

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

Presentation of Results for Public Release

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 a comprehensive team to help facilitate care comprised of:
 - Social Worker
 - Public Health Nurse
 - Judicial System
- » In counties with County Organized Health Systems (COHS), children in Foster Care are in managed care
- » In non-COHS counties, children in Foster Care may be in MCPs or FFS
- » In all counties, children in Foster Care may receive care in 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); APC was last used in the Measure Year (MY) 2019 CMS Child Core Set
- Use of First-Line Psychosocial Care for Antipsychotics (APP)

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

HEDIS Behavioral Health Measures for Children and CMS Child Core Set

- » 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

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 2020 was retrieved from the DHCS Management Information System/Decision Support System between September and October 2021
- » Medi-Cal data was linked to Department of Social Services data (February 2021) to identify children in out-of-home placement
- » Foster Care status is a subset of Medi-Cal enrollment; placement in a Group Home or Short-Term Residential Therapeutic Program (STRTP) is status specific to members who are in 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)

Out-of-Home Placement Coding

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

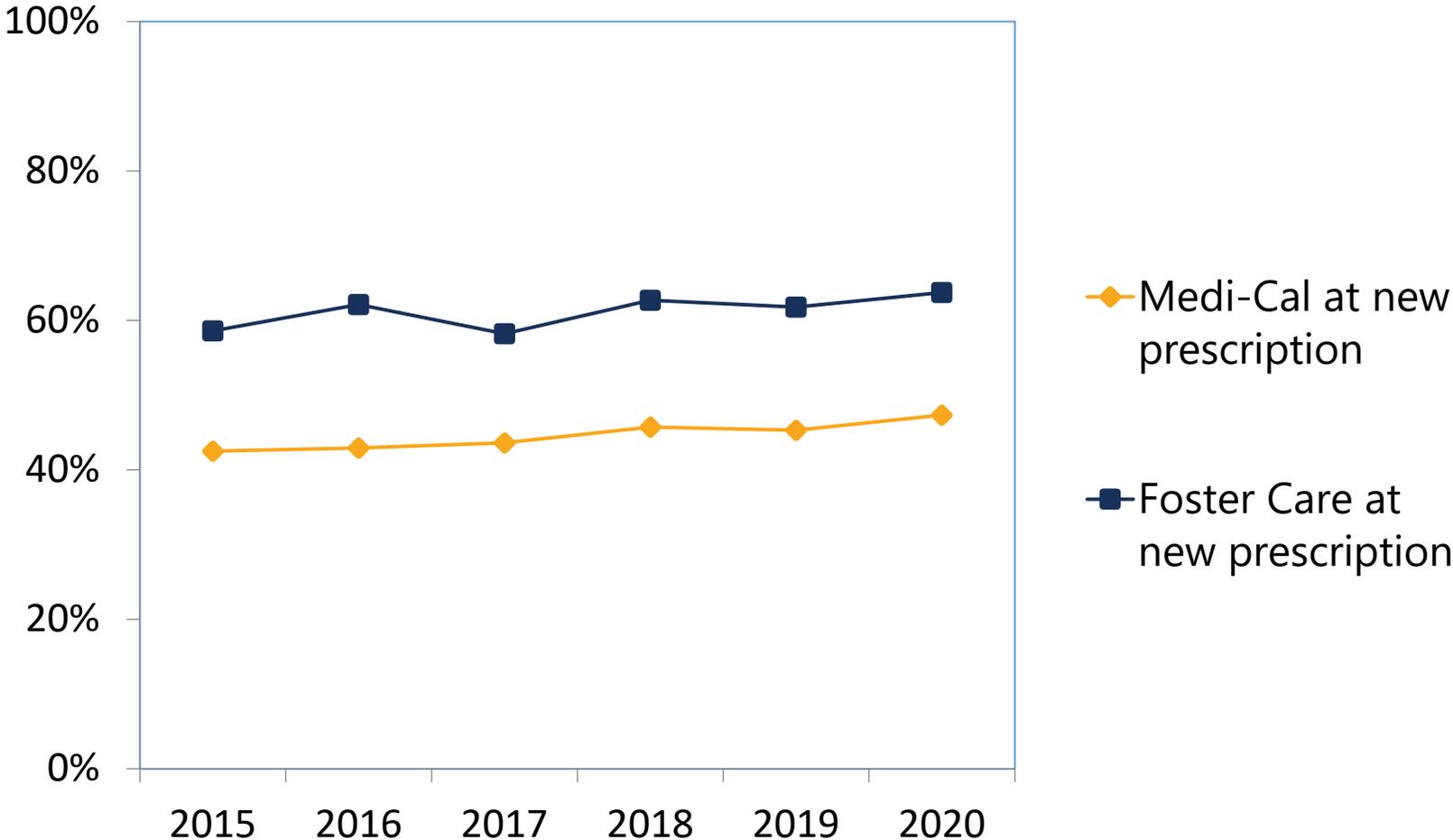
Follow-Up Care for Children Prescribed ADHD Medication (ADD)

- » 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

ADD: ADHD Medication Follow-up: Initiation Phase



ADD: ADHD Medication Follow-up: Initiation Phase

	2019 Numerator	2019 Denominator	2019 Rate	2020 Numerator	2020 Denominator	2020 Rate
Medi-Cal at time of new prescription	11,686	25,809	45.3%	10,568	22,324	47.3%
Foster Care at time of new prescription	586	949	61.8%	662	1,039	63.7%

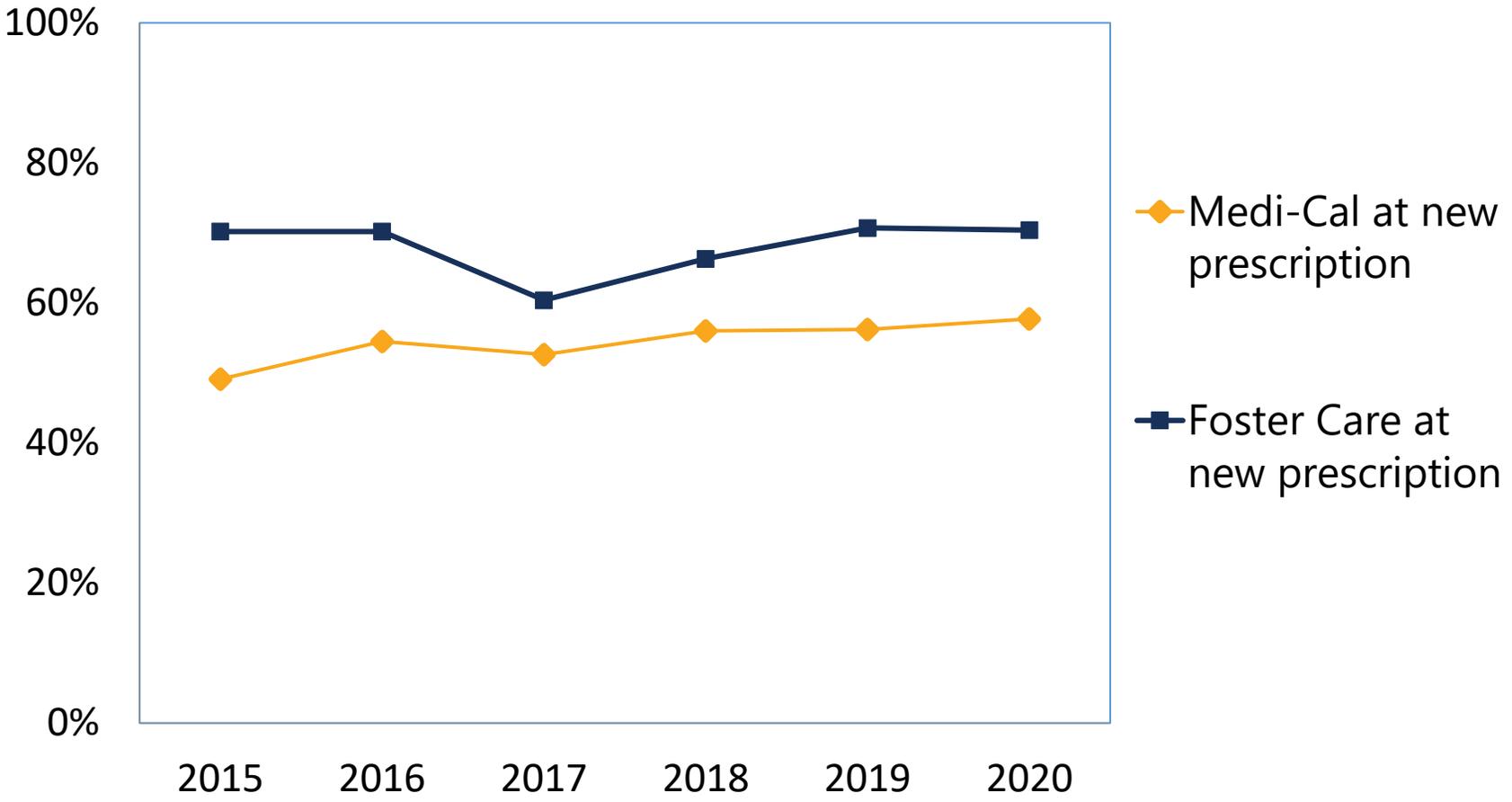
2020 Medicaid median: 47.0; 25th percentile: 40.6; 75th percentile: 52.8

ADD: 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

ADD: ADHD Medication Follow-up: Continuation Phase



ADD: ADHD Medication Follow-up: Continuation Phase

	2019 Numerator	2019 Denominator	2019 Rate	2020 Numerator	2020 Denominator	2020 Rate
Medi-Cal at time of new prescription	3,872	6,886	56.2%	3,278	5,685	57.7%
Foster Care at time of new prescription	328	464	70.7%	390	554	70.4%

2020 Medicaid median: 57.8; 25th percentile: 51.9; 75th percentile: 62.6

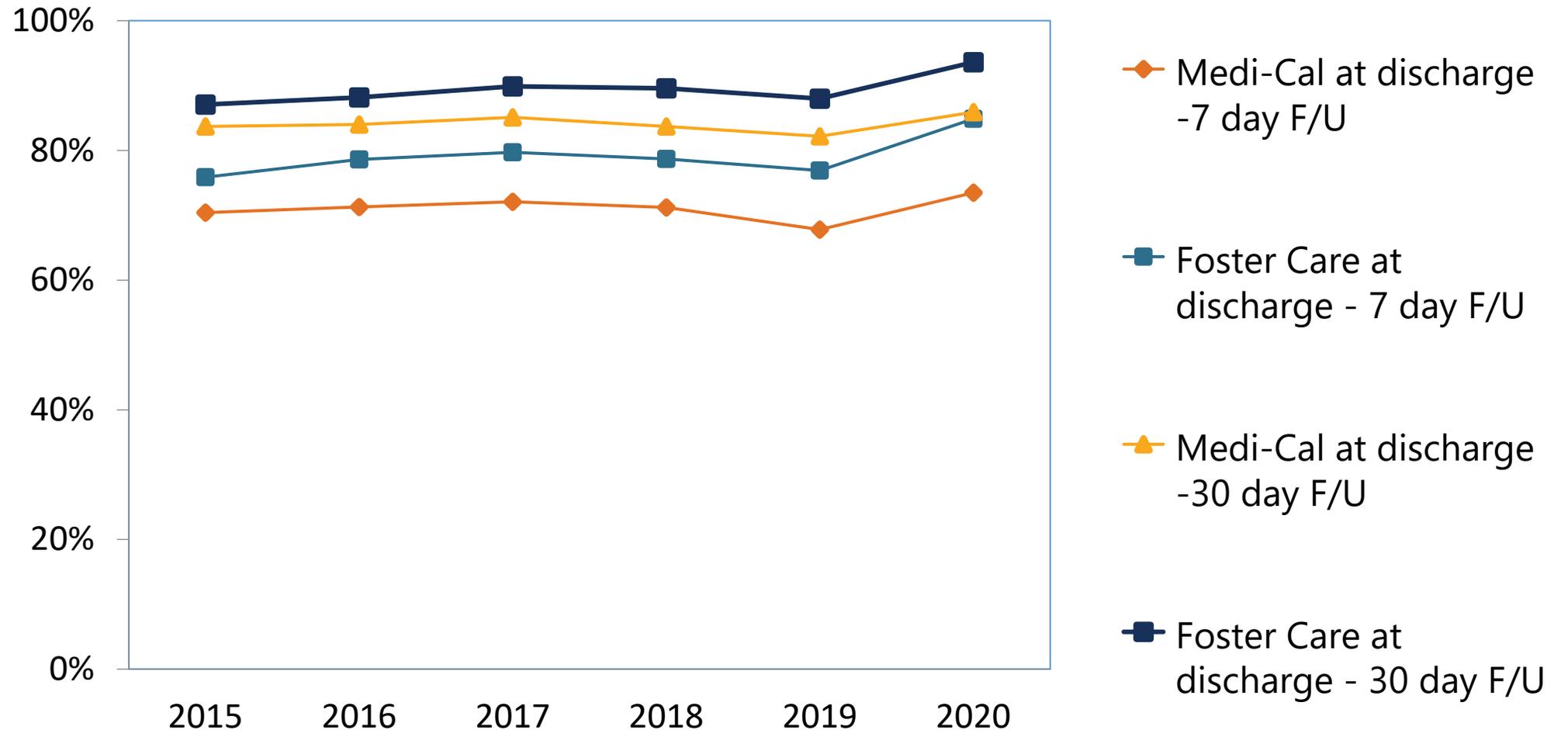
Considerations for ADHD Medication Follow-up

- » 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 (FUH)

- » 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 for children ages 6 through 17:
 - 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

FUH: Follow-up After Hospitalization for Mental Illness, 6–17 year olds, at 7-Day and 30-Day Follow-up



FUH: Follow-up After Hospitalization for Mental Illness – 7-Day

	2019 Numerator	2019 Denominator	2019 Rate	2020 Numerator	2020 Denominator	2020 Rate
Medi-Cal at discharge, 6-17	6,434	9,495	67.8%	6,739	9,166	73.5%
Foster Care at discharge, 6-17	540	702	76.9%	557	656	84.9%
Group Home/STRTP at discharge, 6-17	239	308	77.6%	187	223	83.9%

2020 Medicaid median: 51.2; 25th percentile: 42.1; 75th percentile: 59.7

FUH: Follow-up After Hospitalization for Mental Illness – 30 Day

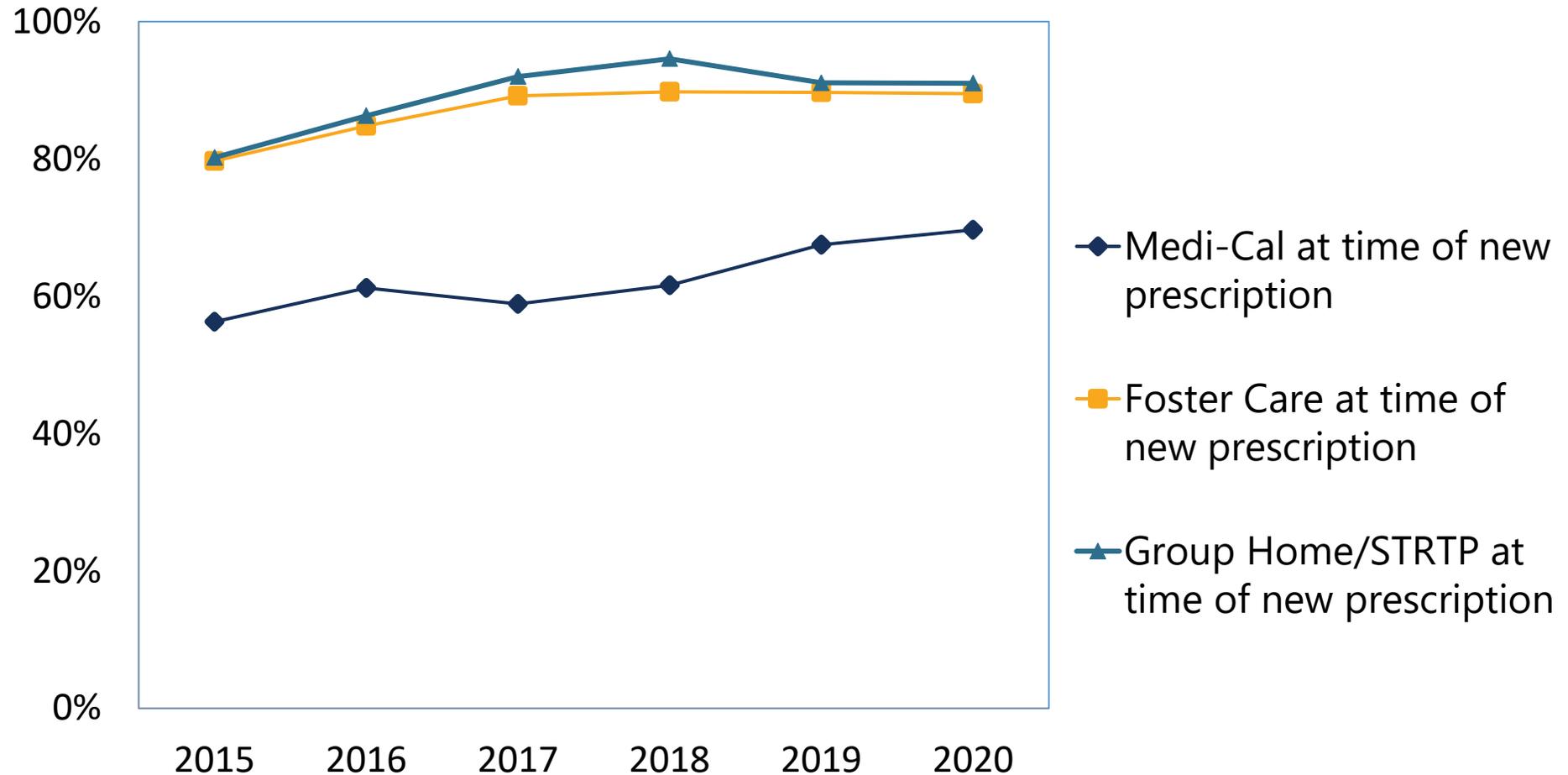
	2019 Numerator	2019 Denominator	2019 Rate	2020 Numerator	2020 Denominator	2020 Rate
Medi-Cal at discharge, 6-17	7,800	9,495	82.2%	7,870	9,166	85.9%
Foster Care at discharge, 6-17	618	702	88.0%	614	656	93.6%
Group Home/STRTP at discharge, 6-17	269	308	87.3%	207	223	92.8%

2020 Medicaid median: 71.5; 25th percentile: 64.2; 75th percentile: 79.3

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

- » 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
- » H2015 was included by CA if the H2015 service was provided by a mental health professional

APP: First-Line Psychosocial Care



APP: First-Line Psychosocial Care

	2019 Numerator	2019 Denominator	2019 Rate	2020 Numerator	2020 Denominator	2020 Rate
Medi-Cal at time of new prescription	3,543	5,249	67.5%	3,721	5,339	69.7%
Foster Care at time of new prescription	455	507	89.7%	546	610	89.5%
Group Home/STRTP at time of new prescription	214	235	91.1%	213	234	91.0%

2020 Medicaid median: 69.7; 25th percentile: 57.7; 75th percentile: 69.2

APP: First-Line Psychosocial Care Age Stratification

Age Group	2020 Numerator	2020 Denominator	2020 Rate
Medi-Cal 1 – 11 years	802	1,292	62.2%
Foster Care 1 – 11 years	168	183	91.8%
Medi-Cal 12 – 17 years	2,918	4,047	72.1%
Foster Care 12 – 17 years	378	427	88.5%

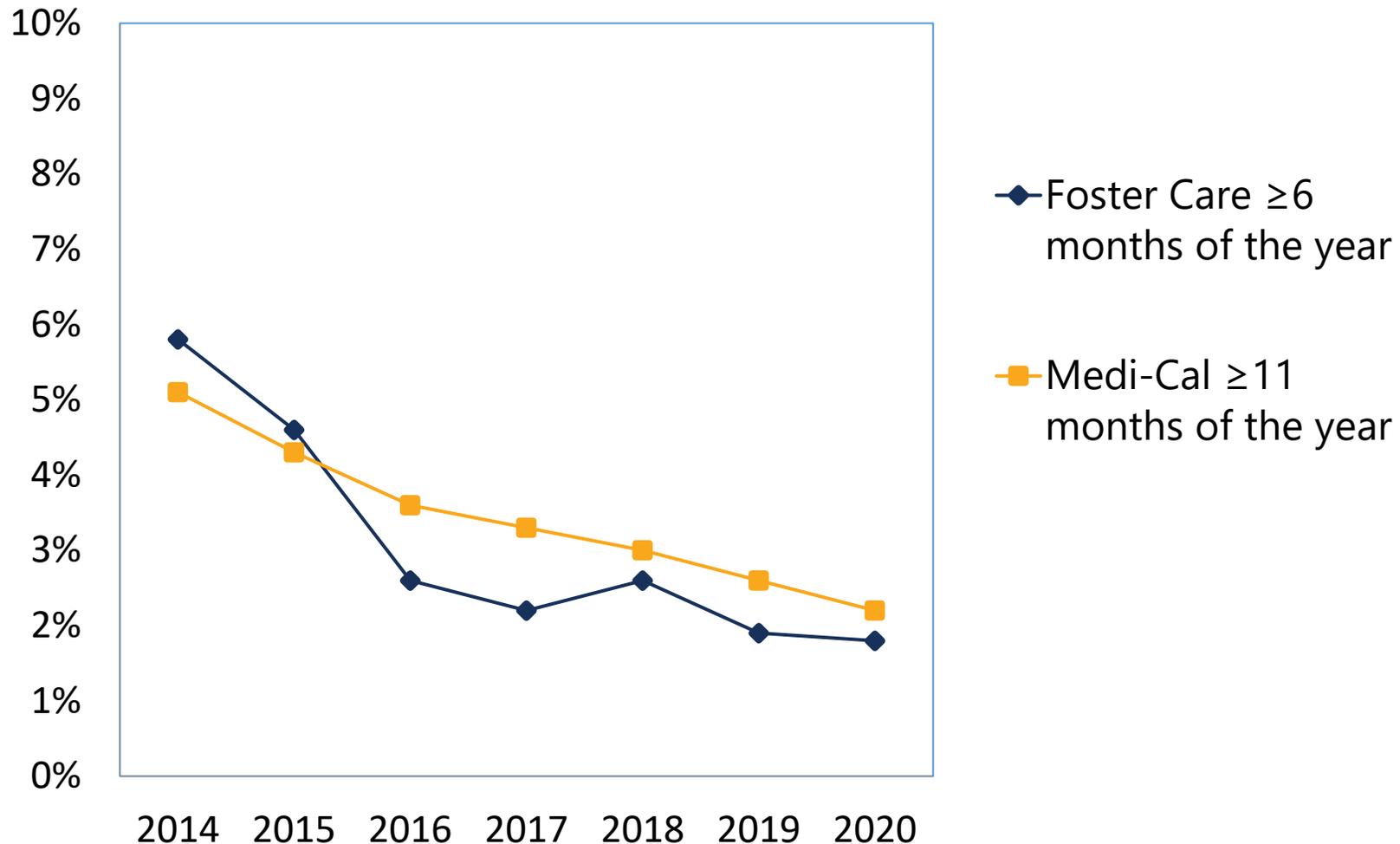
Considerations for First-Line Psychosocial Care

- » 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 was retired from the FFY2020 CMS Child Core Set (last used in MY2018/FFY2019, replaced by APM in MY2019/FFY2020.)

APC: Use of Concurrent Antipsychotics: 1 - 17 years old



APC: Use of Concurrent Antipsychotics: 1 to 17 years old

	2019 Numerator	2019 Denominator	2019 Rate	2020 Numerator	2020 Denominator	2020 Rate
Medi-Cal ≥11 months of the year	287	11,040	2.6%	226	10,101	2.2%
Foster Care ≥6 months of the year	17	890	1.9%	22	1225	1.8%

MY2018 Medicaid median: 2.6; 25th percentile: 3.5; 75th percentile: 1.7; APC was retired in FFY2020 and last used in the MY2018/FFY2019 CMS Child Core Set

APC: Use of Concurrent Antipsychotics - Age Stratification

Age Group	2020 Numerator	2020 Denominator	2020 Rate
Medi-Cal 1 – 11 years	29	2,645	1.1%
Medi-Cal 12 – 17 years	197	7,456	2.6%

The 2020 numerator for youth in foster care was too small to report by age group

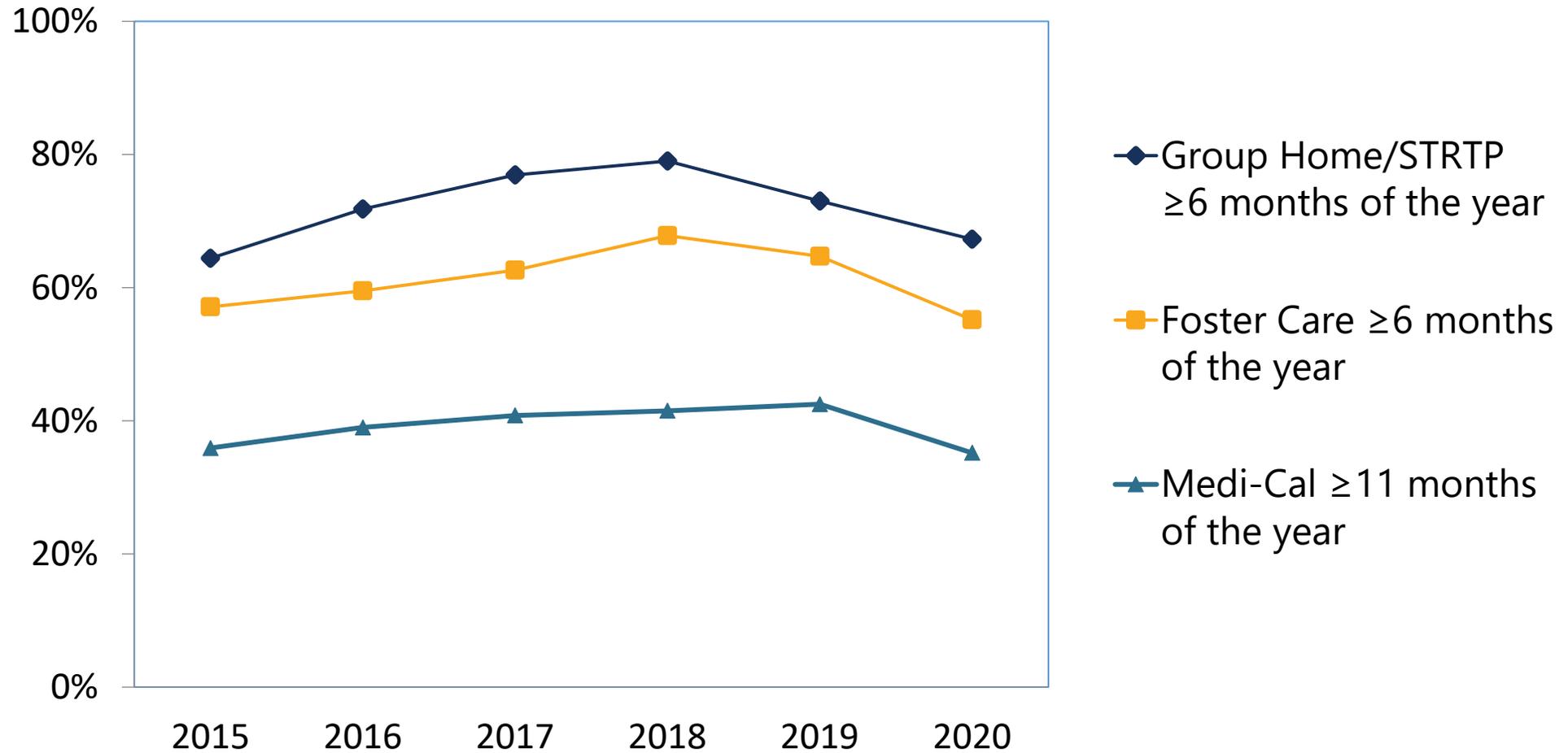
Considerations for Concurrent Antipsychotics

- » 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 (APM)

- » 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



APM: Metabolic Monitoring

	2019 Numerator	2019 Denominator	2019 Rate	2020 Numerator	2020 Denominator	2020 Rate
Medi-Cal \geq 11 months of the year	6,186	14,550	42.5%	5,629	14,641	38.4%
Foster Care \geq 6 months of the year	718	1,100	64.7%	862	1,562	55.2%
Group Home/STRTP \geq 6 months of the year	387	530	73.0%	409	608	67.3%

2020 Medicaid median: 30.3; 25th percentile: 25.3; 75th percentile: 36.5

APM: Metabolic Monitoring Age Stratification

Age Group	2020 Numerator	2020 Denominator	2020 Rate
Medi-Cal 1 – 11 years	1,193	3,712	32.1%
Foster Care 1 – 11 years	194	395	49.1%
Group Home/ STRTP 1 – 11 years	50	70	71.4%
Medi-Cal 12 – 17 years	4,432	10,929	40.6%
Foster Care 12 – 17 years	668	1,167	57.2%
Group Home/STRTP 12 – 17 years	359	538	66.7%