



Quality of Care in Medi-Cal: Understanding HEDIS for Children in Foster Care

Presentation of results for public release

April 2021



Understanding Systems: Children in Medi-Cal

- Children in Medi-Cal receive services through Managed Care Plans (MCPs), Fee-For-Service (FFS), and Specialty Mental Health Services (SMHS) through Mental Health Plans (MHPs)
- MCPs and MHPs have a Memorandum of Understanding to work together in the care of members
- Certain groups of children have additional services to coordinate care (e.g., children in foster care)
- For more information about children in Medi-Cal, see the Medi-Cal Children's Health Dashboard at http://www.dhcs.ca.gov/services/Pages/Medi-Cal_Childrens_Health_Advisory_Panel.aspx



Understanding Systems: Children in Foster Care

- Children in Foster Care have several systems providing care coordination:
 - Child Welfare Social Worker
 - Public Health Nurse
 - Judicial System
 - Mental Health Plan Intensive Care Coordinator
- In counties with County Organized Health Systems (COHS), children in Foster Care are mandatorily enrolled in managed care
- In non-COHS counties, children in Foster Care may be in MCPs or FFS
- In all counties, children in foster care receive mental health services from FFS, MCPs, or Mental Health Plans (MHPs), depending on their needs



Assessing Quality of Care in Health Systems

- HEDIS: Healthcare Effectiveness Data and Information Set
- Used by more than 90% of America's health plans to measure performance
- Currently 90 HEDIS measures across six domains of care
- Designed by expert panels and stakeholders to be relevant, scientifically sound, and feasible
- HEDIS is a registered trademark of the National Committee for Quality Assurance
<http://www.ncqa.org/HEDISQualityMeasurement.aspx#sthash.Xe0X6upv.dpuf>



HEDIS for Quality Improvement

- Measures are structured to capture time periods that align with clinical guidelines
- Inclusion criteria require that patients be enrolled with a given plan/group/provider during the measurement period
- This gives providers equal opportunities to influence the outcome for their patients
- Each measure has inclusion and exclusion criteria which are essential for comparability of results
- There are multiple report cards based on HEDIS – California's Office of the Patient Advocate uses HEDIS for performance reporting on HMOs, PPOs and Medical Groups
<https://www.opa.ca.gov/reportcards/Pages/HealthCareQualityOrganizations.aspx>



CMS Child Core Set

Several HEDIS Behavioral Health Measures are part of the Centers for Medicare and Medicaid Services (CMS) Child Core Set

- Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)
- Follow-Up After Hospitalization for Mental Illness: Ages 6–17 (FUH)
- Use of Multiple Concurrent Antipsychotics (APC), which was retired by HEDIS and replaced with Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
- Use of First-Line Psychosocial Care for Antipsychotics (APP)

<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>



HEDIS Behavioral Health Measures for Children Reported by DHCS

- ADD*: Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder Medication includes an initiation phase and a continuation phase
- FUH*: Follow-Up After Hospitalization for Mental Illness includes a 7 day and a 30 day follow up
- APP*: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
- APC: Use of Multiple Concurrent Antipsychotics in Children and Adolescents
- APM*: Metabolic Monitoring for Children and Adolescents on Antipsychotics

**Reported to CMS in the Core Set Measures*



What we understand from HEDIS Measures

- ADHD measure assesses dose adjustments for new medications
- Follow-up after Hospitalizations measure assesses follow-up care which will assess stabilization and should be used to help prevent re-hospitalization
- Psychosocial Care measure assesses supportive treatments for new antipsychotic medications
- Concurrent Antipsychotic measure assesses use of two or more antipsychotic medications for ongoing treatment
- Metabolic Monitoring measure assesses whether monitoring of potential risks associated with ongoing treatment is performed



Data For This Report

- Data for calendar year 2019 was retrieved from the DHCS Management Information System/Decision Support System between September and October 2020
- Medi-Cal data was linked to Department of Social Services data (February 2020) to identify children in out-of-home placement
- Foster Care is a subset of Medi-Cal, and Group Home or Short-Term Residential Therapeutic Program (STRTP) is a subset of Foster Care
- National Medicaid scores given at the bottom of each Table can be found on the Medicaid & CHIP Open Data site <https://data.medicaid.gov/>



Data For This Report continued

- Actual counts of children in each measure for the most recent year may increase as reporting becomes more complete
- Scores for subgroups of children that have denominators less than 30 are omitted because such small rates are unreliable and may be subject to re-identification (Result marked as NA where applicable)
- Scores for subgroups of children that have numerators less than 11 are suppressed to protect confidentiality (Result marked with asterisk * where applicable)



Group Home / STRTP Definition

- Child Welfare Services/Case Management System (CWS/CMS) codes for a child's out-of-home placement type were used to delineate group home/ST RTP placement, including
 - Group Home (1417)
 - Short-Term Residential Therapeutic Program (ST RTP) (6916)
- ST RTP included for 2019 onward per [\[SB 403\]](#)
- Measure results are not displayed for group home/ ST RTP stratification if either numerator or denominator met suppression threshold



Follow-Up Care for Children Prescribed ADHD Medication

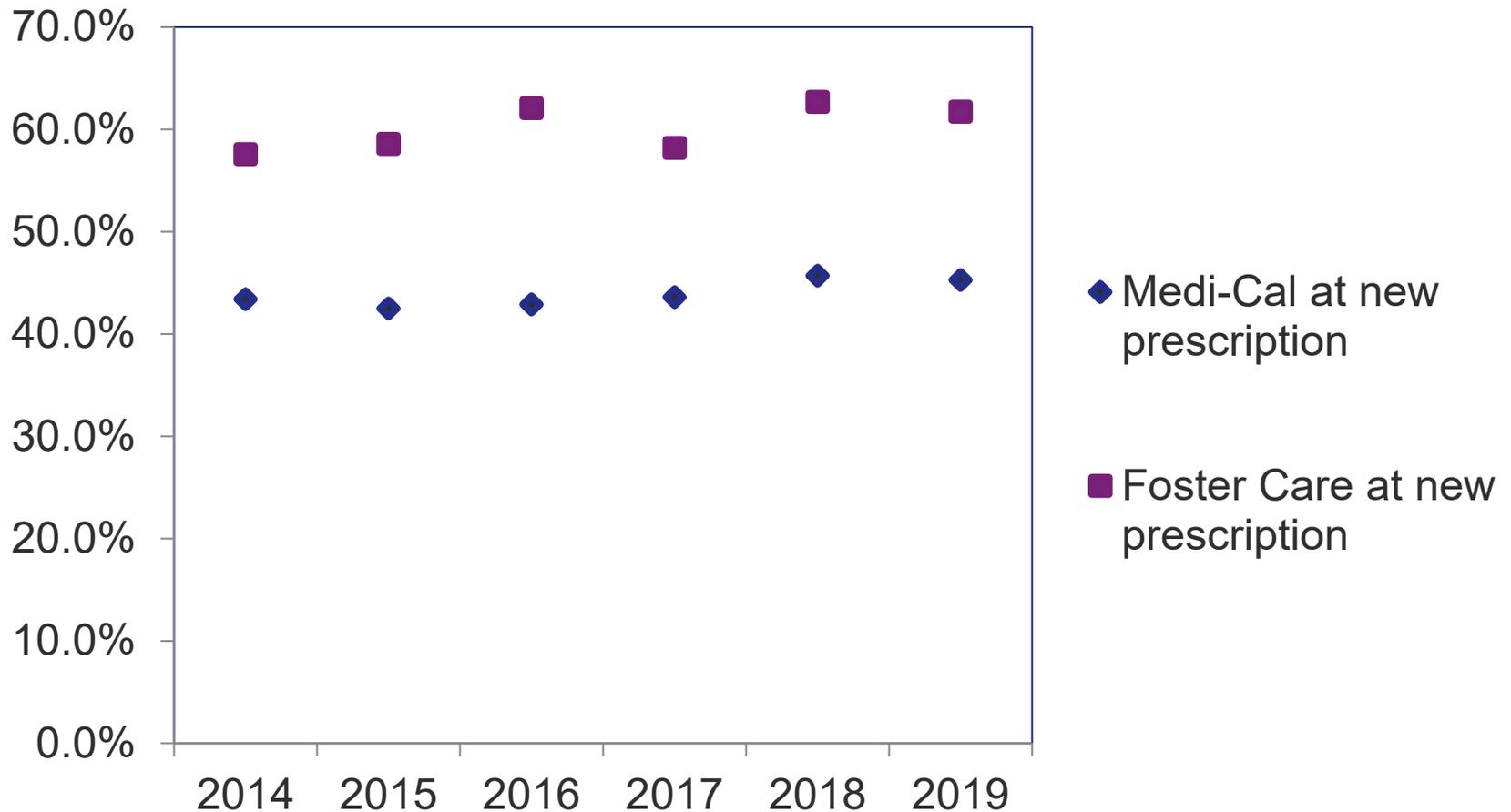
- Visits to adjust doses for the desired effect in the treatment of Attention Deficit Hyperactivity Disorder (ADHD) is very important
- Foster Care is defined as being in an out-of-home placement when medication was first prescribed

Initiation Phase

- New ADHD prescription (none for at least 120 days)
- 6 to 12 years old and enrolled 120 days prior to, and 30 days after, prescription
- Measures a visit with a provider with prescribing authority within 30 days of the new prescription



ADHD Medication Follow-up: Initiation Phase





ADHD Medication Follow-up: Initiation Phase

	2018 Numerator	2018 Denominator	2018 Rate	2019 Numerator	2019 Denominator	2019 Rate
Medi-Cal at time of new prescription	12,358	27,073	45.6%	11,686	25,809	45.3%
Foster Care at time of new prescription	613	977	62.7%	586	949	61.8%

2018 Medicaid median: 48.6; 25th percentile: 41.9; 75th percentile: 55.8



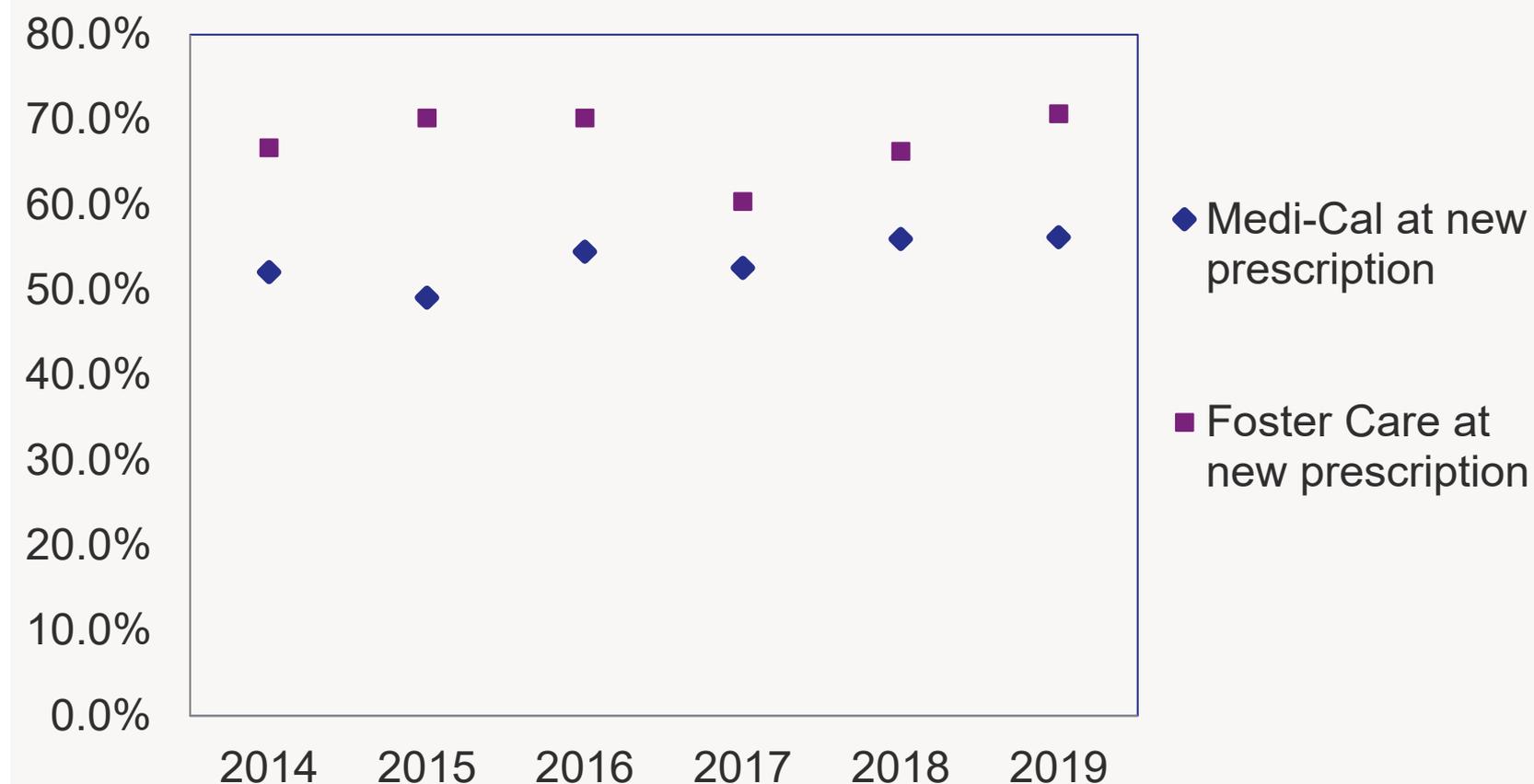
Follow-Up Care for Children Prescribed ADHD Medication

Continuation Phase

- New ADHD prescription (none for at least 120 days)
- 6 to 12 years old and enrolled 120 days prior to, and 300 days, after prescription
- Meet the criteria for the Initiation Phase of having one visit within 30 days of the new prescription
- Have at least two more follow-up visits between 31 and 300 days after the new prescription



ADHD Medication Follow-up: Continuation Phase





ADHD Medication Follow-up: Continuation Phase

	2018 Numerator	2018 Denominator	2018 Rate	2019 Numerator	2019 Denominator	2019 Rate
Medi-Cal at time of new prescription	3,978	7,100	56.0%	3,872	6,886	56.2%
Foster Care at time of new prescription	345	520	66.3%	328	464	70.7%

2018 Medicaid median: 58.6; 25th percentile: 52.0; 75th percentile: 67.3



Considerations for ADHD Medication Follow Up

- ADHD medications represent approximately one-third of paid claims for psychotropic medications prescribed to children, especially in the 6 to 12 year old group
- While performance scores for Initiation and Continuation phases are similar, the number of children who qualify for the Continuation phase decreases to about half for Foster Care, and to about one-fourth for children in Medi-Cal
- This decrease occurs when:
 - Children are not continuously enrolled in Medi-Cal for the 10 month period after receiving the medication, or
 - Children do not have on-going medication during the 10 month follow up time period

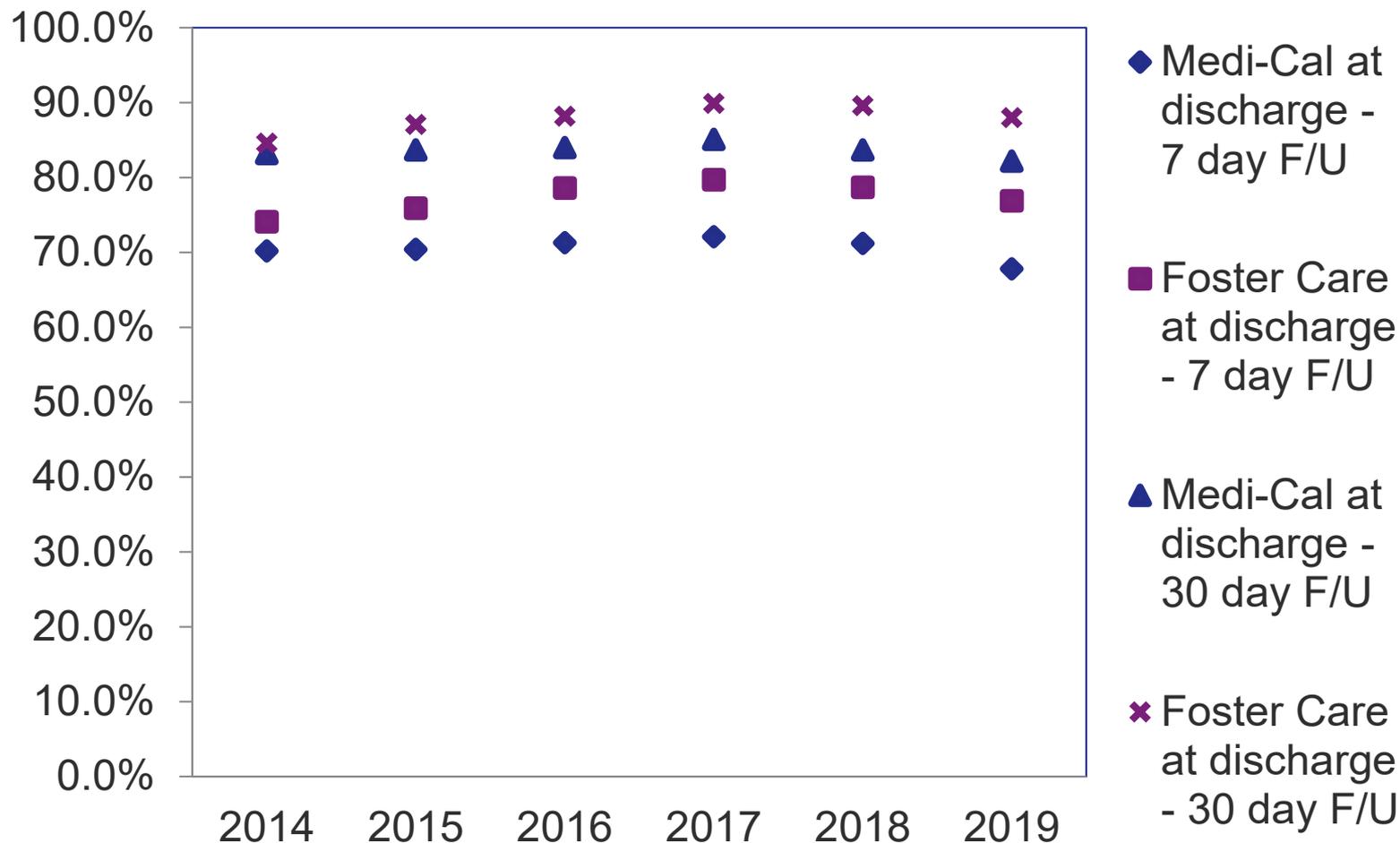


Follow-up After Hospitalization for Mental Illness

- Children who were hospitalized for treatment of mental illness and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner. Two rates are collected:
 - Percentage of discharges for which children received follow-up within 7 days
 - Percentage of discharges for which children received follow-up within 30 days
- Foster Care is defined as being in an out-of-home placement when hospitalized



Follow-up After Hospitalization for Mental Illness 6 through 17 year olds at 7 day and 30 day Follow-up





Follow-up After Hospitalization for Mental Illness – 7 day

	2018 Numerator	2018 Denominator	2018 Rate	2019 Numerator	2019 Denominator	2019 Rate
Medi-Cal at discharge, 6-17	6,848	9,619	71.2%	6,434	9,495	67.8%
Foster Care at discharge, 6-17	568	722	78.7%	540	702	76.9%
Group Home/STRTP at discharge, 6-17	103	133	74.4%	239	308	77.6%

2018 Medicaid median: 41.9; 25th percentile: 35.0; 75th percentile: 58.5



Follow-up After Hospitalization for Mental Illness – 30 day

	2018 Numerator	2018 Denominator	2018 Rate	2019 Numerator	2019 Denominator	2019 Rate
Medi-Cal at discharge, 6-17	8,055	9,619	83.7%	7,800	9,495	82.2%
Foster Care at discharge, 6-17	647	722	89.6%	618	702	88.0%
Group Home/STRTP at discharge, 6-17	120	133	90.2%	269	308	87.3%

2018 Medicaid median: 66.3; 25th percentile: 58.6; 75th percentile: 79.5

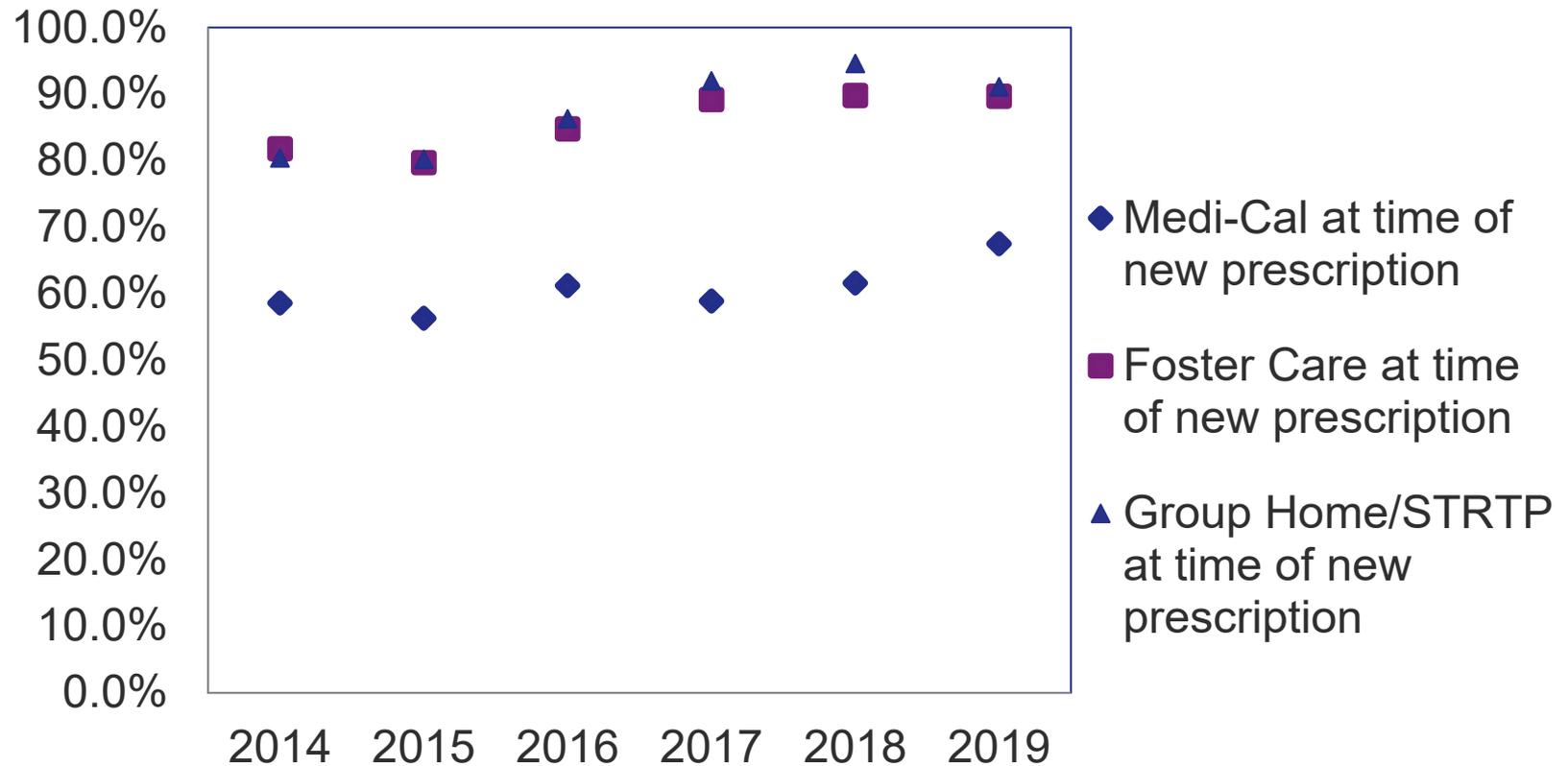


Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

- New antipsychotic prescription with none for at least 120 days prior
- 1 to 17 years old and enrolled 120 days prior to, and 30 days, after new prescription
- Diagnoses for which first-line medication may be appropriate are excluded (schizophrenia, other psychosis, autism, bipolar disorder) – if the diagnosis occurs at least twice during the measurement period
- Receipt of psychosocial services 90 days before through 30 days after the new prescription
- Foster care is defined as being in an out-of-home placement when medication was first prescribed



APP: First-Line Psychosocial Care





First-Line Psychosocial Care

	2018 Numerator	2018 Denominator	2018 Rate	2019 Numerator	2019 Denominator	2019 Rate
Medi-Cal at time of new prescription	3,370	5,474	61.6%	3,543	5,249	67.5%
Foster Care at time of new prescription	404	450	89.8%	455	507	89.7%
Group Home/STRTP at time of new prescription	70	74	94.6%	214	235	91.1%

2018 Medicaid median: 62.8; 25th percentile: 57.2; 75th percentile: 69.4



Age Stratification: First-Line Psychosocial Care

Age Group	2019 Numerator	2019 Denominator	2019 Rate
Medi-Cal 1 – 11 years	800	1,318	60.7%
Foster Care 1 – 11 years	115	128	89.8%
Medi-Cal 12 – 17 years	2,743	3,931	69.8%
Foster Care 12 – 17 years	340	379	89.7%



Considerations for First-Line Psychosocial Care

- Foster Care measure is calculated based on being in Foster Care at the time of the new paid claim for an antipsychotic medication
- This measure was calculated using a modification to the HEDIS specification related to the allowed Healthcare Common Procedure Coding System (HCPCS) codes:
 - H2015, a code representing Community Services, is not part of this HEDIS measure value set
 - H2015 was included by CA if the H2015 service was provided by a mental health professional

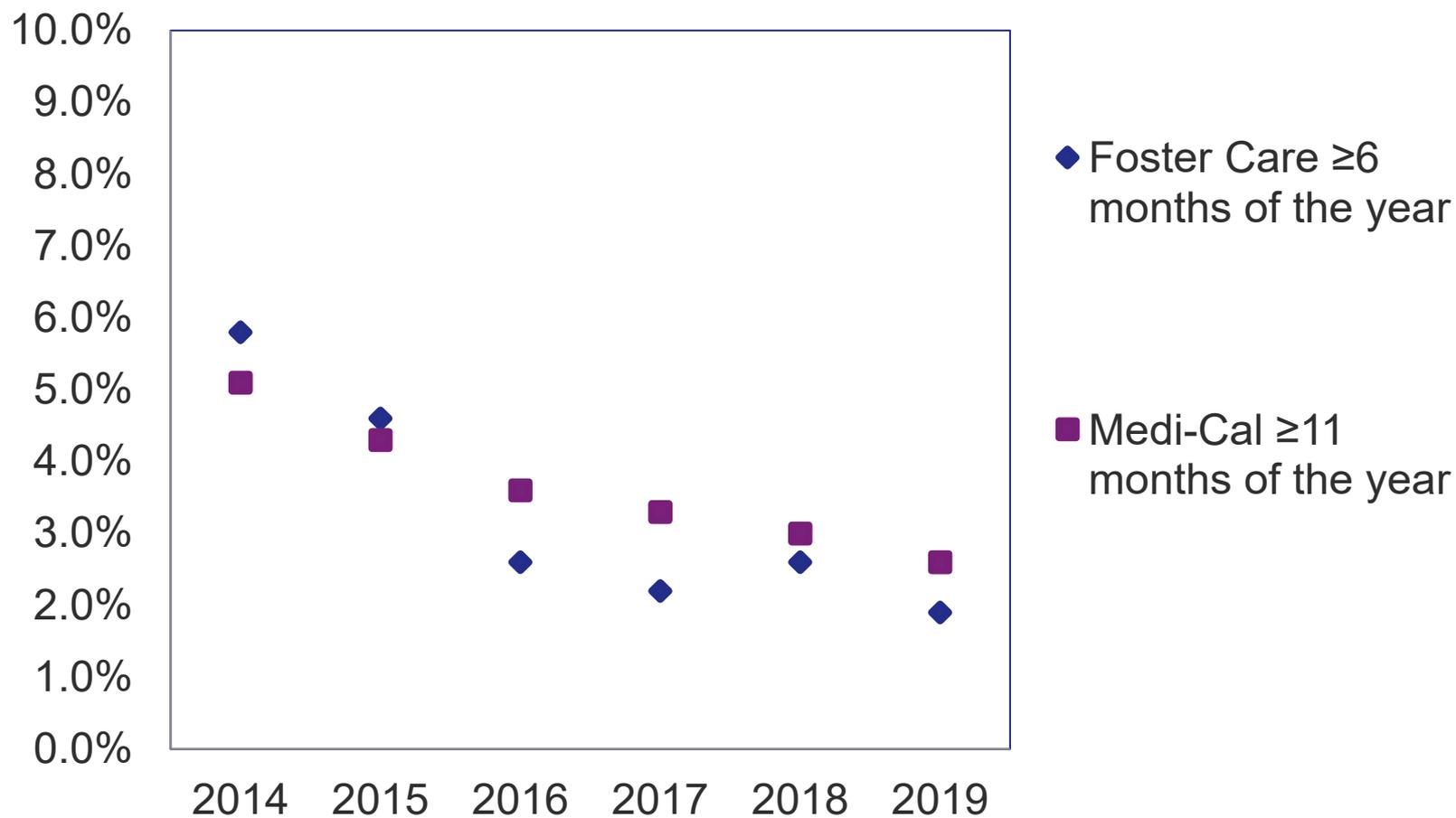


Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)

- The percentage of children who received one antipsychotic medication for 90 continuous days who had two or more antipsychotic medications during any 90-day period
- Antipsychotics are associated with the potential for significant side effects and two concurrent antipsychotics increases that potential
- Foster Care is defined as being in an out-of-home placement when medication was first prescribed



APC: Concurrent Antipsychotics: 1 - 17 years old





Concurrent Antipsychotics: 1 to 17 years old

	2018 Numerator	2018 Denominator	2018 Rate	2019 Numerator	2019 Denominator	2019 Rate
Medi-Cal \geq 11 months of the year	358	12,003	3.0%	287	11,040	2.6%
Foster Care \geq 6 months of the year	28	1,080	2.6%	17	890	1.9%

2018 Medicaid median: 2.6; 25th percentile: 3.5; 75th percentile: 1.7



Age Stratification: Concurrent Antipsychotics

Age Group	2019 Numerator	2019 Denominator	2019 Rate
Medi-Cal 1 – 11 years	42	2,970	1.4%
Medi-Cal 12 – 17 years	245	8,070	3.0%

2019 numerator for Foster Care performance
are too small to report by age group



Considerations for Concurrent Antipsychotics

- The decrease in the number of children in the denominators for the antipsychotics measures (APC and APM) is likely due to the new Treatment Authorization Request (TAR) policy initiated in November 2014 for antipsychotic prescriptions for children
- The number of children on two antipsychotics in the APC measure also decreased
- Children in Foster Care have lower rates than children in Medi-Cal, likely due to recent efforts by the California Department of Social Services

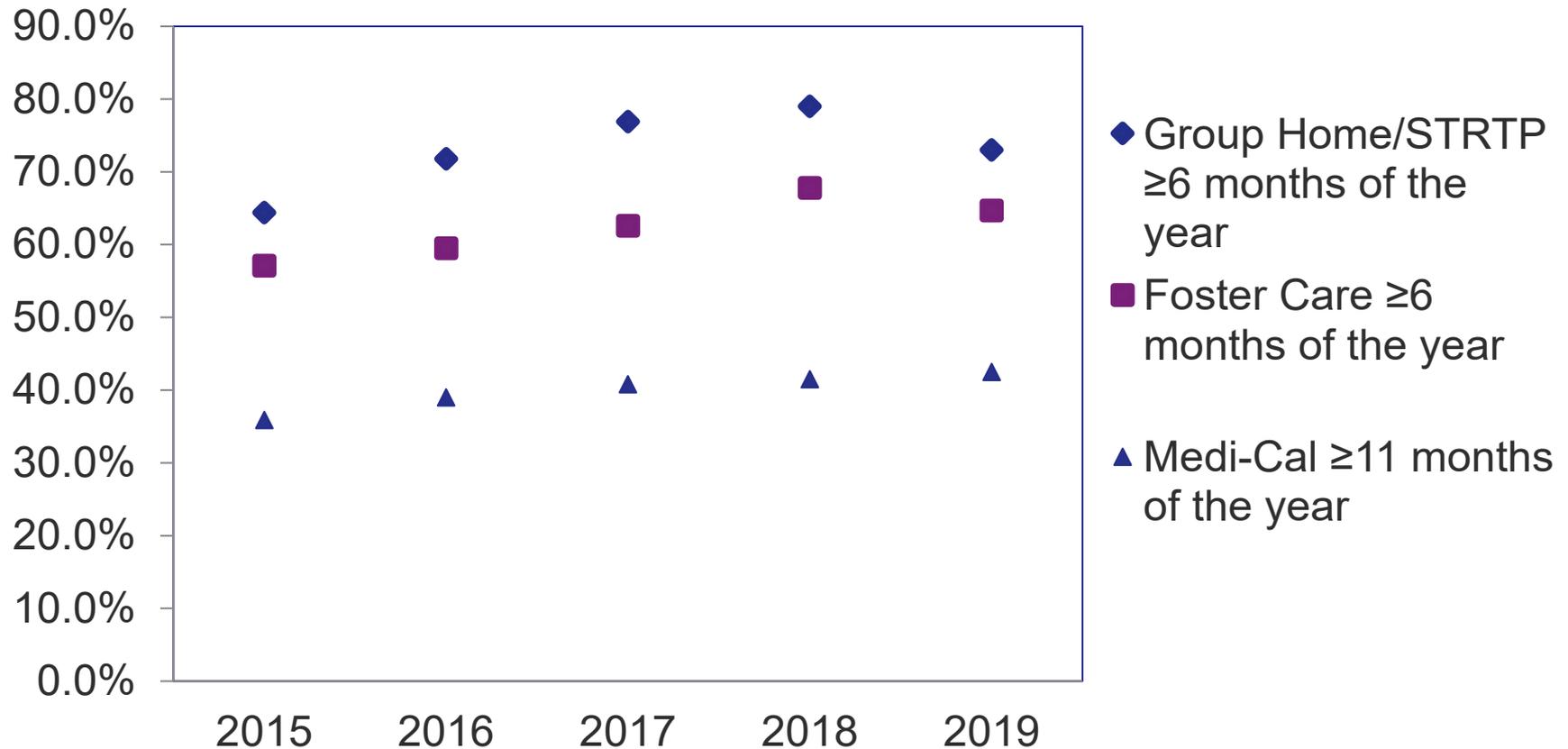


Metabolic Monitoring for Children and Adolescents on Antipsychotics

- Must have at least two antipsychotic medication dispensing events in the measurement year
 - The timeframe for receiving metabolic testing is January to December of the measurement year
- Tests performed for glucose or HbA1c **and** lipid or cholesterol
- Use of antipsychotic medications increases the risk for and complications of diabetes, high cholesterol and metabolic syndrome
- This measure assesses the performance of metabolic monitoring for those children exposed to antipsychotic medications beyond a single acute treatment



APM: Metabolic Monitoring





Metabolic Monitoring

	2018 Numerator	2018 Denominator	2018 Rate	2019 Numerator	2019 Denominator	2019 Rate
Medi-Cal \geq 11 months of the year	6,301	15,172	41.5%	6,186	14,550	42.5%
Foster Care \geq 6 months of the year	853	1,258	67.8%	718	1,100	64.7%
Group Home/STRTP \geq 6 months of the year	158	200	79.0%	387	530	73.0%



Age Stratification: Metabolic Monitoring

Age Group	2019 Numerator	2019 Denominator	2019 Rate
Medi-Cal 1 – 11 years	1,322	3,824	34.6%
Foster Care 1 – 11 years	135	229	59.0%
Group Home/STRTP 1 – 11 years	39	52	75.0%
Medi-Cal 12 – 17 years	4,864	10,726	45.3%
Foster Care 12 – 17 years	583	881	66.2%
Group Home/STRTP 12 – 17 years	348	478	72.8%



What we learn from HEDIS Measures

- ADHD measure
 - Room for improvement for both children in Medi-Cal and Foster Care
- Follow-up After Hospitalization measure
 - California is performing well, although there is room to improve
 - Although overall rates for children aged 6-17 declined this year, there were a significant number of children hospitalized for mental illness
 - One reason for the 2019 increase in congregate care numbers was that STRTP placements were added to the Group Home/ST RTP flag; in 2018, only Group Home placements were reported
- Psychosocial Care measure
 - Opportunity to improve granularity of coding for psychosocial services to better understand care delivered
 - Opportunity to increase utilization of psychosocial services



What we learn from HEDIS Measures

- Concurrent Antipsychotic measure
 - California's rate dropped significantly in 2015 due to extension of the requirements for Treatment Authorization for Antipsychotics through age 17, which occurred in November 2014, and appears to be at a stable, lower rate
- Metabolic Monitoring measure
 - Opportunity for improvements both in reporting and in practice
 - System integration and data sharing among providers are supporting improvements in this measure



What we learn from HEDIS Measures

- Compared with Medi-Cal-enrolled children
 - Initiation and continuation of ADHD medication follow-up visits were higher among children in foster care
 - Follow-up visit after hospitalization for mental illness had moderately higher rates among children in foster care
 - First-line psycho-social care utilization was higher among children in foster care
 - Concurrent antipsychotics use was lower among children in foster care (lower is better)
 - Metabolic monitoring uptake was higher among children in foster care
 - The better rates for children in foster care should be viewed in the context of having professional support (service networks and professionals) accountable for coordinating medical, behavioral, and social needs



What we learn from HEDIS Measures (continued)

- Specific opportunities for improvement and focus are identified for further investigation and quality improvement cycles
- California is performing comparably or better for children in Medi-Cal when compared to national averages where national averages are available