DPP Evaluation Insights

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Background

- In state fiscal year (SFY) 2022, HHSC received approval for four new Medicaid directed payment programs (DPPs.)
  - Comprehensive Hospital Increase Reimbursement Program (CHIRP)
  - Texas Incentive for Physicians and Professional Services (TIPPS)
  - Directed Payment Program for Behavioral Health Services (DPP BHS)
  - Rural Access to Primary and Preventive Services (RAPPS)
- HHSC recently published an evaluation report. The evaluation looks at SFY 2022 final data and SFY 2023 preliminary data. HHSC also published an evaluation plan for SFY 2024.

Agenda

- DPP Quality Overview
- Evaluation Findings (SFY22 and SFY23)
- Program Changes & Evaluation Performance Targets (SFY24)
- Next steps for DPPs
- Questions

DPP Quality Overview

Texas Medicaid DPPs SFY 2023

TEXAS
Health and Human Services

CHIRP
Comprehensive Hospital Increased Reimbursement Program

$5.2 Billion

406 Hospitals

Program Year 2

STAR
STAR+PLUS

TIPPS
Texas Incentive for Physicians and Professional Services

$738 Million

61 Physician Groups

Program Year 2

STAR
STAR+PLUS
STAR Kids

DPP BHS
Directed Payment Program for Behavioral Health Services

$253 Million

40 Behavioral Health Centers

Program Year 2

STAR
STAR+PLUS
STAR Kids

RAPPS
Rural Access to Primary and Preventive Services

$31 Million

160 Rural Health Clinics

Program Year 2

STAR
STAR+PLUS
STAR Kids

QIPP
Quality Incentive Payment Program

$1.1 Billion

951 Nursing Facilities

Program Year 6

STAR+PLUS

DPP Evaluation Insights, Delivery System Quality & Innovation, March 23, 2023

Quality Strategy Goals SFY 2023

Texas must demonstrate to CMS that each DPP advances one or more goals and objectives of the [Texas Managed Care Quality Strategy](.).

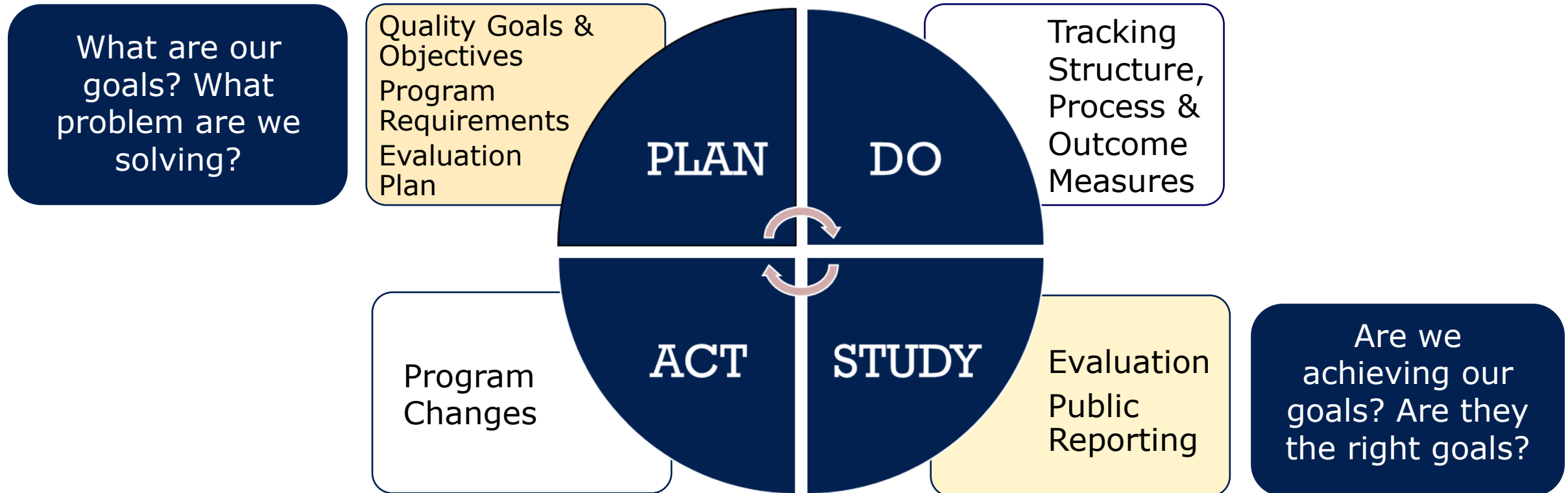Promoting optimal health for Texans

Keeping Texans free from harm

Promoting effective practices for people with chronic, complex, and serious conditions

Attracting and retaining high-performing Medicaid providers to participate in team-based, collaborative, and coordinated care.
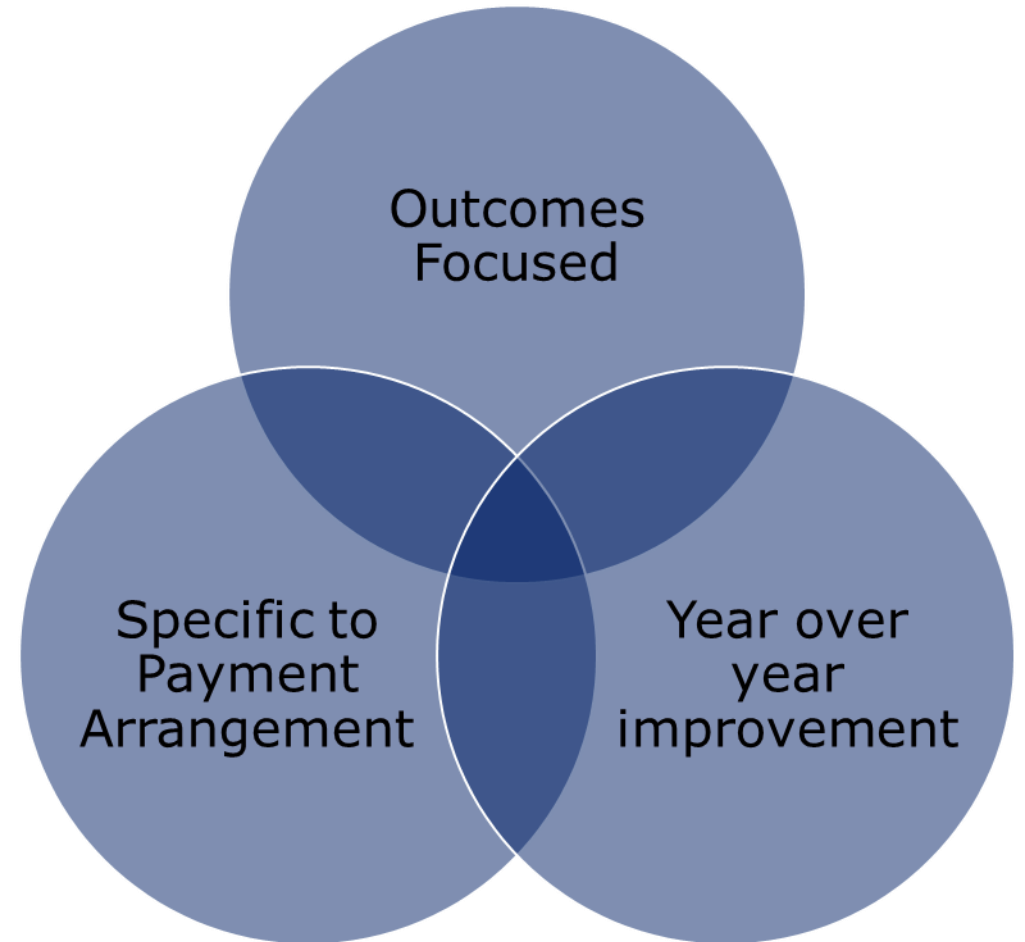
Evaluation and Program Planning Feedback Cycle

What are our goals? What problem are we solving?

Quality Goals & Objectives
Program Requirements
Evaluation Plan

Tracking Structure, Process & Outcome Measures

PLAN | DO
ACT | STUDY

Program Changes

Evaluation
Public Reporting

Are we achieving our goals? Are they the right goals?

CMS Quality Requirements

- HHSC submits an application (preprint) to CMS for approval of a directed payment program.
- The application shows how the program aligns with the Medicaid Managed Care Quality Strategy AND CMS quality priorities.
- The application must include an evaluation of the prior program years.

Outcomes Focused

Specific to Payment Arrangement

Year over year improvement

Source: Section 438.6(c) Preprint January 2021

Evaluation Data Sources

Data Source	Pro	Con
Participating Providers EHRs	• Timely • Actionable by providers • Includes clinical detail closest to the member	• Labor-intensive for providers • Not validated • Provider-specific
External Quality Review Organization (EQRO) Claims	• Based on validated encounter data • Whole picture of a member's experience • Program and provider attribution	• Data lag • Claims-based with limited medical record detail

Evaluation Findings

SFY22 – SFY23

What does the evaluation say?

☑ Better ability to meet administrative requirements

🔍 Clearer picture of the population impacted by DPPs

⇅ Changes in structure measure adoption

⚠ Some measures are not a good fit for the program

Medicaid managed care reporting requirements

TEXAS
Health and Human Services

SFY 2022

70% of the measures that required reporting a Medicaid managed care rate met the requirement.

SFY 2023

No exceptions are allowed. Providers are reporting the Medicaid managed care rate when required.

Baseline Population Health in 2021

Texas's External Quality Review Organization uses claims data to identify Medicaid members with one or more visits with a DPP provider during the year and then compares the DPP population to other Medicaid members.

TIPPS, RAPPS, DPP BHS Populations
STAR, STAR+PLUS and STAR Kids

- **More likely** to visit the emergency department for a potentially preventable condition (PPV)

- **More likely*** to be admitted to the hospital for a potentially preventable condition (PPA)
  *except STAR Kids members that visit RAPPS providers and STAR+PLUS members that visited DPP BHS providers

CHIRP Population
STAR and STAR+PLUS

- **3000** admissions with a potentially preventable complication (PPC) that occurred in the hospital
  $40 million in expenditures

- **12,750** hospital readmissions that were potentially preventable (PPR)
  $188 million in expenditures

Hospitals Connected to Public HIEs or EHRs with HIE Capabilities SFY22 - 23

Legend:
- SFY 2022
- SFY 2023

Connected: 261 (SFY 2022), 302 (SFY 2023)

Not connected, but planning to connect during the program year: 97 (SFY 2022), 61 (SFY 2023)

Not connected, and not planning to connect during the program year: 53 (SFY 2022), 36 (SFY 2023)
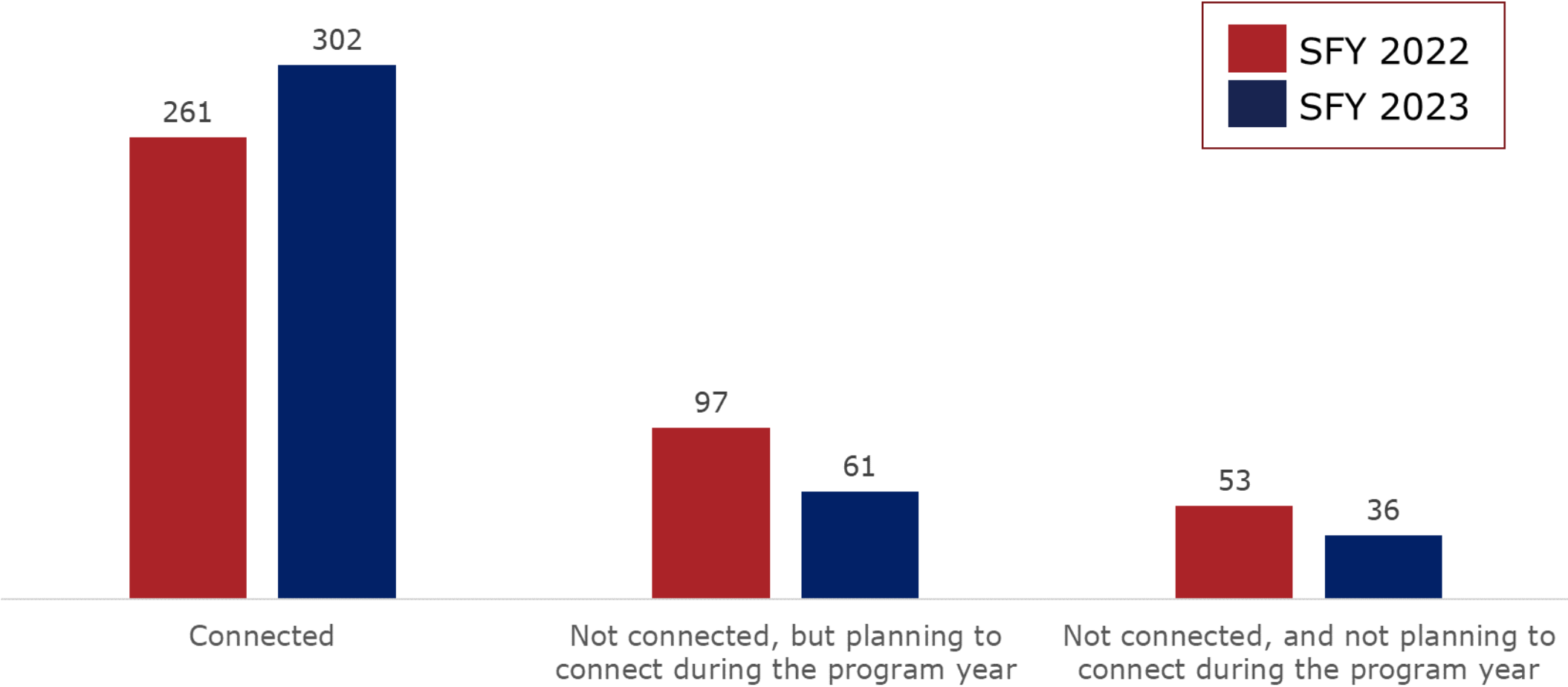
CHIRP Influence and Changes in HIE Adoption SFY22 - 23

If hospitals were not already using HIE capabilities in SFY22, did they progress toward HIE in SFY23, and how much was CHIRP influencing them in SFY22?

	Away from HIE	No change	Progressed toward HIE
Strongly influenced		18	6
Somewhat influenced		25	35
Not influenced		36	15

■ Not influenced   ■ Somewhat influenced   ■ Strongly influenced
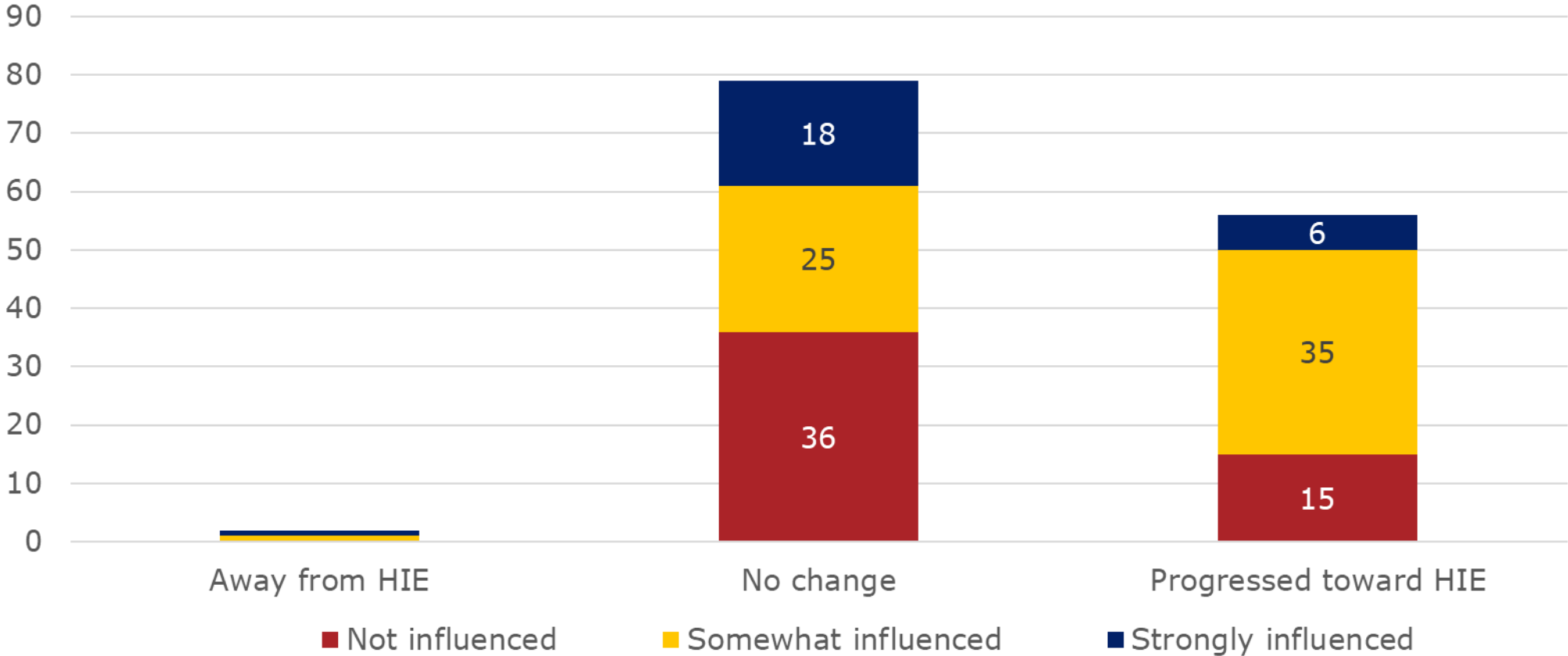
Hospitals Connected to HIEs and Sending Data to EDEN SFY23

31% of CHIRP Hospitals are connected to an HIE that sends data to EDEN

HIE Yes EDEN Yes — 31%
HIE No EDEN No — 23%
HIE No EDEN Yes
HIE Yes EDEN No — 45%
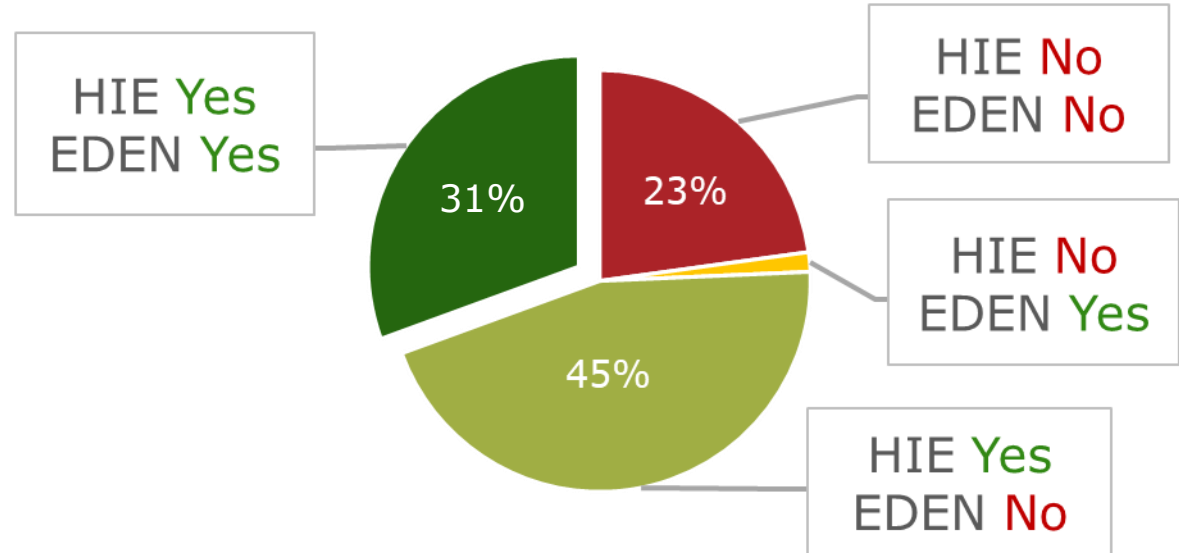
What is EDEN?
- Emergency Department Encounter Notification (EDEN)
- A statewide system that processes Medicaid clients' admission, discharge or transfer (ADT) status and then transmits it to Texas Medicaid, MCOs, primary care physicians and other care team members.
- EDEN is a strategy in the Texas Health IT Strategic Plan

Program Changes & Evaluation Performance Targets

SFY24

Program Changes in SFY2024

Stakeholder Workgroups

- HHSC worked with stakeholders starting in November 2022 to review progress, prioritize focus areas, and explore potential changes.
- Workgroups included providers and MCOs.

Program Changes submitted to CMS

✓ Reducing the number of measures reported by providers

✓ Increasing the number of measures tracked by the External Quality Review Organization

✓ Health Information Exchange and non-medical drivers of health across (NMDOH) reporting across all programs

Evaluation Performance Targets

Targets are for provider-reported measures in 2022 and 2023

Track changes in <u>statewide</u> collective performance (median rate)

Process and outcome measures reported in all three program years

Required by CMS

Do individual providers have to meet the evaluation performance targets in SFY2024?

Providers report data only as a condition of participation.

Providers should assess their performance relative to peers and statewide performance targets.

What is a box and whisker plot?

A box and whisker plot shows a distribution of the rates from all providers reporting a measure, divided into quartiles (25% of the data).

- Outlier value

Maximum value

75th percentile →

Mean → ×

← Median

25th percentile →

Minimum value
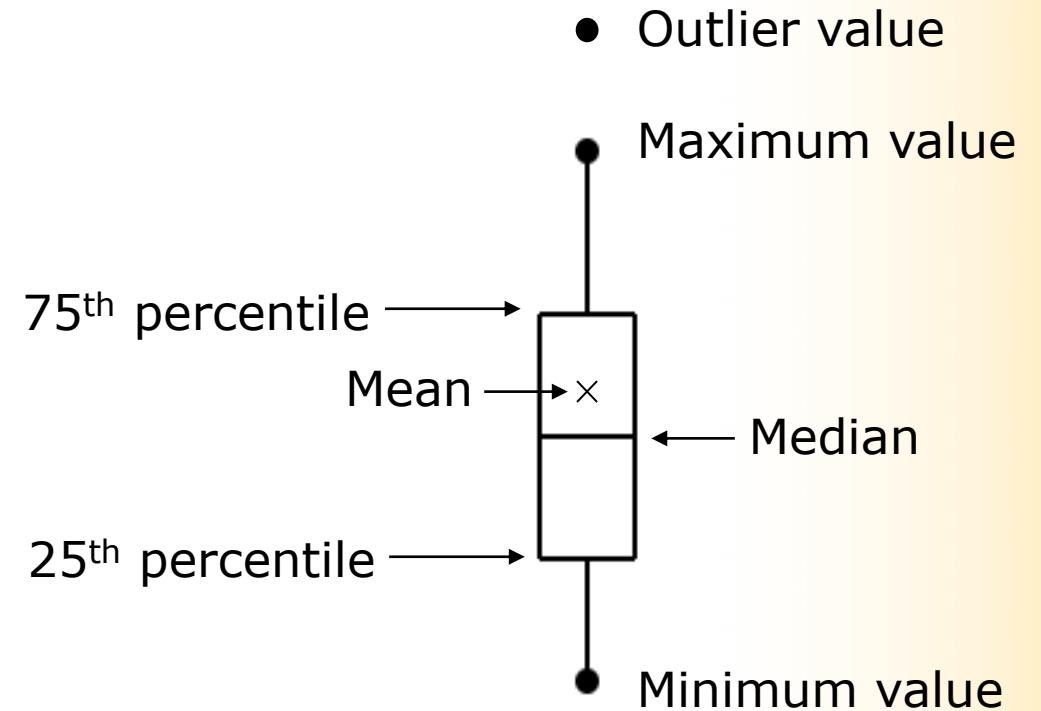
Box and whisker plot examples

PC-02 Cesarean Section 2021 MMC — Lower is better
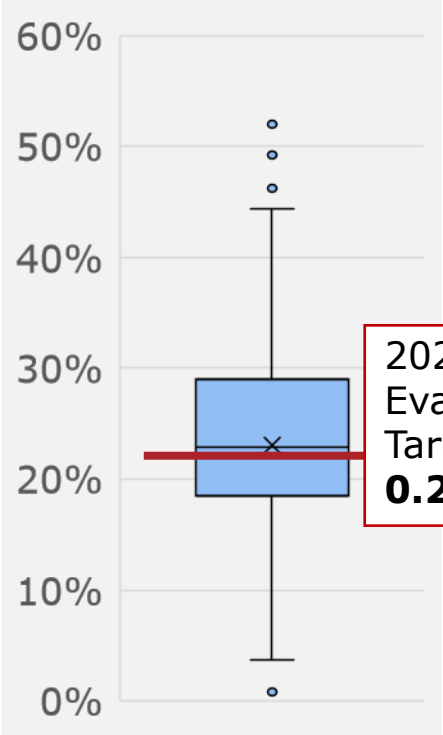
2023 Eval Target: **0.2171**

Catheter-Associated UTI SIR 2021 All Payer
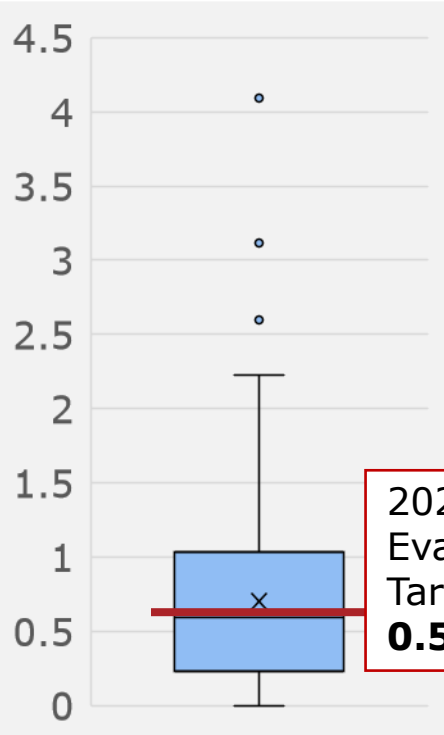
2023 Eval Target: **0.5642**

Tobacco Screening and Cessation Intervention 2021 MMC — Higher is better
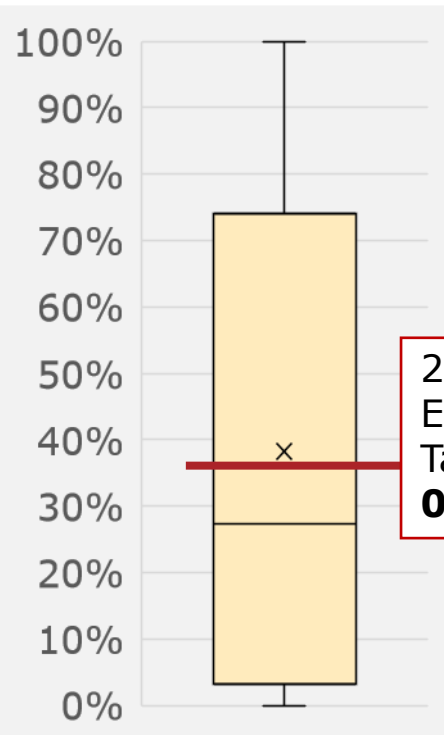
2023 Eval Target: **0.3455**

Assessing Individual Provider Performance Relative to Targets

To assess individual performance, go to the summary tab on provider's last reporting template or other source of your data.

Compare a provider's individual rates to the targets in the appendix for the same population (All Payer or Medicaid Managed Care).

Pay attention to whether a higher number or a lower number indicates good performance for each measure (aka "directionality").

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Health and Human Services

What's next for DPP evaluation?

Next Steps for DPPs

SFY 23

HHSC publishes the SFY22 - 23 evaluation

Participating providers report final SFY23 data

When will we know if the program has met the SFY 2024 evaluation targets? Provider-reported data for CY2023 will be finalized in August 2024. The evaluation report will be published by March 2025.

March 2023	April	*Summer*	*Fall*	*March 2024*

SFY 24

HHSC submits SFY24 preprint to CMS

CMS approves* SFY24 Preprint

*Target approval date, subject to change

Participating providers report preliminary SFY24 data

HHSC publishes the SFY22 – 24 evaluation

Questions about DPP evaluation?

Email: DPPQuality@hhs.Texas.gov

Website: DPP Quality Resources

CHIRP: UHRIP C1-127
Unintentional Medication Discrepancies per Medication per Patient
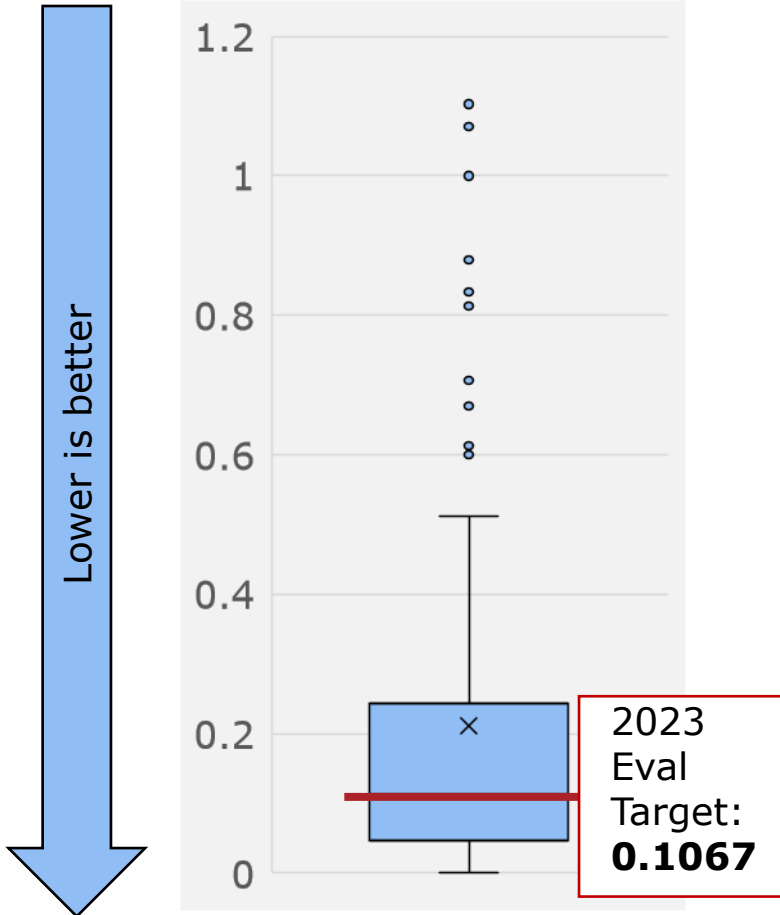
Lower is better

2023 Eval Target: **0.1067**

Quality Strategy Goal	Type of Measure	Payer Type	Hospitals Included/Eligible
Keeping patients free from harm	Outcome	All Payer	115/411

Data Year	25th percentile	Mean	Median	75th percentile
CY2021	0.2430	0.2112	0.1124	.0469

2023 Evaluation Target	How was the target determined?
0.1067	5% gap closure

CHIRP: ACIA Maternal C2-129
Severe Maternal Morbidity

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Services

Lower is better

2023 Eval Target: **1.88%**

Quality Strategy Goal	Type of Measure	Payer Type	Hospitals Included/Eligible
Keeping patients free from harm	Outcome	MMC	84/105

Data Year	25th percentile	Mean	Median	75th percentile
CY2021	3.53%	2.41%	1.97%	1.00%

| 2023 Evaluation Target	How was the target determined?
1.88%	5% gap closure

CHIRP: ACIA Maternal C2-130
PC-02 Cesarean Section

Lower is better

2023 Eval Target: **21.71%**

Quality Strategy Goal	Type of Measure	Payer Type	Hospitals Included/Eligible
Keeping patients free from harm	Outcome	MMC	84/105

Data Year	25th percentile	Mean	Median	75th percentile
CY2021	29.01%	23.06%	22.86%	18.52%

2023 Evaluation Target	How was the target determined?
21.71%	5% gap closure

Higher is better →

2023 Eval Target: **34.55%**
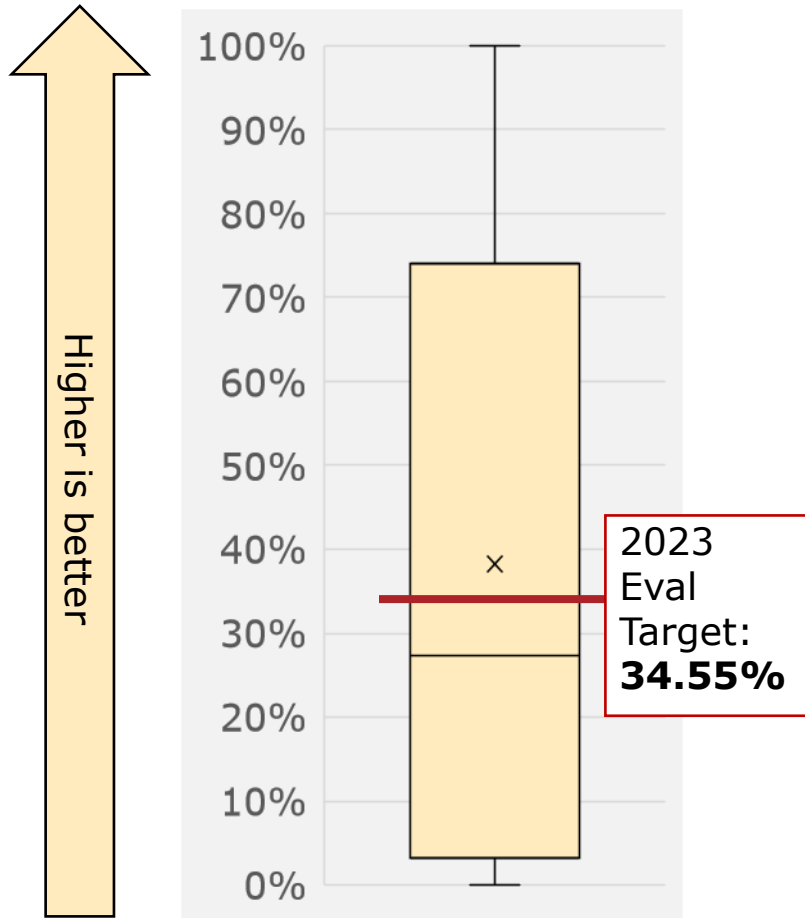
Quality Strategy Goal	Type of Measure	Payer Type	Hospitals Included/Eligible
Promoting optimal health for Texans	Process	MMC	48/79

Data Year	25th percentile	Mean	Median	75th percentile
CY2021	3.21%	38.25%	27.27%	74.03%

2023 Evaluation Target	How was the target determined?
34.55%	10% gap closure

CHIRP: ACIA Hospital Safety C2-132 Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratio
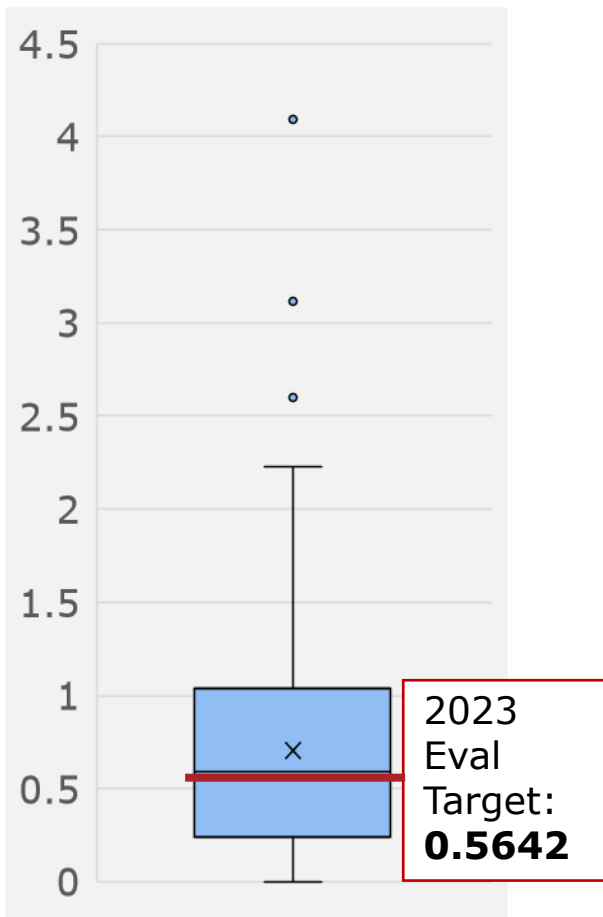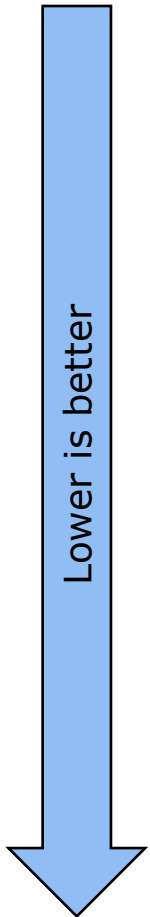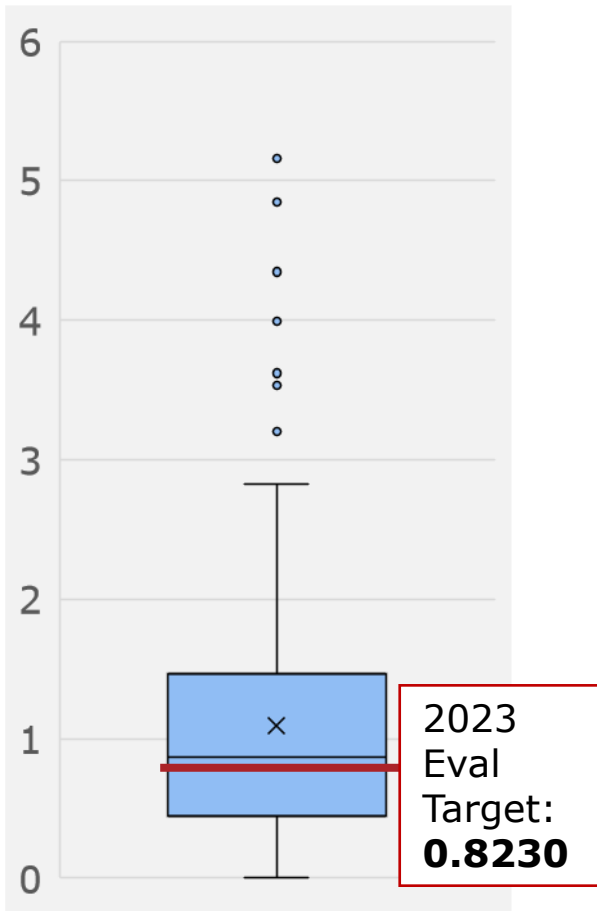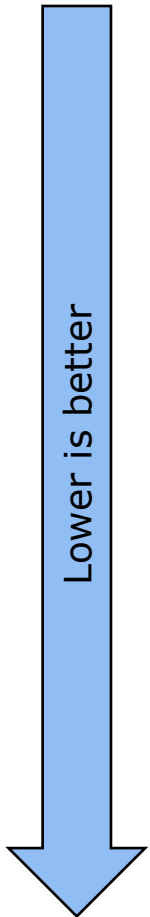
Lower is better

2023 Eval Target: **0.5642**

Quality Strategy Goal	Type of Measure	Payer Type	Hospitals Included/Eligible
Keeping patients free from harm	Outcome	All Payer	135/137

Data Year	25th percentile	Mean	Median	75th percentile
CY2021	1.0352	0.7052	0.5939	.2372

2023 Evaluation Target	How was the target determined?
0.5642	5% gap closure

Lower is better

2023 Eval Target: **0.8230**

Quality Strategy Goal	Type of Measure	Payer Type	Hospitals Included/Eligible
Keeping patients free from harm	Outcome	All Payer	134/137

Data Year	25th percentile	Mean	Median	75th percentile
CY2021	1.4651	1.0921	0.8663	0.4450

2023 Evaluation Target	How was the target determined?
0.8230	5% gap closure

Lower is better

2023
Eval
Target:
0.0000

Quality Strategy Goal	Type of Measure	Payer Type	Hospitals Included/Eligible
Keeping patients free from harm	Outcome	All Payer	11/11

Data Year	25th percentile	Mean	Median	75th percentile
CY2021	1.4409	0.5932	0.00	0.00

Evaluation Target	How was the target determined?
0.00 per 1000	Maintenance

CHIRP: ACIA Pediatrics C2-158
Pediatric Central Line Associated Bloodstream Infection per 1000 cases

Lower is better
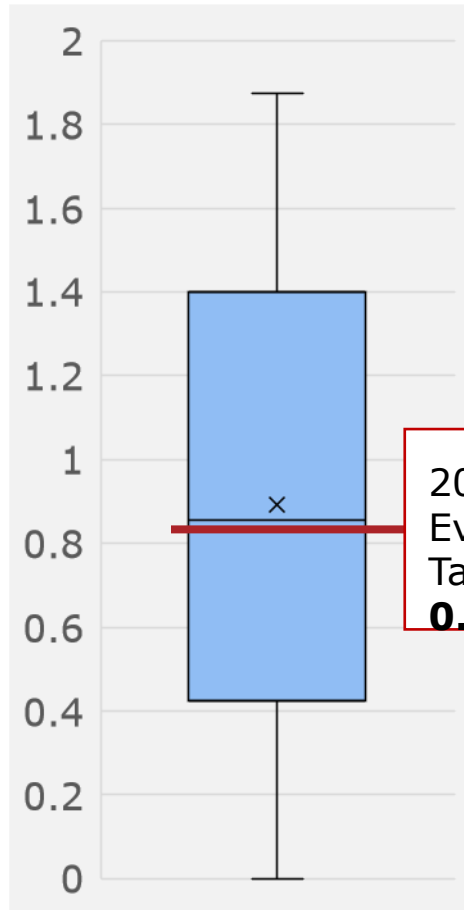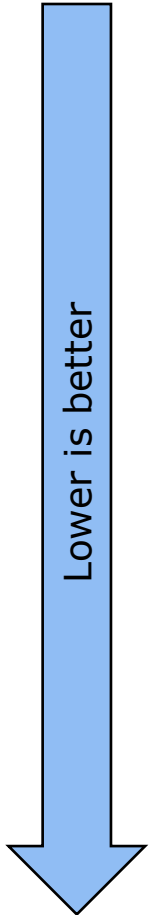
2023 Eval Target: **0.8140**

Quality Strategy Goal	Type of Measure	Payer Type	Hospitals Included/Eligible
Keeping patients free from harm	Outcome	All Payer	11/11

Data Year	25th percentile	Mean	Median	75th percentile
CY2021	1.3986	0.8925	0.8569	0.4235

Evaluation Target	How was the target determined?
0.8140 per 1000	5% gap closure

TIPPS: Component 2 T2-102 Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)

Lower is better
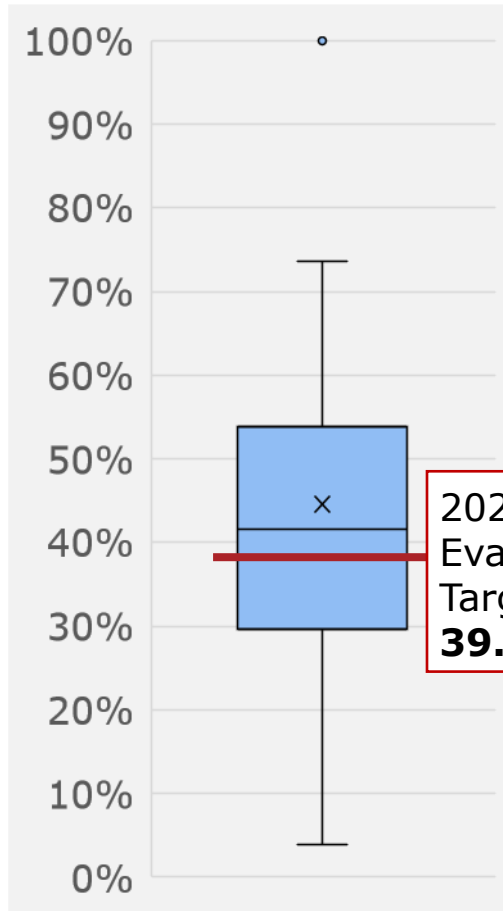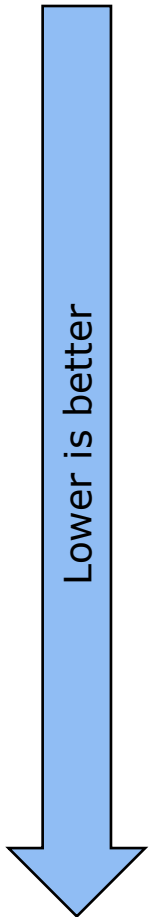
2023 Eval Target: **39.90%**

Quality Strategy Goal	Type of Measure	Payer Type	Physician Groups Included/Eligible
Effective practices for chronic conditions	Outcome	MMC	42/63

Data Year	25th percentile	Mean	Median	75th percentile
CY2021	53.89%	44.54%	41.59%	29.70%

2023 Evaluation Target	How was the target determined?
39.90%	50th percentile national benchmark

TIPPS: Component 3 T3-124 Depression Response at Twelve Months
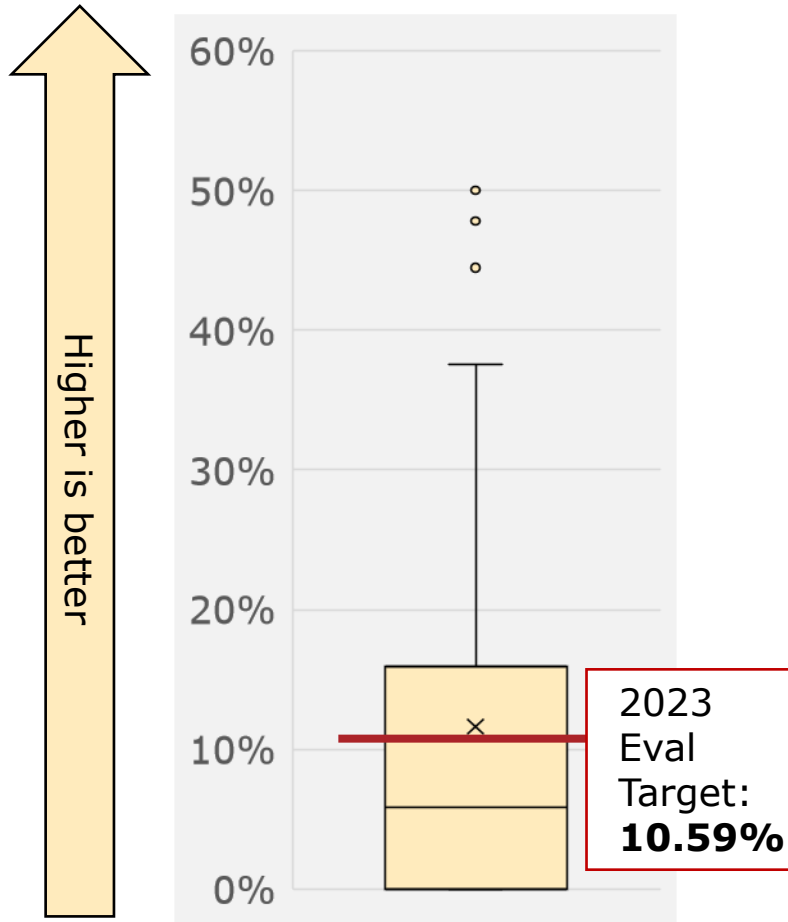
Higher is better

Quality Strategy Goal	Type of Measure	Payer Type	Physician Groups Included/Eligible
Effective practices for chronic conditions	Outcome	MMC	39/63

Data Year	25th percentile	Mean	Median	75th percentile
CY2021	0%	11.65%	5.88%	15.91%

2023 Evaluation Target	How was the target determined?
10.59%	5% Gap Closure

2023 Eval Target: **10.59%**

TIPPS: Component 3 T3-115 Preventive Care and Screening: Screening for Depression and Follow-Up Plan

Higher is better

2023 Eval Target: **46.68%**

Quality Strategy Goal	Type of Measure	Payer Type	Physician Groups Included/Eligible
Effective practices for chronic conditions	Process	MMC	18/24

Data Year	25th percentile	Mean	Median	75th percentile
CY2021	18.84%	42.12%	40.76%	56.51%

2023 Evaluation Target	How was the target determined?
46.68%	10% Gap Closure

TIPPS: Component 2 T2-119
Controlling High Blood Pressure
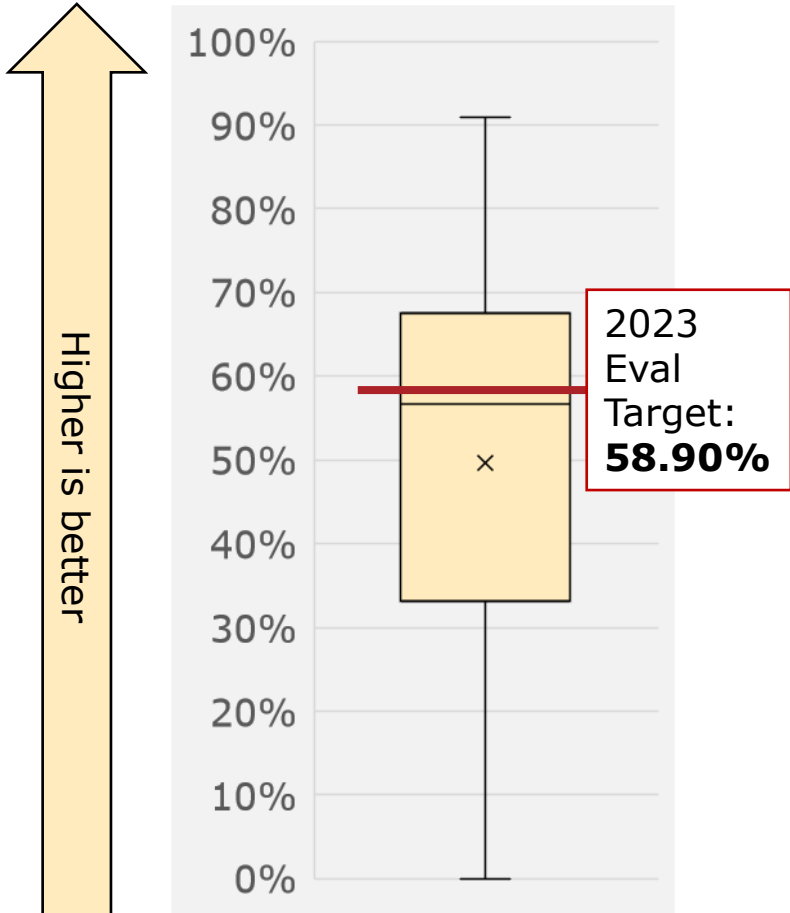
2023 Eval Target: **58.90%**

Higher is better

Quality Strategy Goal	Type of Measure	Payer Type	Physician Groups Included/Eligible
Effective practices for chronic conditions	Outcome	MMC	18/24

Data Year	25th percentile	Mean	Median	75th percentile
CY2021	33.16%	49.63%	56.74%	67.51%

2023 Evaluation Target	How was the target determined?
58.90%	5% Gap Closure
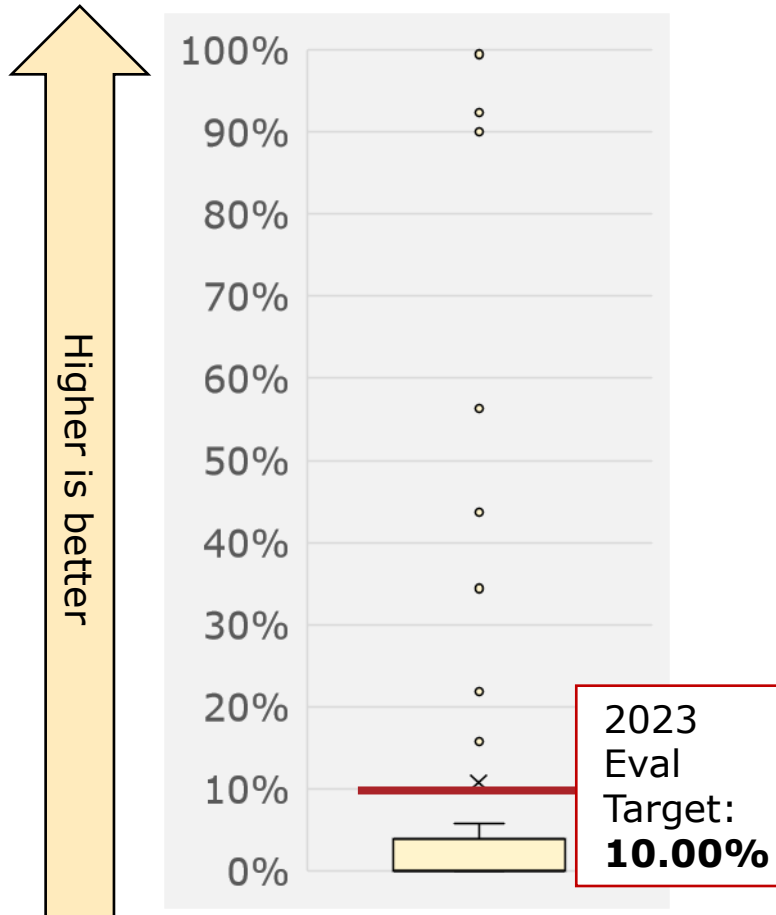
Quality Strategy Goal	Type of Measure	Payer Type	Physician Groups Included/Eligible
Promoting optimal health for Texans	Process	MMC	47/63

Data Year	25th percentile	Mean	Median	75th percentile
CY2021	0.00%	10.81%	0.00%	3.90%

2023 Evaluation Target	How was the target determined?
10.00%	10% Gap Closure
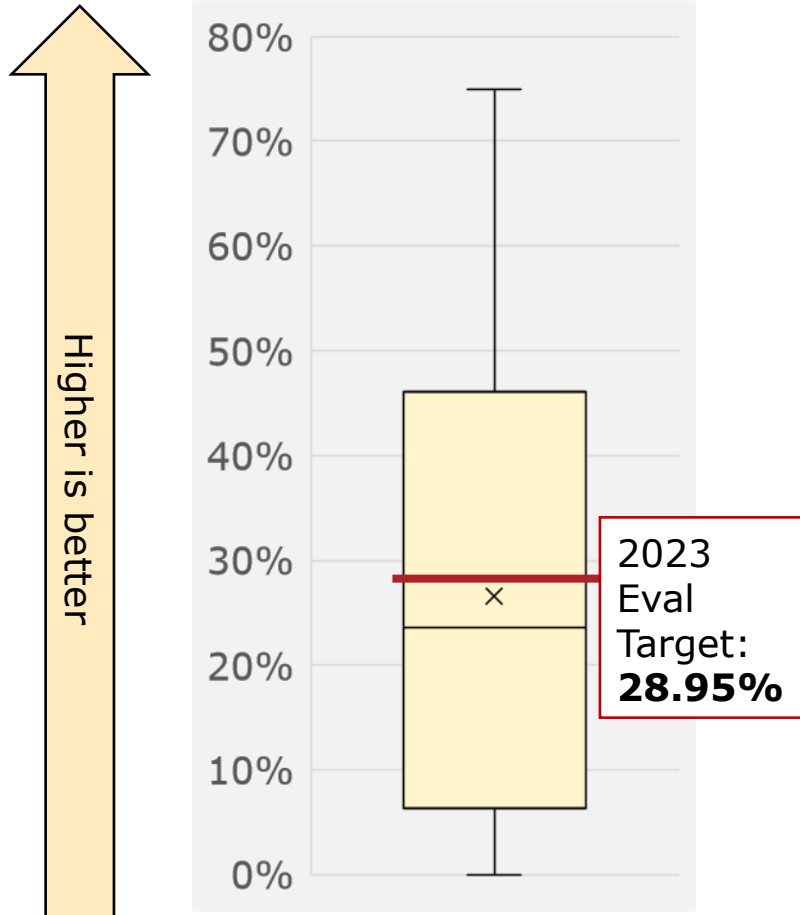
Higher is better

2023 Eval Target: **10.00%**

Higher is better →

2023 Eval Target: **28.95%**

Quality Strategy Goal	Type of Measure	Payer Type	Physician Groups Included/Eligible
Promoting optimal health for Texans	Outcome	MMC	17/24

Data Year	25th percentile	Mean	Median	75th percentile
CY2021	6.30%	26.55%	23.57%	46.14%

2023 Evaluation Target	How was the target determined?
28.95%	25th percentile national benchmark

TIPPS: Component 2 T2-114 Immunization for Adolescents
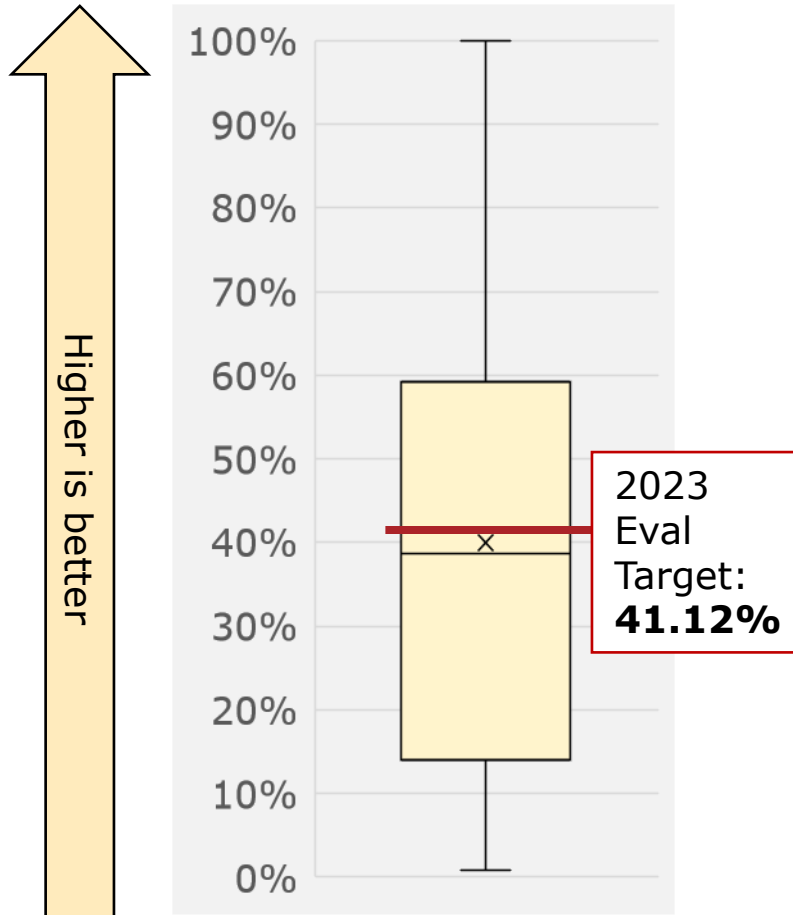
Higher is better

2023 Eval Target: **41.12%**

Quality Strategy Goal	Type of Measure	Payer Type	Physician Groups Included/Eligible
Promoting optimal health for Texans	Outcome	MMC	16/24

Data Year	25th percentile	Mean	Median	75th percentile
CY2021	13.97%	39.95%	38.79%	59.16%

2023 Evaluation Target	How was the target determined?
41.12%	25th percentile national benchmark

Higher is better

2023
Eval
Target:
40.81%

Quality Strategy Goal	Type of Measure	Payer Type	Physician Groups Included/Eligible
Promoting optimal health for Texans	Process	MMC	18/24

Data Year	25th percentile	Mean	Median	75th percentile
CY2021	22.43%	33.82%	34.23%	39.15%

2023 Evaluation Target	How was the target determined?
40.81%	25th percentile national benchmark

TIPPS: Component 1 T1-104
Preventive Care and Screening:
Tobacco Use: Screening & Cessation Intervention

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Services

Higher is better

2023 Eval Target: **89.11%**

Quality Strategy Goal	Type of Measure	Payer Type	Physician Groups Included/Eligible
Promoting optimal health for Texans	Process	MMC	18/24

Data Year	25th percentile	Mean	Median	75th percentile
CY2021	54.06%	70.80%	87.90%	91.28%

2023 Evaluation Target	How was the target determined?
89.11%	10% gap closure

TIPPS: Component 1 T1-117 Tobacco Use and Help with Quitting Among Adolescents

Higher is better

2023 Eval Target: **75.48%**

Quality Strategy Goal	Type of Measure	Payer Type	Physician Groups Included/Eligible
Promoting optimal health for Texans	Process	MMC	18/24

Data Year	25th percentile	Mean	Median	75th percentile
CY2021	36.95%	63.15%	72.75%	90.23%

2023 Evaluation Target	How was the target determined?
75.48%	10% gap closure

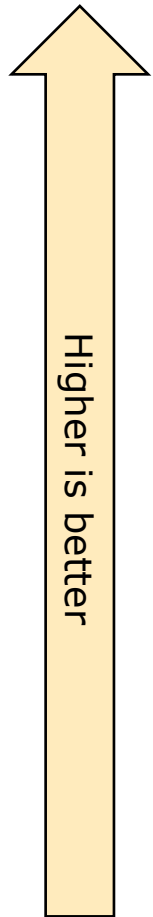# DPP BHS B2-149 Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling
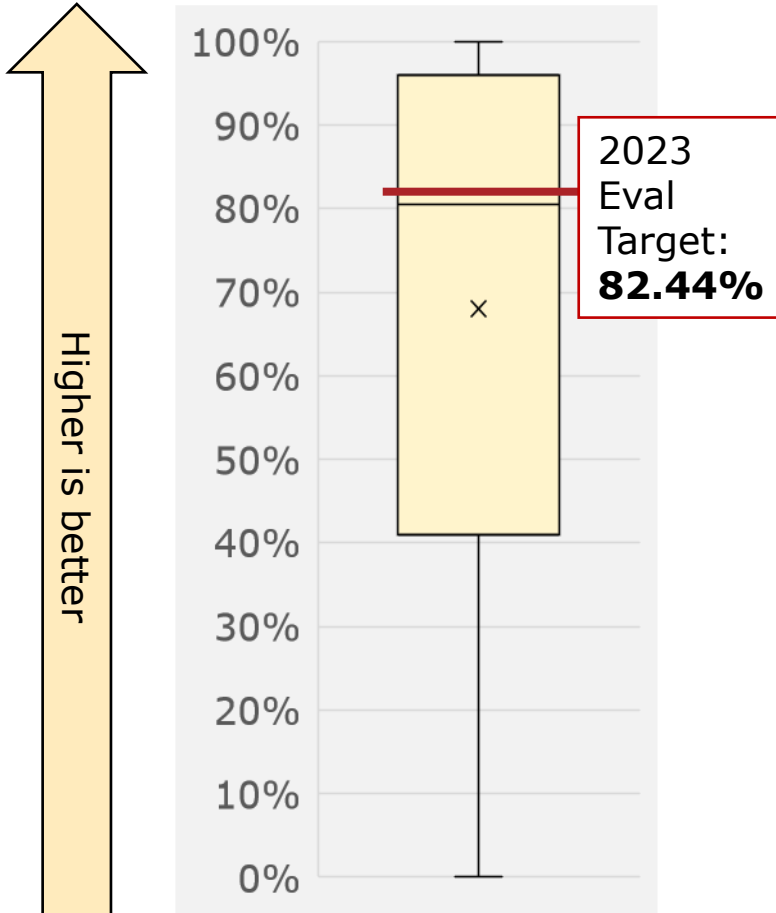
Higher is better

2023 Eval Target: **82.44%**

Quality Strategy Goal	Type of Measure	Payer Type	Centers Included/Eligible
Effective practices for chronic conditions	Process	MMC	27/39

Data Year	25th percentile	Mean	Median	75th percentile
CY2021	40.93%	68.00%	80.49%	96.00%

Evaluation Target	How was the target determined?
82.44%	10% gap closure

# DPP BHS B2-152 Follow-Up After Hospitalization for Mental Illness 7-Day (discharges from state hospital)
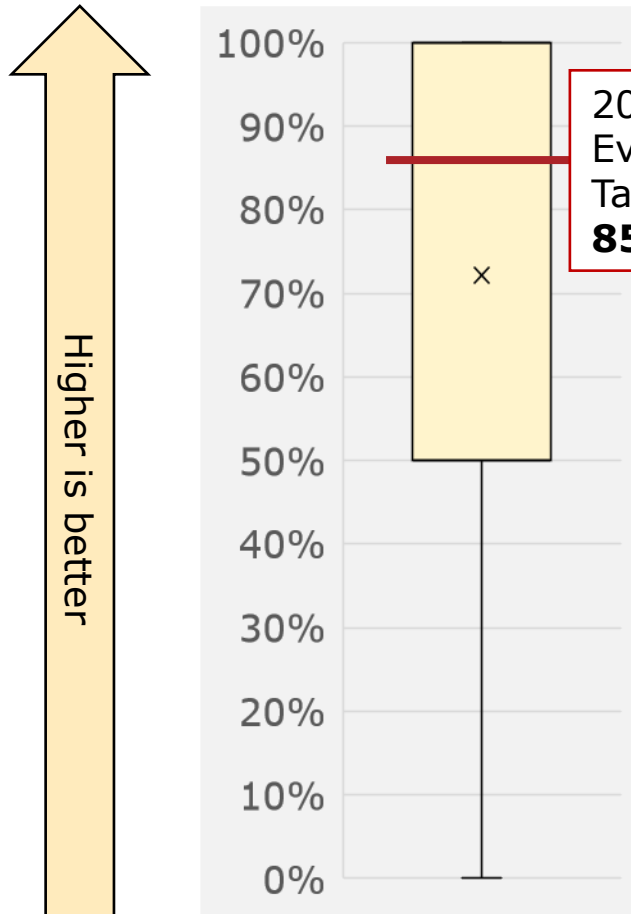
Higher is better

2023 Eval Target: **85.71%**

Quality Strategy Goal	Type of Measure	Payer Type	Centers Included/Eligible
Effective practices for chronic conditions	Outcome (Intermediate)	MMC	24/39

Data Year	25th percentile	Mean	Median	75th percentile
CY2021	50.00%	72.15%	85.71%	100%

Evaluation Target	How was the target determined?
85.71%	Maintenance

DPP BHS B2-153 Follow-Up After Hospitalization for Mental Illness 30-Day (discharges from state hospital)

2023 Eval Target: **96.97%**

Higher is better

Quality Strategy Goal	Type of Measure	Payer Type	Centers Included/Eligible
Effective practices for chronic conditions	Outcome (Intermediate)	MMC	24/39

Data Year	25th percentile	Mean	Median	75th percentile
CY2021	68.75%	78.50%	96.97%	100%

Evaluation Target	How was the target determined?
96.97%	Maintenance

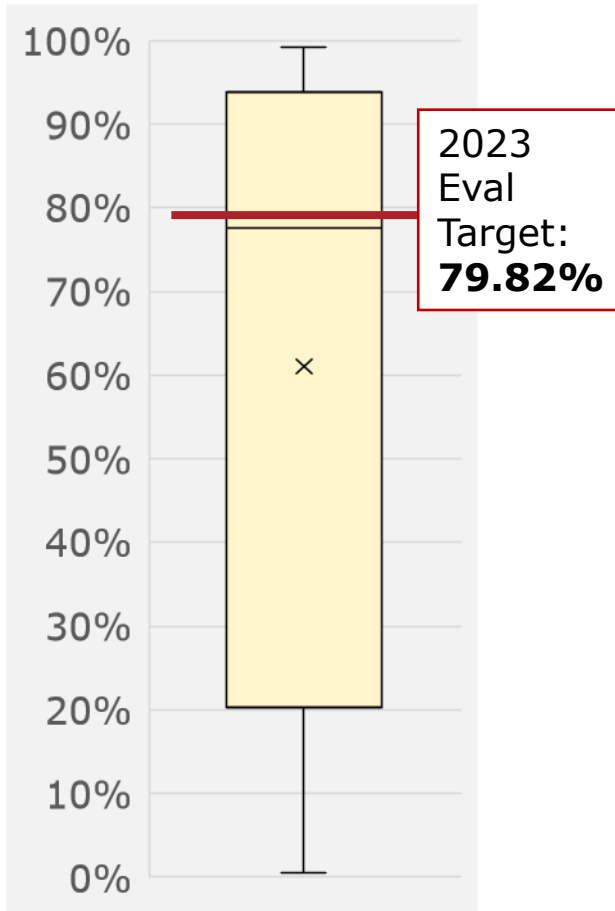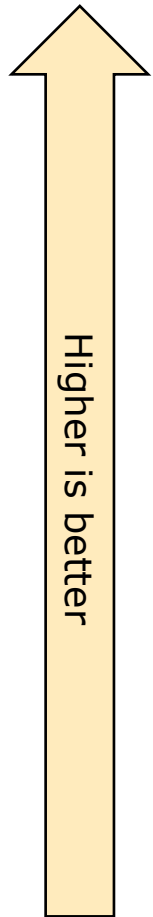# DPP BHS B2-150 Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
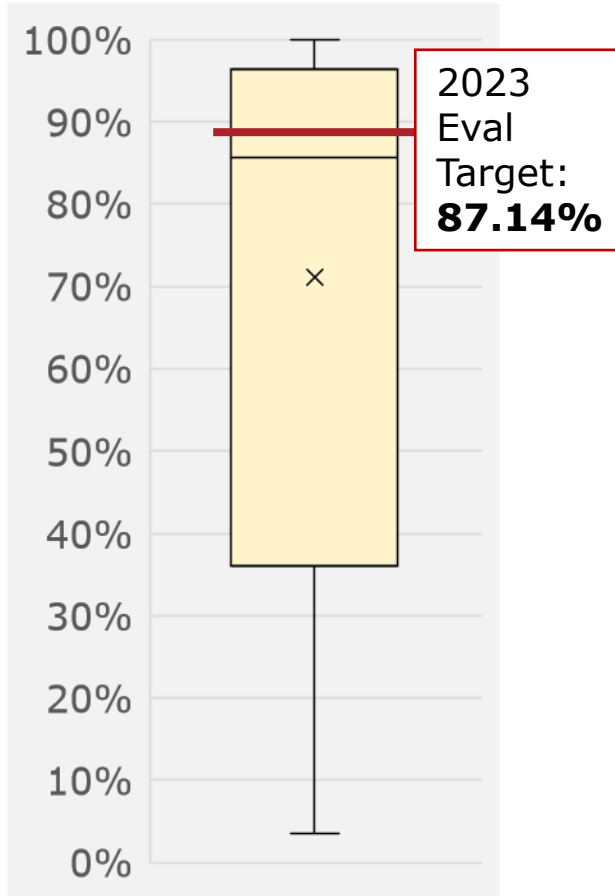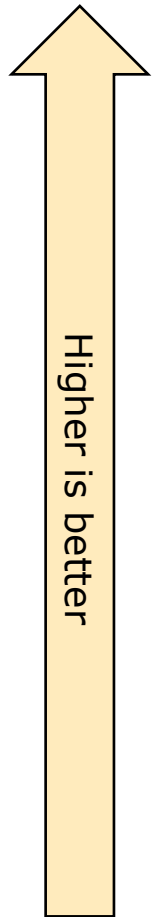
Higher is better

2023 Eval Target: **87.14%**

Quality Strategy Goal	Type of Measure	Payer Type	Centers Included/Eligible
Effective practices for chronic conditions	Process	MMC	27/39

Data Year	25th percentile	Mean	Median	75th percentile
CY2021	36.00%	71.09%	85.71%	96.39%

| Evaluation Target	How was the target determined?
87.14%	10% gap closure

Higher is better

2023 Eval Target: **79.82%**

Quality Strategy Goal	Type of Measure	Payer Type	Centers Included/Eligible
Effective practices for chronic conditions	Process	MMC	27/39

Data Year	25th percentile	Mean	Median	75th percentile
CY2021	20.24%	61.05%	77.58%	93.75%

Evaluation Target	How was the target determined?
79.82%	10% gap closure

RAPPS R2-103 Preventive Care and Screening: Influenza Immunization

Higher is better

2023 Eval Target: **24.30%**
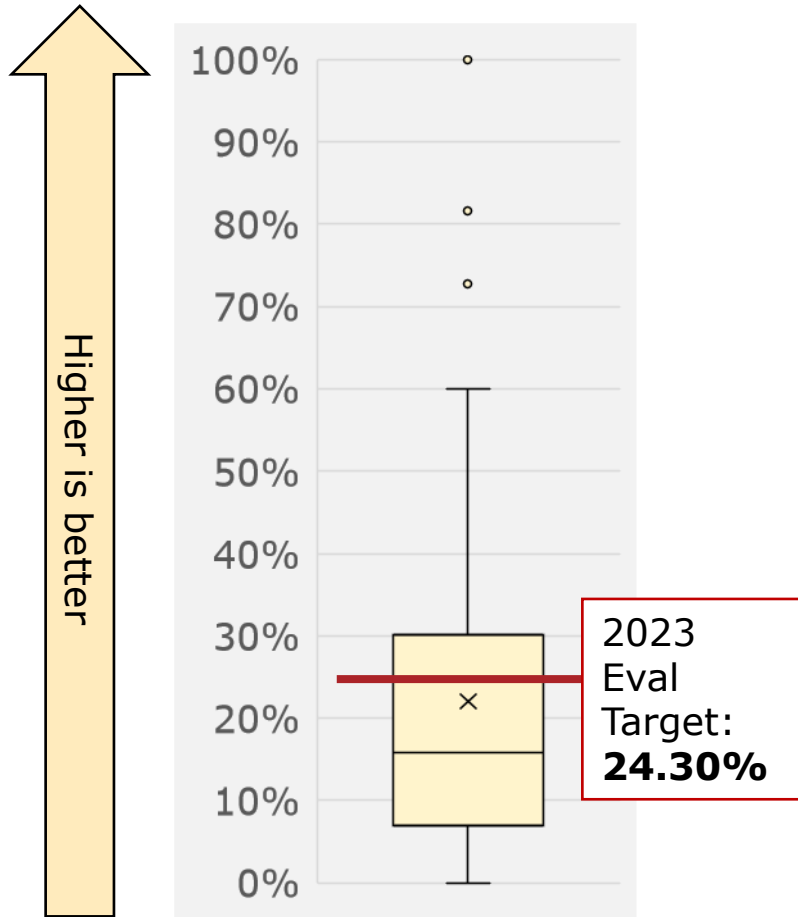
Quality Strategy Goal	Type of Measure	Payer Type	Health Clinics Included/Eligible
Promoting optimal health for Texans	Process	MMC	115/170

Data Year	25th percentile	Mean	Median	75th percentile
CY2021	6.90%	22.06%	15.89%	30.17

2023 Evaluation Target	How was the target determined?
24.30%	10% gap closure