care Health Screen	All	State defined
DHS	1.2	Initial Enrollment Comprehensive Health Exam	All	State defined
DHS	1.3	Initial Enrollment Developmental or Mental Health Screen	60 days and older	State defined
DHS	1.4	Initial Enrollment Developmental Assessment	2 -60 months	State defined
DHS	1.5	Initial Enrollment Mental Health Assessment	5 years and older	State defined

### 2. Primary Care Access and Preventive Services

Steward	PM#	Measure Name	Ages Included	Specifications
NCQA	2.1	Well-Child Visits in the First 30 Months of Life (W30-CH)	15 - 30 months	HEDIS
NCQA	2.2	Child and Adolescent Well-Care Visits (WCV-CH)	3-21 years	HEDIS
DHS	2.3	Enhanced HealthCheck Periodicity	Up to 18 years	State defined
NCQA	2.4	Childhood Immunization Status (CIS-CH)	2 years	HEDIS
NCQA	2.5	Immunizations for Adolescents (IMA-CH)	13 years	HEDIS
NCQA	2.6	Adult Immunization Status (AIS-AD)	18 years and older	HEDIS
NCQA	2.7	Lead Screening in Children (LSC-CH)	2 years	HEDIS
DHS	2.8	Enhanced Blood Lead Screening	12 - 29 months	State defined
NCQA	2.9	Chlamydia Screening in Women: Ages 16 to 21 (CHL-CH); Ages 21 to 24 (CHL-AD)	16 to 24 years	HEDIS

### 3. Care of Acute and Chronic Conditions

*There are no measures in this area of care for MY26.*

#### 4. Dental and Oral Health Services

Steward	PM#	Measure Name	Ages Included	Specifications
DHS	4.1	Initial Dental Exam	12 months and older	State defined
DHS	4.2	Ongoing Dental Exams	12 months and older	State defined
NCQA	4.3	Oral Evaluation, Dental Services (OEV-CH)	Up to 21 years	DQA (ADA)
NCQA	4.4	Topical Fluoride for Children (TFL-CH)	1-20 years	DQA (ADA)

#### 5. Behavioral Health Care

Steward	PM#	Measure Name	Ages Included	Specifications
NCQA	5.1	Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH); Age 18 and Older (FUH-AD)	6 years and older	HEDIS
NCQA	5.2	Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH); Age 18 and Older (FUM-AD)	6 years and older	HEDIS
NCQA	5.3	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)	1-17 years	HEDIS
NCQA	5.4	Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	1 -17 years	HEDIS
NCQA	5.5	Follow-up Care for Children Prescribed ADHD Medication (ADD-CH)	6-12 years	HEDIS

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

## Validation of Performance Measure Results

Per [42 CFR 438.330\(b\)\(2\)](#), the External Quality Review Organization (EQRO) validates health plan performance measures according to [validation requirements](#) defined by the Centers for Medicare and Medicaid Services (CMS). In accordance with the federal requirements for nonduplication of mandatory EQRO activities defined in [42 CFR 438.360](#), DHS has directed the EQRO to accept results audited by the National Committee for Quality Assurance (NCQA) for Healthcare Effectiveness Data and Information Set (HEDIS) measures in the Care4Kids Performance Measure Set for MY2026. The EQRO includes these results in the [Annual Technical Report](#) submitted to CMS and they are publicly posted on the [ForwardHealth Managed Care Quality](#) website.

#### HEDIS Measures for MY2026

To improve alignment with current and future federal requirements and [the Wisconsin Managed Care Quality Strategy](#), Care4Kids must report to DHS and the EQRO calculated Healthcare Effectiveness Data and Information Set (HEDIS) measure results certified via NCQA's Measure Certification Program.

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

The [Consumer Assessment of Healthcare Providers and Systems \(CAHPS\) Program](#) is a program of the Agency for Healthcare Research and Quality (AHRQ) within the U. S. Department of Health and Human Services. The CAHPS® Health Plan Survey is designed to capture information from members about their experiences with their health plan and health care providers. The Health Plan Child Survey asks parents, guardians, or caregivers about the healthcare experiences of children 17 and younger. The survey's questions, format, and methodology are standardized by AHRQ. Results of the CAHPS Health Plan Child Survey are included in the [Child Core Set](#) and are required to be reported to CMS at a state level.

#### Survey Administration

DHS administers the CAHPS Survey annually through an NCQA certified survey vendor. DHS follows NCQA administration protocols for the survey, including:

- Using the [CAHPS Health Plan Survey: Child Medicaid Survey 5.1](#) questionnaire
- Sample inclusion criteria:
  - Care4Kids members aged 17 or younger
  - Continuously enrolled from July 1 to December 31
  - No more than one-month enrollment gap
- Using mixed survey outreach methodology by survey vendor:
  - Two questionnaire mailings
  - Two outreach reminders
  - Up to six 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, youth, and young adults in or previously 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 health care needs of the child, youth, or young adult and promotes effective communication between the individuals who are instrumental to 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 [2026-2027 Foster Care Medical Home Contract](#). The PIHP is provided an opportunity to share comments and feedback on the preliminary report before the EQRO issues the final report.

### EQRO Review Process

Using a review tool approved by DHS, the EQRO reviews a sample of records for a six-month period for children, youth, or young adults enrolled in Care4Kids 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

### MY2026 Target Level

In alignment with the [Wisconsin Medicaid Quality Strategy](#), a target level for the *Care Plan Input* indicator has been set for MY2026. See [Appendix B](#) for detailed information on target levels.

## V. Performance Improvement Projects

### PIP Requirements

A Performance Improvement Project (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 [42 C.F.R. §§ 438.330](#), the PIHP is required to conduct two Performance Improvement Projects (PIP) each year as part of the quality assessment and performance improvement (QAPI) Program. Per Article X, section I(1) of the [2026-2027 Foster Care Medical Home Contract](#), the PIHP must conduct one clinical PIP and one non-clinical PIP. The EQRO validates the proposed PIP methodologies according to [project requirements](#) defined by the Centers for Medicare and Medicaid Services (CMS).

DHS has the authority to select PIP topics. Additionally, CMS, in consultation with DHS and Care4Kids, may specify performance measures and topics for PIPs. Care4Kids will receive advance notice if a PIP topic will be assigned.

### Racial Health Disparity PIP

To align with state priorities and to further improvements in health outcomes for all Medicaid members in Wisconsin, at least one PIP for MY26 must focus on reducing health disparities among Medicaid members.

Wisconsin DMS recognizes 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. [CMS](#) also specifically requires reduction in health disparities to be a part of the State's quality strategy and [Wisconsin's 2025-2027 Quality Strategy](#) includes sections on health disparities and PIPs.

Health disparities are often related to the conditions in which people are born, live, grow, work, and age – also called the drivers of health (DOH). Economic resources and geographical location have a proven sizable impact on health outcomes, and so partnerships between communities and the health care system are critical for improving health across the lifespan and reducing disparities in health outcomes. Having data on the unmet social needs of individuals and using that data to connect to existing community resources and strengthen evidence-based partnerships that improve whole-person health is foundational to any effort to eliminate disparities.

### Timeline

For MY2026, the PIP process follows this timeline:

- By the first business day in November, HMOs must use the online application accessed via MetaStar's portal to submit PIP proposal for the upcoming calendar year for review and approval.

- After DHS and MetaStar approval following EQRO validation of the proposal, the PIHP's projects will operate for upcoming calendar year (2026).
- The final PIP reports including project results are due to DHS and the EQRO by July 1, 2027.

## PIP Resources

The PIHP must use the [MetaStar portal to access the PIP proposal application](#).

- PIP Proposal: Complete standards 1-6 and 8 in the portal. The PIHP may use the worksheet to prepare for the PIP proposal entry into the MetaStar portal.
- [PIP Proposal Worksheet](#)
- Final PIP Report Validation: Complete standards 7 and 9. Make any updates to standards 1-6 and 8 if changes were made after the proposal was approved, including changes made as a result of EQRO recommendations or changes made to facilitate project implementation. More detail surrounding submission for the Final PIP Report will come available.
- [EQRO Portal User Guide](#)
  - Additional guidance on PIPs is available through the [HMO PIP Trainings](#) on proposals (PIP 101 Training) and validation (PIP 102 Training).

## Suggested Topics

DHS has identified some suggested PIP topics to aid in the topic selection process.

### Suggested Clinical Topics

1. Adolescent immunizations
2. Antidepressant medication management
3. Asthma management
4. Behavioral health and substance use screenings and management
5. Blood lead testing
6. Childhood immunizations
7. Childhood obesity interventions
8. Dental Care
9. Developmental and mental health screening
10. Emergency department utilization
11. Follow-up after hospitalization
12. Health outcome improvements in chronic conditions, preventative care, primary care, behavioral health, etc.
13. Initial Health Assessment
14. Preventable hospital readmissions
15. Well Child Visits

### Suggested Non-Clinical Topics

1. Access and availability of services
2. Implementation of Culturally and Linguistically Appropriate Services ([CLAS Standards](#))
3. Member satisfaction and experience of care
4. Social Determinants of Health
5. Trauma-informed care

## VI. NCQA Accreditation

### Accreditation Requirements

All BadgerCare Plus and Medicaid SSI Health Maintenance Organizations (HMOs) must maintain National Committee for Quality Assurance (NCQA) Health Plan Accreditation. To support the DMS goal of improving members' access to culturally and linguistically appropriate care, all HMOs must also maintain either Multicultural Health Care Distinction (MHCD) or Health Equity Accreditation (HEA). Care4Kids is operated and administered by Chorus Community Health Plan which maintains NCQA accreditation status.

### NCQA Accreditation Desk Review

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 between 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 calculating results for the Performance Measure Set for Care4Kids for MY2026. The following information is not operational guidance. All program operations requirements for the Care4Kids are outlined in the [2026-2027 Foster Care Medical Home Contract](#).

For each measure, the objective, description, measure steward, member types eligible for inclusion, numerator, denominator, and guidance for reporting are shown. The four eligibility groups for inclusion of members are as follows:

- OHC = Children and youth in out-of-home care
- EXT = Members in the one-year extension after exiting out-of-home care
- COM = Children of C4K members
- FFCY = Former foster care youth

## Area of Care 1: Initial Enrollment Screening and Assessment

**Goal for Area of Care 1:** Prioritize identification, assessment, and coordination of care for health concerns at initial enrollment.

1.1 Initial Enrollment 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 an out-of-home health screen completed within 2 days.
<b>Measure Steward</b>	DHS
<b>Members Eligible</b>	OHC
<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>Guidance for Reporting</b>	Children meeting the following criteria may be removed from the denominator when calculating results: <ol style="list-style-type: none"> <li>1. Children who have been granted an exemption under the specific circumstances outlined in Article IV, A (2.a):               <ol style="list-style-type: none"> <li>a. Children becoming eligible for Care4Kids without a new allegation of abuse or neglect.</li> <li>b. Children entering into protective custody at the time of or subsequent to the completion of a forensic evaluation.</li> </ol> </li> <li>2. Newborns entering into protective custody directly from the hospital after birth.</li> <li>3. Children entering into protective custody directly from an inpatient hospital.</li> <li>4. Children placed directly in secure detention.</li> </ol>

## 1.2 Initial Enrollment Comprehensive Health Exam

<b>Objective</b>	Within 30 days of enrollment in Care4Kids, children, youth, or young adults 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, youth, and young adults newly enrolled in Care4Kids during the reporting period who have an Initial Enrollment Comprehensive Health Exam completed within 30 days of their enrollment date.
<b>Measure Steward</b>	DHS
<b>Members Eligible</b>	OHC, COM, FFCY
<b>Numerator</b>	Children, youth, and young adults newly enrolled in Care4Kids during the reporting period with a completed Initial Enrollment Comprehensive Health Exam within 30 days of their enrollment date.
<b>Denominator</b>	All children, youth, and young adults newly enrolled in Care4Kids in the reporting period.
<b>Guidance for Reporting</b>	<ol style="list-style-type: none"> <li>1. Results for this measure will be calculated based the first enrollment report received by Care4Kids after the end of the reporting period.</li> <li>2. Children, youth, and young adults enrolled fewer than 30 days will be removed from the denominator when calculating results for this measure.</li> <li>3. Children, youth, and young adults enrolling in Care4Kids for the first time without a new allegation of abuse or neglect may 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> <li>4. Per Article 2, A(9), the need for a comprehensive initial health assessment for a re-enrolling child, youth, or young adult depends on how long they were disenrolled from the PIHP: <ol style="list-style-type: none"> <li>a. If the child, youth, or young adult is re-enrolled more than six months from their last date of disenrollment, a comprehensive initial health assessment is required and must be included in the sample when calculating results for this measure.</li> <li>b. If the child, youth, or young adult is re-enrolled less than six months from their last date of disenrollment, a comprehensive initial health assessment is not required and may be removed from the sample when calculating results for this measure.</li> </ol> </li> <li>5. The anchor date for calculating timeliness may be changed in these circumstances: <ol style="list-style-type: none"> <li>a. For children, youth, and young adults remaining in an inpatient hospital setting for more than 30 days from enrollment, a comprehensive initial health assessment must be completed within 30 days of their discharge date.</li> <li>b. For children, youth, and young adults enrolled retroactively by 30 days or more, a comprehensive initial health assessment must be completed within 30 days of the enrollment notification received by Care4Kids. Care4Kids will report these separately.</li> </ol> </li> <li>6. In addition to measure results as defined above, reporting will include a breakdown of: <ol style="list-style-type: none"> <li>a. The number of children, youth, and young adults reflected as timely when meeting the criteria defined in #3 above.</li> <li>b. The number of children, youth, and young adults removed from the denominator when meeting the criteria defined in #4b above.</li> <li>c. Results for the children, youth, and young adults with a retroactive enrollment date defined in #5b above.</li> <li>d. The number of comprehensive initial health assessments completed at Centers of Excellence (COEs).</li> </ol> </li> </ol>

<b>1.3 Initial Enrollment Developmental or Mental Health Screen</b>	
<b>Objective</b>	Within 30 days of enrollment in Care4Kids, children, youth, and young adults will have a developmental or mental health screen completed using a validated screening tool.
<b>Measure Description</b>	Number and percent of children, youth, and young adults 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>Members Included</b>	OHC, COM, FFCY
<b>Numerator</b>	Children, youth, and young adults 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, youth, and young adults age 60+ days newly enrolled in Care4Kids during the reporting period.
<b>Guidance for Reporting</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>1.4 Initial Enrollment Developmental Assessment</b>	
<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 timely completed developmental assessment.
<b>Measure Steward</b>	DHS
<b>Members Included</b>	OHC, COM; ages 2-60 months
<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>Guidance for Reporting</b>	<ol style="list-style-type: none"> <li>1. Children already enrolled in services may be removed from the denominator when calculating results for 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>1.5 Initial Enrollment Mental Health Assessment</b>	
<b>Objective</b>	Children, youth, and young adults 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, youth, and young adults 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 timely mental health assessment.
<b>Measure Steward</b>	DHS
<b>Members Included</b>	OHC, COM, FFCY; age 5 years and older
<b>Numerator</b>	All children, youth, and young adults 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, youth, and young adults newly enrolled in Care4Kids during the reporting period who were screened as needing a mental health assessment within 30 days of enrollment.
<b>Guidance for Reporting</b>	<ol style="list-style-type: none"> <li>1. Children, youth, and young adults already enrolled in services may be removed from the denominator when calculating results for this measure.</li> <li>2. In addition to measure results as defined above, reporting will include a breakdown of results for children, youth, and young adults who received an assessment within 30 days, 60 days, and 90 days of the positive screening date.</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.

<b>2.1 Well-Child Visits in the First 30 Months of Life (W30-CH)</b>	
<b>Objective</b>	All children enrolled in Care4Kids receive the necessary Well-Child Visits in their first 30 months of life.
<b>Measure Description</b>	<p>Percentage of children aged 30 months and younger who had the necessary number of well-child visits with a primary care practitioner (PCP) during the last 15 months. The following rates are reported:</p> <p><b>Well-Child Visits in the First 15 Months:</b> Six or more well-child visits for children who turned age 15 months during the measurement year</p> <p><b>Well-Child Visits for Age 15 Months–30 Months:</b> Two or more well-child visits for children who turned age 30 months during the measurement year.</p>
<b>Measure Steward</b>	NCQA
<b>Members Included</b>	OHC, EXT, COM; 15 months or 30 months of age
<b>Numerator</b>	<p><b>Well-Child Visits in the First 15 Months</b> Six or more well-child visits on different dates of service on or before the 15-month birthday.</p> <p><b>Well-Child Visits for Age 15 Months-30 Months</b> Two or more well-child visits on different dates of service between the child’s 15-month birthday plus 1 day and the 30-month birthday.</p>
<b>Denominator</b>	<p><b>Well-Child Visits in the First 15 Months</b> Children who turn age 15 months during the measurement year. Calculate the 15-month birthday as the child’s first birthday plus 90 days.</p> <p><b>Well-Child Visits for Age 15 Months-30 Months</b> Children who turn age 30 months during the measurement year. Calculate the 30-month birthday as the second birthday plus 180 days.</p>
<b>Guidance for Reporting</b>	<ol style="list-style-type: none"> <li>1. The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.</li> <li>2. Refer to HEDIS Technical Specifications published by NCQA for full measure specifications applicable to the dates of service.</li> </ol>

## 2.2 Child and Adolescent Well-Care Visits (WCV-CH)

<b>Objective</b>	All children, youth, and young adults ages 3 to 21 enrolled in Care4Kids are seen by a primary care practitioner or OB/GYN practitioner for a well-care visit yearly.
<b>Measure Description</b>	Percentage of children, youth, and young adults ages 3 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement year.
<b>Measure Steward</b>	NCQA
<b>Members Included</b>	OHC, EXT, COM, FFCY; ages 3-21 years
<b>Numerator</b>	One or more well-care visits during the measurement year.
<b>Denominator</b>	Children, youth, and young adults enrolled in Care4Kids ages 3 to 21 as of December 31 of the measurement year.
<b>Guidance for Reporting</b>	<ol style="list-style-type: none"> <li>1. The well-care visit must occur with a PCP or an OB/GYN, but the practitioner does not have to be the practitioner assigned to the child.</li> <li>2. Refer to HEDIS Technical Specifications published by NCQA for full measure specifications applicable to the dates of service.</li> </ol>

## 2.3 Enhanced HealthCheck Periodicity

<b>Objective</b>	All children, youth, and young adults 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, youth, and young adults who are up to date with expected HealthCheck exams as defined by the enhanced periodicity schedule.
<b>Measure Steward</b>	DHS
<b>Members Included</b>	OHC, EXT; under age 21
<b>Numerator</b>	All children, youth, and young adults under age 21 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, youth, and young adults under age 21 enrolled in Care4Kids.
<b>Guidance for Reporting</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> <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> <li>5. Exclusions: Children of members and former foster care youth are not included in this measure</li> </ol>

<b>2.4 Childhood Immunization Status (CIS-CH)</b>	
<b>Objective</b>	Children enrolled in Care4Kids will be fully immunized with Combo 3 immunizations within 6 months of enrollment.
<b>Measure Description</b>	Number and percent of children enrolled in Care4Kids who receive all Combo 3 immunizations by their second birthday.
<b>Measure Steward</b>	NCQA
<b>Members Included</b>	OHC, EXT, COM; age 2 years
<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>Guidance for Reporting</b>	<ol style="list-style-type: none"> <li>Combination 3 immunizations include: <ul style="list-style-type: none"> <li>DTap (Diphtheria, tetanus, and acellular pertussis)</li> <li>IPV (polio)</li> <li>MMR (measles, mumps, rubella)</li> <li>HiB (haemophilus influenza type B)</li> <li>HepB (hepatitis B)</li> <li>VZV (chicken pox)</li> <li>PCV (pneumococcal conjugate)</li> </ul> </li> <li>Refer to HEDIS Technical Specifications published by NCQA for full measure specifications applicable to the dates of service.</li> </ol>

<b>2.5 Immunizations for Adolescents (IMA-CH)</b>	
<b>Objective</b>	Adolescents enrolled in Care4Kids will be fully immunized with Combo 2 immunizations within 6 months of enrollment.
<b>Measure Description</b>	Number and percent of adolescents enrolled in Care4Kids who receive all Combo 2 immunizations by their thirteenth birthday.
<b>Measure Steward</b>	NCQA
<b>Members Included</b>	OHC, EXT, COM; age 13 years
<b>Numerator</b>	Care4Kids members who were enrolled in Care4Kids for 11 of 12 months prior and turned thirteen years of age during the reporting period who received 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>Guidance for Reporting</b>	<ol style="list-style-type: none"> <li>Combination 2 immunizations include: <ul style="list-style-type: none"> <li>Meningococcal meningitis</li> <li>Tdap/TD (tetanus, diphtheria, pertussis)</li> <li>HPV (human papillomavirus)</li> </ul> </li> <li>Refer to HEDIS Technical Specifications published by NCQA for full measure specifications applicable to the dates of service.</li> </ol>

<b>2.6 Adult Immunization Status (AIS-AD)</b>	
<b>Objective</b>	Adults enrolled in Care4Kids will be fully immunized for influenza and tetanus and diphtheria (Td) or tetanus, diphtheria, and pertussis (Tdap).
<b>Measure Description</b>	Number and percent of members 19 years and older enrolled in Care4Kids who are up to date on recommended routine vaccines for influenza and either Td (tetanus and diphtheria) or Tdap (tetanus, diphtheria and acellular pertussis).

<b>Measure Steward</b>	NCQA
<b>Members Included</b>	OHC, EXT, FFCY; age 19 years and older
<b>Numerator</b>	Care4Kids members who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period and Beneficiaries who received at least one Td or Tdap vaccine between 9 years prior to the start of the measurement period and the end of the measurement period.
<b>Denominator</b>	Care4Kids members age 19 years or older at the start of the measurement period.
<b>Guidance for Reporting</b>	1. Td immunization includes tetanus and diphtheria, Tdap includes tetanus, diphtheria, and acellular pertussis. Refer to HEDIS Technical Specifications published by NCQA for full measure specifications applicable to the dates of service.

<b>2.7 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>Members Included</b>	OHC, EXT, COM; age 2 years
<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>Guidance for Reporting</b>	1. Refer to HEDIS Technical Specifications published by NCQA for full measure specifications applicable to the dates of service.

<b>2.8 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 a blood lead test for lead poisoning.
<b>Measure Steward</b>	DHS
<b>Members Included</b>	OHC, EXT, COM; ages 12 months, 18 months, and/or 24 months
<b>Numerator</b>	All children enrolled in Care4Kids who turned 12 months, 18 months and/or 24 months of age during the reporting period with a completed lead screen.
<b>Denominator</b>	All children who were enrolled in Care4Kids at the time of their expected 12 month, 18 month, and/or 24 month lead test.
<b>Guidance for Reporting</b>	<ol style="list-style-type: none"> <li>Results for this measure will be provided to Care4Kids by DHS.</li> <li>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). <ol style="list-style-type: none"> <li>12 Month Lead Test: 12-17 months</li> <li>18 Month Lead Test: 18-23 months</li> <li>24 Month Lead Test: 24-29 months</li> </ol> </li> <li>If a child had more than one completed test that would count for the same expected lead test age group, only one lead test claim will be counted.</li> <li>A child could have up to two expected (and completed) lead tests based upon their birthday and enrollment with Care4Kids.</li> </ol>

	5. A 100% on this measure would mean that every child with an expected lead test at 12, 18, and/or 24 months would have a completed lead test within the associated age range listed above for the expected lead test.
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<b>2.9 Chlamydia Screening in Women (CHL-CH and CHL-AD)</b>	
<b>Objective</b>	All female members enrolled in Care4Kids who are identified as being sexually active are tested for chlamydia yearly.
<b>Measure Description</b>	Percentage of female members ages 16 to 24 years who were identified as sexually active and who had at least one test for chlamydia during the measurement year.
<b>Measure Steward</b>	NCQA
<b>Members Included</b>	OHC, EXT, FFCY; ages 16-24
<b>Numerator</b>	At least one chlamydia test during the measurement year.
<b>Denominator</b>	CHL-CH: female members identified as being sexually active who are ages 16 to 20 as of December 31 of the measurement year and enrolled in Care4Kids 11 of 12 months of the measurement year. CHL-AD: female members identified as being sexually active who are ages 21 to 24 as of December 31 of the measurement year and enrolled in Care4Kids 11 of 12 months of the measurement year.
<b>Guidance for Reporting</b>	1. Refer to HEDIS Technical Specifications published by NCQA for full measure specifications applicable to the dates of service.

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

No Area of Care 3 measures for MY 2026.

## Area of Care 4: Dental Care

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

<b>4.1 Initial Dental Exam</b>	
<b>Objective</b>	Within 3 months of enrollment, children, youth, and young adults 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, youth, and young adults newly enrolled in Care4Kids who received a comprehensive dental exam within 3 months of enrollment.
<b>Measure Steward</b>	DHS
<b>Members Included</b>	OHC, COM, FFCY; age 12 months and older
<b>Numerator</b>	Number of children, youth, and young adults 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, youth, and young adults 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>Guidance for Reporting</b>	1. Results for this measure will be provided to Care4Kids by DHS 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

	<ol style="list-style-type: none"> <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, youth, and young adults 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>
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#### 4.2 Ongoing Dental Exams

<b>Objective</b>	Children, youth, and young adults 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, youth, and young adults 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>Members Included</b>	OHC, EXT, COM, FFCY; age 12 months and older
<b>Numerator</b>	All children, youth, and young adults 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, youth, and young adults enrolled in Care4Kids with an expected date of next dental exam during the reporting period.
<b>Guidance for Reporting</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>

#### 4.3 Oral Evaluation, Dental Services (OEV-CH)

<b>Objective</b>	All children, youth, and young adults enrolled in Care4Kids will receive an oral evaluation yearly.
<b>Measure Description</b>	Percentage of enrolled children, youth, and young adults under age 21 years who received a comprehensive or periodic oral evaluation within the measurement year.
<b>Measure Steward</b>	Dental Quality Alliance (DQA)
<b>Members Included</b>	OHC, EXT, COM, FFCY; up to age 21 years
<b>Numerator</b>	The unduplicated number of enrolled children, youth, and young adults who received a comprehensive or periodic oral evaluation as a dental service during the measurement year.
<b>Denominator</b>	Children, youth, and young adults who are under age 21 years as of December 31 of the measurement year and have a continuous enrollment of 180 days during the measurement year with no gaps in enrollment.
<b>Guidance for Reporting</b>	<ol style="list-style-type: none"> <li>1. Refer to Child Core Set Technical Specifications published by CMS for full measure specifications applicable to the dates of service.</li> </ol>

<b>4.4 Topical Fluoride for Children (TFL-CH)</b>	
<b>Objective</b>	All children, youth, and young adults enrolled in Care4Kids will receive two applications of fluoride yearly.
<b>Measure Description</b>	Percentage of enrolled children, youth, and young adults ages 1 through 20 years who received at least two topical fluoride applications within the measurement year.
<b>Measure Steward</b>	Dental Quality Alliance (DQA)
<b>Members Included</b>	OHC, EXT, COM, FFCY; ages 1 to 20 years
<b>Numerator</b>	The unduplicated number of enrolled children, youth, and young adults who received at least two fluoride applications as dental or oral health services during the measurement year, where there were at least two unique dates of service when topical fluoride was provided.
<b>Denominator</b>	Children, youth, and young adults ages 1 through 20 as of December 31 of the measurement year with no more than 1 month gap in coverage during the measurement year.
<b>Guidance for Reporting</b>	1. Refer to Child Core Set Technical Specifications published by CMS for full measure specifications applicable to the dates of service. <i>Note: There are different service codes for where the application occurred. Refer to the Technical Specifications for guidance.</i>

## 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.

<b>5.1(a) Follow-Up Within 7 Days After Hospitalization for Mental Illness (FUH-CH and FUH-AD)</b>	
<b>Objective</b>	Children, youth, and young adults 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, youth, and young adults 6 to 17 years of age (FUH-CH) or 18 years or older (FUH-AD) enrolled in Care4Kids who had had a follow up visit with a mental health practitioner within 7 days of discharge for treatment of selected mental health disorders.
<b>Measure Steward</b>	NCQA
<b>Members Included</b>	OHC, EXT, COM, FFCY; ages 6 and older
<b>Numerator</b>	Children, youth, and young adults 6 to 17 years of age (FUH-CH) or 18 years or older (FUH-AD) enrolled in Care4Kids during the reporting period with an outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 days after discharge for treatment of selected mental health disorders.
<b>Denominator</b>	All children, youth, and young adults 6 to 17 years of age (FUH-CH) or 18 years or older (FUH-AD) enrolled in Care4Kids during the reporting period who were hospitalized and discharged for treatment of selected mental health disorders. The child, youth, or young adult must be enrolled in Care4Kids as of their discharge date and 30 or more consecutive days after discharge.
<b>Guidance for Reporting</b>	1. Do not include outpatient visits, intensive outpatient encounters or partial hospitalizations that occur on the date of discharge. 2. Refer to HEDIS Technical Specifications published by NCQA for full measure specifications applicable to the dates of service.

### 5.1(b) Follow-Up Within 30 Days After Hospitalization for Mental Illness (FUH-CH and FUH-AD)

<b>Objective</b>	Children, youth, and young adults 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, youth, and young adults 6 to 17 years of age (FUH-CH) or 18 years or older (FUH-AD) enrolled in Care4Kids who had had a follow up visit with a mental health practitioner within 30 days of discharge for treatment of selected mental health disorders.
<b>Measure Steward</b>	NCQA
<b>Members Included</b>	OHC, EXT, COM, FFCY; ages 6 to 17 years (FUH-CH) or age 18 or older (FUH-AD)
<b>Numerator</b>	Children, youth, and young adults 6 to 17 years of age (FUH-CH) or 18 years or older (FUH-AD) enrolled in Care4Kids during the reporting period with an outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner within 30 days after discharge for treatment of selected mental health disorders.
<b>Denominator</b>	All children, youth, and young adults 6 to 17 years of age (FUH-CH) or 18 years or older (FUH-AD) enrolled in Care4Kids during the reporting period who were hospitalized and discharged for treatment of selected mental health disorders. The child, youth, or young adult must be enrolled in Care4Kids as of their discharge date and 30 or more consecutive days after discharge.
<b>Guidance for Reporting</b>	<ol style="list-style-type: none"> <li>Do not include outpatient visits, intensive outpatient encounters or partial hospitalizations that occur on the date of discharge.</li> <li>Refer to HEDIS Technical Specifications published by NCQA for full measure specifications applicable to the dates of service.</li> </ol>

### 5.2(a) Follow-Up Within 7 Days After Emergency Department Visit for Mental Illness (FUM-CH and FUM-AD)

<b>Objective</b>	Children, youth, and young adults will have a follow-up visit with an outpatient mental health provider within 7 days of an Emergency Department visit for mental illness or intentional self-harm.
<b>Measure Description</b>	Number and percent of children, youth, and young adults 6 to 17 years of age (FUM-CH) and 18 years or older (FUM-AD) enrolled in Care4Kids who had a follow up visit a mental health practitioner within 7 days of an ED visit for mental illness or intentional self-harm.
<b>Measure Steward</b>	NCQA
<b>Members Included</b>	OHC, EXT, COM, FFCY; ages 6 to 17 years (FUM-CH) or age 18 years or older (FUM-AD)
<b>Numerator</b>	Children, youth, and young adults 6 to 17 years of age (FUM-CH) or age 18 years or older (FUM-AD) 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.
<b>Denominator</b>	All children, youth, and young adults 6 to 17 years of age (FUM-CH) or 18 years or older (FUM-AD) 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>Guidance for Reporting</b>	<ol style="list-style-type: none"> <li>Refer to HEDIS Technical Specifications published by NCQA for full measure specifications applicable to the dates of service.</li> <li>Include outpatient visits, intensive outpatient encounters or partial hospitalizations that occur on the date of ED visit.</li> </ol>

	3. 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.
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<b>5.2(b) Follow-Up Within 30 Days After Emergency Department Visit for Mental Illness (FUM-CH and FUM-AD)</b>	
<b>Objective</b>	Children, youth, and young adults will have a follow-up visit with an outpatient mental health provider within 30 days of an Emergency Department visit for mental illness or intentional self-harm.
<b>Measure Description</b>	Number and percent of children, youth, and young adults 6 to 17 years of age (FUM-CH) and 18 years or older (FUM-AD) enrolled in Care4Kids who had a follow up visit a mental health practitioner within 30 days of an ED visit for mental illness or intentional self-harm.
<b>Measure Steward</b>	NCQA
<b>Members Included</b>	OHC, EXT, COM, FFCY; ages 6 to 17 years (FUM-CH) or age 18 or older (FUM-AD)
<b>Numerator</b>	Children, youth, and young adults 6 to 17 years of age (FUM-CH) and 18 years or older (FUM-AD) 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.
<b>Denominator</b>	All children, youth, and young adults 6 to 17 years of age (FUM-CH) and 18 years or older (FUM-AD) 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>Guidance for Reporting</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. Include outpatient visits, intensive outpatient encounters or partial hospitalizations that occur on the date of ED visit.</li> <li>3. 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>5.3 Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)</b>	
<b>Objective</b>	All children and adolescents in Care4Kids with ongoing antipsychotic medication use have metabolic testing done yearly to ensure appropriate management of the antipsychotic medications and monitor the child’s risk for developing serious metabolic health complications.
<b>Measure Description</b>	Percentage of children and adolescents ages 1 to 17 who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported for percentage of children and adolescents who received 1. blood glucose testing, 2. cholesterol testing, 3. And both blood glucose and cholesterol testing.
<b>Measure Steward</b>	NCQA
<b>Members Included</b>	OHC, EXT, COM; ages 1-17 years
<b>Numerator</b>	<p><b>Blood Glucose</b> Beneficiaries who received at least one test for blood glucose or HbA1c during the measurement year.</p> <p><b>Cholesterol</b></p>

	Beneficiaries who received at least one test for LDL-C or cholesterol during the measurement year. <b>Blood Glucose and Cholesterol</b> Beneficiaries who received at least one test for blood glucose or HbA1c and at least one test for LDL-C or cholesterol during the measurement year on the same or different dates of service.
<b>Denominator</b>	Children and adolescents aged 1 to 17 as of December 31 of the measurement year with no more than one gap in enrollment of up to 45 days during the measurement year with two or more antipsychotic dispensing events.
<b>Guidance for Reporting</b>	1. Refer to HEDIS Technical Specifications published by NCQA for full measure specifications applicable to the dates of service.

#### 5.4 Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)

<b>Objective</b>	All children and adolescents in Care4Kids who start a new antipsychotic medication without a clinical indication have documentation of psychosocial care as a first line of treatment.
<b>Measure Description</b>	Percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.
<b>Measure Steward</b>	NCQA
<b>Members Included</b>	OHC, EXT, COM; ages 1-17 years
<b>Numerator</b>	Documentation of psychosocial care (Psychosocial Care Value Set) in the 121-day period from 90 days prior to the index prescription start date (IPSD) through 30 days after the IPSD.
<b>Denominator</b>	Children and adolescents aged 1 to 17 years as of December 31 of the measurement year who were enrolled 4 months prior to the IPSD through 30 days after the IPSD who had an antipsychotic medication dispensed.
<b>Guidance for Reporting</b>	1. Refer to HEDIS Technical Specifications published by NCQA for full measure specifications applicable to the dates of service.

#### 5.5 Follow-up Care for Children Prescribed ADHD Medication (ADD-CH)

<b>Objective</b>	All children prescribed an ADHD medication are monitored and have a follow up visit with a practitioner at two separate times.
<b>Measure Description</b>	Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported. 1. Initiation Phase: Percentage of children ages 6 to 12 with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. 2. Continuation and Maintenance (C&M) Phase: Percentage of children ages 6 to 12 with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.
<b>Measure Steward</b>	NCQA
<b>Members Included</b>	OHC, EXT, COM; ages 6-12 years

<b>Numerator</b>	<p><b>Initiation Phase</b> A follow-up visit with a practitioner with prescribing authority, within 30 days after the IPSD.</p> <p><b>Continuation and Maintenance Phase</b> The numerator from the Initiation Phase, and at least two follow-up visits on different dates of service with any practitioner, from 31–300 days (9 months) after the IPSD</p>
<b>Denominator</b>	<p><b>Initiation Phase</b> Children aged 6 years as of March 1 of the year prior to the measurement year to age 12 as of the last calendar day of February of the measurement year with continuous enrollment from 4 months prior to the IPSD through 30 days after the IPSD.</p> <p><b>Continuation and Maintenance Phase</b> Children aged 6 as of March 1 of the year prior to the measurement year to age 12 as of the last calendar day of February of the measurement year with continuous enrollment from 4 months prior to the IPSD through 300 days after the IPSD.</p>
<b>Guidance for Reporting</b>	<ol style="list-style-type: none"> <li>1. Check the HEDIS Technical Specifications guide for exact calculation for the denominator in both phases.</li> <li>2. Refer to HEDIS Technical Specifications published by NCQA for full measure specifications applicable to the dates of service.</li> </ol>

# Appendix B: Performance Targets

## Target Level Development

DHS follows the quality improvement strategy recommended by CMS and sets iterative goals for rate improvement over time. For objectives with available baseline data, DHS has set yearly target level for iterative improvements in alignment with [Wisconsin Managed Care Quality Strategy](#).

### Target Levels for HEDIS Measures

In alignment with the [Wisconsin Managed Care Quality Strategy](#), target levels for HEDIS measures have been set to percentile on the NCQA Quality Compass. As these percentiles are published after the end of the measurement year, a reference percentage has been added for each HEDIS measure to support Care4Kids quality improvement planning activities.

### MY2026 Target Levels

Domain 1: Initial Enrollment Screening and Assessment						
Category	#	Measure Name	Steward	Baseline 2025-2027 Managed Care Quality Strategy	Improvement Target for MY26	Quality Compass Reference Result, MY 2024
Screening and Assessment	1.1	Initial Enrollment Out-of-Home Care Health Screen, Timeliness	DHS	48%	53%	N/A
	1.2	Initial Enrollment Comprehensive Health Exam	DHS	69.9%	79%	N/A

Domain 2: Primary Care Access and Prevention Services						
Category	#	Measure Name	Steward	Baseline 2025-2027 Managed Care Quality Strategy	Improvement Target for MY26	Quality Compass Reference Result, MY 2024
Primary Care Access and Preventive Services	2.1	Well-Child Visits in the First 30 Months of Life (W30-CH)	NCQA	Available with MY25 results	67 <sup>th</sup> Percentile	75.87%
	2.2	Child and Adolescent Well-Care Visits (WCV-CH)	NCQA	Available with MY25 results	67 <sup>th</sup> Percentile	58.37%

	2.4	Childhood Immunization Status (CIS-CH)	NCQA	79.1%	95 <sup>th</sup> Percentile	77.86%
	2.5	Immunizations for Adolescents (IMA)	NCQA	76.3%	95 <sup>th</sup> Percentile	55.47%
	2.6	Adult Immunization Status (AIS-AD)	NCQA	Available with MY26 results	N/A	N/A
	2.7	Lead Screening in Children (LSC-CH)	NCQA	86.9% 2022	90 <sup>th</sup> Percentile	82.86%
	2.9	Chlamydia Screening in Women (CHL-CH and CHL-AD)	NCQA	Available with MY25 results	67 <sup>th</sup> Percentile	62.81%

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

This domain does not have any performance measures for MY26

### Domain 4: Dental Care

Category	#	Measure Name	Steward	Baseline 2025-2027 Managed Care Quality Strategy	Improvement Target for MY26	Quality Compass Reference Result, MY 2024
Dental and Oral Health Services	4.3	Oral Evaluation, Dental Services (OEV-CH)	DQA (ADA)	Available with MY25 results	67 <sup>th</sup> Percentile	N/A
	4.4	Topical Fluoride for Children (TFL-CH)	DQA (ADA)	Available with MY25 results	67 <sup>th</sup> Percentile	N/A

### Domain 5: Behavioral Health Care

Category	#	Measure Name	Steward	Baseline 2025-2027 Managed Care Quality Strategy	Improvement Target for MY26	Quality Compass Reference Result, MY 2024
Behavioral Health Care	5.1a	Follow-Up Within 7 Days After Hospitalization for Mental Illness (FUH-CH, FUH-AD)	NCQA	Available with MY25 results	67 <sup>th</sup> Percentile	53.95% for FUH-CH
	5.1b	Follow-Up Within 30 Days After Hospitalization for Mental Illness (FUH-CH, FUH-AD)	NCQA	63.4%	67 <sup>th</sup> Percentile	76.83% for FUH-CH
	5.2a	Follow-Up Within 7 Days After Emergency Department Visit for Mental Illness (FUM-CH, FUM-AD)	NCQA	Available with MY25 results	67 <sup>th</sup> Percentile	55.59% for FUM-CH
	5.2b	Follow-Up Within 30 Days After Emergency Department Visit for Mental Illness (FUM-CH, FUM-AD)	NCQA	Available with MY25 results	67 <sup>th</sup> Percentile	73.91% for FUM-CH
	5.3	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)	NCQA	Available with MY25 results	67 <sup>th</sup> Percentile	Blood glucose testing: 60.28% Cholesterol testing: 42.68% Blood glucose and cholesterol testing (total): 41.52%
	5.4	Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	NCQA	Available with MY25 results	67 <sup>th</sup> Percentile	66.54%
	5.5	Follow-up Care for Children Prescribed ADHD Medication (ADD-CH)	NCQA	Available with MY25 results	67 <sup>th</sup> Percentile	Initiation Phase: 49.56% Continuation and Maintenance Phase: 58.69%

Care Management Review			
Measure	Steward	Baseline	Improvement Targets through MY2027

		<b>2025-2027 Managed Care Quality Strategy</b>	
<b>Care Plan Input</b> The number of member records reviewed with a care plan developed with input from all required persons including a child’s parent and/ or legal guardian.	DHS	24%	(2025) – 29% (2026) – 34% (2027) – 39%
The percentage of unique member needs and services addressed through timely follow-up.	DHS	84%	(2025) – 86% (2026) – 88% (2027) – 90%

Performance measures not included in the in the 2025-2027 Managed Care Quality Strategy do not have formal MY2026 target levels. Performance targets may be developed for future measurement years. This includes the following measures:

- 1.3 Initial Enrollment Developmental or Mental Health Screen
- 1.4 Initial Enrollment Developmental Assessment
- 1.5 Initial Enrollment Mental Health Assessment
- 2.3 Enhanced HealthCheck Periodicity
- 2.8 Enhanced Blood Lead Screening
- 4.1 Initial Dental Exam
- 4.2 Ongoing Dental Exams

## Appendix C: Reporting Dates

### Reporting Produced by Care4Kids

Report Date	Report Name	Measures	Reporting Period
8/30/2026	Initial Enrollment Measures Report <i>2026 Semiannual Report #1</i>	1.1 Initial Enrollment Out-of-Home Care Health Screen 1.2 Initial Enrollment Comprehensive Health Exam 1.3 Initial Enrollment Developmental or Mental Health Screen 1.4 Initial Enrollment Developmental Assessment 1.5 Initial Enrollment Mental Health Assessment	Jan 1- June 30, 2026
2/28/2027	Initial Enrollment Measures Report <i>2026 Semiannual Report #2</i>	1.1 Initial Enrollment Out-of-Home Care Health Screen 1.2 Initial Enrollment Comprehensive Health Exam 1.3 Initial Enrollment Developmental or Mental Health Screen 1.4 Initial Enrollment Developmental Assessment 1.5 Initial Enrollment Mental Health Assessment	July 1- Dec 31, 2026
9/30/2027	2026 Annual Measures Report	2.1 Well-Child Visits in the First 30 Months of Life (W30-CH) 2.2 Child and Adolescent Well-Care Visits (WCV-CH) 2.4 Childhood Immunization Status (CIS-CH) 2.5 Immunizations for Adolescents (IMA-CH) 2.6 Adult Immunization Status (AIS-AD) 2.7 Lead Screening in Children (LSC-CH) 2.9 Chlamydia Screening in Women (CHL-CH) 4.3 Oral Evaluation, Dental Services (OEV-CH) 4.4 Topical Fluoride for Children (TFL-CH) 5.1 Follow-Up After Hospitalization for Mental Illness (FUH-CH; FUH-AD) 5.2 Follow-Up After Emergency Department Visit for Mental Illness (FUM-CH; FUM AD) 5.3 Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH) 5.4 Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH) 5.5 Follow-up Care for Children Prescribed ADHD Medication (ADD-CH)	Jan 1- Dec 31, 2026

### Reporting Produced by DHS Vendor

Report Date	Report Name	Measures	Reporting Period
2/28/2027	Dental Measures Report <i>2026 Semiannual Report #1</i>	4.1 Initial Dental Exam 4.2 Ongoing Dental Exams	Jan 1- June 30, 2026
8/31/2027	Dental Measures Report <i>2026 Semiannual Report #2</i>	4.1 Initial Dental Exam 4.2 Ongoing Dental Exams	July 1- Dec 31, 2026
7/25/2027	2026 Annual Measures Report	2.3 Enhanced HealthCheck Periodicity 2.8 Enhanced Blood Lead Screening	Jan 1- Dec 31, 2026

## Appendix D: Measure Set Change Log

### Measure Year 2026

#### Updates for Area of Care 1

- The title of Area of Care 1 has changed from Out-of-Home Care to Initial Enrollment Screening and Assessment to better reflect all eligibility groups.
- All measures related to initial enrollment have been moved into Area of Care 1.
  - Former measure number 2.9, Initial Enrollment Developmental or Mental Health Screen has been renumbered as 1.3
  - Former measure number 5.1, Initial Enrollment Developmental Assessment, has been renumbered as 1.4
  - Former measure number 5.2, Initial Enrollment Mental Health Assessment, has been renumbered as 1.5
- All measures titles in Area of Care 1 have been updated to include “Initial Enrollment”.
  - 1.1 Initial Enrollment Out-of-Home Care Health Screen
  - 1.2 Initial Enrollment Comprehensive Health Exam
  - 1.3 Initial Enrollment Developmental or Mental Health Screen
  - 1.4 Initial Enrollment Developmental Assessment
  - 1.5 Initial Enrollment Mental Health Assessment

#### Measure Set Changes

- **Retired by the measure steward and removed from measure set:** Asthma Medication Ratio (AMR-CH)
- **New measure added for the adult population:** 2.6 Adult Immunization Status (AIS-AD)
- **Measure specifications expanded to the adult population:**
  - 1.2 Initial Enrollment Comprehensive Health Exam
  - 1.3 Initial Enrollment Developmental or Mental Health Screen
  - 1.4 Initial Enrollment Developmental Assessment
  - 1.5 Initial Enrollment Mental Health Assessment
  - 2.2 Child and Adolescent Well-Care Visits (WCV-CH)
  - 2.9 Chlamydia Screening in Women: Ages 16 to 21 (CHL-CH); Ages 21 to 24 (CHL-AD)
  - 4.1 Initial Dental Exam
  - 4.2 Ongoing Dental Exams
  - 4.3 Oral Evaluation, Dental Services (OEV-CH)
  - 4.4 Topical Fluoride for Children (TFL-CH)
  - 5.2 Follow-Up After Emergency Department Visit for Mental Illness (FUM-CH; FUM-AD)
  - 5.3 Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH); Age 18 and Older (FUH-AD)

- **Measure specification change since Summary for Program Review was shared in December 2025**
  - 2.3 Enhanced HealthCheck Periodicity. Applies to members in out-of-home care and the one-year extension under the age of 21. Please note that children of members and former foster care youth are not included in this measure.