



DPP 101: QIPP

Introduction to Quality Incentive Payment Program Quality Reporting

**Texas Health and Human Services
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TEXAS
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Table of Contents

This document is a resource for people who are responsible for submitting quality reporting for QIPP.

Quick Facts	2
What is QIPP?	2
Who participates in QIPP?	2
Conditions of Participation.....	3
Pay-for-Performance (P4P).....	3
I'm new to QIPP. How do I get up to speed?	3
Quality Goals and Objectives.....	4
Quality Goals	4
How do I contribute to the quality goals of QIPP?.....	4
Program Evaluation.....	4
Performance Targets	5
Program Development	6
Program Approval.....	6
How can I participate in program development?	6
Program Cycle.....	7
Program Enrollment.....	8
How do I enroll in QIPP?	8
Am I automatically enrolled if I participated in the past?	8
How do I know if I'm enrolled?.....	8
Quality Reporting Process.....	9
What types of quality data will I submit?	9
How will I submit my quality reporting?.....	10
When do I submit quality reporting?	10
Will there be additional trainings to help me get ready for reporting?	11
Common Terms & Acronyms	12
Common DPP Terms	12
Acronyms.....	13

Quick Facts

What is QIPP?

The [Quality Incentive Payment Program](#) (QIPP) is a state directed payment program designed to help nursing facilities (NFs) achieve transformation in care quality through innovation.

[Directed payment programs](#) (DPPs) are designed to help Medicaid managed care programs achieve delivery system and payment reform and performance improvement. Nursing facilities participating in QIPP submit quality reporting and receive payments from Medicaid managed care organizations (MCOs) as directed by HHSC.

HHSC currently operates five DPPs. The Comprehensive Hospital Increase Reimbursement Program (CHIRP), Directed Payment Program for Behavioral Health Services (DPP BHS), Rural Access to Primary and Preventive Services Program (RAPPS) and Texas Incentives for Physicians and Professional Services (TIPPS) were first implemented in state fiscal year (SFY) 2022¹.

This document focuses on QIPP, which began in SFY 2018.

Who participates in QIPP?

QIPP is limited to two classes of nursing facilities that serve residents enrolled in STAR+PLUS Medicaid:

- **Non-state governmental owned entities** (NSGOs). This includes nursing facilities operated by a hospital authority, hospital district, health district, city, or county.
- **Privately-owned facilities** that have a percentage of Medicaid nursing facility days of service that is at least 65%.

¹ You can find more information on the other DPPs on the Medicaid and CHIP Directed Payment Programs webpage: <https://www.hhs.texas.gov/providers/medicaid-business-resources/medicaid-chip-directed-payment-programs>

Conditions of Participation

QIPP requires nursing facilities to submit at least one Performance Improvement Project (PIP) and supporting documentation to HHSC as a condition of participation in the program. If you do not meet the conditions of participation, you will be removed from the program, and payments you received will be recouped. The requirements to complete a PIP will be discontinued in SFY 2025.

Pay-for-Performance (P4P)

QIPP includes pay-for-performance, meaning incentive payments are dependent on a nursing facility's performance on specific quality measures. As of SFY 2025, all QIPP payments are earned through pay-for-performance. You can find more information about QIPP's payment structure on the [QIPP PFD webpage](#).

I'm new to QIPP. How do I get up to speed?

1. [Sign up](#) for GovDelivery notices to receive alerts related to QIPP.
2. Review quality reporting resources:
 - The [QIPP quality webpage](#) has information about reporting requirements, quality metrics and PIP templates.
 - The [QIPP Provider Finance Department \(PFD\) webpage](#) has scorecards and other financial documents.
3. Review the [Dates to Remember](#) file for key submission deadlines.
4. Set up access to your account in the [Data Submission Portal](#):
 - When a nursing facility applies to participate in QIPP, they designate two users on the enrollment application to be listed as owner representatives in the Data Submission Portal. If you were listed on the application, HHSC will create an account for you. To gain access to the data submission portal, select "forgot password?" to create a password.
 - If you were not listed on the enrollment application, you can create a new account. New user access must be approved by Owners or Owner Representative in the portal; HHSC cannot approve user access.
 - [QIPP Data Submission Portal Training](#)
5. Send additional quality reporting questions to QIPP@hhs.texas.gov.

Quality Goals and Objectives

Quality Goals

DPPs must advance the goals in the [Texas Managed Care Quality Strategy](#). Each quality measure that you report for QIPP aligns with one of Texas's quality strategy goals listed below.

- Keeping patients 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.

How do I contribute to the quality goals of QIPP?

You contribute to the quality goals and objectives by tracking the required quality measures and improving your performance over time.

Performance on quality measures is public so that you can compare your performance to your peers and to state and national benchmarks.

HHSC and MCOs may also use your performance data to provide technical assistance or develop possible policy or program changes to drive quality improvement.

Program Evaluation

HHSC uses performance data to assess the degree to which the programs are meeting their quality goals and objectives. HHSC completes statewide program-level evaluations as part of the annual program application and approval process.

Visit the [Directed Payment Program Evaluation webpage](#) for more information about the QIPP evaluation.

Performance Targets

Nursing facilities must meet facility-specific and program-wide performance targets to receive full funding for each component. Facility-specific targets are improvements upon a nursing facility's initial baseline. Program-wide targets are set at the most recently published national or Texas average for each quality metric.

All performance targets and quarterly results showing "Met/Not Met" status for each measure are published on the [HHSC Provider Finance Website](#) through a scorecard Excel document.

Program Development

Program Approval

QIPP is approved by the federal Center for Medicaid and Medicare Services (CMS). Texas HHSC submits an application (also called a preprint) to CMS for annual approval of the program. The application includes the quality goals and objectives and the measures that participating nursing facilities must report, as well as an evaluation of statewide prior year performance.

CMS uses evaluation findings to make decisions about future program years. CMS expects states to demonstrate year-over-year improvement through annual evaluations.

HHSC publishes Texas Administrative Code [rules](#) that align with the application.

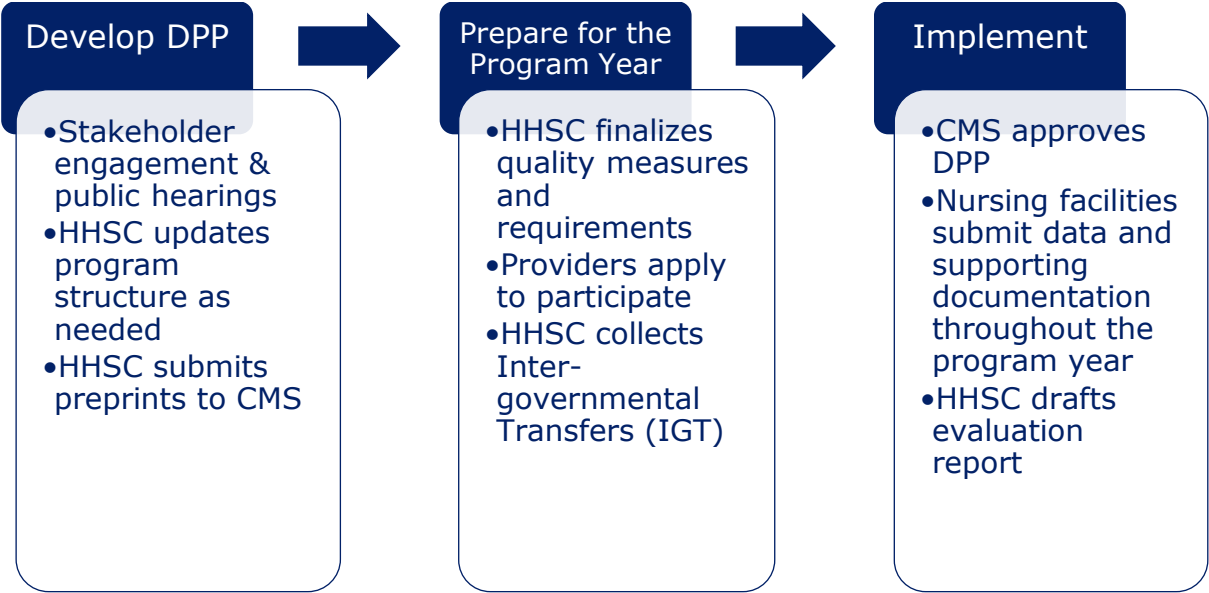
- [Approved and proposed preprints and correspondence with CMS](#)
- Other states' [approved state directed payment preprints](#)

How can I participate in program development?

You can participate in QIPP development by:

- Participating in stakeholder workgroups. HHSC holds targeted stakeholder engagement in the summer or fall preceding each program year. Workgroups may include existing participants, representatives from MCOs, and other quality experts. Participation from clinical quality experts is strongly encouraged.
- Reviewing and submitting written comments on proposed changes to administrative rules. Any proposed rule changes are published in the *Texas Register* in the year preceding each program year, if needed.
- Reviewing and submitting written comments on proposed quality measures and requirements. HHSC publishes draft requirements on or before December 1 of the year preceding each program year.

Program Cycle



Program Enrollment

How do I enroll in QIPP?

The Provider Finance Department (PFD) handles the annual enrollment process. HHSC will send out program enrollment announcements through GovDelivery early in the calendar year. Ensure that you are signed up for the [QIPP GovDelivery notices](#) to receive these announcements.

During the enrollment process, links to the applications and information on eligibility will be posted on the [QIPP PFD webpage](#).

Am I automatically enrolled if I participated in the past?

No. You must apply for enrollment annually.

How do I know if I'm enrolled?

If you have questions about enrollment or facility eligibility, contact PFD. PFD also handles financial modeling, intergovernmental transfers (IGT) and payments calculations (scorecards). You can find more information on the [PFD Supplemental Payments Information webpage](#) or email PFD at QIPP@hhs.texas.gov.

Quality Reporting Process

What types of quality data will I submit?

Nursing facilities must submit data for up to four components:

Component	Eligible facilities	SFY 2024	SFY 2025
One	NSGOs	Quality Assurance and Performance Improvement (QAPI)	Hospital Partner Minimum Data Set (MDS) Measures
Two	All NFs	Workforce Development	Workforce Development
Three	All NFs	Minimum Data Set (MDS) CMS Quality Measures	Texas Priority MDS Measures
Four	NSGOs	Infection Prevention and Control Program	Resident Focus MDS Measures

If you are an NSGO facility, you will participate in all four components. Over the course of the program year, you will submit:

- RN staffing data each month
- Infection control data each quarter
- Two condition of participation PIP Reporting Templates twice a year
 - The Component 1 PIP Reporting Template should be used for tracking and submitting data related to the selected MDS measure and the Component 2 PIP Reporting Template should be used for tracking and submitting data related to a measure in workforce development.

If you are a privately-owned facility, you will participate only in Components Two and Three. Over the course of the program year, you will submit:

- RN staffing data each month
- A Component 2 PIP Reporting Template twice a year

The measures that NSGO and privately-owned nursing facilities must report are listed in the Quality Metrics and Performance Requirements document on the [QIPP quality webpage](#).

If you are uncertain which measures you must report for a given program year, contact QIPP@hhs.texas.gov.

How will I submit my quality reporting?

If you are participating in the SFY 2024 program year, you will submit data and documentation for PIPs, RN staffing coverage, and antibiotic stewardship program activities, through the [QIPP Data Submission Portal](#).

[Instructions](#) are available to help you gain access to the portal and understand how to submit data.

Ownership or operator entities that submit for 20 or more facilities are eligible to submit PIP templates, RN metric data, and infection control data through bulk submission templates. To request bulk submission template, email QIPP@hhs.texas.gov.

Starting in the SFY 2025 program year, you will not submit any data or documentation to HHSC and will not use the QIPP Data Submission portal. All performance will be determined by the MDS and Payroll Based Journal quality measures from the Public Use Files (PUFs) published through the [Provider Data Catalog](#) by CMS at data.cms.gov.

When do I submit quality reporting?

If you are participating in the SFY 2024 program year, you will submit data for different components at different times throughout the year.

Data Type	Providers	Cycle	Deadlines
Component 1 PIP	NSGO	Twice per Year	December 6, 2023 September 6, 2024
Component 2 PIP	All NFs	Twice per Year	December 6, 2023 September 6, 2024

Data Type	Providers	Cycle	Deadlines
RN Staffing Data	All NFs	Monthly	4 th Business Day of the month following the reporting period (final SFY 2024 submission: September 6, 2024)
Infection Control Data	NSGO	Quarterly (First 3 Quarters)	Final business day of the month following the reporting period (final SFY 2024 submission: June 30, 2024)

HHSC will assess all other performance using the MDS data available from CMS at the end of the reconciliation period. This includes all Component 3 performance data and Component 4 Quarter 4 MDS performance data.

See the [CMS website](#) for more information about MDS reporting and data submission.

Nursing facilities have a one-month reconciliation period after the end of each quarter to ensure all MDS assessment data have been submitted to CMS. For example, nursing facilities will have all business days in the month of December to ensure assessment data from Quarter 1 (September through November) are submitted and correct.

Data are final when HHSC pulls MDS performance data from CMS systems. HHSC is not required to recalculate any quarterly performance based on corrections made to MDS assessment data after HHSC pulls the quarterly data reports.

The Quality Metrics and Associated Performance Requirements document contains more detail about how frequently different measures are submitted and can be found on the [QIPP quality webpage](#).

You will not be required to report data or documentation to HHSC for SFY 2025.

Will there be additional trainings to help me get ready for reporting?

Yes. HHSC holds webinars to prepare nursing facilities for reporting. Make sure you're signed up for [QIPP GovDelivery notices](#) to be alerted about upcoming webinars.

Common Terms & Acronyms

Common DPP Terms

Term	Definition
Application	Application that providers submit annually to be eligible for a specific DPP
Evaluation	Analysis of QIPP based on the review of provider-reported data as well as data received from CMS that tells the state and federal government whether the program is achieving its goals
Facility ID	Unique ID assigned to a participating provider
Data Submission Portal	Web-based application used by providers to submit required reporting. For QIPP, this is the Long-Term Support Services Portal
PIP Reporting Template	Required Excel file that providers must populate to submit their conditions of participation reporting

Acronyms

Acronym	Full Term
AHRQ	Agency for Healthcare Research and Quality is the lead federal agency charged with improving the safety and quality of healthcare
CFR	Code of Federal Regulations codifies rules published in the Federal Register by various federal agencies
CMS	Centers for Medicare & Medicaid Services is a federal agency that oversees the Medicare and Medicaid programs
CY	Calendar Year
DPP	Directed Payment Program – designed to help managed care programs achieve delivery system and payment reform and performance improvement under Medicaid managed care contracts. DPPs are governed by Medicaid managed care regulations at 42 C.F.R. §438
EQRO	External Quality Review Organization - provides an external quality review of Medicaid services delivered via managed care organizations. CMS requires states to have an EQRO
HHSC	Health and Human Services Commission is a state agency that manages programs that help families with food, health care, safety and other services. HHSC manages Medicaid and CHIP programs
IGT	Intergovernmental Transfer is a transfer of local funds to Health and Human Services Commission for the purpose of federal match in the Medicaid program
MCO	A Medicaid managed care organization contracted with HHSC to provide health care services to Medicaid recipients
MCS	Medicaid & CHIP Services division within Texas Health and Human Services Commission
NF	Nursing facility
NSGO	Non-stage governmental owned entities, a type of nursing facility eligible for QIPP

Acronym	Full Term
OIG	Office of the Inspector General
PFD	Provider Finance Department within Health and Human Services Commission that determines providers’ eligibility for DPPs, provides scorecards to MCOs and manages financial aspects of the DPPs
P4P	Pay for Performance is a payment model that rewards a healthcare provider for meeting pre-defined goals for quality measures
QIPP	Quality Incentive Payment Program is a directed payment program designed to help nursing facilities achieve transformation in care quality through innovation
SDA	Service Area defines the counties included in any HHSC-defined geographic area as applicable to each MCO, formerly Service Delivery Area (SDA)
SDP	State Directed Payment programs allow states to direct plan expenditures in connection with provider payment initiatives under Medicaid managed care contracts. CMS uses this acronym while Texas uses DPP
SFY	State Fiscal Year is the time period from September 1 through August 31
STAR+PLUS	STAR+PLUS is a Medicaid Managed Care program. STAR+PLUS covers adults with disabilities, people age 65 and older (including those dually eligible for Medicare and Medicaid), and women with breast or cervical cancer. STAR+PLUS is part of QIPP, CHIRP, TIPPS, RAPPS, and DPP BHS
TAC	Texas Administrative Code is a compilation of all state agency rules in Texas