# Evaluation Updates
## CHIRP, TIPPS, RAPPS, DPP BHS and QIPP

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**Delivery System Quality & Innovation, Medicaid & CHIP Services**

**March 2024**

# Agenda

- DPP Quality Overview
- Evaluation Findings (SFY22, SFY23 and SFY24)
- Evaluation Performance Targets (SFY25)
- Next Steps for DPPs
- Questions

# Evaluation Documents Submitted to CMS

## Two Evaluation Reports

**Evaluation of Four State Directed Payment Programs**

**Evaluation of the Quality Incentive Payment Program**

Includes
- SFY 2022 – SFY 2023 findings
- SFY 2024 preliminary data

## Two Evaluation Plans

**Evaluation Plan for Four State Directed Payment Programs**

**Evaluation Plan for the Quality Incentive Payment Program**

Includes:
- SFY 2025 evaluation targets
- Data sources for future evaluations

# DPP Quality Overview

# Texas Medicaid DPPs SFY 2024

**CHIRP**
Comprehensive Hospital Increased Reimbursement Program

**$6.5** Billion

**391** Hospitals

Program Year 3

STAR
STAR+PLUS

**TIPPS**
Texas Incentive for Physicians and Professional Services

**$756** Million

**57** Physician Groups

Program Year 3

STAR
STAR+PLUS
STAR Kids

**DPP BHS**
Directed Payment Program for Behavioral Health Services

**$164** Million

**39** Behavioral Health Centers

Program Year 3

STAR
STAR+PLUS
STAR Kids

**RAPPS**
Rural Access to Primary and Preventive Services

**$28** Million

**181** Rural Health Clinics

Program Year 3

STAR
STAR+PLUS
STAR Kids

**QIPP**
Quality Incentive Payment Program

**$1.1** Billion

**979** Nursing Facilities

Program Year 7

STAR+PLUS

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# Quality Strategy Goals SFY 2024

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

Providing the right care in the right place at the right time

Promoting effective practices for people with chronic, complex, and serious conditions
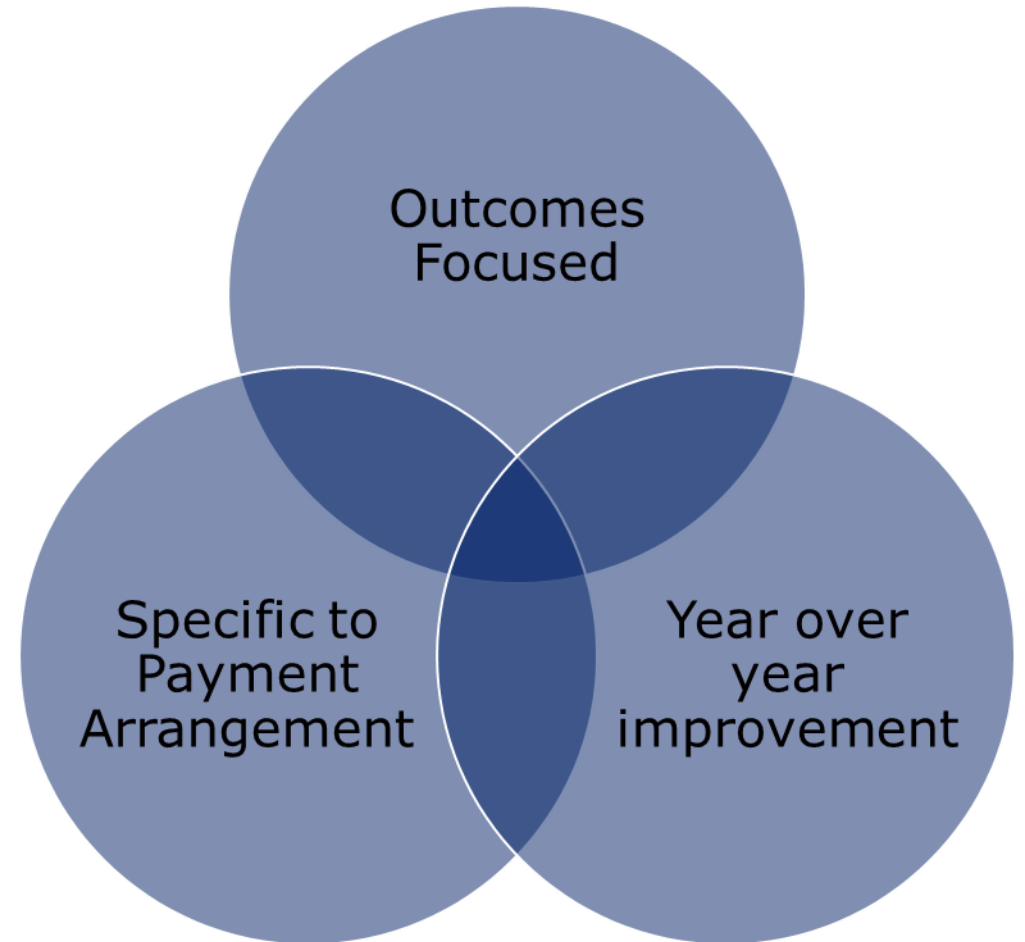
Attracting and retaining high-performing Medicaid providers to participate in team-based, collaborative, and coordinated care.

# 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.
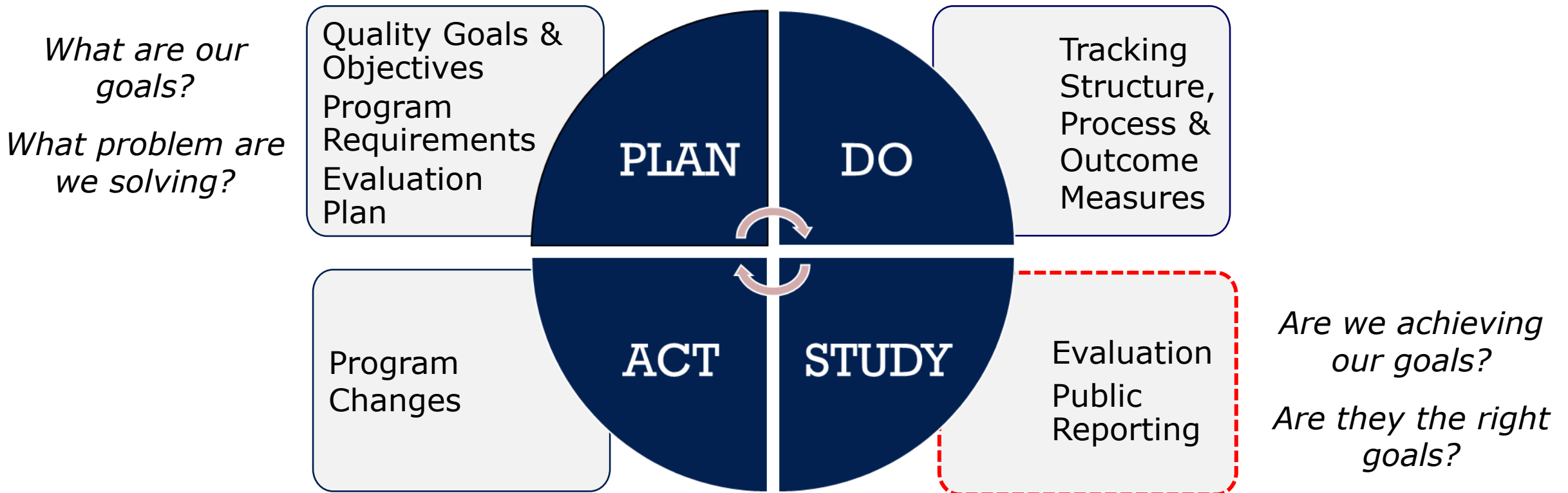- The application must include an evaluation of the prior program years.

Outcomes Focused

Specific to Payment Arrangement

Year over year improvement

*Source: Section 438.6(c) Preprint January 2021*

# Evaluation and Program Planning Feedback Cycle

*What are our goals?*

*What problem are we solving?*

Quality Goals & Objectives
Program Requirements
Evaluation Plan

PLAN

DO

Tracking Structure, Process & Outcome Measures

Program Changes

ACT

STUDY

Evaluation Public Reporting

*Are we achieving our goals?*

*Are they the right goals?*

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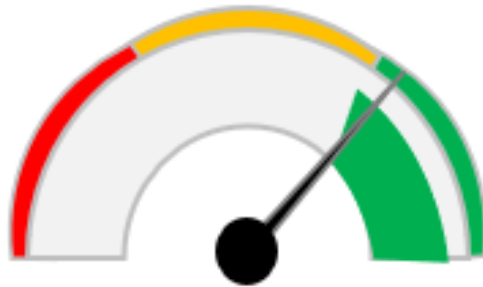
# Evaluation Findings

**SFY22 – SFY24**

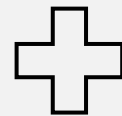# What does the evaluation say?
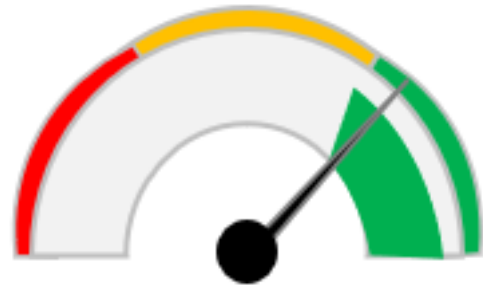


CHIRP, TIPPS, RAPPS and DPP
BHS Quality Strategy Goals

QIPP Quality Strategy Goals

☑ Meeting most quality strategy goals

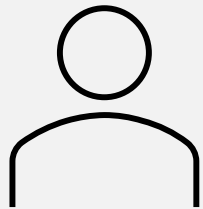✚ Most evaluation measures show improvement in CY 2022

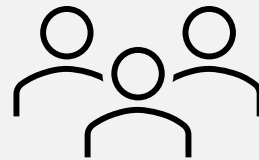⇅ Changes in structure measure implementation
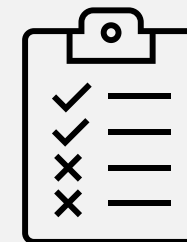
# Evaluation Data Sources

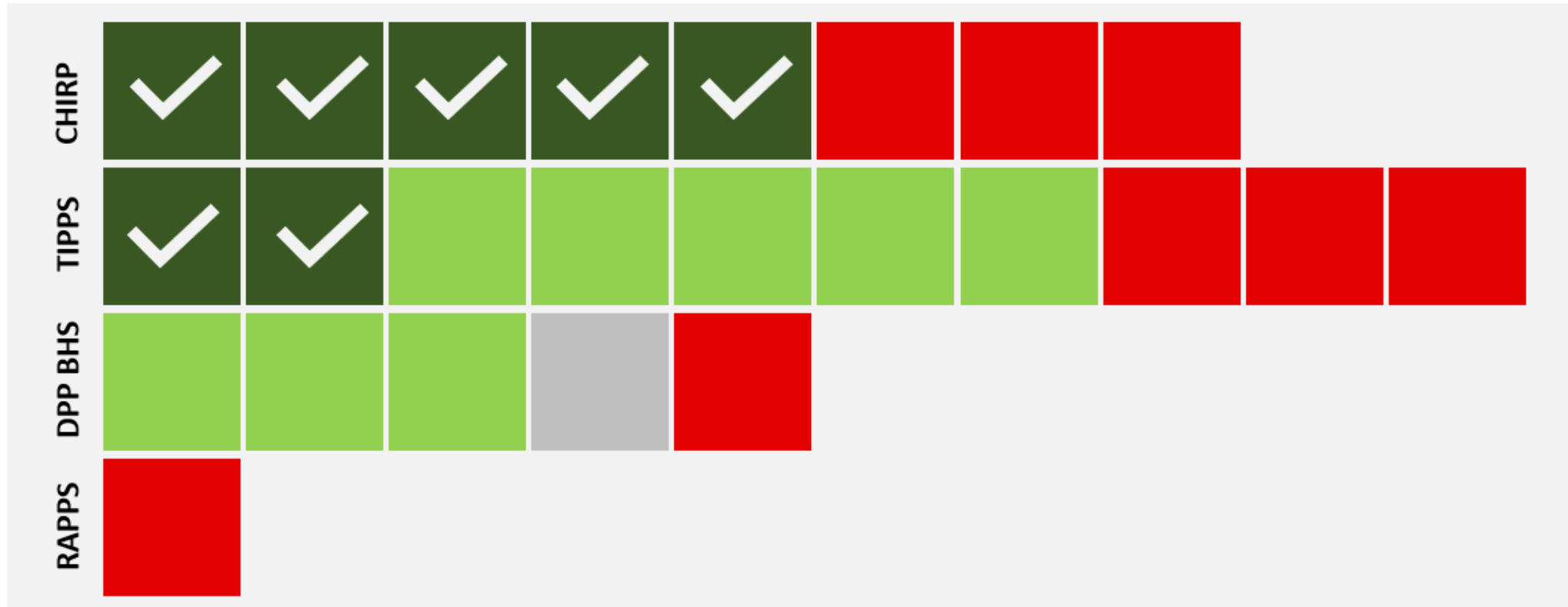Participating Providers

External Quality Review Organization (EQRO)

Minimum Data Set (MDS) Data

# CHIRP, TIPPS, DPP BHS and RAPPS Evaluation Measure Performances
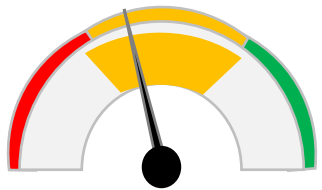


Each box represents one evaluation measure where, in 2022, the median rate…

**7** Met the target    **8** Improved    **1** Did not change    **8** Declined

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# CHIRP, TIPPS, RAPPS and DPP BHS Quality Goal Scorecard
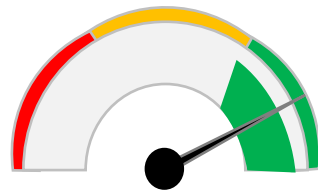
TEXAS
Health and Human Services
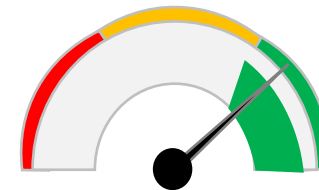
Promoting optimal health for Texans
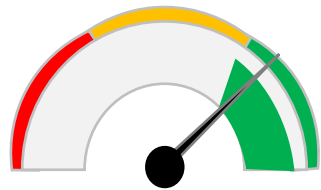
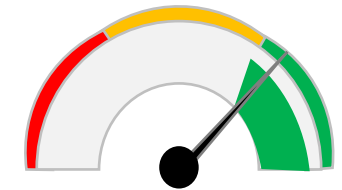Providing the right care in the right place at the right time

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.

# Optimal Health Quality Goal Scorecard
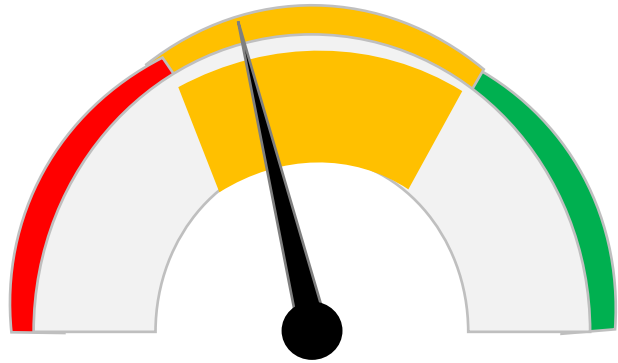
Promoting optimal health for Texans

**\* indicates an EQRO Reported Measure**
**Green indicates the median and most providers improved**
**Orange indicates the median became worse, but most providers improved**
**Red indicates the median and most providers became worse**
**Gray indicates the measure is high-performing and the median rate maintained**

## CHIRP

| Tobacco Screening & Cessation |

## TIPPS

| Tobacco Screening & Cessation |
| Tobacco Use Among Adolescents |
| Influenza Immunization |
| Immunization for Adolescents |
| Childhood Immunization |

## RAPPS

| Influenza Immunization |

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# Right Care, Right Place, Right Time Quality Goal Scorecard

**TEXAS**
Health and Human Services
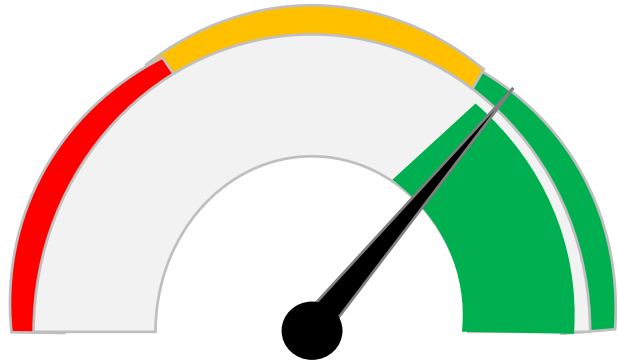
Providing the right care in the right place at the right time

**\* indicates an EQRO Reported Measure**

**Green** indicates the median and most providers improved

**Orange** indicates the median became worse, but most providers improved

**Red** indicates the median and most providers became worse

**Gray** indicates the measure is high-performing and the median rate maintained

## CHIRP

| Transition Procedures |
| Potentially Preventable Readmissions* |

## TIPPS

| Potentially Preventable Admissions* |
| Potentially Preventable ED Visits* |
| Ambulatory Care: ED Visits* |

## RAPPS

| Potentially Preventable Admissions* |
| Potentially Preventable ED Visits* |
| Ambulatory Care: ED Visits* |

## DPP BHS

| Potentially Preventable Admissions* |
| Potentially Preventable ED Visits* |
| Ambulatory Care: ED Visits* |

# Free From Harm Quality Goal Scorecard
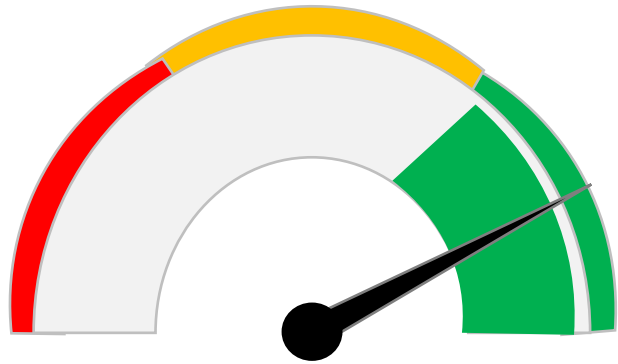
Keeping Texans free from harm

* indicates an EQRO Reported Measure
**Green** indicates the median and most providers improved
**Orange** indicates the median became worse, but most providers improved
**Red** indicates the median and most providers became worse
**Gray** indicates the measure is high-performing and the median rate maintained

## CHIRP

| Unintentional Medical Discrepancies |
| Severe Maternal Morbidity |
| Potentially Preventable Complications* |
| PC-02 Cesarean Birth |

| Ped. CAUTI | CAUTI |
| Ped. CLABSI | CLABSI |

| AIM Collaborative Participation |

16

# Chronic Conditions Quality Goal Scorecard
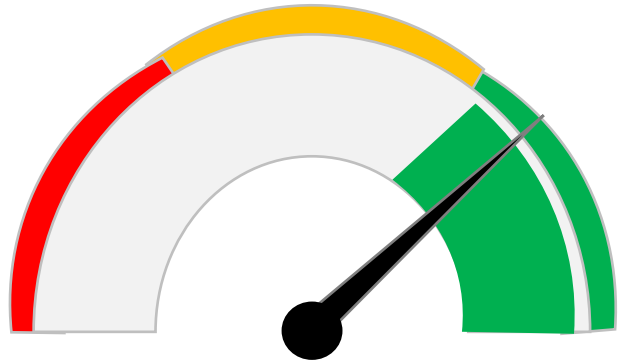
Promoting effective practices for people with chronic, complex, and serious conditions

## DPP BHS

| |
|---|
| **Mental Illness Hospitalization Follow-up** |
| **Adult Suicide Risk Assessment** |
| **Child Suicide Risk Assessment** |
| **Alcohol Screening and Counseling** |
| **Antidepressant Med Management\*** |
| **Alcohol and Other Drug Treatment** |

## TIPPS

| |
|---|
| **HbA1c Poor Control (>9%)** |
| **Controlling High Blood Pressure** |
| **Screening for Depression & Follow-up** |
| **Depression Response at Twelve Months** |
| **Antidepressant Med Management\*** |
| **Alcohol and Other Drug Treatment** |

## RAPPS

| |
|---|
| **Antidepressant Med Management\*** |
| **Alcohol and Other Drug Treatment** |

**\* indicates an EQRO Reported Measure**

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**Orange** indicates the median became worse, but most providers improved

**Red** indicates the median and most providers became worse

**Gray** indicates the measure is high-performing and the median rate maintained

17

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# Team-Based Collaborative, Coordinated Care Quality Goal Scorecard
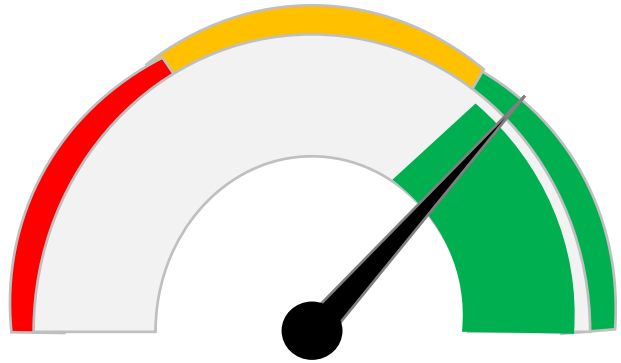


Attracting and retaining high-performing Medicaid providers to participate in team-based, collaborative, and coordinated care.

## CHIRP

| HIE Participation |
|---|

## TIPPS

| HIE Participation |
|---|

## Statewide

| CAHPS Getting Care Quickly* |
|---|
| CAHPS Getting Needed Care* |

## DPP BHS

| HIE Participation |
|---|
| CCBHC Certification Status |

**\* indicates an EQRO Reported Measure**
**Green indicates the median and most providers improved**
**Orange indicates the median became worse, but most providers improved**
**Red indicates the median and most providers became worse**
**Gray indicates the measure is high-performing and the median rate maintained**

# 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
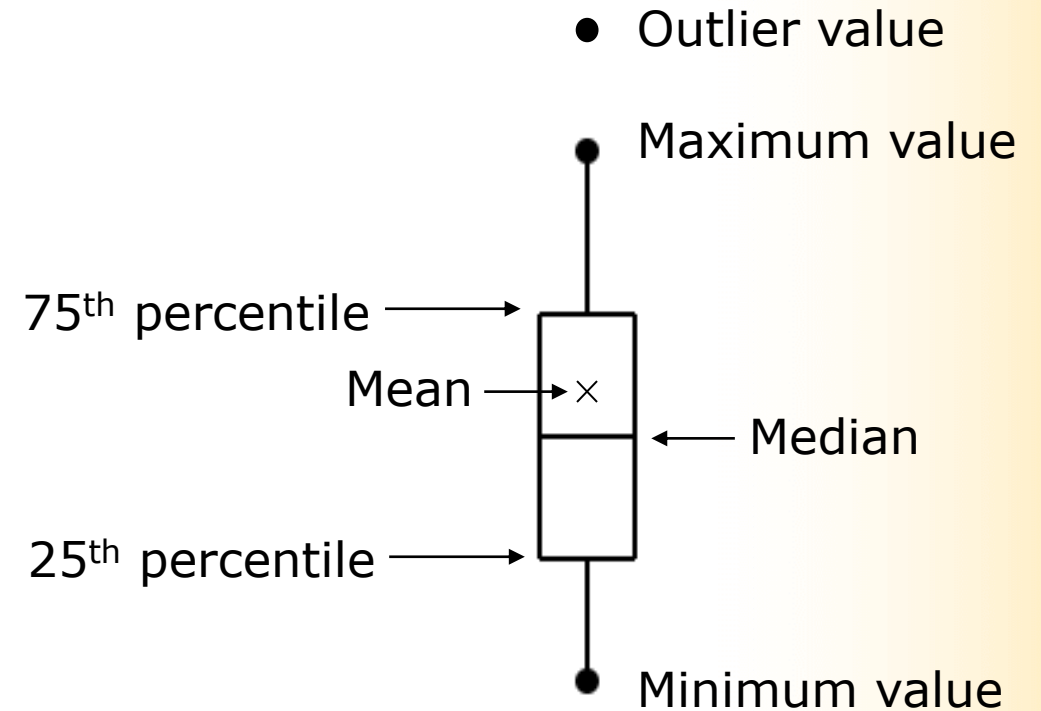
# Unintentional Medication Discrepancies per Medication per Patient

**TEXAS** Health and Human Services

**Lower is better**

## 2021



## 2022
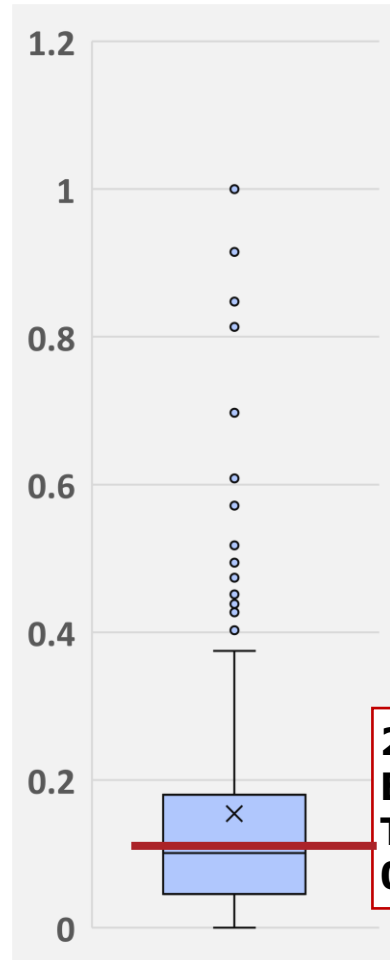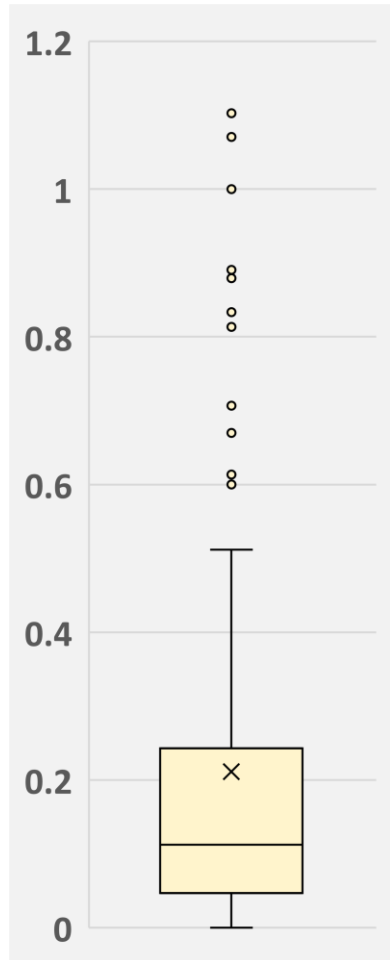


**2023 Eval Target: 0.1067**

| Quality Strategy Goal | Type of Measure | Payer Type | Hospitals Included/ Eligible |
|---|---|---|---|
| Keeping patients free from harm | Outcome | All Payer | 126 / 401 |

| Data Year | 25th percentile | Median | 75th percentile |
|---|---|---|---|
| CY2021 | 0.2430 | 0.1124 | 0.0469 |
| CY2022 | 0.1800 | 0.1007 | 0.0453 |

| 2023 Evaluation Target | 2024 Evaluation | How was the 2024 target determined? |
|---|---|---|
| 0.1067 | 0.0957 | 5% gap closure |

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



2021

2022

Lower is better
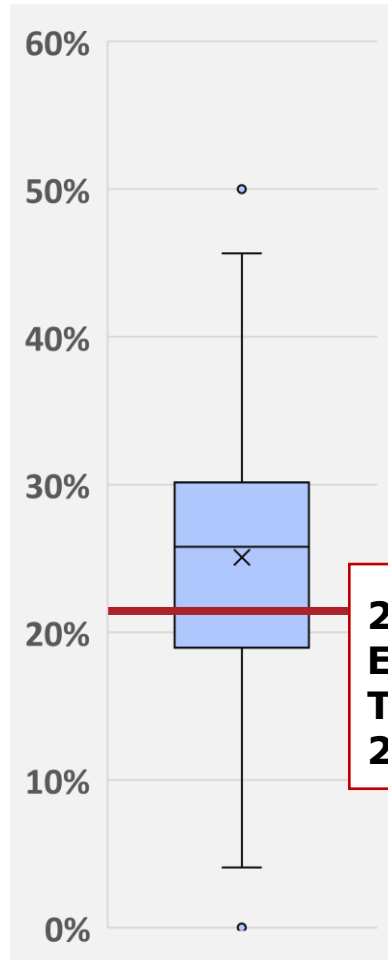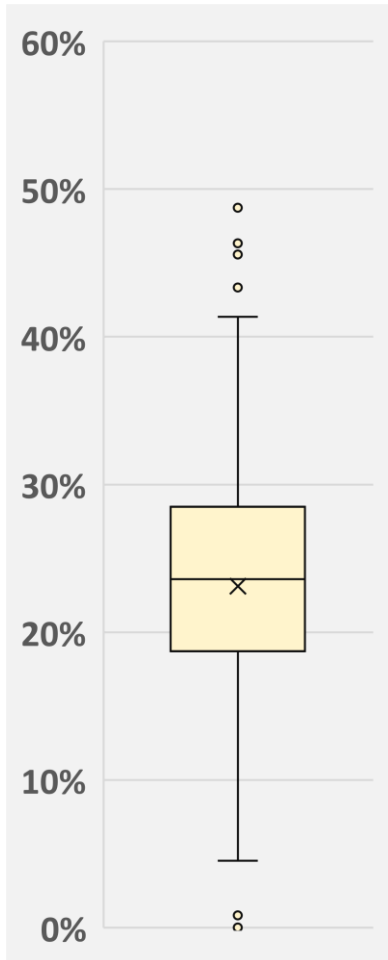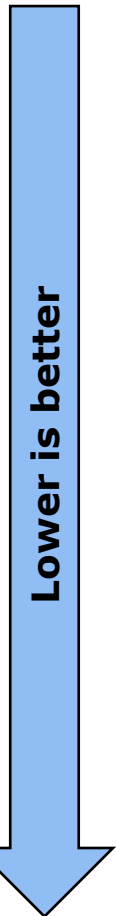
2023 Eval Target: 21.71%

| Quality Strategy Goal | Type of Measure | Payer Type | Hospitals Included/ Eligible | 2023 Target Met? |
|---|---|---|---|---|
| Keeping patients free from harm | Outcome | MMC | 127 / 128 | No |

| Data Year | 25th percentile | Median | 75th percentile |
|---|---|---|---|
| CY2021 | 28.48% | 23.58% | 18.72% |
| CY2022 | 30.15% | 25.77% | 18.96% |

| 2023 Evaluation Target | 2024 Evaluation Target | How was the 2024 target determined? |
|---|---|---|
| 21.71% | 24.48% | 5% gap closure |

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# TIPPS: Component 2 T2-119 Controlling High Blood Pressure

2021

2022

Higher is better
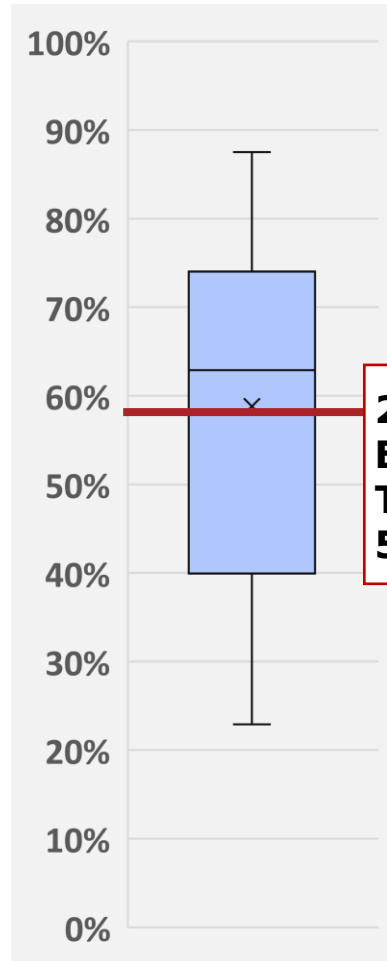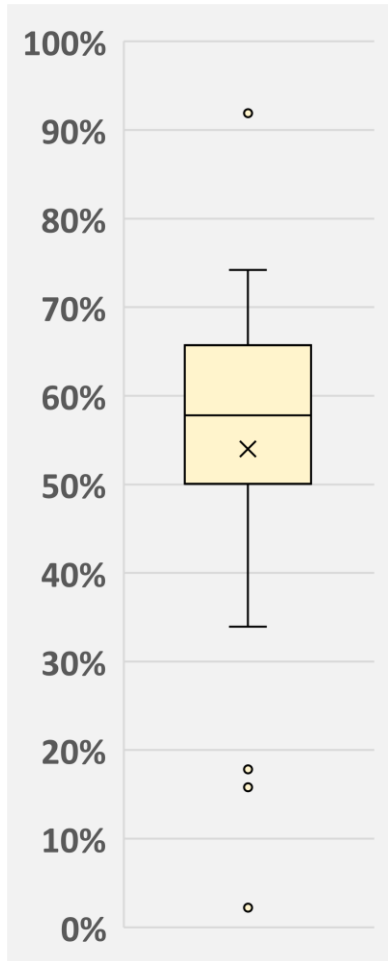
2023 Eval Target: 58.90%

| Quality Strategy Goal | Type of Measure | Payer Type | Physician Groups Included/ Eligible | 2023 Target Met? |
|---|---|---|---|---|
| Effective practices for chronic conditions | Outcome | MMC | 22 / 22 | Yes |

| Data Year | 25th percentile | Median | 75th percentile |
|---|---|---|---|
| CY2021 | 49.76% | 57.81% | 62.01% |
| CY2022 | 39.94% | 66.03% | 74.04% |

| 2023 Evaluation Target | 2024 Evaluation Target | How was the 2024 target determined? |
|---|---|---|
| 58.90% | 67.73% | 5% gap closure |

22

# QIPP Evaluation Measure Performances



Each box represents one evaluation measure where, in 2022, the mean rate…

**7** Met the target     **4** Improved     **2** Declined
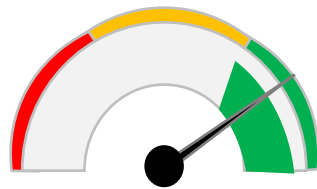
**Evaluation Updates, Delivery System Quality & Innovation, March 27, 2024**

# QIPP Quality Goal Scorecard



**Keeping Texans free from harm**
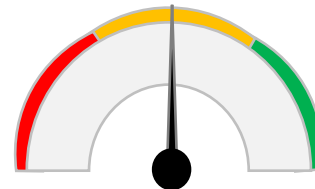


**Promoting effective practices for people with chronic, complex, and serious conditions**
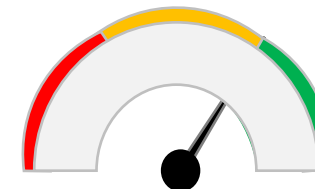


**Attracting and retaining high-performing Medicaid providers to participate in team-based, collaborative, and coordinated care.**

# QIPP - Free From Harm Quality Goal Scorecard
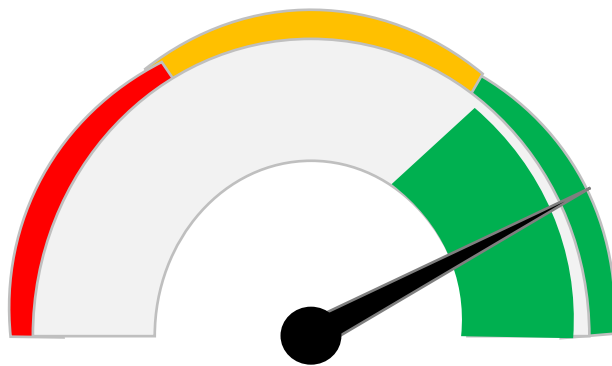


Keeping Texans free from harm

## Avoidable Complications or Adverse Healthcare Events

| |
|---|
| **Pressure Ulcers** |
| **Antipsychotic Medication** |
| **Ability to Move Independently Worsened** |
| **Urinary Tract Infection** |

**\* indicates a measure applicable only to a non-state government-owned nursing facility (NSGO)**
**Green indicates the NF met the performance target**
**Orange indicates that while the performance target was not met, NF measure performance improved upon itself compared to the previous year.**
**Red indicates the performance target was not met, and performance was worse compared to the previous year.**

## Avoidable Hospitalizations for NF Residents

| |
|---|
| **Hospitalizations per 1,000 Long-Stay Resident Days** |

# QIPP - Chronic Conditions Quality Goal Scorecard
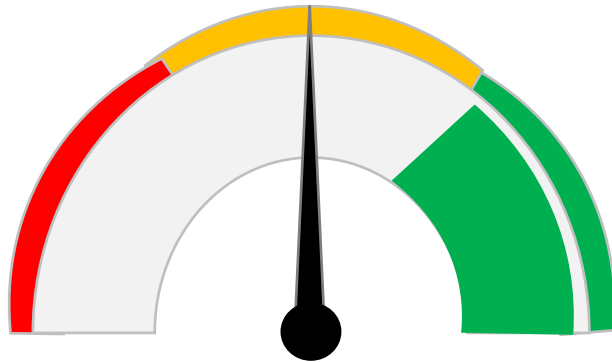
Promoting effective practices for people with chronic, complex, and serious conditions

Avoidable Hospital and ED Visits for Medical Complexities

**Pneumococcal Vaccine**

**Seasonal Influenza Vaccine**

\* indicates a measure applicable only to a non-state government-owned nursing facility (NSGO)

**Green** indicates the NF <u>met</u> the performance target

**Orange** indicates that while the performance target was <u>not</u> met, NF measure performance <u>improved</u> upon itself compared to the previous year.

**Red** indicates the performance target was <u>not</u> met, and performance was <u>worse</u> compared to the previous year.

# QIPP - Team-Based Collaborative, Coordinated Care Quality Goal Scorecard

Attracting and retaining high-performing Medicaid providers to participate in team-based, collaborative, and coordinated care

## Actively Monitor Patients to Improve Healthcare Delivery

| |
|---|
| **PIP on a Long-Stay MDS Measure*** |
| **Workforce Development Focused PIP** |
| **Evidence-Based Antibiotic Stewardship Elements*** |
| **CMS/CDC Training Course Completion*** |
| **Self-Reported Direct-Care RN Staffing Hours 4+** |
| **Self-Reported Direct-Care RN Staffing Hours 8+** |

**\* indicates a measure applicable only to a non-state government-owned nursing facility (NSGO)**

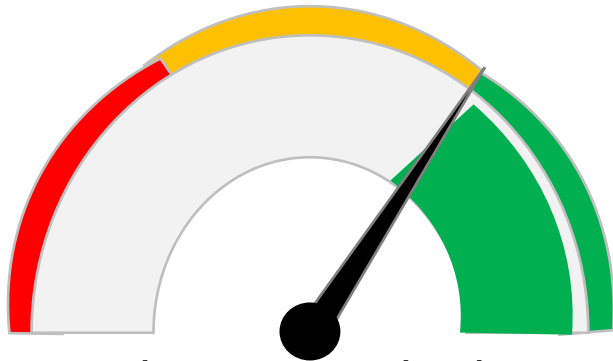**Green indicates the NF met the performance target**

**Orange indicates that while the performance target was not met, NF measure performance improved upon itself compared to the previous year.**

**Red indicates the performance target was not met, and performance was worse compared to the previous year.**

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# QIPP Percent residents who received an antipsychotic medication

Average Rates
(Texas vs. QIPP vs. U.S.)
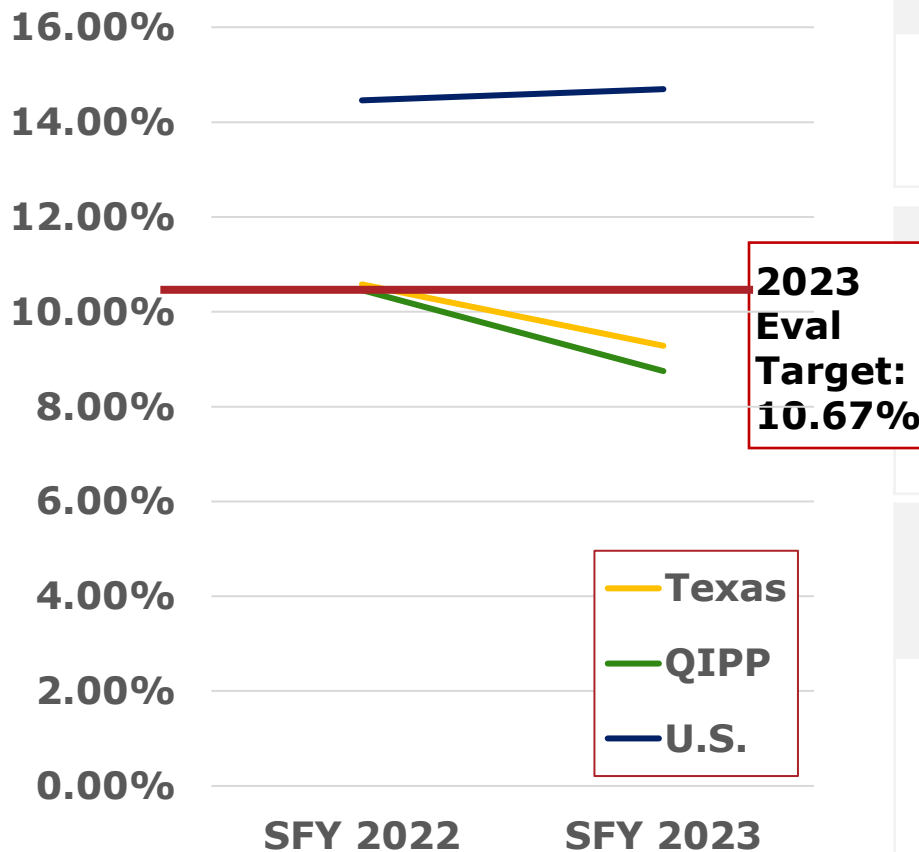
Lower is better



| Quality Strategy Goal | Type of Measure | Eligible Groups | Total Enrolled NSGO + PO | SFY2023 Target Met? |
|---|---|---|---|---|
| Keeping patients free from harm | MDS | All NFs | 898 | Yes |

| Data Year | Texas Mean | QIPP Mean | U.S. Mean |
|---|---|---|---|
| SFY2022 | 10.58% | 10.46% | 14.46% |
| SFY2023 | 9.28% | 8.75% | 14.70% |

| SFY2023 Evaluation Target | SFY2024 Evaluation Target | How was the SFY2024 target determined? |
|---|---|---|
| 10.67% | 11.67% | Absolute 3% improvement in average NF performance |

2023 Eval Target: 10.67%

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# Percentage of CHIRP Hospitals Participating in Health Information Exchange (HIE)

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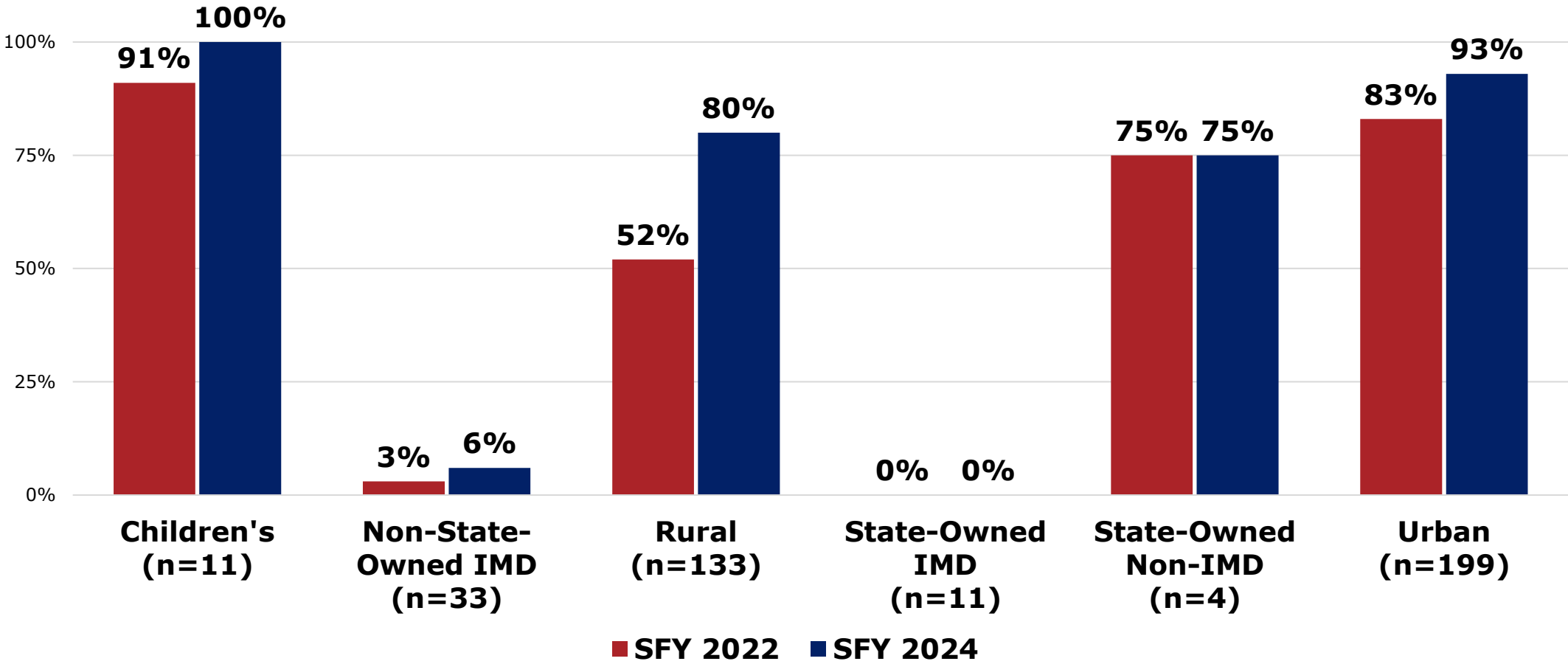
# Providers Connected to HIETexas EDEN SFY 2024
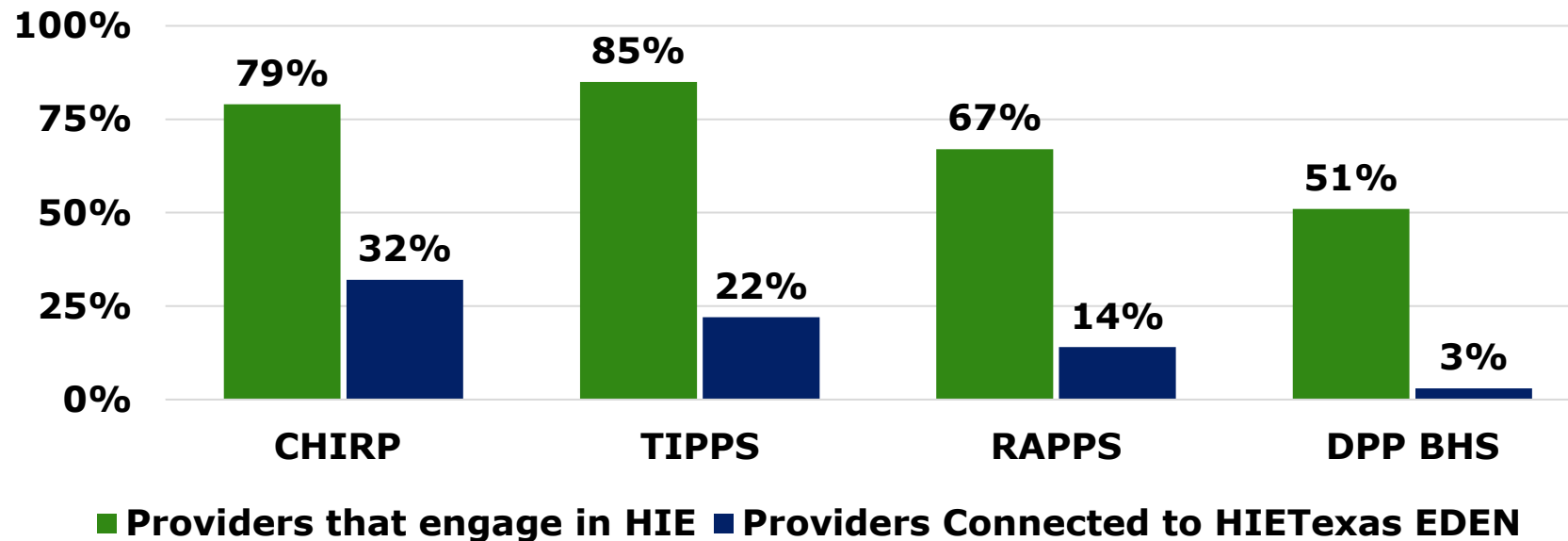


**What is EDEN?**

- 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

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# Non-medical Drivers of Health (NMDOH) Screening SFY 2024



## CHIRP

- 6%
- 34%
- 60%

## RAPPS

- 19%
- 33%
- 48%

## DPP BHS

- 54%
- 46%
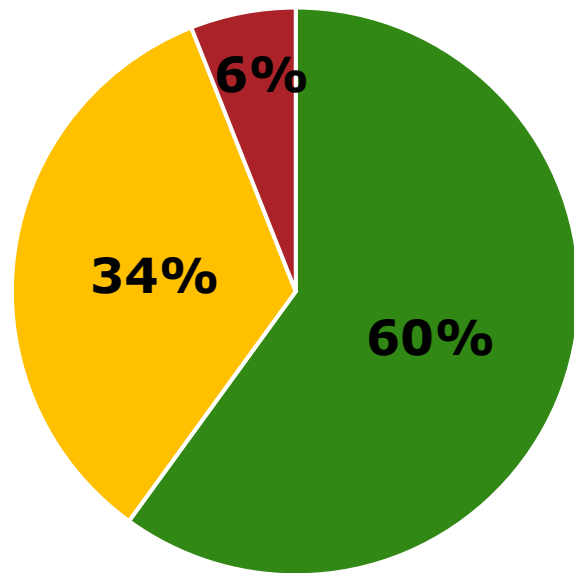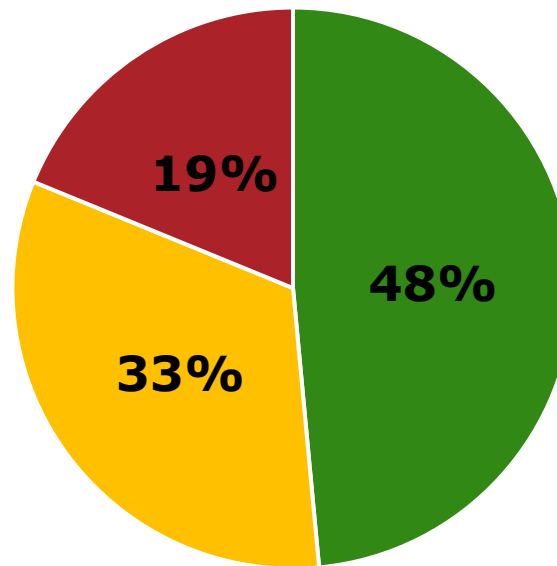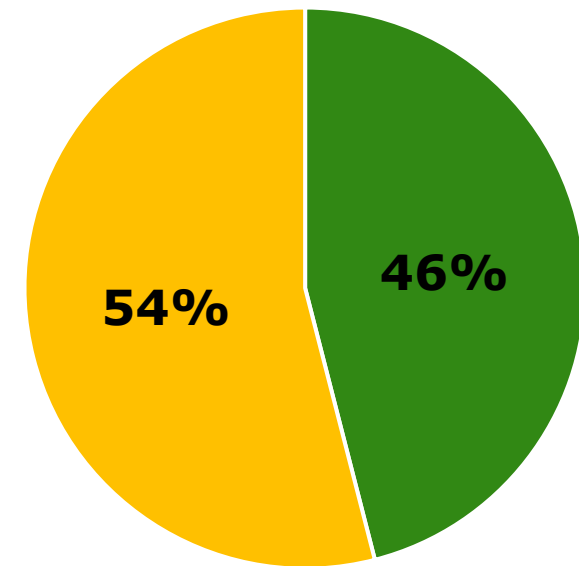
**Legend:**
- Implemented
- No, but planning to by Aug 31, 2024
- No, and not planning to by Aug 31, 2024

**What are non-medical drivers of health?**
- Non-medical drivers of health are the conditions in the place where people live, learn, work and play that affect a wide range of health risks and outcomes.

# Population Health in 2022

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.

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

- The number of actual Potentially Preventable Admissions (PPAs) increased in CY2022 compared to CY2021.

- Potentially Preventable ED Visits (PPVs) rates improved in CY2022 from CY2021. Despite the improvement, PPVs remained higher than anticipated when compared to other Medicaid clients.

## CHIRP Population
STAR and STAR+PLUS

- Potentially Preventable Complications (PPCs) rates relatively consistent between CY2022 and CY2021.

- Potentially Preventable Readmissions (PPR) rates for STAR+PLUS had seen a slight improvement in CY2022 from CY2021. Rates for STAR in CY2022 remained unchanged from CY2021.

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

Rates were **better than** the statewide rate for a given managed care program for **most** of the identified population measures:

- Antidepressant Medication Management Age 18+ (AMM)

- Follow-Up After Emergency Department Visit for Mental Illness Age 6+ (FUM)

- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Age 13+ (IET)

Observed **decrease** for 40 percent for the tracked rates between CY2022 and CY2021:

- Rates for Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Age 13+ decreased in CY2022 in three DPPs compared to CY2021

- STAR +PLUS rates for AMM (acute phase only) have decreased between two years across three DPPs

# Evaluation Performance Targets

**SFY25**

# Evaluation Performance Targets

Targets for 2024 are based on CHIRP, TIPPS, RAPPS DPP BHS and QIPP data from 2022

Track <u>statewide</u> collective performance for CHIRP, TIPPS, RAPPS, DPP BHS (median rates) and QIPP (mean rate)

Process and outcome measures for CHIRP, TIPPS, RAPPS and DPP BHS
MDS and structure measures for QIPP

Required by CMS

# Target Calculations

## 5% gap closure example

*Positive Directionality:*

$$CY2022 + [0.05 * (1 - CY2022)]$$

*Negative Directionality:*

$$CY2022 - (0.05 * CY2022)$$

# Do individual providers have to meet the evaluation performance targets in SFY2025?

Providers report data as a condition of participation.

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

CHIRP and QIPP include pay-for-performance targets for certain measures

# How to Compare Your Performance with the Evaluation Targets

## CHIRP, TIPPS, RAPPS, & DPP BHS Providers

1. Review the summary tab on your last reporting template or other source of your data.

2. Use the data visualization files to compare your facility's rates to the evaluation targets in the file

## QIPP Nursing Facilities

1. Download the most recent QIPP Scorecard and search by your Facility ID.

2. The dashboard tab will display your facility performance for all measures and reporting periods. This performance can be compared to results in the QIPP Evaluation Report.

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

# What's next for DPP evaluation?

# Next Steps for CHIRP, TIPPS, RAPPS and DPP BHS

**TEXAS Health and Human Services**

**SFY 24**

HHSC publishes the SFY22 - 24 evaluation

Participating providers report final SFY24 data

**When will we know if the program has met the SFY 2025 evaluation targets?** Provider-reported data for CY2024 will be finalized in August 2025. The evaluation report will be published by March 2026.

| March 2024 | April | *Summer* | *Fall* | *March 2025* |
|---|---|---|---|---|

**SFY 25**

HHSC submits SFY25 preprint to CMS

CMS approves* SFY25 Preprint

*Target approval date, subject to change*

Participating providers report preliminary SFY25 data

HHSC publishes the SFY22 – 25 evaluation

# Next Steps for QIPP



TEXAS Health and Human Services

**SFY 24**

- HHSC publishes the SFY22 - 23 evaluation
- Participating providers report final SFY24 data
- HHSC publishes Q4 Provider Scorecard
- HHSC publishes the SFY22 – 24 evaluation

| March 2024 | July | *Summer* | *Fall* | *March 2025* |

**SFY 25**

- HHSC submits SFY25 preprint to CMS
- Measurement period begins for SFY25 MDS quality measures
- CMS approves* SFY25 Preprint

  *Target approval date, subject to change*

**When will we know if the program has met the SFY 2025 evaluation targets?**
HHSC will publish the SFY25 evaluation in March 2026.

**Evaluation Updates, Delivery System Quality & Innovation, March 27, 2024**

# Questions about DPP evaluation?

**Email: DPPQuality@hhs.Texas.gov**

**Or Email: QIPP@hhs.Texas.gov**

Website: DPP Quality Resources

## 2023 Target Met?

| | |
|---|---|
| 🟩 — | **Met target** |
| 🟥 — | **Did not meet target** |

## CY2022 Median Rate

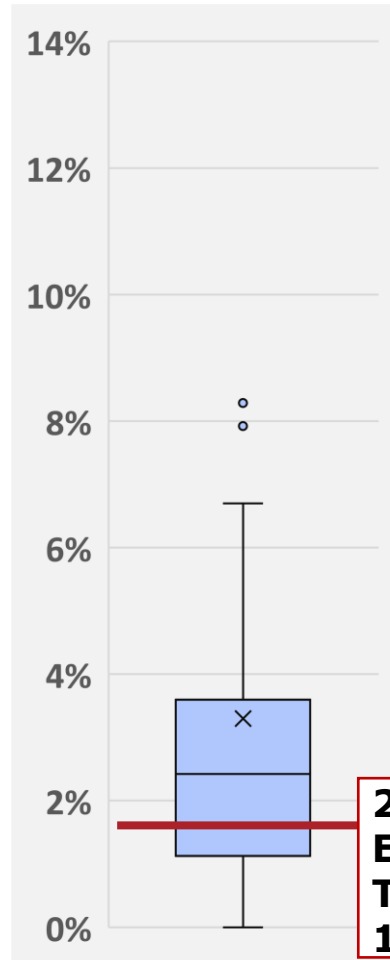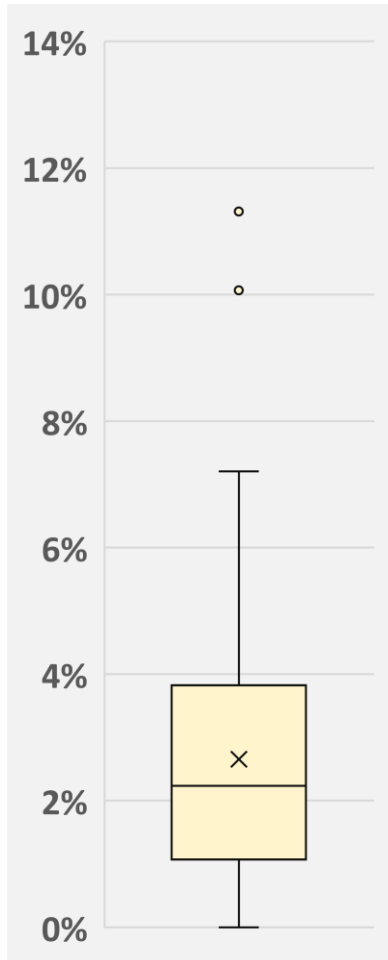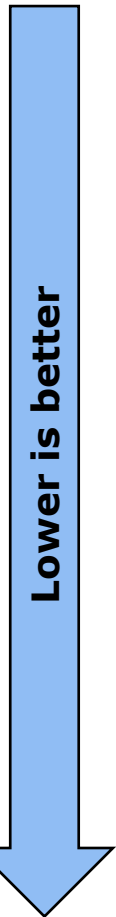| | |
|---|---|
| 🟩 — | **Median rate improved from previous year** |
| 🟥 — | **Did not meet target, or median did not improve from previous year** |

# CHIRP Evaluation Measures

**\*<u>2022 and 2023 targets are the same</u>, due to delays in program approvals and lags in claims data and reporting needed to establish baselines.**

# CHIRP: ACIA Maternal C2-129 Severe Maternal Morbidity

**2021**

**2022**

Lower is better

2023 Eval Target: 1.88%

| Quality Strategy Goal | Type of Measure | Payer Type | Hospitals Included/ Eligible | 2023 Target Met? |
|---|---|---|---|---|
| Keeping patients free from harm | Outcome | MMC | 125 / 128 | **No** |

| Data Year | 25th percentile | Median | 75th percentile |
|---|---|---|---|
| CY2021 | 3.82% | 2.24% | 1.07% |
| CY2022 | 3.60% | **2.42%** | 1.12% |

| 2023 Evaluation Target | 2024 Evaluation Target | How was the 2024 target determined? |
|---|---|---|
| 1.88% | 2.30% | 5% gap closure |

44

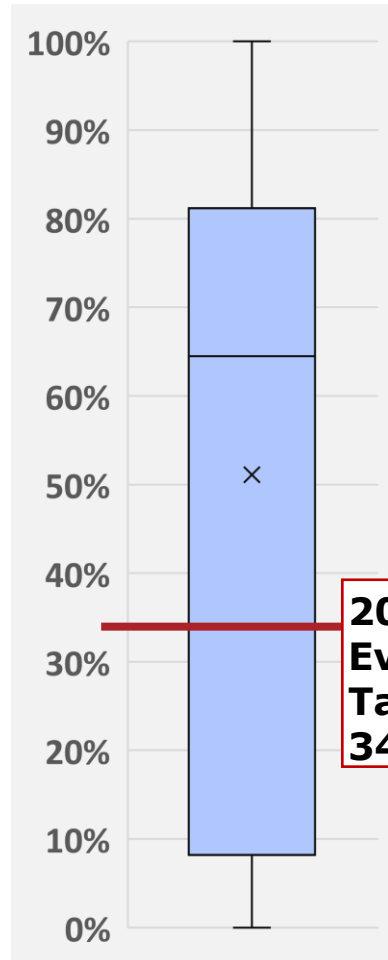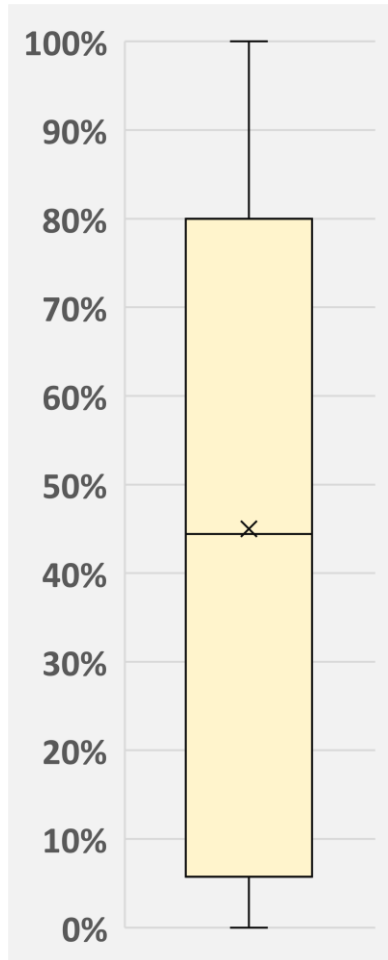**Evaluation Updates, Delivery System Quality & Innovation, March 27, 2024**

# CHIRP: ACIA Rural C2-104
# Preventive Care and Screening: Tobacco Use: Screening & Cessation Intervention

**2021**

**2022**

Higher is better

2023
Eval
Target:
34.55%

| Quality Strategy Goal | Type of Measure | Payer Type | Hospitals Included/ Eligible | 2023 Target Met? |
|---|---|---|---|---|
| Promoting optimal health for Texans | Process | MMC | 74 / 83 | Yes |

| Data Year | 25th percentile | Median | 75th percentile |
|---|---|---|---|
| CY2021 | 5.72% | 44.40% | 80% |
| CY2022 | 8.19% | 64.47% | 81.18% |

| 2023 Evaluation Target | 2024 Evaluation Target | How was the 2024 target determined? |
|---|---|---|
| 34.55% | 66.25% | 5% gap closure |

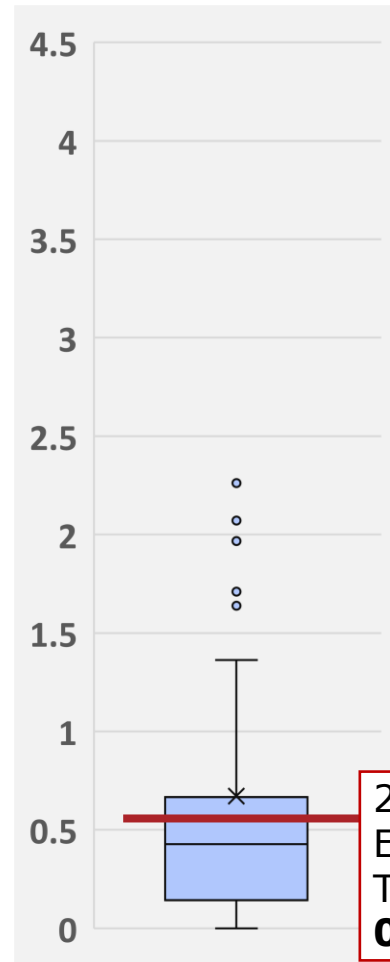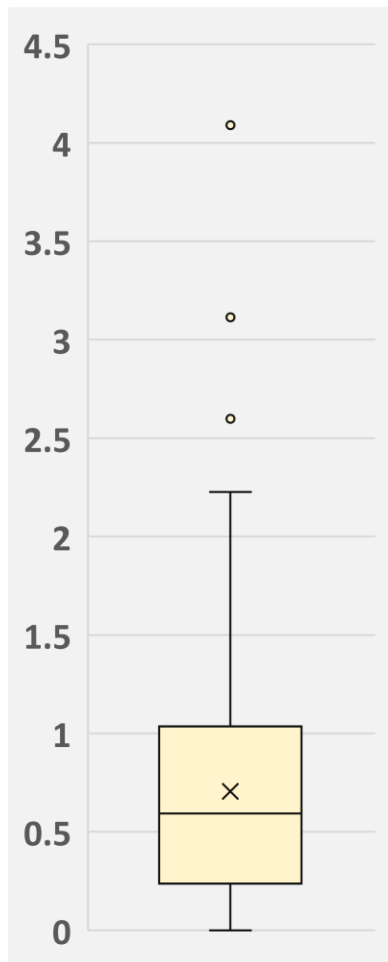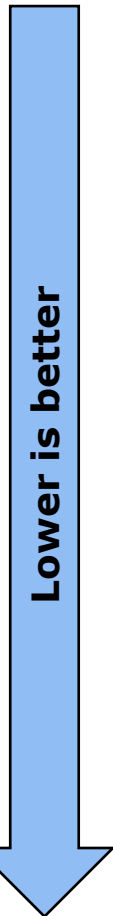# CHIRP: ACIA Hospital Safety C2-132 Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratio

**2021**

**2022**

**Lower is better**

2023 Eval Target: **0.5642**

| Quality Strategy Goal | Type of Measure | Payer Type | Hospitals Included/ Eligible | 2023 Target Met? |
|---|---|---|---|---|
| Keeping patients free from harm | Outcome | All Payer | 114 / 155 | Yes |

| Data Year | 25th percentile | Median | 75th percentile |
|---|---|---|---|
| CY2021 | 1.0352 | 0.5939 | 0.2371 |
| CY2022 | 0.6667 | 0.4276 | 0.1424 |

| 2023 Evaluation Target | 2024 Evaluation Target | How was the 2024 target determined? |
|---|---|---|
| 0.5642 | 0.4062 | 5% gap closure |

**Evaluation Updates, Delivery System Quality & Innovation, March 27, 2024**
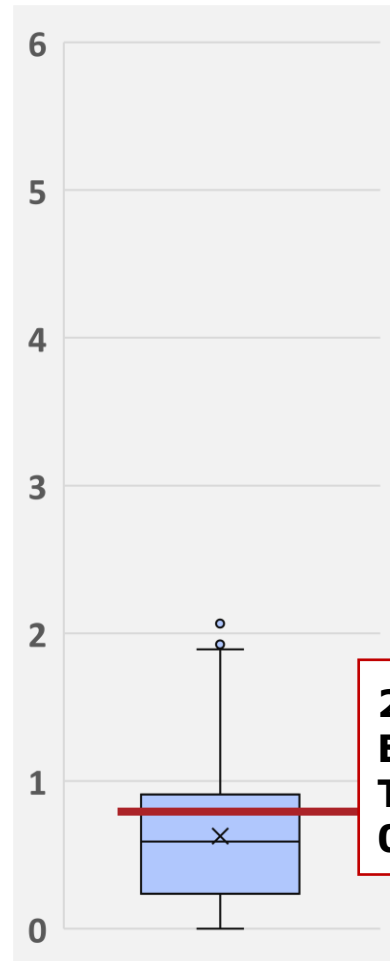
TEXAS
Health and Human Services

**2021**

**2022**

Lower is better

2023 Eval Target: 0.8230

| Quality Strategy Goal | Type of Measure | Payer Type | Hospitals Included/ Eligible | 2023 Target Met? |
|---|---|---|---|---|
| Keeping patients free from harm | Outcome | All Payer | 120 / 155 | Yes |

| Data Year | 25th percentile | Median | 75th percentile |
|---|---|---|---|
| CY2021 | 1.465 | 0.8663 | 0.445 |
| CY2022 | 0.909 | 0.5898 | 0.235 |

| 2023 Evaluation Target | 2024 Evaluation Target | How was the 2024 target determined? |
|---|---|---|
| 0.8230 | 0.5603 | 5% gap closure |

**Evaluation Updates, Delivery System Quality & Innovation, March 27, 2024**

# CHIRP: ACIA Pediatrics C2-159
# Pediatric Catheter-Associated Urinary Tract Infections per 1000 cases

2021    2022

Lower is better
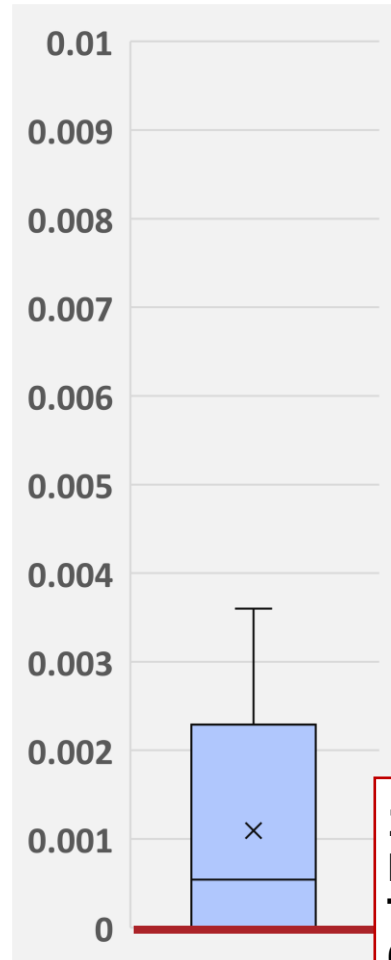
2023 Eval Target: 0.0000

| Quality Strategy Goal | Type of Measure | Payer Type | Hospitals Included/ Eligible | 2023 Target Met? |
|---|---|---|---|---|
| Keeping patients free from harm | Outcome | All Payer | 5 / 10 | No |

| Data Year | 25th percentile | Median | 75th percentile |
|---|---|---|---|
| CY2021 | 0.0014 | 0.0000 | 0.00 |
| CY2022 | 0.0023 | 0.0005 | 0.00 |

| 2023 Evaluation Target | 2024 Evaluation Target | How was the 2024 target determined? |
|---|---|---|
| 0.00 | 0.00 | Maintenance |

**Evaluation Updates, Delivery System Quality & Innovation, March 27, 2024**

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

**2021**

**2022**

Lower is better

2023 Eval Target: 0.0012

| Quality Strategy Goal | Type of Measure | Payer Type | Hospitals Included/ Eligible | 2023 Target Met? |
|---|---|---|---|---|
| Keeping patients free from harm | Outcome | All Payer | 9 / 10 | Yes |

| Data Year | 25th percentile | Median | 75th percentile |
|---|---|---|---|
| CY2021 | 0.000574 | 0.0013 | 0.00095 |
| CY2022 | 0.001421 | 0.0012 | 0.00171 |

| 2023 Evaluation Target | 2024 Evaluation Target | How was the 2024 target determined? |
|---|---|---|
| 0.0012 | 0.0011 | 5% gap closure |

**Evaluation Updates, Delivery System Quality & Innovation, March 27, 2024**

2023 Target Met?

CY2022 Median Rate

| | |
|---|---|
| Met target | |
| Did not meet target | |

| | |
|---|---|
| Median rate improved from previous year | |
| Did not meet target, or median did not improve from previous year | |

# TIPPS Evaluation Measures

**\*<u>2022 and 2023 targets are the same</u>, due to delays in program approvals and lags in claims data and reporting needed to establish baselines.**

**Lower is better**

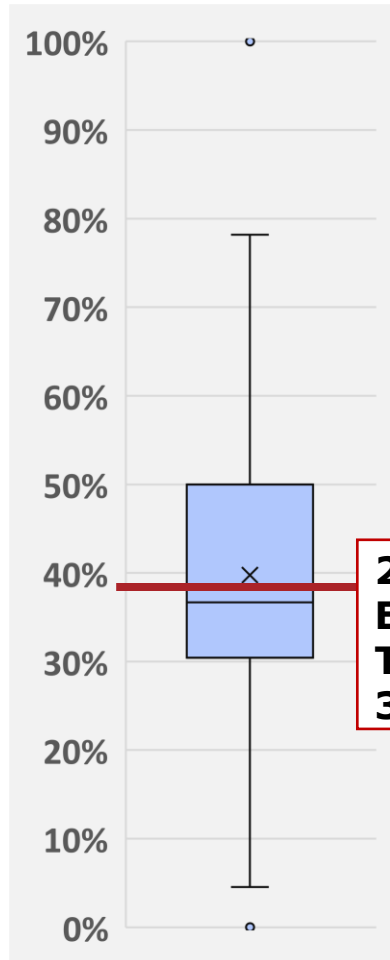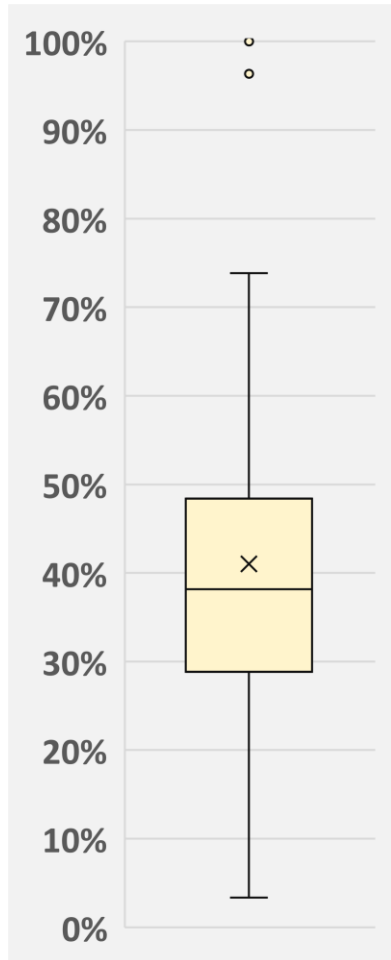### 2021

### 2022

2023 Eval Target: 39.90%

| Quality Strategy Goal | Type of Measure | Payer Type | Physician Groups Included/ Eligible | 2023 Target Met? |
|---|---|---|---|---|
| Effective practices for chronic conditions | Outcome | MMC | 51 / 56 | Yes |

| Data Year | 25th percentile | Median | 75th percentile |
|---|---|---|---|
| CY2021 | 48.40% | 38.17% | 28.83% |
| CY2022 | 50.00% | 36.66% | 30.41% |

| 2023 Evaluation Target | 2024 Evaluation Target | How was the 2024 target determined? |
|---|---|---|
| 39.90% | 34.83% | 5% gap closure |

51

TEXAS
Health and Human Services

2021

2022

Higher is better
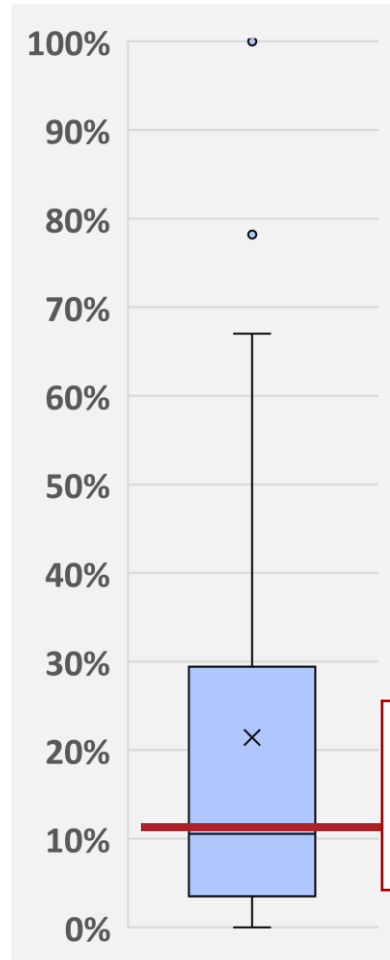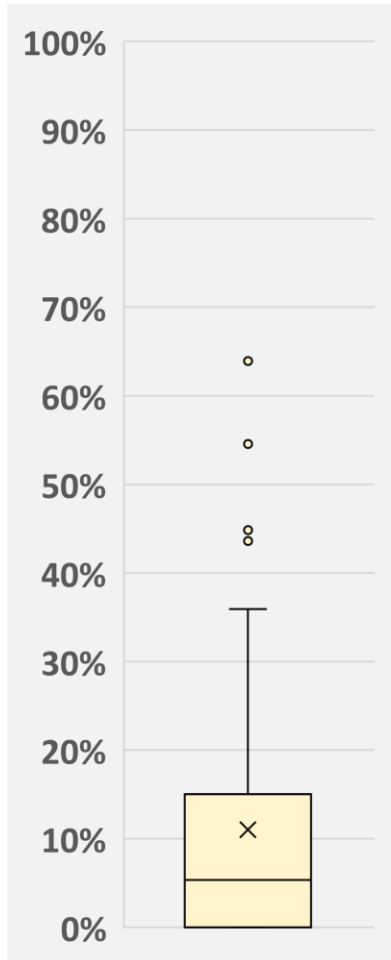


2023
Eval
Target:
10.59%

| Quality Strategy Goal | Type of Measure | Payer Type | Physician Groups Included/ Eligible | 2023 Target Met? |
|---|---|---|---|---|
| Effective practices for chronic conditions | Outcome | MMC | 42 / 56 | No |

| Data Year | 25th percentile | Median | 75th percentile |
|---|---|---|---|
| CY2021 | 0.00% | 5.35% | 15.02% |
| CY2022 | 3.50% | 10.56% | 29.40% |

| 2023 Evaluation Target | 2024 Evaluation Target | How was the 2024 target determined? |
|---|---|---|
| 10.59% | 15.03% | 5% gap closure |

**Evaluation Updates, Delivery System Quality & Innovation, March 27, 2024**

## 2021

## 2022

Higher is better
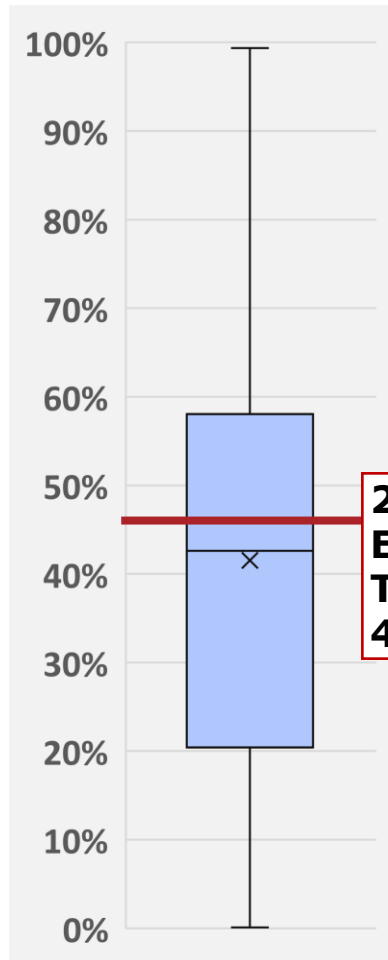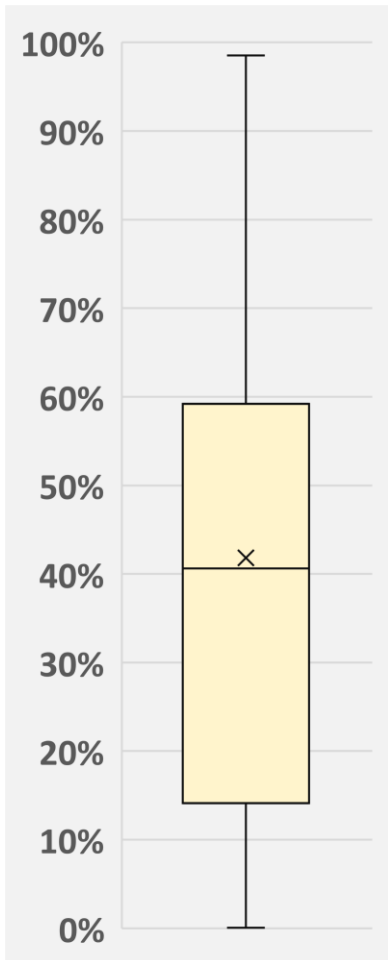
2023 Eval Target: 46.68%

| Quality Strategy Goal | Type of Measure | Payer Type | Physician Groups Included/ Eligible | 2023 Target Met? |
|---|---|---|---|---|
| Effective practices for chronic conditions | Process | MMC | 22 / 22 | No |

| Data Year | 25th percentile | Median | 75th percentile |
|---|---|---|---|
| CY2021 | 14.11% | 40.62% | 59.21% |
| CY2022 | 20.41% | 42.61% | 58.05% |

| 2023 Evaluation Target | 2024 Evaluation Target | How was the 2024 target determined? |
|---|---|---|
| 46.68% | 45.48% | 5% gap closure |

53

**TEXAS Health and Human Services**

### 2021



### 2022



Higher is better
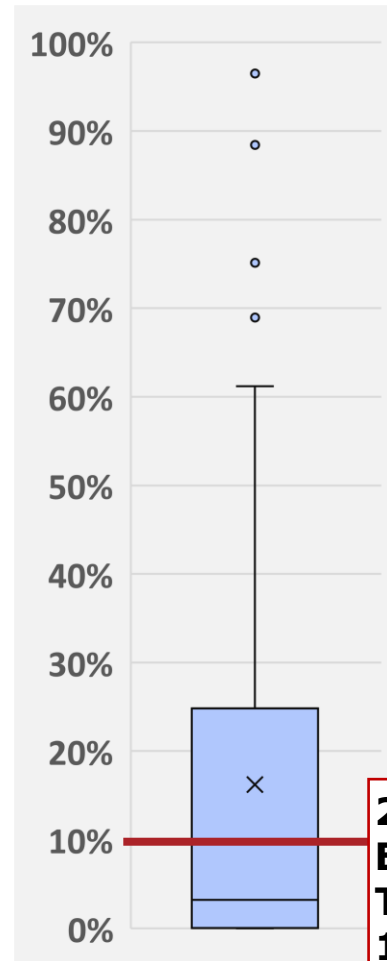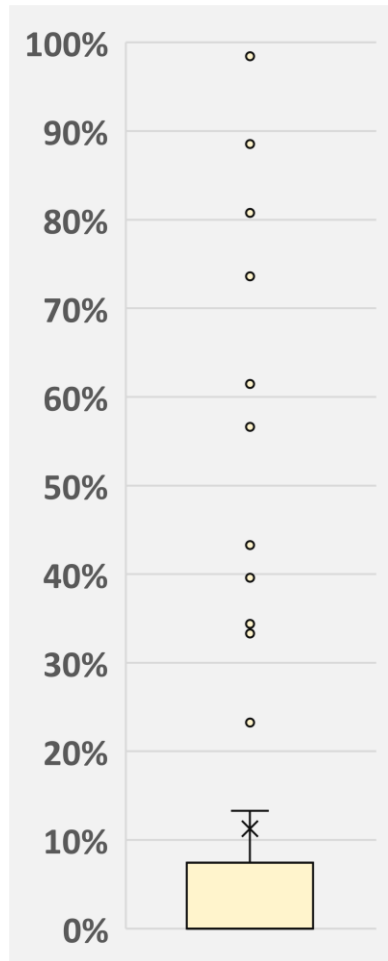
2023 Eval Target: 10.00%

| Quality Strategy Goal | Type of Measure | Payer Type | Physician Groups Included/ Eligible | 2023 Target Met? |
|---|---|---|---|---|
| Promoting optimal health for Texans | Process | MMC | 43 / 56 | No |

| Data Year | 25th percentile | Median | 75th percentile |
|---|---|---|---|
| CY2021 | 0.00% | 0.00% | 7.45% |
| CY2022 | 0.00% | 3.21% | 24.80% |

| 2023 Evaluation Target | 2024 Evaluation Target | How was the 2024 target determined? |
|---|---|---|
| 10.00% | 8.05% | 5% gap closure |

54

**2021**     **2022**

Higher is better →
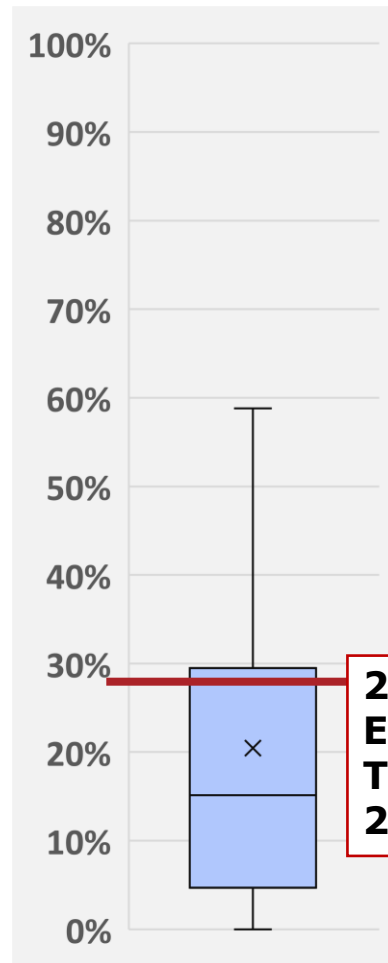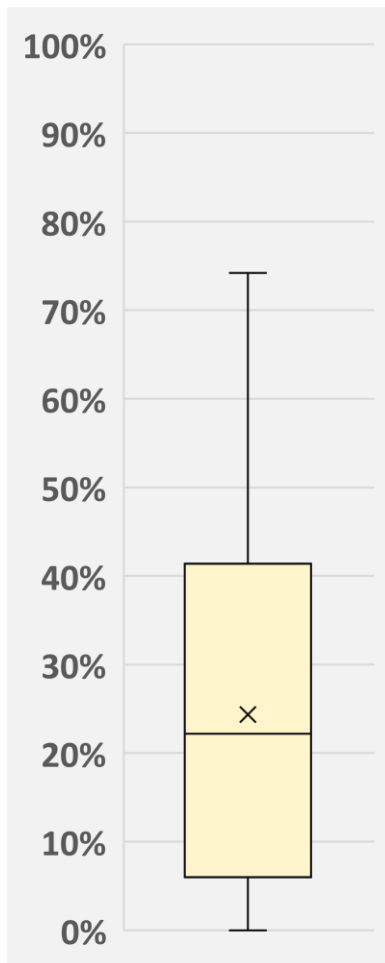


2023 Eval Target: 28.95%

| Quality Strategy Goal | Type of Measure | Payer Type | Physician Groups Included/ Eligible | 2023 Target Met? |
|---|---|---|---|---|
| Promoting optimal health for Texans | Outcome | MMC | 20 / 22 | **No** |

| Data Year | 25th percentile | Median | | 75th percentile |
|---|---|---|---|---|
| CY2021 | 6.00% | 22.17% | | 41.37% |
| CY2022 | 4.68% | **15.13%** | | 29.49% |

| 2023 Evaluation Target | 2024 Evaluation Target | How was the 2024 target determined? |
|---|---|---|
| 28.95% | 19.37% | 5% gap closure |

55

**TEXAS Health and Human Services**

## 2021

## 2022

Higher is better →
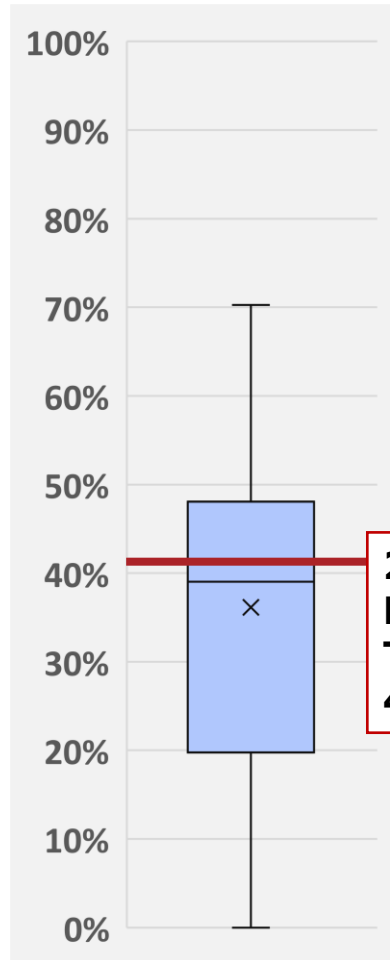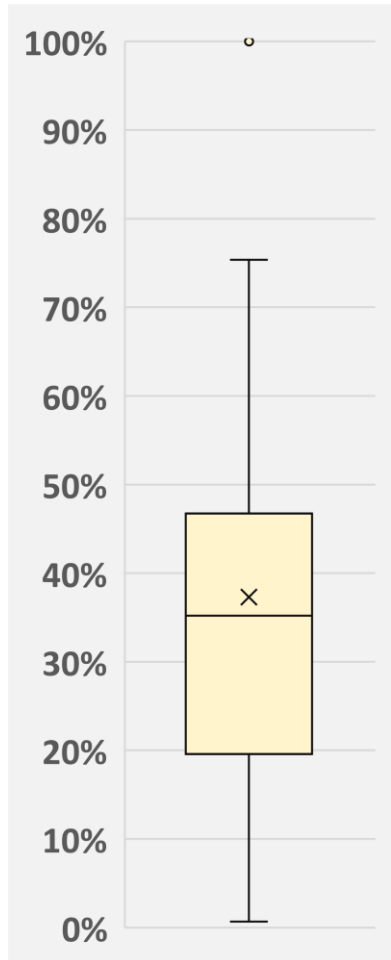
2023 Eval Target: 41.12%

| Quality Strategy Goal | Type of Measure | Payer Type | Physician Groups Included/ Eligible | 2023 Target Met? |
|---|---|---|---|---|
| Promoting optimal health for Texans | Outcome | MMC | 20 / 22 | **No** |

| Data Year | 25th percentile | Median | 75th percentile |
|---|---|---|---|
| CY2021 | 19.58% | 35.20% | 46.71% |
| CY2022 | 19.77% | **39.02%** | 48.08% |

| 2023 Evaluation Target | 2024 Evaluation Target | How was the 2024 target determined? |
|---|---|---|
| 41.12% | 42.07% | 5% gap closure |

56

**2021**

**2022**

Higher is better
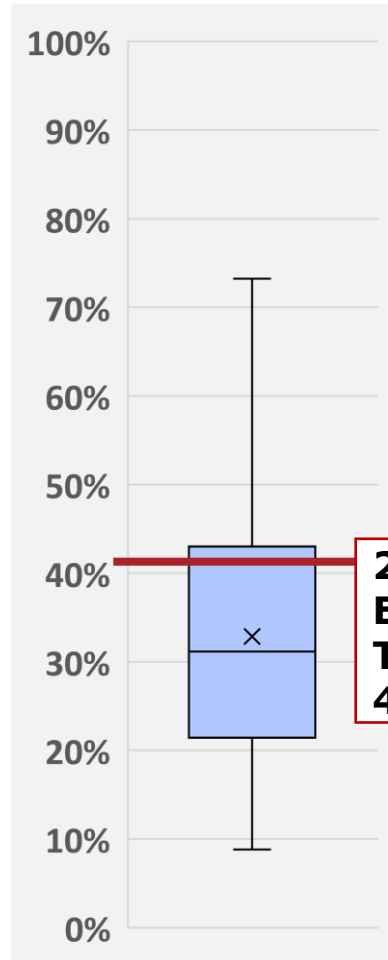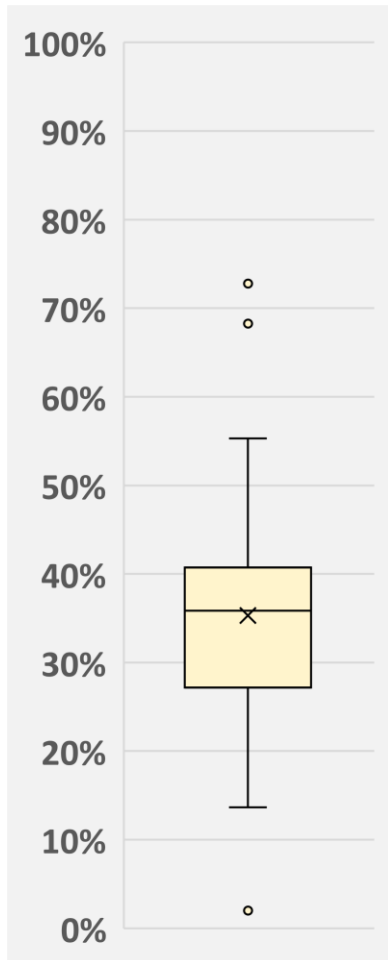
2023 Eval Target: 40.81%

| Quality Strategy Goal | Type of Measure | Payer Type | Physician Groups Included/ Eligible | 2023 Target Met? |
|---|---|---|---|---|
| Promoting optimal health for Texans | Process | MMC | 22 / 22 | No |

| Data Year | 25th percentile | Median | 75th percentile |
|---|---|---|---|
| CY2021 | 27.17% | 35.85% | 40.74% |
| CY2022 | 21.41% | 31.14% | 43.01% |

| 2023 Evaluation Target | 2024 Evaluation Target | How was the 2024 target determined? |
|---|---|---|
| 40.81% | 34.58% | 5% gap closure |

57

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

**TEXAS**
Health and Human
Services

2021

2022

Higher is better
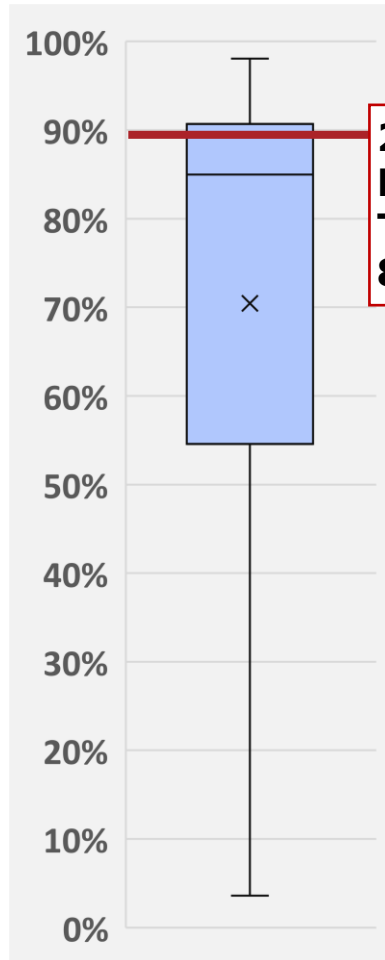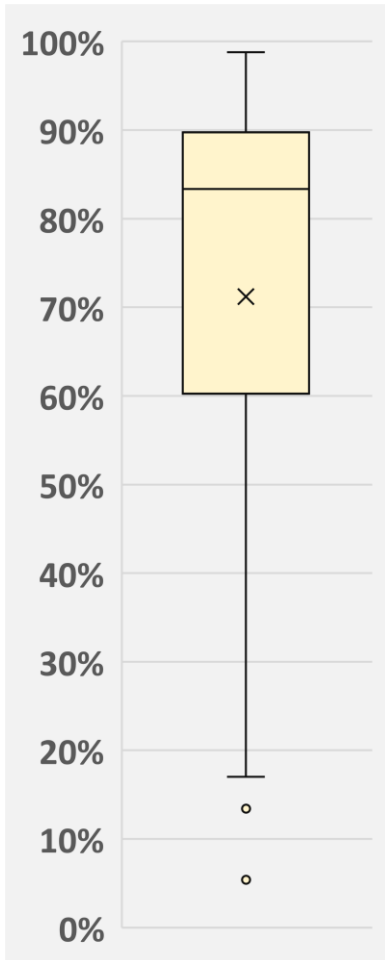
**2023 Eval Target: 89.11%**

| Quality Strategy Goal | Type of Measure | Payer Type | Physician Groups Included/ Eligible | 2023 Target Met? |
|---|---|---|---|---|
| Promoting optimal health for Texans | Process | MMC | 22 / 22 | No |

| Data Year | 25th percentile | Median | 75th percentile |
|---|---|---|---|
| CY2021 | 60.24% | 83.36% | 89.76% |
| CY2022 | 54.59% | 84.96% | 90.70% |

| 2023 Evaluation Target | 2024 Evaluation Target | How was the 2024 target determined? |
|---|---|---|
| 89.11% | 85.71% | 5% gap closure |

58

**2021**

**2022**

Higher is better
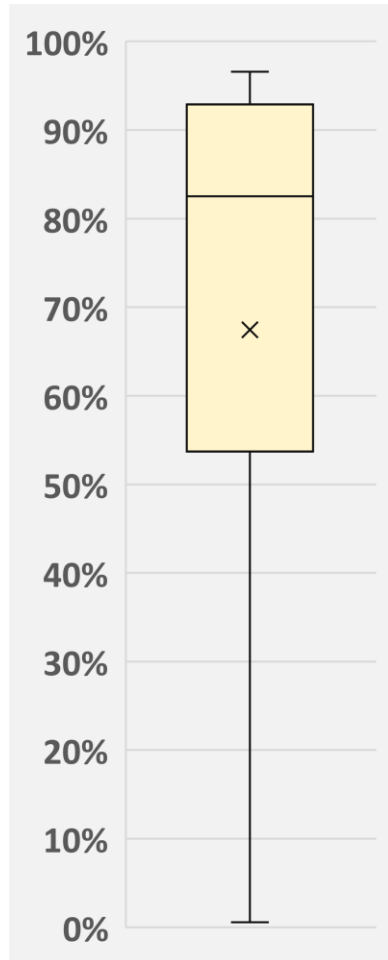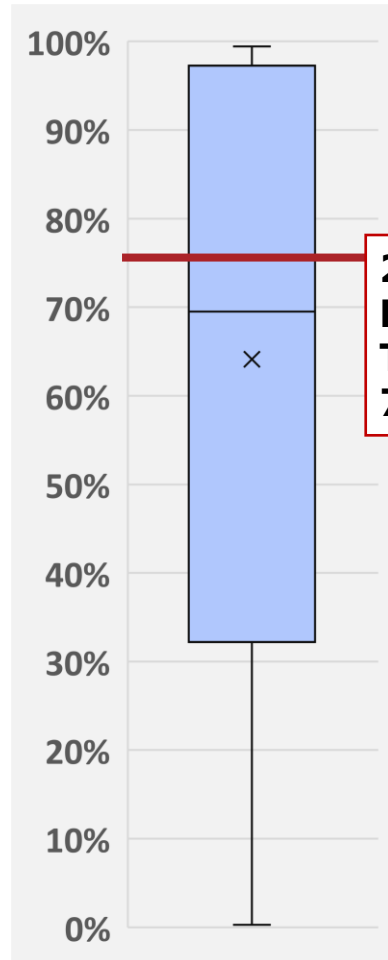
2023 Eval Target: 75.48%

| Quality Strategy Goal | Type of Measure | Payer Type | Physician Groups Included/ Eligible | 2023 Target Met? |
|---|---|---|---|---|
| Promoting optimal health for Texans | Process | MMC | 22 / 22 | No |

| Data Year | 25th percentile | Median | 75th percentile |
|---|---|---|---|
| CY2021 | 53.69% | 74.15% | 92.91% |
| CY2022 | 32.21% | 73.39% | 97.28% |

| 2023 Evaluation Target | 2024 Evaluation Target | How was the 2024 target determined? |
|---|---|---|
| 75.48% | 74.72% | 5% gap closure |

59

2023 Target Met?

CY2022 Median Rate

| | |
|---|---|
| 🟩 — | **Met target** |
| 🟥 — | **Did not meet target** |

| | |
|---|---|
| 🟩 — | **Median rate improved from previous year** |
| 🟥 — | **Did not meet target, or median did not improve from previous year** |
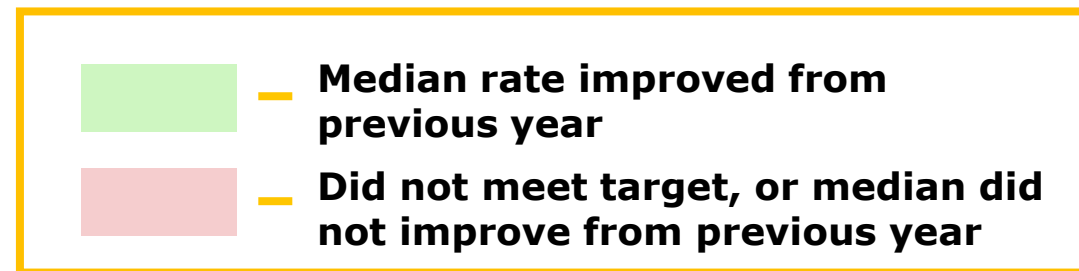
# DPP BHS Evaluation Measures

**\*<u>2022 and 2023 targets are the same</u>, due to delays in program approvals and lags in claims data and reporting needed to establish baselines.**

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

**TEXAS Health and Human Services**

## 2021
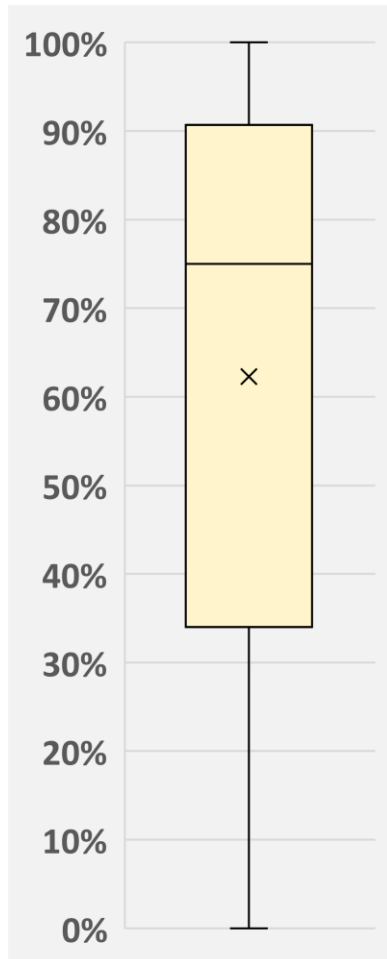
## 2022
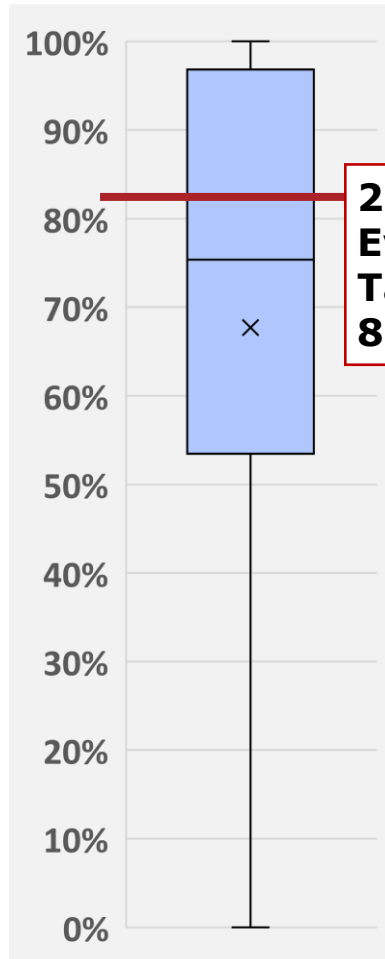
Higher is better

2023 Eval Target: 82.44%

| Quality Strategy Goal | Type of Measure | Payer Type | Centers Included/ Eligible | 2023 Target Met? |
|---|---|---|---|---|
| Effective practices for chronic conditions | Process | MMC | 39 / 40 | **No** |

| Data Year | 25th percentile | Median | 75th percentile |
|---|---|---|---|
| CY2021 | 34.00% | 75.00% | 90.70% |
| CY2022 | 53.44% | **75.34%** | 96.85% |

| 2023 Evaluation Target | 2024 Evaluation Target | How was the 2024 target determined? |
|---|---|---|
| 82.44% | 76.57% | 5% gap closure |

**Evaluation Updates, Delivery System Quality & Innovation, March 27, 2024**

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



**2021**

**2022**

Higher is better
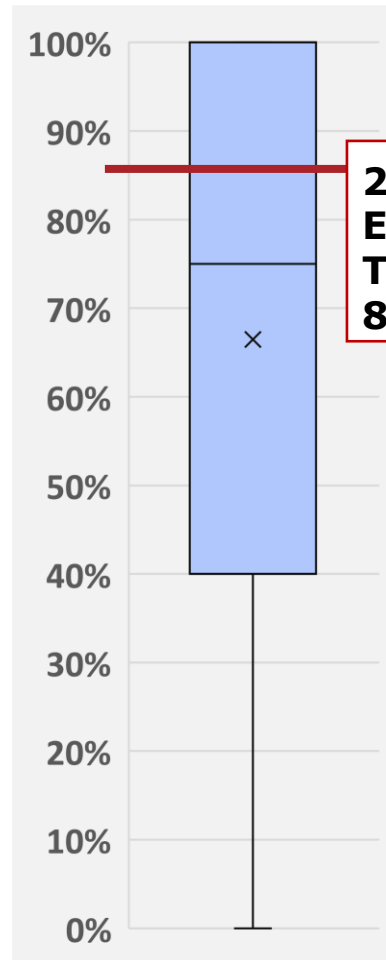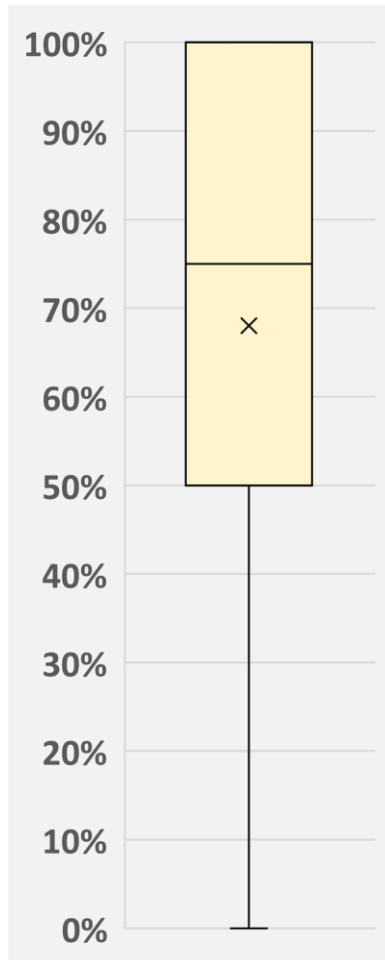
2023 Eval Target: 85.71%

| Quality Strategy Goal | Type of Measure | Payer Type | Centers Included/ Eligible | | 2023 Target Met? |
|---|---|---|---|---|---|
| Effective practices for chronic conditions | Outcome (Intermediate) | MMC | 31 / 40 | | **No** |

| Data Year | 25th percentile | Median | 75th percentile |
|---|---|---|---|
| CY2021 | 50.00% | 75.00% | 100.00% |
| CY2022 | 40.00% | 75.00% | 100.00% |

| 2023 Evaluation Target | 2024 Evaluation Target | How was the 2024 target determined? |
|---|---|---|
| 85.71% | 75.00% | Maintenance |

62

# DPP BHS B2-153 Follow-Up After Hospitalization for Mental Illness 30-Day (discharges from state hospital)
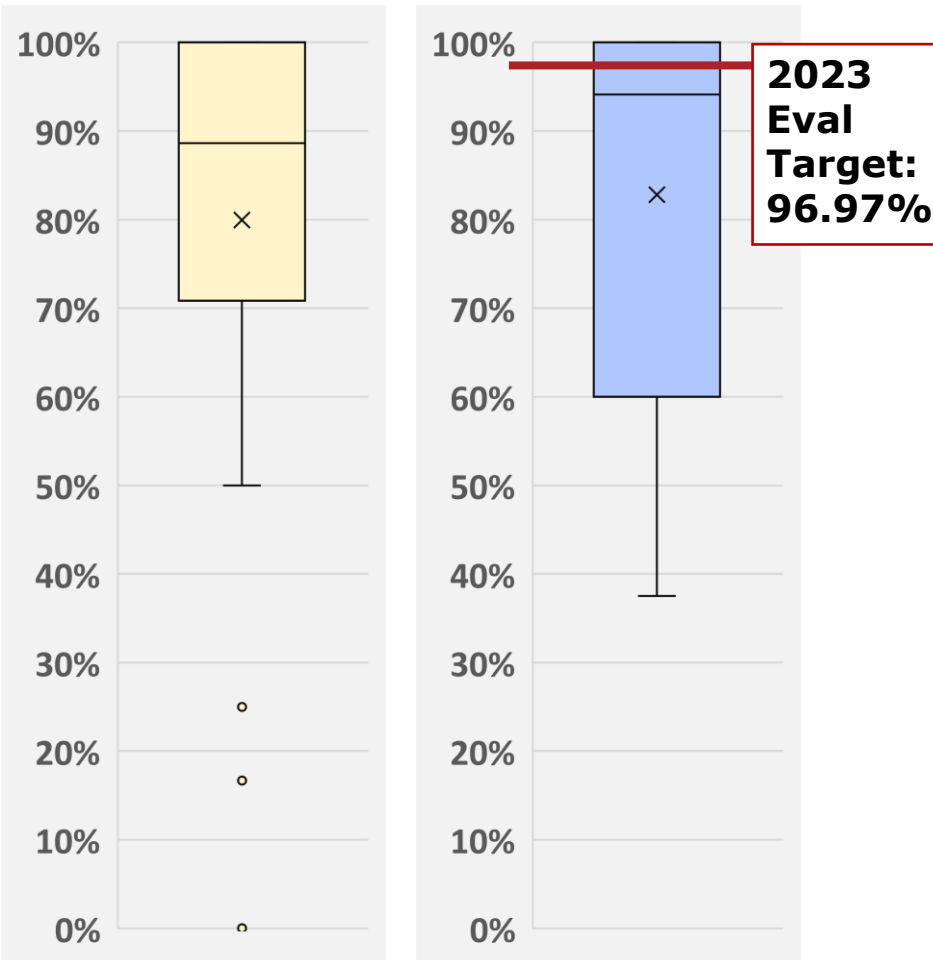
2021

2022

Higher is better

**2023 Eval Target: 96.97%**

| Quality Strategy Goal | Type of Measure | Payer Type | Centers Included/ Eligible | 2023 Target Met? |
|---|---|---|---|---|
| Effective practices for chronic conditions | Outcome (Intermediate) | MMC | 33 / 40 | **No** |

| Data Year | 25th percentile | Median | 75th percentile |
|---|---|---|---|
| CY2021 | 70.83% | 88.64% | 100.00% |
| CY2022 | 60.00% | **94.12%** | 100.00% |

| 2023 Evaluation Target | 2024 Evaluation Target | How was the 2024 target determined? |
|---|---|---|
| 96.97% | 94.12% | Maintenance |

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

**TEXAS Health and Human Services**

## 2021

## 2022

Higher is better
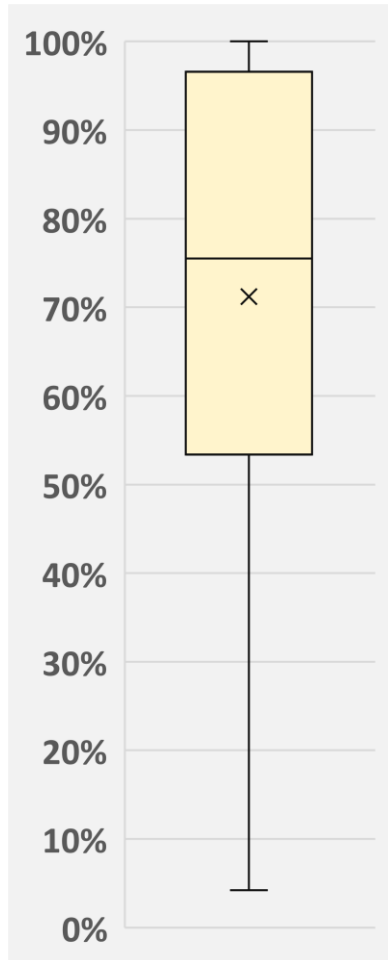
2023 Eval Target: 87.14%

| Quality Strategy Goal | Type of Measure | Payer Type | Centers Included/ Eligible | 2023 Target Met? |
|---|---|---|---|---|
| Effective practices for chronic conditions | Process | MMC | 40 / 40 | No |

| Data Year | 25th percentile | Median | 75th percentile |
|---|---|---|---|
| CY2021 | 53.38% | 75.49% | 96.59% |
| CY2022 | 48.86% | 86.63% | 95.82% |

| 2023 Evaluation Target | 2024 Evaluation Target | How was the 2024 target determined? |
|---|---|---|
| 87.14% | 87.30% | 5% gap closure |

**Evaluation Updates, Delivery System Quality & Innovation, March 27, 2024**

# DPP BHS B2-151 Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

**2021**

**2022**

Higher is better
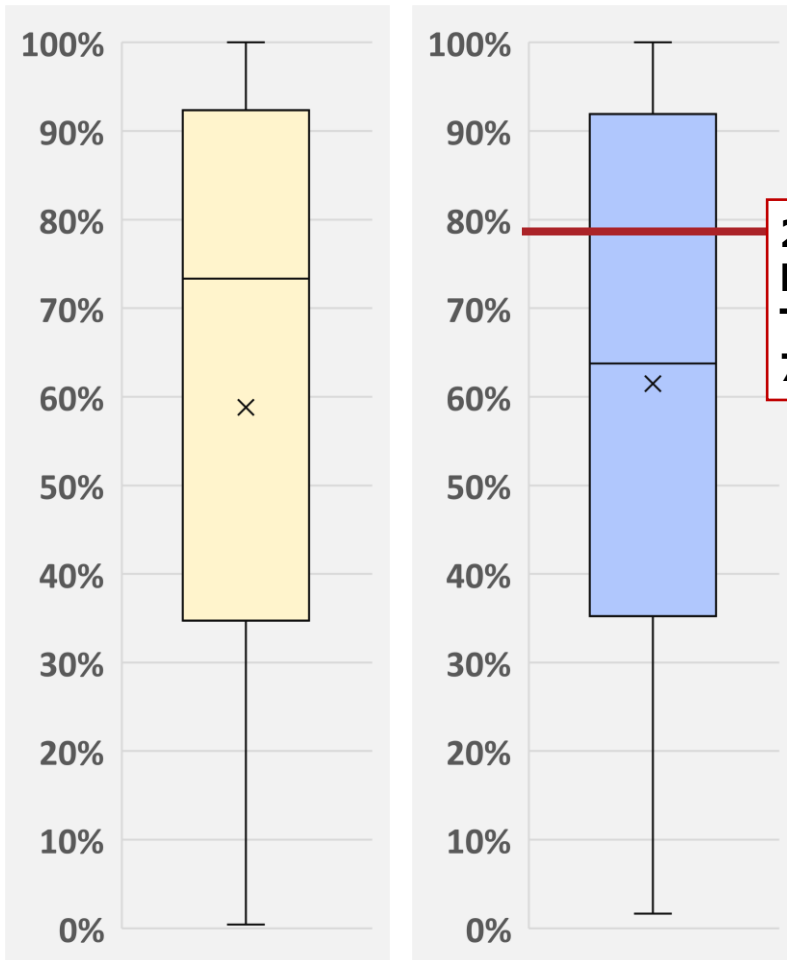
2023 Eval Target: 79.82%

| Quality Strategy Goal | Type of Measure | Payer Type | Centers Included/ Eligible | 2023 Target Met? |
|---|---|---|---|---|
| Effective practices for chronic conditions | Process | MMC | 40 / 40 | No |

| Data Year | 25th percentile | Median | 75th percentile |
|---|---|---|---|
| CY2021 | 34.72% | 73.33% | 92.36% |
| CY2022 | 35.22% | 63.76% | 91.91% |

| 2023 Evaluation Target | 2024 Evaluation Target | How was the 2024 target determined? |
|---|---|---|
| 79.82% | 65.57% | 5% gap closure |

**Evaluation Updates, Delivery System Quality & Innovation, March 27, 2024**

2023 Target Met?



| | Met target |
| --- | --- |
| | Did not meet target |

CY2022 Median Rate



| | Median rate improved from previous year |
| --- | --- |
| | Did not meet target, or median did not improve from previous year |

# RAPPS Evaluation Measures

*2022 and 2023 targets are the same, due to delays in program approvals and lags in claims data and reporting needed to establish baselines.

# RAPPS R2-103 Preventive Care and Screening: Influenza Immunization

## 2021

## 2022
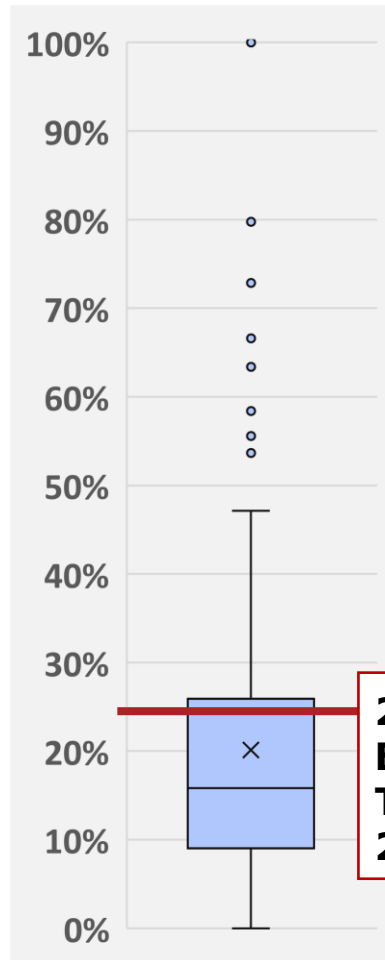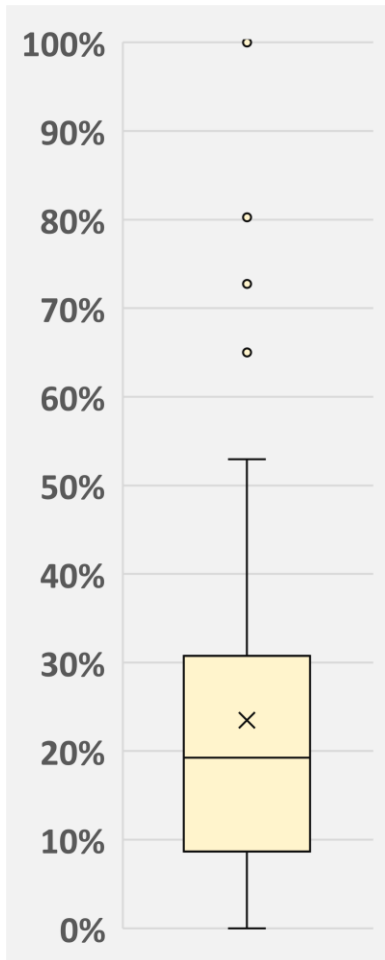
Higher is better

2023 Eval Target: 24.30%

| Quality Strategy Goal | Type of Measure | Payer Type | Health Clinics Included/ Eligible | 2023 Target Met? |
|---|---|---|---|---|
| Promoting optimal health for Texans | Process | MMC | 157 / 159 | No |

| Data Year | 25th percentile | Median | | 75th percentile |
|---|---|---|---|---|
| CY2021 | 8.65% | 19.25% | | 30.74% |
| CY2022 | 9.04% | 15.84% | | 25.92% |

| 2023 Evaluation Target | 2024 Evaluation Target | How was the 2024 target determined? |
|---|---|---|
| 24.30% | 20.05% | 5% gap closure |

67

**Evaluation Updates, Delivery System Quality & Innovation, March 27, 2024**

SFY2023* Target Met?

SFY2023 Median Rate
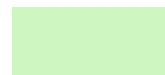
| | Met performance target |
| | Did not meet target, but mean improved from previous year |

| | Mean rate improved from previous year |
| | Did not meet target, but mean improved from previous year |
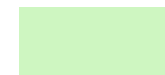
# QIPP Evaluation Measures

MDS evaluation data comes from Public Use Files (PUF) measuring a Federal Fiscal Year (FFY)

*\* Number of hospitalizations per 1,000 Long-Stay Nursing Home Resident Days measure utilizes the SFY2022 target as SFY2023 data is not available yet.*

# QIPP Percent of high-risk residents with pressure ulcers, including unstageable pressure ulcers

TEXAS
Health and Human Services

## Average Rates (Texas vs. QIPP vs. U.S.)

Lower is better

2023 Eval Target: 6.11%

Legend:
- Texas
- QIPP
- U.S.

X-axis: SFY 2022, SFY 2023
Y-axis: 0.00% to 9.00%

| Quality Strategy Goal | Type of Measure | Eligible Groups | Total Enrolled NSGO + PO | SFY2023 Target Met? |
|---|---|---|---|---|
| Keeping patients free from harm | MDS | All NFs | 897 | No |

| Data Year | Texas Mean | QIPP Mean | U.S. Mean |
|---|---|---|---|
| SFY2022 | 7.51% | 6.93% | 8.14% |
| SFY2023 | 6.75% | 6.38% | 7.85% |

| SFY2023 Evaluation Target | SFY2024 Evaluation Target | How was the SFY2024 target determined? |
|---|---|---|
| 6.11% | Available April 2024 | Absolute 3% improvement in average NF performance |

69

# QIPP Percent of residents whose ability to move independently has worsened

**TEXAS** Health and Human Services

## Average Rates (Texas vs. QIPP vs. U.S.)

Lower is better



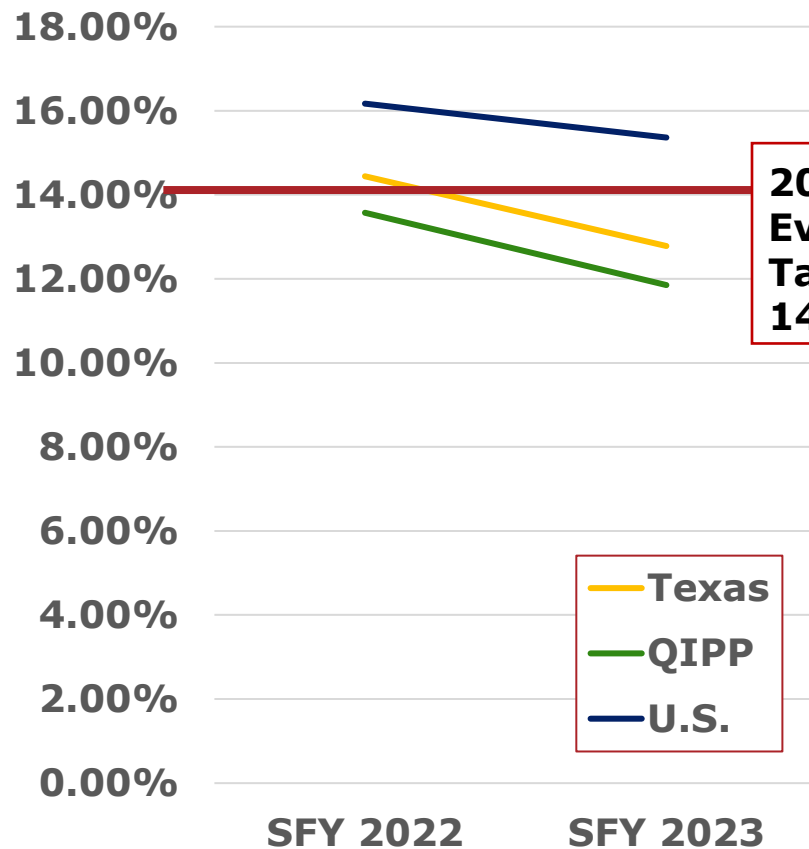2023 Eval Target: 14.01%

Legend:
— Texas
— QIPP
— U.S.

| Quality Strategy Goal | Type of Measure | Eligible Groups | Total Enrolled NSGO + PO | SFY2023 Target Met? |
|---|---|---|---|---|
| Keeping patients free from harm | MDS | All NFs | 898 | Yes |

| Data Year | Texas Mean | QIPP Mean | U.S. Mean |
|---|---|---|---|
| SFY2022 | 14.44% | 13.57% | 16.17% |
| SFY2023 | 12.78% | 11.85% | 15.36% |

| SFY2023 Evaluation Target | SFY2024 Evaluation Target | How was the SFY2024 target determined? |
|---|---|---|
| 14.01% | Available April 2024 | Relative 5% improvement in average NF performance |

70

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# QIPP Percent of residents with a urinary tract infection

Average Rates
(Texas vs. QIPP vs. U.S.)
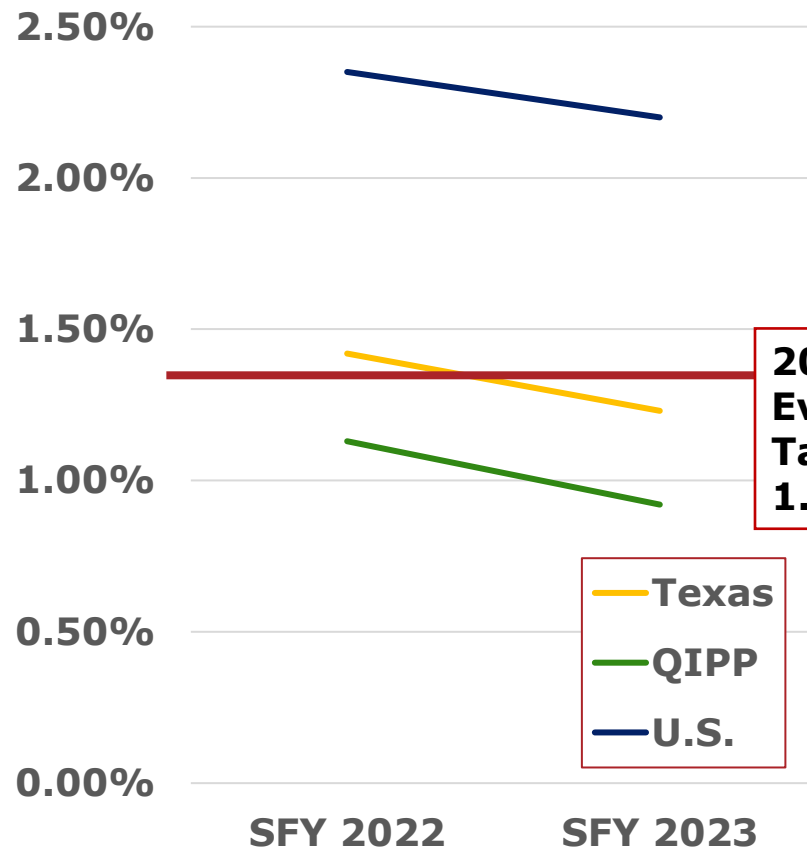
Lower is better



| Quality Strategy Goal | Type of Measure | Eligible Groups | Total Enrolled NSGO + PO | SFY2023 Target Met? |
|---|---|---|---|---|
| Keeping patients free from harm | MDS | All NFs | 898 | Yes |

| Data Year | Texas Mean | QIPP Mean | U.S. Mean |
|---|---|---|---|
| SFY2022 | 1.42% | 1.13% | 2.35% |
| SFY2023 | 1.23% | 0.92% | 2.20% |

| SFY2023 Evaluation Target | SFY2024 Evaluation Target | How was the SFY2024 target determined? |
|---|---|---|
| 1.405% | 1.53% | Absolute 0.25% improvement in average NF performance |

2023 Eval Target: 1.405%

**Evaluation Updates, Delivery System Quality & Innovation, March 27, 2024**

# QIPP Number of hospitalizations per 1,000 Long-Stay Nursing Home Resident Days

**Lower is better**

| Quality Strategy Goal | Type of Measure | Eligible Groups | Total Enrolled NSGO + PO | SFY2022 Target Met? |
|---|---|---|---|---|
| Keeping patients free from harm | MDS | All NFs | 742 | No |

| Data Year | Texas Mean | QIPP Mean | U.S. Mean |
|---|---|---|---|
| SFY2022 | 1.78 | 1.83 | 1.59 |
| SFY2023 | Available 2024 | Available 2024 | Available 2024 |

| SFY2023 Evaluation Target | SFY2024 Evaluation Target | How was the SFY2024 target determined? |
|---|---|---|
| 1.50 | 1.50 | Same as SFY2023 |

**Evaluation Updates, Delivery System Quality & Innovation, March 27, 2024**

# QIPP Percent of Long-Stay Residents Assessed and Appropriately Given the Pneumococcal Vaccine

## Average Rates (Texas vs. QIPP vs. U.S.)
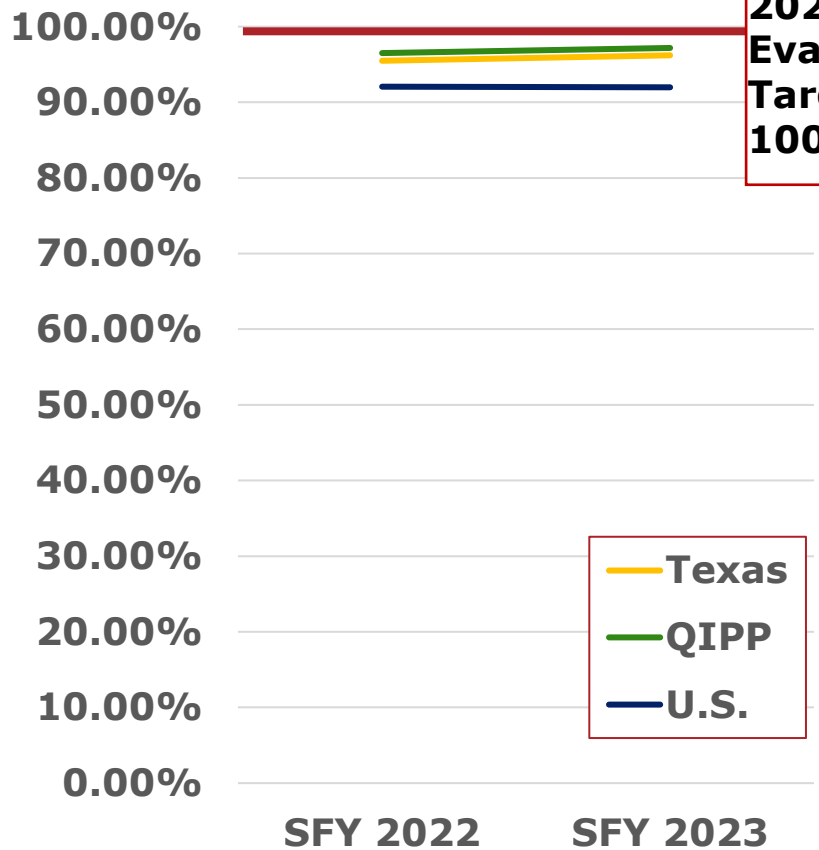
Higher is better

2023 Eval Target: 100.00%

- Texas
- QIPP
- U.S.

Y-axis: 0.00% to 100.00%
X-axis: SFY 2022, SFY 2023

| Quality Strategy Goal | Type of Measure | Eligible Groups | Total Enrolled NSGO + PO | SFY2023 Target Met? |
|---|---|---|---|---|
| Effective practices for chronic conditions | MDS | All NFs | 898 | No |

| Data Year | Texas Mean | QIPP Mean | U.S. Mean |
|---|---|---|---|
| SFY2022 | 95.50% | 96.51% | 92.08% |
| SFY2023 | 96.23% | 97.18% | 91.98% |

| SFY2023 Evaluation Target | SFY2024 Evaluation Target | How was the SFY2024 target determined? |
|---|---|---|
| 100.00% | Will not be evaluated in SFY24 | N/A |

**Evaluation Updates, Delivery System Quality & Innovation, March 27, 2024**

# QIPP Percent of Long-Stay Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine

## Average Rates
### (Texas vs. QIPP vs. U.S.)
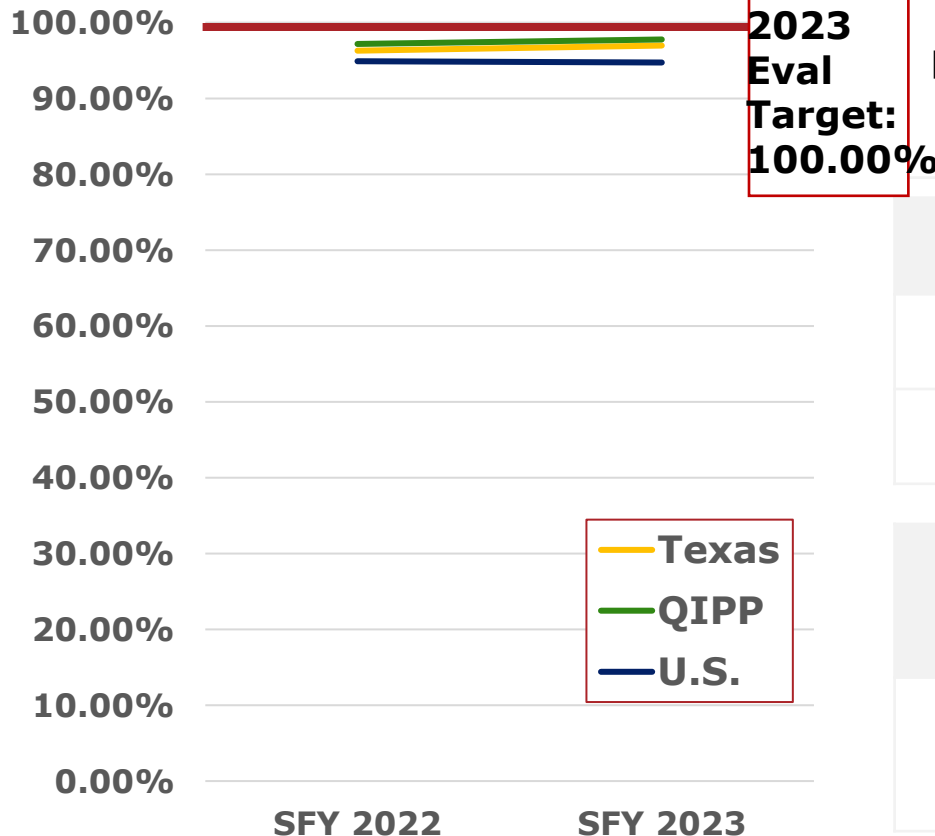
Higher is better

2023 Eval Target: 100.00%

Legend:
- Texas
- QIPP
- U.S.

SFY 2022 — SFY 2023

| Quality Strategy Goal | Type of Measure | Eligible Groups | Total Enrolled NSGO + PO | SFY2023 Target Met? |
|---|---|---|---|---|
| Effective practices for chronic conditions | MDS | All NFs | 899 | No |

| Data Year | Texas Mean | QIPP Mean | U.S. Mean |
|---|---|---|---|
| SFY2022 | 96.32% | 97.21% | 94.94% |
| SFY2023 | 96.97% | 97.78% | 94.74% |

| SFY2023 Evaluation Target | SFY2024 Evaluation Target | How was the SFY2024 target determined? |
|---|---|---|
| 100.00% | Will not be evaluated in SFY24 | N/A |