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Health and Human Services

DPP Quality Framework and Reporting Update

CHIRP, TIPPS, DPP BHS & RAPPS

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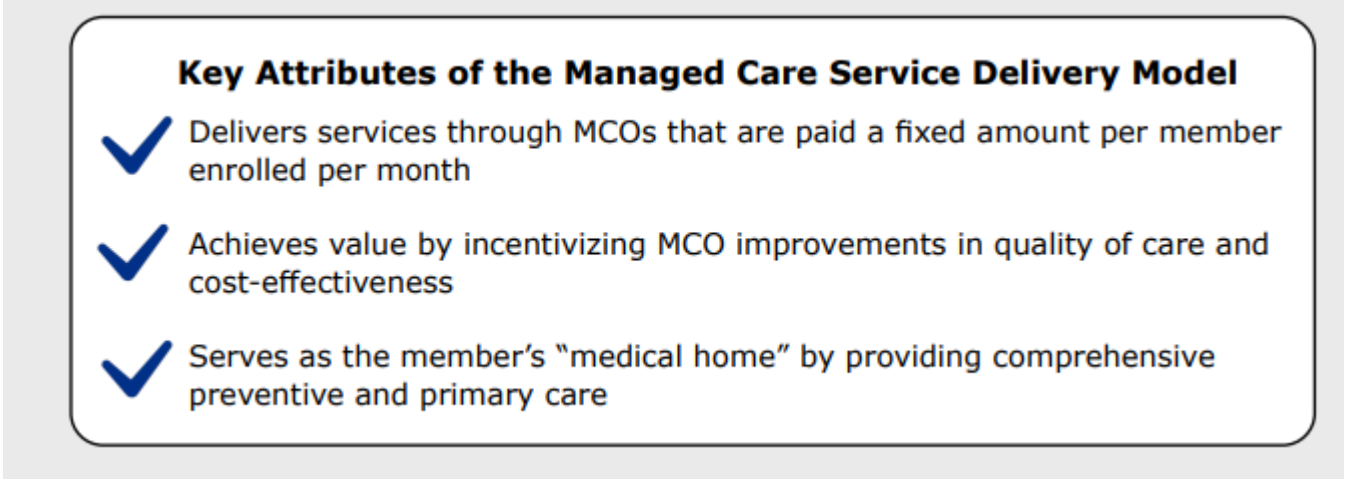
Background

- In state fiscal year (SFY) 2022, HHSC received approval for four new Medicaid directed payment programs (DPPs.)
  - Comprehensive Hospital Increase Reimbursement Program (CHIRP)
  - Texas Incentive for Physicians and Professional Services (TIPPS)
  - Directed Payment Program for Behavioral Health Services (DPP BHS)
  - Rural Access to Primary and Preventive Services (RAPPS)
- The hospitals, physician groups, rural health clinics, and behavioral health centers that participate in these four programs recently completed their first year of quality reporting and second year activities are underway.

Medicaid Managed Care

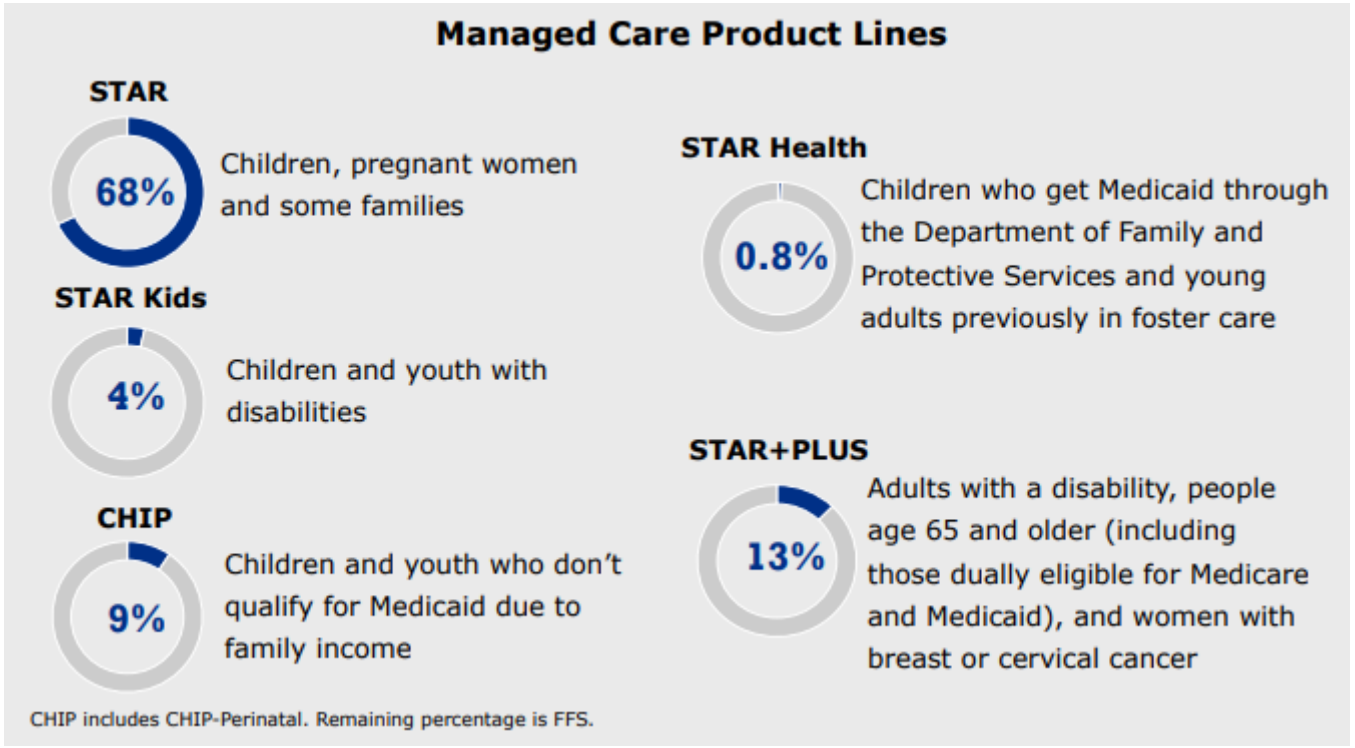
- Texas serves 94% of Medicaid members through the Managed Care Service Delivery Model.
- Managed care organizations (MCOs) contract with providers, coordinate care for members, and negotiate alternative payment models with some providers.



Source: Texas Medicaid and CHIP Reference Guide, 13th Edition

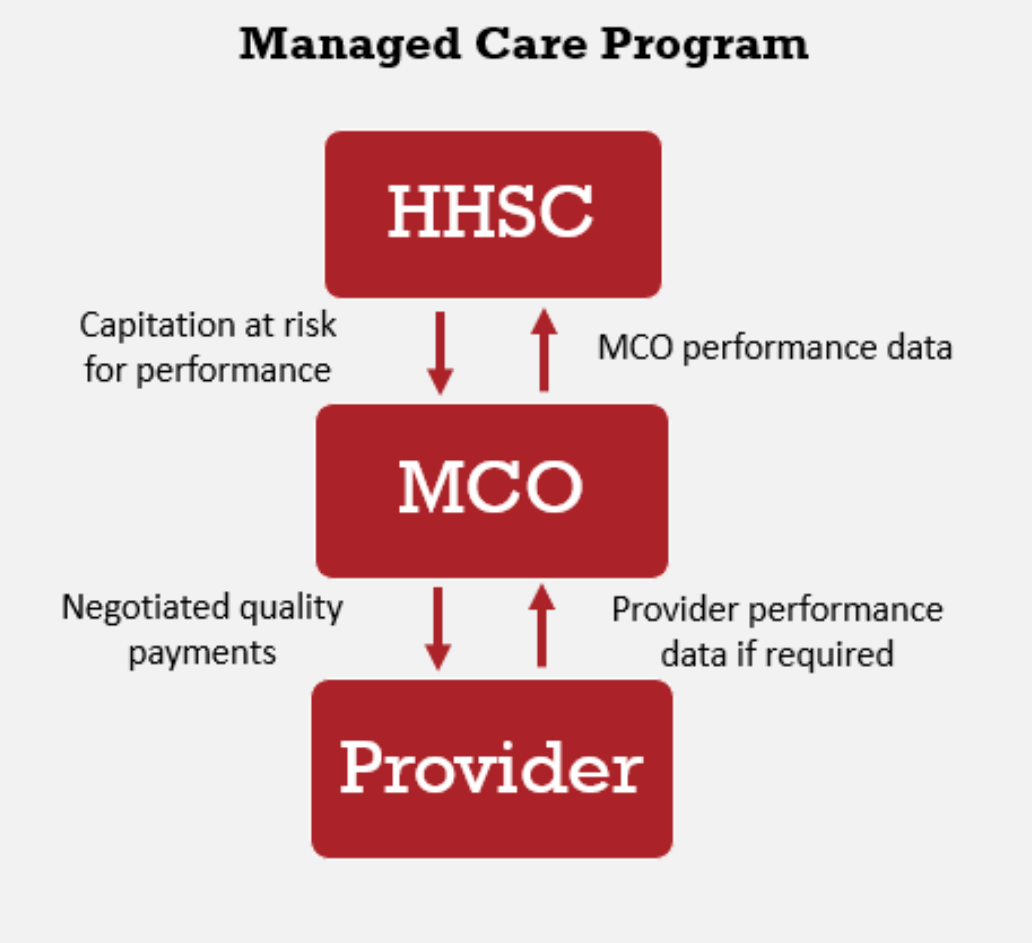
Medicaid Managed Care Programs

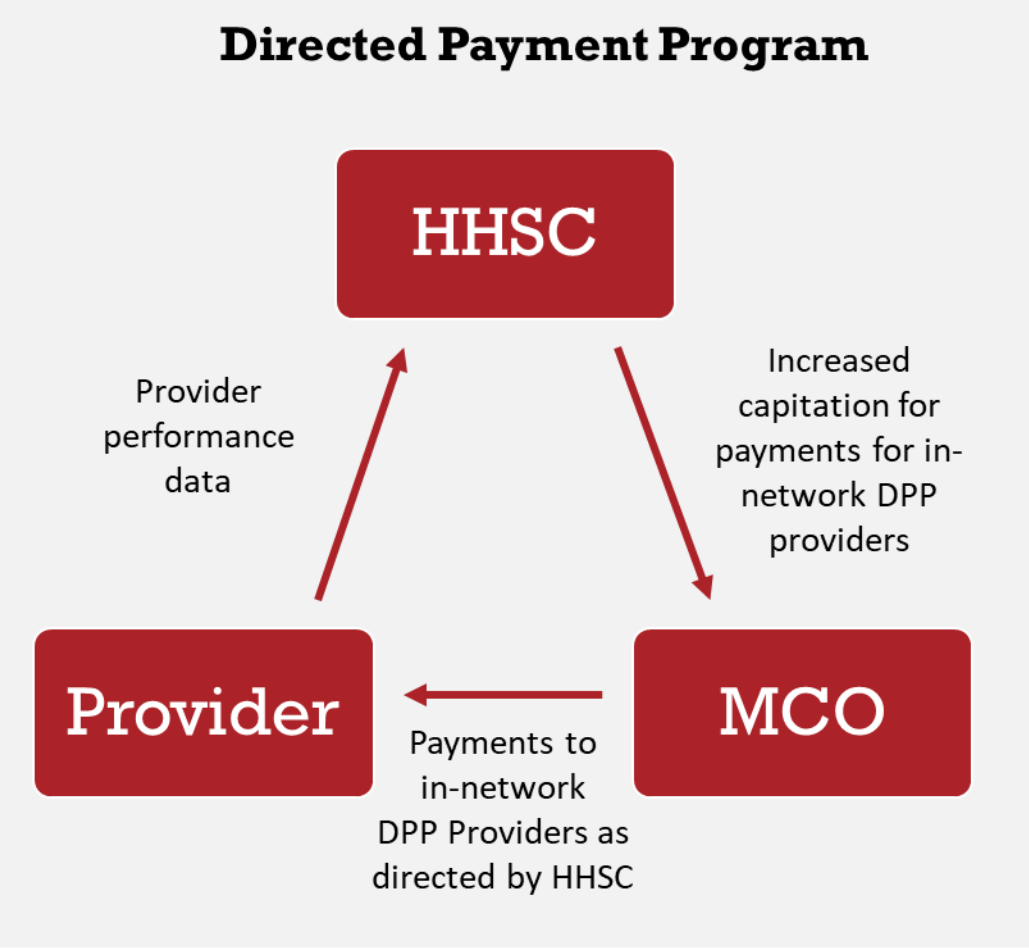
Texas has four Medicaid Managed Care programs and the Children's Health Insurance Program (CHIP). The remaining Medicaid members have fee-for-service Medicaid.



Source: Texas Medicaid and CHIP Reference Guide, 13th Edition

Quality Incentive Structure: Managed Care vs Medicaid DPPs





Texas Medicaid DPPs SFY 2023

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CHIRP
Comprehensive Hospital Increased Reimbursement Program

$5.2 Billion

406 Hospitals

Program Year 2

STAR
STAR+PLUS

QIPP
Quality Incentive Payment Program

$1.1 Billion

951 Nursing Facilities

Program Year 6

STAR+PLUS

TIPPS
Texas Incentive for Physicians and Professional Services

$738 Million

61 Physician Groups

Program Year 2

STAR
STAR+PLUS
STAR Kids

DPP BHS
Directed Payment Program for Behavioral Health Services

$253 Million

40 Behavioral Health Centers

Program Year 2

STAR
STAR+PLUS
STAR Kids

RAPPS
Rural Access to Primary and Preventive Services

$31 Million

160 Rural Health Clinics

Program Year 2

STAR
STAR+PLUS
STAR Kids

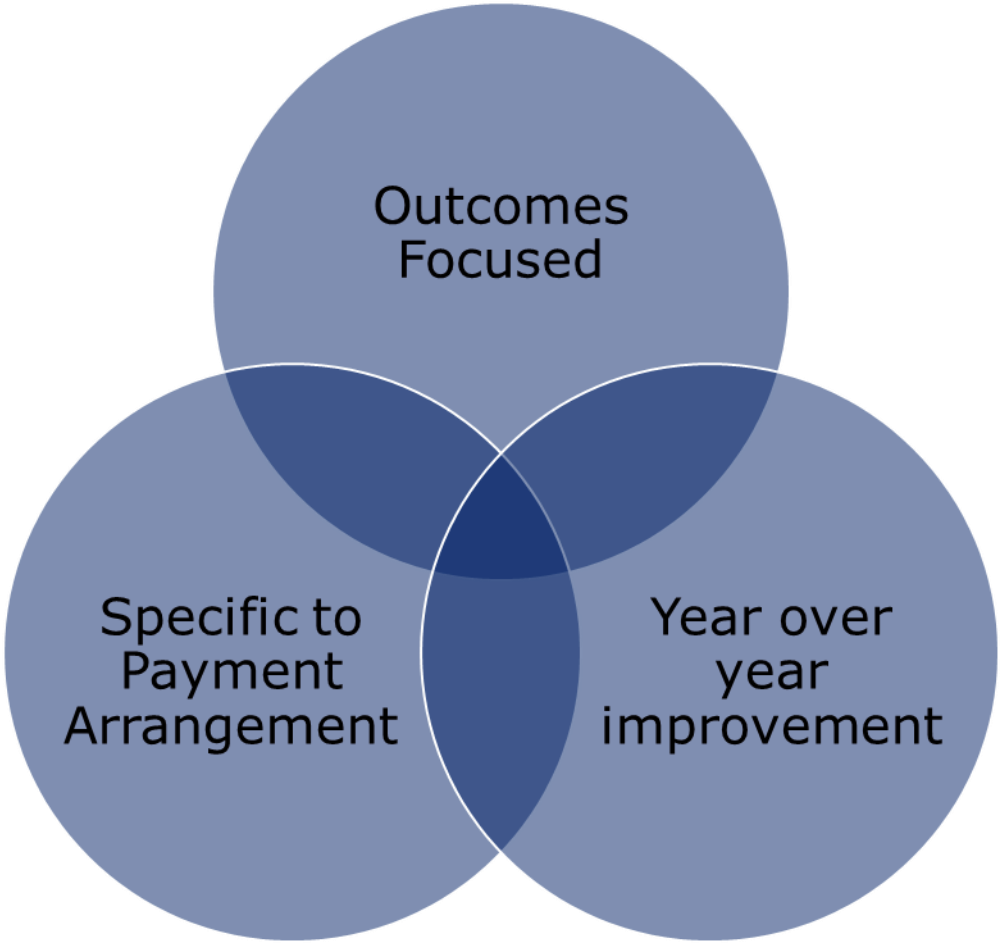
DPPs and the Medicaid Quality Strategy

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
- 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.

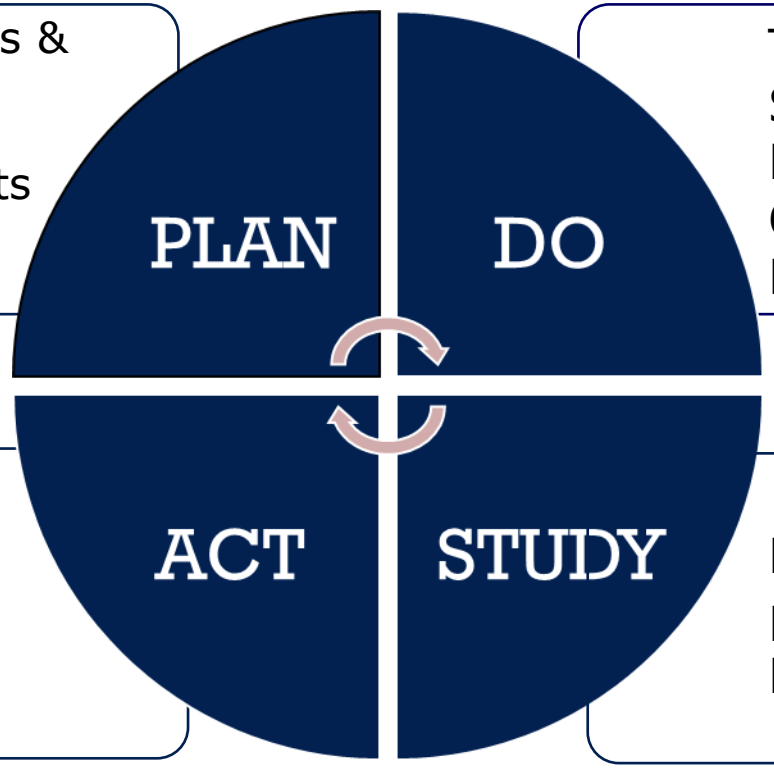


Source: Section 438.6(c) Preprint January 2021

Evaluation and Program Planning Feedback Cycle

What are our goals? What problem are we solving?

Quality Goals & Objectives
Program Requirements
Evaluation Plan



Tracking Structure, Process & Outcome Measures

Program Changes

Evaluation
Public Reporting

Are we achieving our goals? Are they the right goals?

PLAN

Quality Objectives

- Defines the specific goals and objectives from the Quality Strategy that each DPP is intended to advance.

Quality Requirements & Specifications

- Defines the activities and measures that providers must track, how they should be tracked, and how often they are reported

Evaluation Plan

- Defines the measures and methods that will be used for tracking progress at the program level

DO

Structure Measures
A provider's capacity, systems, and processes to provide care

Process Measures
What a provider does to maintain or improve health.
Reflect generally accepted clinical practices.

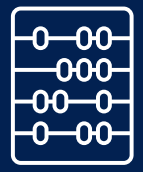
Outcome Measures
Impact on health status

Source: AHRQ Talking Quality Types of Healthcare Quality Measures, 2015

Provider Performance Criteria

QIPP Year 6

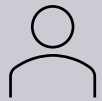
Some payments are tied to a participating nursing facility's performance on specific quality measures or metrics.



CHIRP, TIPPS, DPP BHS, and RAPPS Year 2

Payment is not tied to performance on quality metrics. Reporting is required as a condition of participation.

Evaluation Data Sources

Data Source	Pro	Con
Participating Providers EHRs 	• Timely • Actionable by providers • Includes clinical detail closest to the member	• Labor-intensive for providers • Not validated • Provider-specific
External Quality Review Organization (EQRO) Claims 	• Based on validated encounter data • Whole picture of a member's experience • Program and provider attribution	• Data lag • Claims-based with limited medical record detail

Framework for Assessing Goals

Review Data

- EQRO data from 2020 and 2021
- National Medicaid Scorecard
- DPP Year 1 Reporting
- National Core Indicators Survey

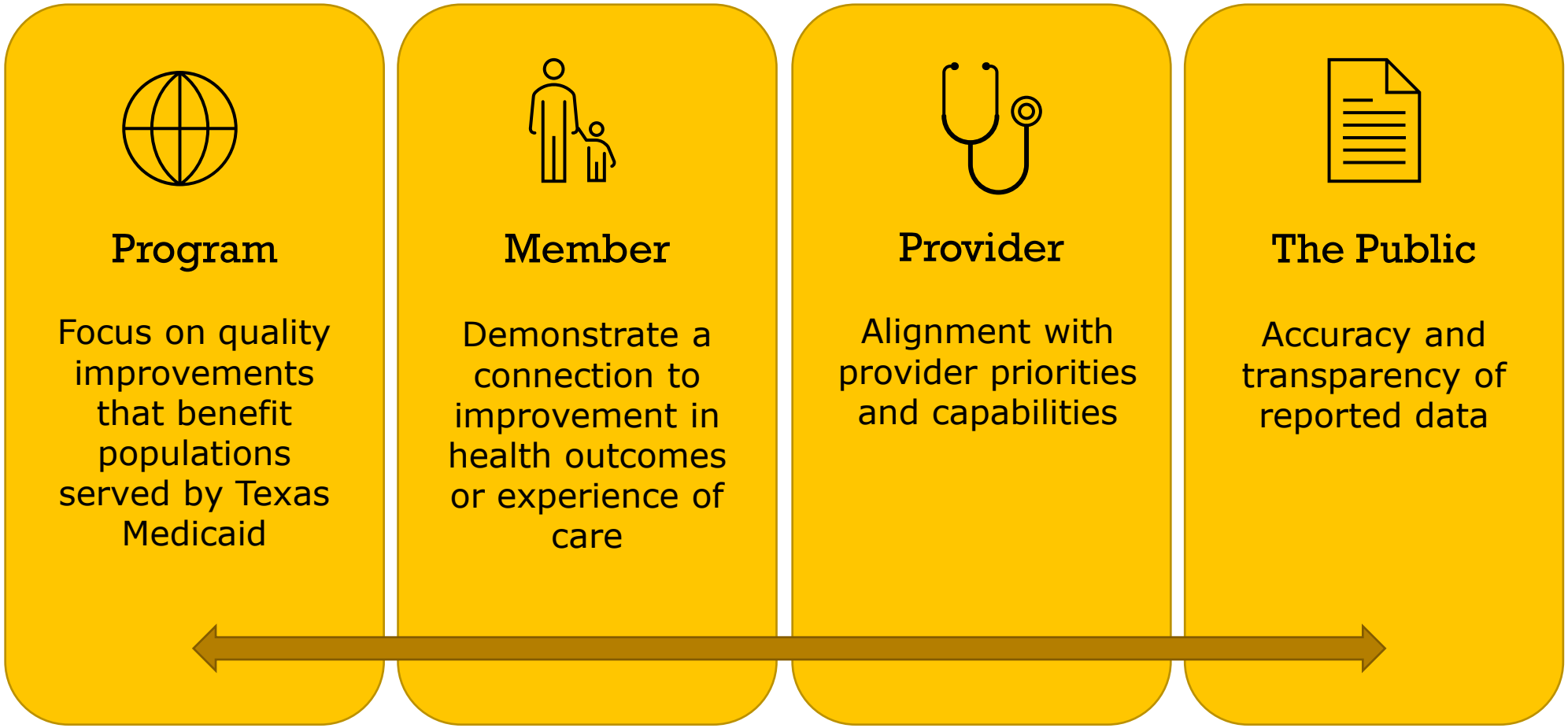
Prioritize

- Behavioral Health Admissions & Readmissions
- Preventive Care & Disease Management
- Maternal Care
- Hospital-Acquired Acute Injury

Explore Changes

- Measures
- Program Structure
- Evaluation Design

Framework for Assessing Measure Value



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Thank You

DPPQuality@hhs.Texas.gov

Resources

- DPP Quality webpages
  - Program Requirements & Specifications
  - Evaluation Plan
  - Year 1 Reporting Data
- Texas Medicaid Managed Care Quality Strategy – July 21
- CMS DPP Application Template (Preprint)

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How do DPP Quality requirements compare to DSRIP Quality?

DSRIP	DPPs
One-time approval of a multi-year program	Annual application and approval from CMS. Value-based programs can be submitted as a multi-year proposal.
Customize projects and measures based on a menu of activities.	All providers within a provider class must be held to the same requirements, including measures.
Interim evaluation of whole 1115 waiver, which includes Managed Care and UC. Final evaluation submitted after program conclusion.	Program specific annual evaluation.
One time application for program participants, with occasional updates	Annual application for program participants.
Independent assessor required by CMS, funded by IGT	At this time, no requirement from CMS for an independent assessor or auditing.