

# **Evaluation of the Quality Incentive Payment Program (QIPP) for Nursing Facilities**

**State Fiscal Years 2022, 2023, and  
2024**

---

**As Required by  
42 CFR 438.6(c)**

**Texas Health and Human Services  
March 2024**



**TEXAS**  
Health and Human  
Services

# Table of Contents

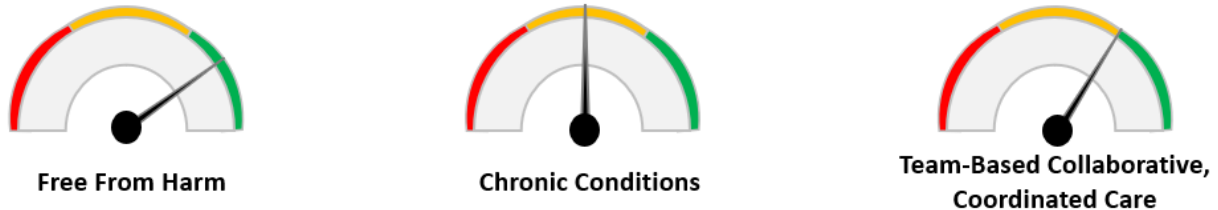
<b>1. Summary .....</b>	<b>2</b>
<b>2. Data Sources .....</b>	<b>3</b>
MDS Process and Outcome Measures .....	3
Provider Reported Structure Measures .....	3
<b>3. Performance Targets by Quality Strategy Goal .....</b>	<b>4</b>
Table 1: Keeping Patients Free from Harm.....	4
Table 2: Promoting Effective Practices for People with Chronic, Complex, and Serious Conditions .....	5
Table 3: Attracting and Retaining High-Performing Medicaid Providers SFY2020 Baseline .....	6
Table 4: Attracting and Retaining High-Performing Medicaid Providers SFY2022 Baseline .....	6
<b>4. SFY 2023 QIPP NF Target Performance – Quality Strategy Scorecard .....</b>	<b>7</b>

# 1. Summary

In state fiscal year (SFY) 2018, the Texas Health and Human Services Commission (HHSC) received approval for a Medicaid directed payment program (DPP) for Nursing Facilities. The Quality Incentive Payment Program (QIPP) was designed to help advance the goals and objectives of the *Managed Care Quality Strategy*<sup>a</sup>. DPPs must be evaluated annually to test whether the payment arrangement advances the goals of the Managed Care Quality Strategy. The nursing facilities that participate in QIPP have now completed their sixth year of quality reporting and seventh-year activities are underway.

This evaluation focuses on SFY 2022 (the fifth year of the program) and SFY 2023 (the sixth year of the program) and includes an in-depth analysis conducted by Texas’s External Quality Review Organization (EQRO).

**Figure 1: QIPP Quality Objective Dashboard SFY 2023 (see Figure 2)**



This evaluation shows the following:

1. The state is making clear progress in meeting two of the three quality strategy goals of the payment arrangement and is implementing program changes to ensure continued progress including focusing on a broader set of quality outcomes in SFY2025.
2. For the most recent full year of evaluation data, the QIPP program met or exceeded the evaluation target for seven measures. Four showed improvements but did not meet the target, and two declined. Two of the measures that showed improvement but did not meet the target were immunization measures where the target was unattainable.
3. Nursing facilities participating in QIPP continue to show better quality outcomes as compared to those that don't participate.

<sup>a</sup> 2021 Texas Managed Care Quality Strategy: <https://www.hhs.texas.gov/about-hhs/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/quality-strategy>

## 2. Data Sources

This evaluation focuses on process and outcome measures that are part of the Minimum Data Set (MDS) that nursing facilities (NFs) track for residents, as well as structure measures that NFs report directly to HHSC. Some measures have been included in the QIPP program since its inception, but most were added in either SFY 2020 or SFY 2022. Some measures are reported by all NFs, and others are reported only by NFs that are operated by non-state governmental organizations (NSGOs).

### MDS Process and Outcome Measures

Measure	SFY18	SFY19	SFY20	SFY21	SFY22	SFY23	SFY24
Percentage of residents who received an antipsychotic medication	All NFs	All NFs	All NFs	All NFs	All NFs	All NFs	All NFs
Percent of residents with a urinary tract infection	-	-	NSGOs	NSGOs	All NFs	All NFs	All NFs
Percent of high-risk residents with pressure ulcers, including unstageable pressure ulcers	-	-	All NFs	All NFs	All NFs	All NFs	NA*
Percent of residents whose ability to move independently has worsened.	-	-	All NFs	All NFs	All NFs	All NFs	NA*
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine	-	-	NSGOs	NSGOs	NSGOs	NSGOs	NSGOs
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	-	-	-	-	NSGOs	NSGOs	NSGOs
Number of hospitalizations per 1,000 Long-Stay Nursing Home Resident Days	-	-	-	-	-	-	-

\*Measures discontinued in SFY2024 due to federal changes in the MDS

### Provider Reported Structure Measures

Measure	SFY18	SFY19	SFY20	SFY21	SFY22	SFY23	SFY24
NF maintains four additional hours of registered nurse (RN) staffing coverage per day, beyond the CMS mandate	-	-	All NFs	All NFs	All NFs	All NFs	All NFs
NF maintains eight additional hours of RN staffing coverage per day, beyond the CMS mandate	-	-	All NFs	All NFs	All NFs	All NFs	All NFs
NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes.	-	-	-	-	All NFs	All NFs	All NFs
Performance Improvement Project (PIP) for a CMS long-stay MDS quality measure	-	-	-	-	NSGOs	NSGOs	NSGOs
Antibiotic stewardship program activities	-	-	-	-	NSGOs	NSGOs	NSGOs
Nursing Home Infection Preventionist Training Course	-	-	-	-	NSGOs	NSGOs	NSGOs

### 3. Performance Targets by Quality Strategy Goal

In the [SFY 2022 evaluation plan](#), HHSC established evaluation performance targets for the QIPP program. The following tables detail nursing facility (NF) progress in meeting the performance targets. For all tables in this section: Cells are shaded green if the average shows improved performance and target was met, yellow if the average shows improved performance without meeting the target, and red if the average shows declined performance.

**Table 1: Keeping Patients Free from Harm**

Minimum Data Set (MDS) Measure	Baseline Average Performance 12/01/2019 - 02/28/2020 <sup>b</sup>	Average Performance SFY 2022 <sup>c</sup>	Average Performance SFY 2023	Average Performance SFY 2024 Q1 <sup>d</sup>	Percent of NFs that improved SFY 2022-2023 <sup>e</sup>	Percent of NFs that improved SFY 2022-2024	Performance Target SFY 2023
Percent of high-risk residents with pressure ulcers, including unstageable pressure ulcers ↓	6.61%	6.93%	6.38%	NA	57.47%	61.07%	6.11%
Percent of residents who received an antipsychotic medication ↓	11.67%	10.46%	8.75%	8.43%	54.35%	71.03%	10.67%
Percent of residents whose ability to move independently has worsened ↓	15.01%	13.57%	11.85%	NA	83.08%	89.57%	14.01%
Percent of residents with a urinary tract infection ↓	1.53%	1.13%	0.92%	0.79%	67.21%	72.89%	1.405%
Number of hospitalizations per 1,000 Long-Stay Nursing Home Resident Days <sup>f</sup> ↓	1.93 per 1,000 Resident Days	1.83 per 1,000 Resident Days	<i>Data available in SFY 2025</i>	<i>Data available in SFY 2025</i>	<i>Data available in SFY 2026</i>	<i>Data available in SFY 2026</i>	1.5 per 1,000 Resident Days

↓ indicates lower numbers are better

<sup>b</sup> In response to the COVID-19 Public Health Emergency related to COVID-19, CMS froze MDS measure publication, effective March 1, 2020.

<sup>c</sup> SFY 2022 and 2023 data come from public use files (PUFs) published by CMS at [data.cms.gov](http://data.cms.gov) across federal fiscal quarters.

<sup>d</sup> SFY 2024 data come from CASPER Reports calculated on 1/22/2024 for the state fiscal quarter (9/1/2023-11/30/2023) measurement period.

<sup>e</sup> NF improvement is measured from the NF-specific baseline published at the beginning of the designated program year.

<sup>f</sup> This claims-based measure is used for evaluation purposes only and is not part of program incentives. The baseline performance measurement period is CY2020.

**Table 2: Promoting Effective Practices for People with Chronic, Complex, and Serious Conditions**

MDS Measure	Baseline Average Performance 07/01/2020 – 06/30/2021	Average SFY 2022 Performance	Average SFY 2023 Performance	Average SFY 2024 Performance	Percent of NFs that improved SFY 2022-2023	Percent of NFs that improved SFY 2022-2024	Performance Target SFY 2023
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine ↑	96.07%	96.51%	97.18%	Reported in Q4	34.53%	41.83%	100%
Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine ↑	97.30%	97.21%	97.78%	Reported in Q4	40.56%	45.42%	100%

**Table 3: Attracting and Retaining High-Performing Medicaid Providers SFY2020 Baseline**

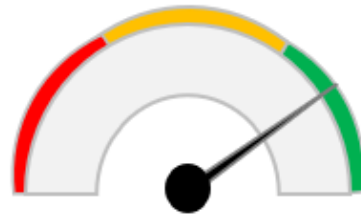
Structure Measure	Baseline (SFY 2020) Percent of NFs implementing the measure	Percent of NFs implementing the measure SFY 2022	Percent of NFs implementing the measure SFY 2023	Percent of NFs implementing the measure SFY 2024 Q1	Performance Target SFY 2023
Direct-care RN staffing hours - 4 additional hours	82.10%	85.57%	88.83%	91.80%	86.21%
Direct-care RN staffing hours - 8 additional hours	78.23%	83.06%	86.31%	89.60%	82.14%

**Table 4: Attracting and Retaining High-Performing Medicaid Providers SFY2022 Baseline**

Structure Measure	Baseline (SFY 2022) Percent of NFs implementing the measure	Percent of NFs implementing the measure SFY 2023	Percent of NFs implementing the measure SFY 2024 Q1	Performance Target SFY 2023
Performance Improvement Project (PIP) focused on a Long-stay MDS Measure	99.67%	100%	Reported in Q2	100%
PIP focused on Workforce Development	98.24%	100%	Reported in Q2	100%
Evidence-based antibiotic stewardship elements and infection control practices	95.55%	92.70%	98.20%	96.55%
Nursing Facility Administrator and Director of Nursing complete the 'Nursing Home Infection Preventionist Training Course'	87.20%	81.20%	Reported in Q2	88.20%

## 4. SFY 2023 QIPP NF Target Performance – Quality Strategy Scorecard

Figure 2: SFY 2023 Quality Objective Scorecard



Free From Harm



Chronic Conditions



Team-Based Collaborative,  
Coordinated Care

Avoidable Complications or Adverse Healthcare Events	Avoidable Hospital and ED Visits for Medical Complexities	Actively Monitor Patients to Improve Healthcare Delivery
Pressure Ulcers	Pneumococcal Vaccine	PIP on a Long-Stay MDS Measure*
Antipsychotic Medication	Seasonal Influenza Vaccine	Workforce Development Focused PIP
Ability to Move Independently Worsened		Evidence-Based Antibiotic Stewardship Elements*
Urinary Tract Infection		CMS/CDC Training Course Completion*
Avoidable Hospitalizations for NF Residents		Self-Reported Direct-Care RN Staffing Hours 4+
Hospitalizations per 1,000 Long-Stay Resident Days		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.