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	Version 2.1.1	

Performance Indicator Dashboards for Quality Measures

DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	2.0	January 1, 2018	Initial version UMCM Chapter 10.1.14, "Performance Indicator Dashboard for Quality Measures." Quality Measures will be tracked by Calendar year beginning with data year 2018. This Dashboard only applies to STAR, STAR+PLUS, CHIP, STAR Health, and STAR Kids.
Revision	2.1	May 15, 2020	Chapter 10.1.14 applies to contracts issued as a result of HHSC RFP number(s) 529-12-0002, 529-10-0020, 529-13-0042, 529-08-0001, 529-13-0071, and 529-15-0001. The "Minimum Performance Standards" section is modified to add a provision to keep the prior year's minimum standard if over-all program performance declines.
Revision	2.1.1	August 14, 2020	Accessibility approved version.

¹ Status should be represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions.

² Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., "1.2" 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.



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Methodology for Performance Indicator Dashboard Standards for Quality Measures

The Performance Indicator Dashboards for Quality Measures provides a list of measures for the STAR, STAR+PLUS, CHIP, STAR Health, and STAR Kids programs that assess different aspects of healthcare quality which HHSC has determined to be of greatest importance. Since these measures are agency priorities, HHSC will set both a high performance standard and a minimum performance standard for each quality measure on the Performance Indicator Dashboards. The measures, HHSC standards, and results for each measurement year will be provided on the Texas Healthcare Learning Collaborative (THLC) portal. HHSC will use the THLC portal to identify MCOs that are below the minimum performance standard, meet the minimum performance standard, and meet or exceed the high performance standard.

Standards are based on calendar year data, by program, using the most current results available for a complete calendar year. For example, calendar year 2018 standards are based on 2016 data. Quality Compass percentiles corresponding to the data year will be used. For example, standards based on 2016 data will use HEDIS 2017 percentiles.

High Performance Standards

An MCO whose performance on a measure meets or exceeds the high performance standard will be considered a quality performer for that measure. The high performance standards for calendar years 2018 and forward are set by program using this methodology:

Type of Measure	High Performance Standard
CAHPS measures	The standard is the upper bound of the CAHPS percentile published by the Agency for Healthcare Research and Quality (AHRQ) in which the state mean falls. If the state mean is lower than the 50th percentile, the 50th percentile is the standard. If the state mean is higher than the 95th percentile, the 95th percentile is the standard.
HEDIS measures	The standard is the upper bound of the NCQA HEDIS percentile in which the state mean falls. If the state mean is lower than the 50th percentile, the 50th percentile is the standard. If the state mean is higher than the 95th percentile, the 95th percentile is the standard.



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Type of Measure	High Performance Standard
Medical P4Q measures	The standard for at-risk measures is the cutoff for earning the maximum in performance against benchmarks, as described in Chapter 6.2.14 of the UMCM. For the bonus pool measures, the benchmark for earning is used.
Measures without national benchmarks	The standard is the state mean of the most current results available for a complete calendar year (for example, calendar year 2018 standards are based on 2016 data) plus or minus 5% (multiplying score by 1.05 or 0.95), depending on which direction indicates improvement.

Minimum Performance Standards

Effective January 1, 2018, HHSC added a minimum standard for the measures on the Performance Indicator Dashboards. The minimum standard is the lower of:

1. the state mean, or
2. the national 50th percentile (when available).

If program performance declines and reduces the state mean below the prior year's value, the prior year's state mean will be used as the minimum standard. For medical P4Q at-risk measures, the minimum standard is the lowest cutoff where no money is earned or lost in performance against benchmarks as described in Chapter 6.2.14 of the UMCM.



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Figure 1: Example Where State Mean is Below National 50th Percentile

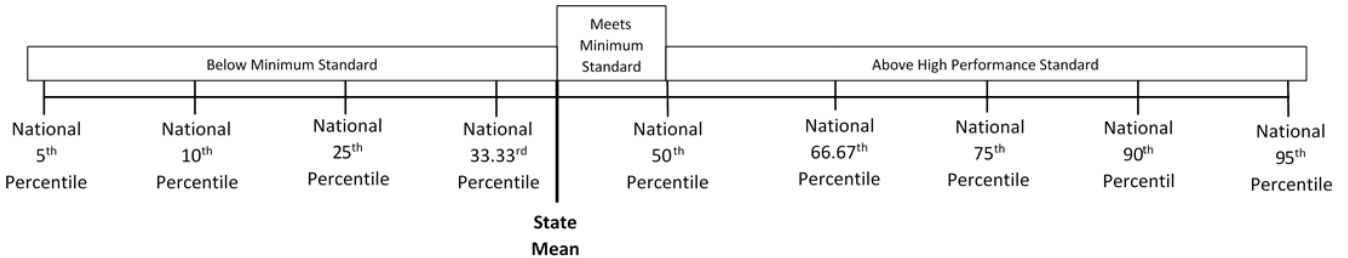
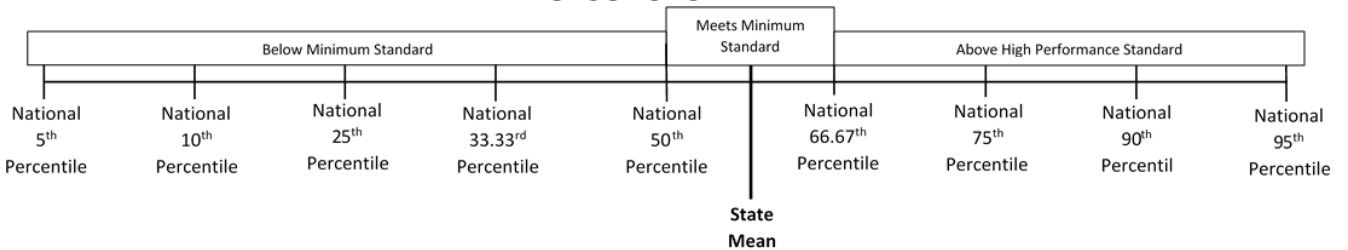


Figure 2: Example Where State Mean is Above National 50th Percentile



Compliance

It is HHSC's expectation that managed care organizations contracted with HHSC meet or surpass the minimum standard on more than two-thirds of measures. An MCO whose performance is below the minimum standard on more than 33.33% of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). MCOs will be subject to CAPs beginning in 2019 based on measurement year 2018 results. For STAR Kids, CAPs will be applied beginning in 2020 based on measurement year 2019 results.

MCOs will not be evaluated on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. These measures will be excluded from the calculation of the percent of measures that meet minimum standards.