Texas Medicaid and Texas Diabetes Council Coordination Report

As Required by 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission [HHSC], Rider 172)

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Contents

1. Executive Summary

The 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission [HHSC], Rider 172) requires HHSC to coordinate with the Texas Diabetes Council (TDC) to develop strategies to reduce or contain diabetes-related costs in the Medicaid program using best practices to improve quality of care, and to report on this work to the Legislative Budget Board, the Governor, and legislative committees with oversight over health and human services by August 31, 2020. This report fulfills this requirement.

2. Introduction

The TDC, established under Texas Health and Safety Code, Chapter 103, is a health promotion and advisory body to the Legislature concerning education and healthcare for persons with diabetes.[1] It is composed of 11 members appointed by the Governor, as well as nonvoting members from HHSC, Department of State Health Services (DSHS), Texas Workforce Commission (TWC) Vocational Rehabilitation, Employee Retirement System of Texas (ERS), and Teacher Retirement System of Texas (TRS). TRS and ERS members were added to the TDC per the requirement in Senate Bill 2151, 86th Legislature, Regular Session, 2019. HHSC works closely with the TDC by participating in quarterly meetings and workgroups, collaborating regularly to address questions from the TDC, and developing new initiatives.

[1] https://www.dshs.texas.gov/diabetes/tdcmembr.shtm

3. Background

Diabetes is a group of diseases marked by high levels of blood glucose (sugar) resulting from defects in insulin production, insulin action, or both. According to the TDC's 2019 Assessment of Texas State Agency Programs for the Prevention and Treatment of Diabetes, more than 2.5 million (11.9 percent) of Texans have been diagnosed with diabetes. Another 1.7 million (9.5 percent) Texas have prediabetes, and 36.6 percent of 9-12 grade students are overweight or obese, which are risk factors for developing health problems such as diabetes.

Prediabetes is when a person's blood glucose (sugar) levels are higher than normal but not high enough for a diagnosis of type 2 diabetes. People with prediabetes are at increased risk of cardiovascular disease. Average blood glucose levels are measured by a test called the A1C. A person with prediabetes has an A1C between 5.7 percent and 6.4 percent (a normal A1C is less than 5.7 percent). Diabetes and pre-diabetes can also be diagnosed based on fasting blood glucose or glucose tolerance test. A person is diagnosed with diabetes when he or she has an A1C of 6.5 percent or higher.

4. Diabetes-Related Medicaid Landscape

Diabetes screenings and treatments are available for adults and children through both fee-for-service (FFS) and managed care as medically indicated. Medicaid provides the following benefits related to diabetes: lab services for diagnosis and monitoring of diabetes, diabetes equipment and supplies for monitoring and treatment, and continuous glucose monitoring. Education and other related services for children are provided through regular physician and client consultation. Diabetes self-management education addresses nutrition, exercise and physical activity, preventing acute and chronic complications, monitoring, and medication.

In fiscal year 2019, there were 208,620 Medicaid clients with a primary diagnosis of diabetes. A total of 8,782 received inpatient services; 82,708 received outpatient services; and 193,551 received professional services.[2] These counts are unduplicated within each service category but not across categories. See Appendix B for additional utilization and expenditure data.

Diabetes Self-Management Education Resource Website

HHSC continues to host the Diabetes Self-Management Education (DSME) resource on its website. The website targets individuals enrolled in Medicaid or CHIP and their providers, allowing them to more easily find local DSME resources. It includes a link to a page on The Association of Diabetes Care and Education Specialists (ADCES) website that gives providers additional information and tools to help them identify when to make a referral to Diabetes Self-Management Education and Support (DSMES) services. Development of this website was a successful outcome of past coordination between the TDC and HHSC, and its continued existence is an example of the long-term benefit of this coordination.

Medicaid and CHIP Managed Care Quality

The expansion of the Texas Medicaid managed care delivery model has coincided with the adoption and advancement of Medicaid performance and quality measures tracked by HHSC for each managed care organization (MCO) by both program and service area. These measures include Agency for Healthcare Research and Quality (AHRQ) pediatric quality indicators (PDIs) and prevention quality indicators (PQIs),

[2] HHSC Center for Analytics and Decision Support

3M Potentially Preventable Events, and Healthcare Effectiveness Data and Information Set (HEDIS®) measures.

Through contract, MCOs are held accountable for these measures through the Pay-for-Quality program and other quality initiatives. Appendix A contains a comprehensive list of the diabetes-related measures HHSC tracks. Data for these measures is available on the Texas Healthcare Learning Collaborative Portal at thlcportal.com.

Table 1: Diabetes-related Pay-for-Quality Measures: Years in Use

Measure Description	STAR	STAR+PLUS	CHIP	STAR Kids[3]
HbA1C: Percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had HbA1C control <8.		2018 2019 2020		
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotics[4]		2018 2019 2020		
Potentially Preventable Emergency Room Visits[5]	2018 2019 2020	2018 2019 2020	2018 2019 2020	2020
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents[6]			2018 2019 2020	2020

Note: The 2020 Pay-for-Quality program has been impacted by the COVID-19 public health emergency.

[3] The first year of Pay-for-Quality implementation for STAR Kids is calendar year 2020.
[4] Percentage of members 18 to 64 years of age with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test.
[5] Treatment provided at a hospital emergency room or freestanding emergency medical care facility for a condition that could be provided in a nonemergency setting. This measure is not specific to diabetes but does include complications from diabetes as a possible reason for a potentially preventable emergency department visit.
[6] The percentage of members 3-17 years of age who had an outpatient visit who had evidence of counseling for nutrition and physical activity. For 2018 and 2019, the counseling for nutrition and counseling for physical activity sub-measures are used. Due to positive performance in past years on the physical activity sub-measure, only the counseling for nutrition sub-measure is used in 2020.

In accordance with the Code of Federal Regulations (CFR), MCOs conduct performance improvement projects (PIPs) on topics assigned by HHSC and its external quality review organization (EQRO) (42 CFR §438.358). These assignments are made based on MCO performance, HHSC priorities, and the scope of the issue in question. PIPs are designed to achieve significant and sustained improvement through ongoing interventions in clinical and nonclinical care areas that have a favorable effect on health outcomes and member satisfaction.

Table 2: Diabetes-Related Performance Improvement Projects: Years in Use

Measure Description	STAR	STAR+ PLUS	STAR Health	CHIP	STAR Kids
Metabolic Monitoring for Children and Adolescents on Antipsychotics[7]	2020		2020	2020	2020
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotics	2020	2020			

The EQRO evaluates the PIPs in accordance with the Centers for Medicare and Medicaid Services (CMS) EQRO Protocols.[8] Each PIP is measured for two calendar years.[9] Data for the 2020 PIPs will be available the fourth calendar quarter of 2022.

Continuous Glucose Monitoring Systems

Since the release of the 2018 HHSC and TDC report, TDC has coordinated with HHSC to add coverage of Continuous Glucose Monitoring Systems (CGMS) to Texas Medicaid. CGMS can provide 24-hour glucose readings with fewer finger sticks. This timely feedback assists individuals in making informed treatment decisions that may

[7] The percentage of children and adolescents 1 to 17 years of age with two or more antipsychotic prescriptions who had metabolic monitoring during the measurement year.
[8] https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf
[9] https://hhs.texas.gov/about-hhs/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/performance-improvement-projects

help in reducing their HbA1C levels. The benefit is available to individuals with type one diabetes and individuals with hypoglycemic unawareness to decrease emergency department visits and hospital admissions for hypoglycemia and to improve glycemic control in insulin users.

Disease Management Programs addressing Obesity in Children

Disease management programs generally aim to improve quality of life for participating members. A disease management program might have the goal of reducing or mitigating symptoms associated with a chronic disease or preventing complications or accompanying diseases from developing. Disease management programs also focus on improving cooperation between the various specialists and institutions that provide care for members, such as family and specialist doctors, hospitals, and rehabilitation centers.

A child or teen is considered obese if his or her Body Mass Index (BMI) is greater than the 95th percentile. Children and teens who are overweight or obese are at risk of developing health problems such as diabetes, liver inflammation, high blood pressure, and breathing problems during sleep. Left untreated, these health conditions can affect how the child learns, plays, and interacts with peers. Issues can follow the child into adulthood.

In the EQRO Summary of Activities Report for State Fiscal Year 2018, the Texas EQRO identified that participation in MCO disease management programs targeting childhood obesity had decreased by 40 percent.[10] To increase and maintain participation in disease management programs in the future, HHSC will work with the MCOs to:

- review current disease management programs and determine best practices;
- identify new ways to enroll and maintain enrollment of children in disease management programs related to obesity in children; and
- monitor participation in disease management programs.

[10] https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2019/eqro-summary-of-activites-report-contract-yr-2018.pdf

Reducing Disparities in Obesity

The Texas State Partnership Initiative to Address Health Disparities (SPIAHD) is a five-year project funded by a grant from the United States Department of Health and Human Services Office of Minority Health. The grant was awarded to HHSC on August 15, 2015, in the amount of $200,000 per year.

The SPIAHD supports community-based projects to address chronic disease health disparities among Hispanic and African American adults in Beaumont, Port Arthur, and Laredo. Each community promotes culturally-relevant eating and active living messages and resources primarily through social media. Projects coordinate wellness events that provide obesity, hypertension and diabetes screenings and link participants to local healthcare and social services as needed. Projects also provide weekly diabetes self-management education classes and physical activity opportunities.

Projects are implemented through interagency contracts with local health departments, and external evaluation is provided by the Texas A&M International University in Laredo. The grant is to end on July 31, 2020. HHSC will identify potential policy changes based on the evaluation findings once the report is made available.

Delivery System Reform Incentive Payment (DSRIP) Funding

The Delivery System Reform Incentive Payment (DSRIP) program provides incentive payments to participating Medicaid providers, primarily for improving their performance on selected health outcome measures. Approximately 300 providers statewide participate in DSRIP, including: public and private hospitals, physician groups, primarily affiliated with academic health science centers, community mental health centers, and local health departments. Each DSRIP performing provider (the provider individually responsible for completing a DSRIP project) is required to select measure bundles (groupings of health outcome measures organized around a theme) or measures on which they earn incentive payments for demonstrating improvement.

Diabetes outcomes are among the most commonly selected areas of measurement in DSRIP. In the current DSRIP program year, 73 hospitals and physician practices selected the Measure Bundle A1: Improved Chronic Disease Management: Diabetes Care. The Diabetes Care Measure Bundle includes measures of HbA1C control, blood

pressure control, eye exam, foot exam, emergency department utilization, and hospital admissions. Additionally, eight rural hospitals, six local health departments, and 13 community mental health centers reported on one or more adult diabetes outcome and four children's hospitals reported on pediatric diabetes outcomes.

The population measured by DSRIP performing providers includes people enrolled in Medicaid and people who are low income and/or uninsured. For the most commonly selected adult diabetes outcome (Diabetes Care: A1C Poor Control <9%) DSRIP providers report outcomes for approximately 40,000 adults enrolled in Medicaid, and 100,000 adults who are low income, uninsured, or both. In calendar year 2019, for the most commonly selected pediatric diabetes outcome (Pediatric Diabetes Short Term Complication Rate) DSRIP providers reported outcomes for approximately 2,500 adults enrolled in Medicaid, and 100 children who are low income, uninsured, or both.

To improve these measures, providers had the flexibility to design and implement a variety of interventions. The most common activities implemented by DSRIP performing providers to improve diabetes care include management of targeted populations at risk for developing complications, utilization of care management services including disease self-management, provision of services to address social determinants of health, utilization of an enhanced patient portal that allows bidirectional communication, and provision of screening and follow-up services.

The DSRIP funding pool under the Texas 1115 Healthcare Transformation and Quality Improvement Program Waiver (the waiver) ends on October 1, 2021. HHSC must plan for and update CMS on how delivery system reform will continue once the funds are no longer available. HHSC is currently evaluating options for further integrating best practices, including chronic care management services, into the Medicaid program. This aligns with a recent TDC request to expand diabetes-related benefits, which is described in a later section of this report.

Reporting Improvements

The overall impact of diabetes is underestimated when incidence is measured using only primary diagnoses. HHSC will explore enhancing its diabetes-related data by including rates of utilization and expenditures associated with diabetes listed as a secondary diagnosis.

Texas Diabetes Council Priorities

The TDC is reviewing results of a 2020 MCO survey regarding DSMES services. Current analysis shows that only 58 percent of the MCOs responding to the survey offer DSMEs, and most of these are not certified by the American Diabetes Association (ADA) or Association of Diabetes Care & Education (AADE). Results will be used to guide further recommendations to improve diabetes education opportunities using certified programs. At this time, the TDC has submitted a request to HHSC, which is under evaluation, to cover the following benefits in its Medicaid program:

- DSMES services following the format guidance by the current National Standards for Diabetes Self-Management Education and Support to Medicaid recipients diagnosed with diabetes, including Type 1, Type 2, and Gestational Diabetes. These services may be delivered by a certified diabetes educator (CDE), and an automatic referral should be generated by the electronic medical record (EMR).
- Medical Nutrition Therapy (MNT) for Medicaid recipients diagnosed with Type 1, Type 2, or Gestational Diabetes. An automatic referral to Medical Nutrition Therapy should be made at initial time of diagnosis by provider and again at the time of the individual's annual wellness visit.
- Access to the National Diabetes Prevention Program for individuals who are newly diagnosed with pre-diabetes or who have a history of gestational diabetes.

The TDC also recommends HbA1C monitoring for individuals with diabetes at any age. To encourage this, the HbA1C sub-measure of the HEDIS Comprehensive Diabetes Control measure should be expanded to capture all members with diabetes, including those outside the current age limit of 18-75 years.

5. Conclusion

HHSC will continue using best practices to improve quality of care for people impacted by diabetes. This includes continuing to monitor diabetes care through quality initiatives and evaluating the impact of agency initiatives such as the SPIAHD. In addition to these existing projects, HHSC will work with the TDC to identify new opportunities for coordination with the goal of developing strategies to reduce or contain diabetes-related costs in the Medicaid program.

6. List of Acronyms

Acronym	Full Name
ADA	American Diabetes Association
AADE	American Association of Diabetes Educators
AHRQ	Agency for Healthcare Research and Quality
CMS	Centers for Medicare and Medicaid Services
DSHS	Department of State Health Services
DSME	diabetes self-management education
DSMES	Diabetes Self-Management Education and Support
EQRO	external quality review organization
FFS	fee-for-service
HEDIS®	Healthcare Effectiveness Data and Information Set
HHSC	Health and Human Services Commission
MCO	managed care organization
PDI	pediatric quality indicators
PIP	performance improvement project
PQI	AHRQ prevention quality indicators
SPIAHD	State Partnership Initiative to Address Health Disparities
TDC	Texas Diabetes Council

Appendix A. Medicaid Performance and Quality Measures

Agency for Healthcare Research and Quality (AHRQ) Pediatric Quality Indicators (PDIs)

- Diabetes short-term complications admission rate (PDI 15)

AHRQ Prevention Quality Indicators (PQIs)

- Diabetes short-term complications admission rate (PQI 1)
- Diabetes long-term complications admission rate (PQI 3)
- Uncontrolled diabetes admission rate (PQI 14)
- Rate of lower-extremity amputation among patients with diabetes (PQI 16)

3M Potentially Preventable Events (PPEs)

These measures are not specific to diabetes.

- Potentially Preventable ED Visits (PPVs)
- Potentially Preventable Admissions (PPAs)
- Potentially Preventable Readmissions (PPRs)

HEDIS® Quality of Care Measures

- Comprehensive diabetes care (Sub measures: HbA1C testing, HbA1C adequate control (<8), blood pressure control (<140/90), eye exam, and monitoring for nephropathy.
- Statin therapy for patients with diabetes
- Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotics
- Diabetes monitoring for people with cardiovascular disease and schizophrenia
- Metabolic monitoring for children and adolescents on antipsychotics
- Weight assessment and counseling for nutrition and physical activity for children/adolescents

Appendix B. Medicaid Diabetes-related Utilization and Expenditures

Table 3: Medicaid Clients with FFS or Managed Care Claims Related to Diabetes (FY 2019)

Demographic Indicator	# of Members w/ Inpatient Hospital Claims	# of Members w/ Outpatient Hospital Claims	# of Members w/ Professional Claims
Sex			
Female	4,665	51,479	122,854
Male	4,126	31,231	70,872
Unknown	1	7	27
Race/Ethnicity			
White	1,785	16,725	40,249
Black or African American	1,476	12.238	29,745
Hispanic	3,833	37,344	82,871
Other	116	1,675	6,733
Unknown or Not Reported	1,572	14,726	33,953
Age			
0-17	1,123	5,023	8,085
18-29	582	2,857	7,090
30-44	1,323	8,501	20,725
45-64	3,611	32,971	76,731
65+	2,173	34,219	83,895
Unduplicated Total	**8,782**	**82,708**	**193,551**

Table 4: Medicaid Utilization Related to Diabetes (FY 2019)

Claim Type	# of Claims	# of Members	% Members w/ Repeat Visits
Inpatient Hospital[11]	12,035	8,782	20.6%
Outpatient Hospital	238,430	82,708	58.9%
Professional	1,115,375	193,551	74.9%
Total[12]	1,365,840	208,620	78.2%

[11] Average length of stay for inpatient hospital is 6.61 days
[12] Counts are unduplicated within each service category but not across service categories.

Table 5: Medicaid Expenditures Related to Diabetes (FY 2019)

Claim Type	Average Expenditure/Claim	Average Expenditure/Client	Total Expenditures
Inpatient Hospital	$5,487	$7,519	$66,033,251
Outpatient Hospital	$114.04	$329	$27,191,670
Professional	$62.45	$360	$69,650,295
Total	$119.25	$781	$162,875,216

Source: AHQP Claims Universe (3SFY+Curr), TMHP; Enc_Best Picture Universe (3SFY+Curr), TMHP; 8-month eligibility database, HHSC
Prepared by Data Quality & Dissemination, Center for Analytics and Decision Support, HHSC. May2020.

Definitions

- Diabetes expenditures were obtained from paid medical FFS claims and managed care (MCO) encounters with primary/principal diagnosis codes E10%, E11%, E13%. This report excludes MCO encounters for long-term services and supports (LTSS); header care type code = L was excluded from analysis.

Type of Service was designated as:

- **Inpatient:**
  - ◊ MCO encounters – 837 Transaction Code = I and Inpatient Indicator = 'I'
  - ◊ FFS claims – Claim Type 040 or 050
- **Outpatient:**
  - ◊ MCO encounters – 837 Transaction Code = I and Inpatient Indicator = 'O'
  - ◊ FFS claims – Claim Type 023 or 031
- **Professional:**
  - ◊ MCO encounters – 837 Transaction Code = P and Inpatient Indicator = blank/null
  - ◊ FFS claims – Claim Type 020 or 030

- Data includes FFS and managed care programs (STAR, STAR PLUS, STAR Health, STAR Kids, and MMP).
- Client sex, race/ethnicity, county and region were identified from enrollment records using the 8-Month Medicaid Eligibility Database, HHSC. Some members may have resided in multiple counties and/or regions during the fiscal year (FY). Summary data by county and region are based on the client enrollment records at time of service.

Data Notes:

- Client counts were calculated as the distinct count of clients using the clients' identification number (PCN). The encounter/claim counts were calculated as the distinct count of encounters/claims using the encounter/claim identification number (ICN). The numbers of clients are unique counts by client age group, region, and county; these counts may not sum to unduplicated totals because a client may have resided in multiple counties and/or regions during the fiscal year and the unduplicated totals counts them only once.
- Length of stay was calculated using To and From Dates of Service. In cases where more than one claim/encounter were submitted for a single inpatient hospital stay, the number of hospital stays is overestimated, and the average length of stay is underestimated.
- Percentage of repeat visits represents the percentage of clients who had more than one claim/encounter with a diabetes diagnosis.
- Medicaid managed care is paid on a capitation basis. The managed care paid amount represents the cost of services as reported by the managed care health plans. Expenditures reflect client services only and do not include administrative, capitation, and supplemental payments (e.g. disproportionate share hospital (DSH) or upper payment limit program payments).
- Race group 'unknown' consists of clients with missing race information and clients with the code for "unknown or not reported" race. Previous reports may have included clients with this code in the "other" category. Other race includes Alaskan Native, Asian, Native American, and other.
- Amount paid was calculated as the sum of the header paid amount indicated on the managed care encounter or FFS claim.

Appendix C. DSRIP Performing Provider Measure Bundles

Measure ID	Bundle ID	Measure Bundle	Title	Providers Selecting Measure as Pay-for-Performance
A1-111	A1	Improved Chronic Disease Management: Diabetes Care	Comprehensive Diabetes Care: Eye Exam (retinal) performed	19
A1-112	A1	Improved Chronic Disease Management: Diabetes Care	Comprehensive Diabetes Care: Foot Exam	74
A1-115	A1	Improved Chronic Disease Management: Diabetes Care	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	74
A1-207	A1	Improved Chronic Disease Management: Diabetes Care	Diabetes Care: Blood Pressure Control (<140/90mm Hg)	74
A1-500	A1	Improved Chronic Disease Management: Diabetes Care	PQI 93 Diabetes Composite (Adult short-term complications, long-term complications, uncontrolled diabetes, lower-extremity amputation admission rates)	19
A1-508	A1	Improved Chronic Disease Management: Diabetes Care	Reduce Rate of Emergency Department Visits for Diabetes	22
C1-113	C1	Primary Care Prevention - Healthy Texans	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing	33
D5-211	D5	Pediatric Chronic Disease Management: Diabetes	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	4
D5-406	D5	Pediatric Chronic Disease Management: Diabetes	Diabetes Short-term Complications Admission Rate (PDI 15)	4
H4-182	H4	Integrated Care for People with Serious Mental Illness	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)	3
K1-112	K1	Rural Preventive Care	Comprehensive Diabetes Care: Foot Exam	5
K1-115	K1	Rural Preventive Care	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	3
L1-115	L1	Local Health Department Measures	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	6
L1-207	L1	Local Health Department Measures	Diabetes Care: BP control (<140/90mm Hg)	5
M1-115	M1	Community Mental Health Center Measures	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	7
M1-182	M1	Community Mental Health Center Measures	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)	6
M1-207	M1	Community Mental Health Center Measures	Diabetes Care: BP control (<140/90mm Hg)	5