

UNIFORM MANAGED CARE MANUAL

8.11 STAR + PLUS Nursing Facility

Minimum Performance Standards

DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	2.0	June 1, 2023	Initial version Uniform Managed Care Manual Chapter 8.11, STAR+PLUS Nursing Facility Minimum Performance Standards. Chapter 8.11 applies to contracts issued as a result of HHSC RFP number(s) 529-10-0020, 529-12-0002, and 529-13-0042; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.
Revision	2.1	June 2, 2023	Administrative Change Table Properties

- ¹. Status should be represented as “Baseline” for initial issuances and “Revision” for changes to the Baseline version.
- ². Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., “2.2” refers to the first version of the document and the second revision.
- ³. Brief description of the changes to the document made in the revision.

Applicability

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR+PLUS Program, including the Medicare-Medicaid Dual Demonstration. The term “MCO” used in this chapter includes health maintenance organizations (HMOs), Exclusive Provider Organizations (EPOs), insurers, Medicare-Medicaid Plans (MMPs), and any other entities licensed or approved by the Texas Department of Insurance.

Purpose

The purpose of this document is to outline the requirements and processes HHSC will use to implement the STAR+PLUS Nursing Facility (NF) minimum performance standards (MPS), as required by Texas Government Code § 533.00251 and established in §353.610. Texas Government Code § 533.00251(e) requires HHSC to establish MPS for NF providers seeking to participate in the STAR+PLUS Program. Texas Government Code § 533.000251(h) directs HHSC to adopt rules regarding MPS; monitor provider performance in accordance with the standards, require corrective action from providers that do not meet the standards, as HHSC determines necessary; and share data regarding the requirements with STAR+PLUS MCOs, as appropriate.

Definitions

Benchmark: The performance criteria established by HHSC on each Long Stay Quality

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Measure that the NF must meet or exceed.

Centers for Medicare & Medicaid Services (CMS): The federal agency responsible for administering Medicare and overseeing state administration of Medicaid.

Long Stay Quality Measure: CMS quality measures that show average NF performance for persons residing in the facility for 101 days or more.

Minimum Performance Standards (MPS): The set of quality measures and specified benchmarks that a NF participating in the STAR+PLUS Program must meet or exceed.

Nursing Facility (NF): Also called “nursing home” or “skilled nursing facility”. An entity or institution that provides organized and structured nursing care and services and is subject to licensure under Texas Health and Safety Code, Chapter 242, as defined in 40 TAC § 19.101 and 1 TAC § 358.103.

Measures and Benchmarks

CMS collects multiple Long-Stay Quality Measures for NFs. HHSC has selected five of those measures and established benchmarks for each selected measure that together comprise the STAR+PLUS NF MPS listed in Table 1. HHSC will evaluate a NF’s four-quarter average on each measure to determine if they meet the benchmark. HHSC will consider a NF to have failed the MPS if they do not meet benchmarks on two or more measures in this four-quarter measurement period. HHSC will review the MPS measures and benchmarks annually and notify NFs and MCOs of the results. HHSC may require corrective actions from a NF that fails to meet the MPS.

The data for evaluating the MPS will be available on an annual basis in the spring. HHSC will pull calendar year data from CMS, analyze, and assess compliance. Annually, HHSC will compile results for STAR+PLUS NF MPS and share the results in July of each year.

Table 1: Benchmarks for CY 2022 and 2023

CMS Long-Stay Quality Measures	2022-2023 Benchmarks	How HHSC Determines Benchmark Failure
N028.02 Percent of residents whose need for help with activities of daily living (ADLs) has increased	30%	Benchmark not met if more than 30% of residents have an increased need for help with ADLs

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CMS Long-Stay Quality Measures	2022-2023 Benchmarks	How HHSC Determines Benchmark Failure
N015.03 Percent of high-risk residents with pressure ulcers	17%	Benchmark not met if more than 17% of high-risk residents have pressure ulcers
N016.03 Percent of residents assessed and appropriately given the seasonal influenza vaccine	77%	Benchmark not met if less than 77% of residents were assessed and appropriately given the seasonal influenza vaccine
N020.02 Percent of residents assessed and appropriately given the pneumococcal vaccine	80%	Benchmark not met if less than 80% of residents were assessed and appropriately given the pneumococcal vaccine
N035.03 Percent of residents whose ability to move independently worsened	31%	Benchmark not met if more than 31% of residents have a worsened ability to move independently