

UNIFORM MANAGED CARE MANUAL 6.2.14 Medical Pay-for-Quality (P4Q) Program

DOCUMENT HISTORY

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	2.0	September 1, 2017	Initial version Uniform Managed Care Manual Chapter 6.2.14 "Medical Pay-for-Quality Program" Version 2.0 applies to contracts issued as a result of HHSC RFP numbers X29-08-0001, X29-10-0020, X29-12-0002, X29-13-0042, and X29-13-0071.
Revision	2.1	September 1, 2019	Measures and Benchmarks for 2020 added. The Controlling High Blood Pressure measure is removed from STAR+PLUS for 2018 and 2019. The Prenatal and Postpartum Care measure is removed from STAR for 2019. STAR Kids Program is added for 2020. Adding paragraph II.E.4. to allow HHSC to redistribute Capitation At-Risk if a measure or component of the methodology is removed.
Revision	2.1.1	September 15, 2019	Accessibility approved version.
Revision	2.2	January 1, 2020	Section A. Methodology, #2 Performance Against Self is modified to add a provision that MCOs achieving a Rate of 99.99% will receive the maximum reward on Performance Against Self. The HEDIS measure for Prenatal and Postpartum Care in Table 11: STAR Measures and Postpartum Care in Table 18: STAR Benchmarks is modified to reflect the new HEDIS specifications. Benchmarks updated for the STAR PPC, STAR+PLUS CBP, and STAR Kids NSCH measures.
Revision	2.3	January 1, 2021	MCOs that are new to the STAR, STAR+PLUS, STAR Kids, and CHIP Programs will be subject to the P4Q program beginning with their second full calendar year of participation in the program. For Measurement Year 2021 only, Performance Against Self will be compared to 2019. 2021 measures added to section B, with language explaining how measures will be compared to prior year HEDIS Benchmarks. All Benchmarks in section C are removed from this chapter and will be maintained on the Texas Healthcare Learning Collaborative Portal. Process for recoupments and redistributions is added. HHSC suspended the P4Q program for 2020 because of the COVID-19 pandemic.

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STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Revision	2.4	January 1, 2022	<p>HHSC suspended the P4Q program for 2021 because of the COVID-19 pandemic.</p> <p>Information on methodology for assessing performance on survey measures added.</p> <p>2022 and 2023 measures added to Section B.</p> <p>Added Section B.3; measures for Measurement Years 2022 and 2023.</p> <p>Added language to Section C. indicating that EQRO measure results will be used to calculate P4Q results and outlining the timeline for review and questioning of those results.</p>
Revision	2.5	January 1, 2024	<p>Performance Against Benchmarks and Performance Against Self language updated to reflect 2024-2025 updates. See Page 11 and 15</p> <p>2024 and 2025 measures added to Section B.</p> <p>Language regarding hold on P4Q program related to CHIP for 2024-2025 added.</p>
Revision	2.6	January 2, 2024	<p>Administrative change in response to MCO comments for January 1, 2024.</p>

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

²Revisions 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.

³Brief description of the changes to the document made in the revision.

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I. Applicability of Chapter 6.2.14

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR, STAR+PLUS, STAR Kids, and CHIP Programs. In this chapter, references to “CHIP” or the “CHIP Managed Care Program(s)” apply to CHIP. References to “Medicaid” or the “Medicaid Managed Care Program(s)” apply to the STAR, STAR+PLUS, and STAR Kids Programs. The term “MCO” includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, and any other entities licensed or approved by the Texas Department of Insurance.

The requirements in this chapter apply to all programs referenced above, except where noted. HHSC suspended the pay-for-quality (P4Q) program for 2020 and 2021 because of the COVID-19 pandemic. The requirements in this chapter apply to the STAR Kids Program beginning with Measurement Year 2022. MCOs that are new to a CHIP or Medicaid Program are included in the medical P4Q program beginning with their second full Measurement Year of participation in that CHIP or Medicaid Program. For example, if an MCO is newly contracted on September 1, 2020, it will be subject to the medical P4Q program starting with Measurement Year 2022.

II. Medical P4Q Program

Texas Government Code section 536.051 requires HHSC to base a percentage of the premiums paid to an MCO participating in Medicaid or CHIP on the MCO’s performance with respect to outcome and process measures. HHSC has designed the medical P4Q program to comply with the statutory requirement. The P4Q program is designed to achieve the following objectives: be simple and easy to understand; reward MCOs’ high performance and improved performance; promote MCOs’ transformation and innovation, which leads to improved health outcomes; and allow MCOs to track their performance and predict recoupments. In a continued effort to enhance the quality of care while reducing costs, HHSC is focused on: (1) maternal and infant health; and (2) chronic or complex condition prevention and management, including behavioral health.

This chapter details the methodology and measures for the medical P4Q program beginning Measurement Year 2018. The model defined in this chapter will continue to apply to subsequent Measurement Years, unless superseded by amendments to this chapter. This chapter also describes how results will be calculated and contains a glossary of defined terms. Terms capitalized throughout the chapter indicate an associated definition in the glossary.

A. Methodology

The medical P4Q program puts three percent of the MCO’s Capitation At-Risk. HHSC, through the medical P4Q program, assesses the MCO’s performance with respect to outcome and process measures based on three categories:

- Performance Against Benchmarks;
- Performance Against Self; and
- Bonus pool.

Performance Against Benchmarks and Performance Against Self are the at-risk components of the medical P4Q program, meaning HHSC can recoup capitation payments based on MCO performance related to these measures. Utilizing both the Performance Against Benchmarks

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and Performance Against Self allows HHSC to incentivize high-performing MCOs, while also encouraging improvement regardless of the current level of performance. The percent capitation earned or recouped for each At-Risk Measure in a particular managed care program is added together to determine the total capitation earned or recouped for each MCO across all At-Risk Measures for that particular managed care program.

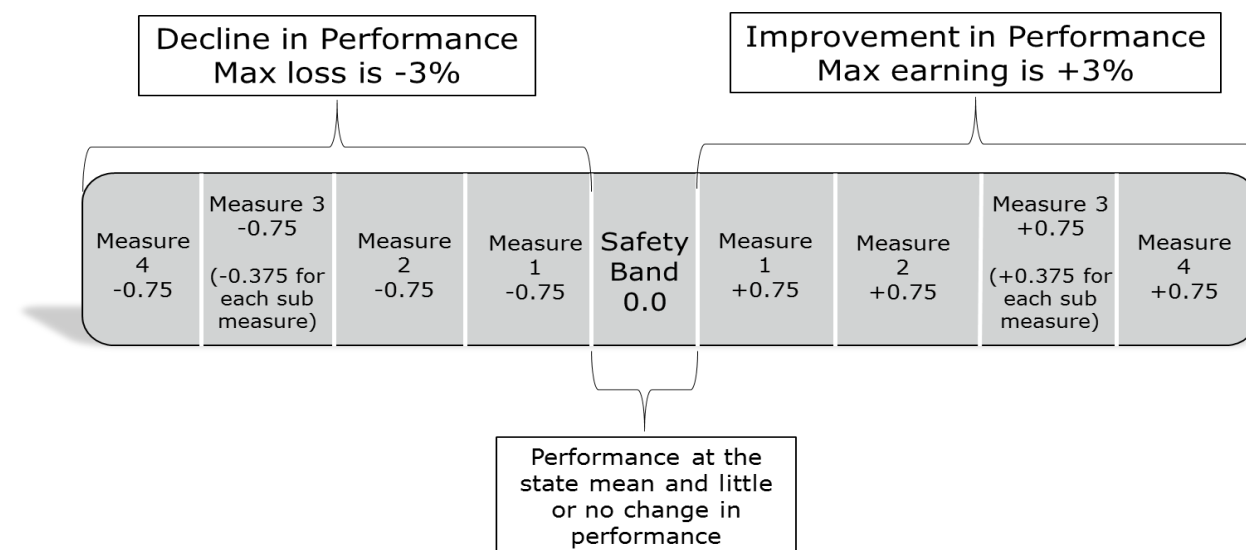
The MCO's Capitation At-Risk is distributed equally across the At-Risk Measures for each managed care program. Some At-Risk Measures have submeasures. The Capitation At-Risk for measures containing submeasures will be divided evenly across the submeasures. Should HHSC decide to allocate an unequal percent capitation to each measure, HHSC will amend this chapter and provide written notice to the MCOs as soon as possible, but no later than 30 days prior to the start of the Measurement Year. The criteria for weighting the measures could include:

- Legislative requirements;
- HHSC priorities;
- The number of Members affected;
- Severity of the issue being measured; and
- Need for improvement.

The Bonus Pool further incentivizes MCOs without the risk of recoupment. After the MCOs are assessed on Performance Against Benchmarks and Performance Against Self, if there are additional funds remaining from associated managed care program recoupments, MCOs will be assessed on the Bonus Pool measures and will be provided additional funds based on performance related to the Bonus Pool measures and MCO size (see section II(A)(3), "Bonus Pool").

Figure 1 and Table 1 (see below) provide an illustration of an MCO's capitation distributed across At-Risk Measures, and linked to capitation payments, for one managed care program.

Figure 1: Example of capitation distribution across At-Risk Measures



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Table 1: Example of capitation payments for At-Risk Measures - MCO with \$100,000,000 in capitation payments

At-Risk Measure	Total Percent Capitation At-Risk	Total Amount Capitation At-Risk	Performance: Against Benchmark / Against Self	Performance: Amounts
Potentially Preventable Emergency Department Visits (PPVs)	0.75	\$750,000	0.375 / 0.375	\$375,000 / \$375,000
Well Child Visits in the First 15 Months of Life (W15)	0.75	\$750,000	0.375 / 0.375	\$375,000 / \$375,000
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	0.75	\$750,000	0.375 / 0.375	\$375,000 / \$375,000
Prenatal and Postpartum Care (PPC)	0.75	N/A	N/A	N/A
- Prenatal	0.375	\$375,000	0.1875 / 0.1875	\$187,500 / \$187,500
- Postpartum	0.375	\$375,000	0.1875 / 0.1875	\$187,500 / \$187,500

1. Performance Against Benchmarks

Performance Against Benchmarks evaluates an MCO's Measurement Year performance compared to fixed Benchmarks. An MCO with a low denominator (see section II(D), "Exceptions to Calculations") on a measure for the Measurement Year will not be eligible for Performance Against Benchmarks on that measure, and the percent capitation assigned to Performance Against Benchmarks on that measure will not apply to that MCO for that Measurement Year. In these instances, the capitation associated with that measure with the low denominator will not be recouped, and the MCO will not be eligible for an incentive for that measure.

Healthcare Effectiveness Data Information Set (HEDIS) Measures

The Healthcare Effectiveness Data and Information Set (HEDIS) is a widely used set of performance measures produced and maintained by the National Committee for Quality Assurance (NCQA). HHSC uses the HEDIS published percentile categories in setting the Performance Against Benchmarks ranges:

- The HEDIS 2016 (Measurement Year 2015) published percentile categories (HEDIS HMO percentiles) above and below the state mean, or HEDIS 50th percentile, are used as Benchmarks for earning or recouping funds for Measurement Years 2018 and 2019.
- HEDIS MY2020 published percentile categories above and below the Program Rate, or HEDIS 50th percentile, are used as Benchmarks for Measurement Year 2022.
- HEDIS MY2021 published percentile categories above and below the Program Rate, or HEDIS 50th percentile, are used as Benchmarks for Measurement Year 2023.

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- HEDIS MY2022 published percentile categories above and below the Program Rate, or HEDIS 50th percentile, are used as Benchmarks for Measurement Year 2024.
- HEDIS MY2023 published percentile categories above and below the Program Rate, or HEDIS 50th percentile, are used as Benchmarks for Measurement Year 2025.

An individual MCO's performance is compared against the HEDIS national percentiles and in relation to the Program Rate. Performance below the Program Rate results in recoupment, and performance above the HEDIS 50th percentile or Program Rate (whichever is higher) results in earned funds.

- For Measurement Years 2018 and 2019, if the MCO's performance is at the managed care program mean for 2015, it will result in no funds recouped or earned by the MCO.
- For Measurement Year 2022, if the MCO's performance is at the managed care Program Rate for 2020, it will result in no funds recouped or earned by the MCO.
- For Measurement Year 2023, if the MCO's performance is at the managed care Program Rate for 2021, it will result in no funds recouped or earned by the MCO.
- For Measurement Year 2024, if the MCO's performance is at the managed care Program Rate for 2022, it will result in no funds recouped or earned by the MCO.
- For Measurement Year 2025, if the MCO's performance is at the managed care Program Rate for 2023, it will result in no funds recouped or earned by the MCO.

Any MCO performing at the particular managed care Program Rate will keep its assigned capitation for Performance Against Benchmarks on that measure. In the event that the particular managed care Program Rate is below the HEDIS 50th percentile, MCOs will retain their capitation assigned to that measure, if they perform between the particular managed care Program Rate and the HEDIS 50th percentile.

Table 2: Example of Performance Against Benchmarks for HEDIS measures - HEDIS Performance Against Benchmarks

	Performance	Percent earned/lost
Above HEDIS 66.67th percentile	>64.91%	0.375
HEDIS 50th percentile through HEDIS 66.67th percentile	59.58% through 64.91%	0.1875
Program Rate through HEDIS 50th percentile	54.67% through 59.57%	0
HEDIS 25th percentile through Program Rate	53.49% through 54.66%	-0.1875
Below HEDIS 25th percentile	<53.49%	-0.375

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Measures

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a widely used set of survey measures produced and maintained by the Agency for Healthcare Research and Quality (AHRQ). HHSC uses the AHRQ published percentile categories for Medicaid and CHIP, as appropriate, in setting the Performance Against Benchmarks ranges. For Measurement Year 2023, HHSC uses 2021 health plan survey comparative data. For

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Measurement Year 2024, HHSC uses 2022 health plan survey comparative data. For Measurement Year 2025, HHSC uses 2023 health plan survey comparative data.

3M potentially preventable events (PPE) Measures

For PPEs, actual to expected ratios are used as Benchmarks for earning or recouping capitation on Performance Against Benchmarks.

Since there are no national Benchmarks for the PPE measures, each MCO's performance is compared to the risk-adjusted Program Rate for that particular managed care program, which is always an actual to expected (A/E) ratio of 1.0000. MCOs are evaluated based on their A/E ratio for the Measurement Year, which is provided to them by the External Quality Review Organization (EQRO).

Table 3: Example of Performance Against Benchmarks for PPE measures - PPE Performance Against Benchmarks

Performance	Percent earned/lost
A/E of <0.9000	0.375
A/E of 0.9000 to <1.0000	0.1875
A/E of 1.0000	0
A/E of >1.0000 to 1.1000	-0.1875
A/E of >1.1000	-0.375

Measures where national percentiles are not available

Maximum earnings or recoupments on a measure will reflect a ten percent difference from the Program Rate for that particular managed care program.

Table 4: Example of Performance Against Self when national percentiles are not available

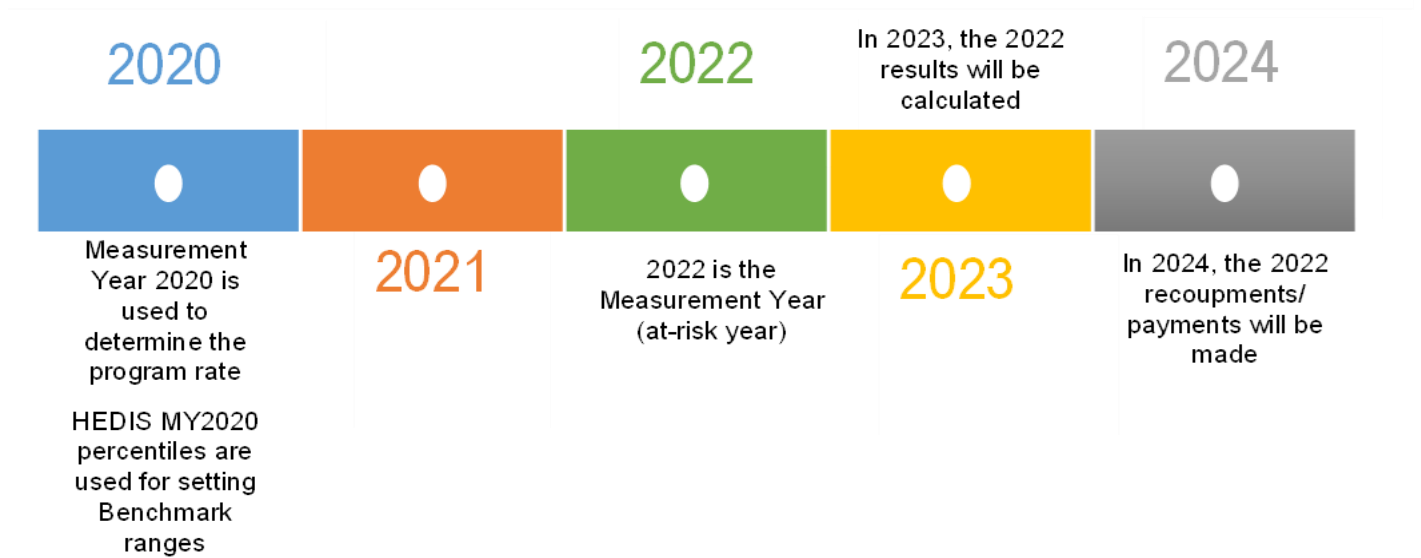
Performance	Percent earned/lost
> 41.80%	0.375
38.01% through 41.80%	0.1875
38.00%	0
34.02% through 37.99%	-0.1875
<34.02%	-0.375

Figure 2: Performance Against Benchmarks timeline

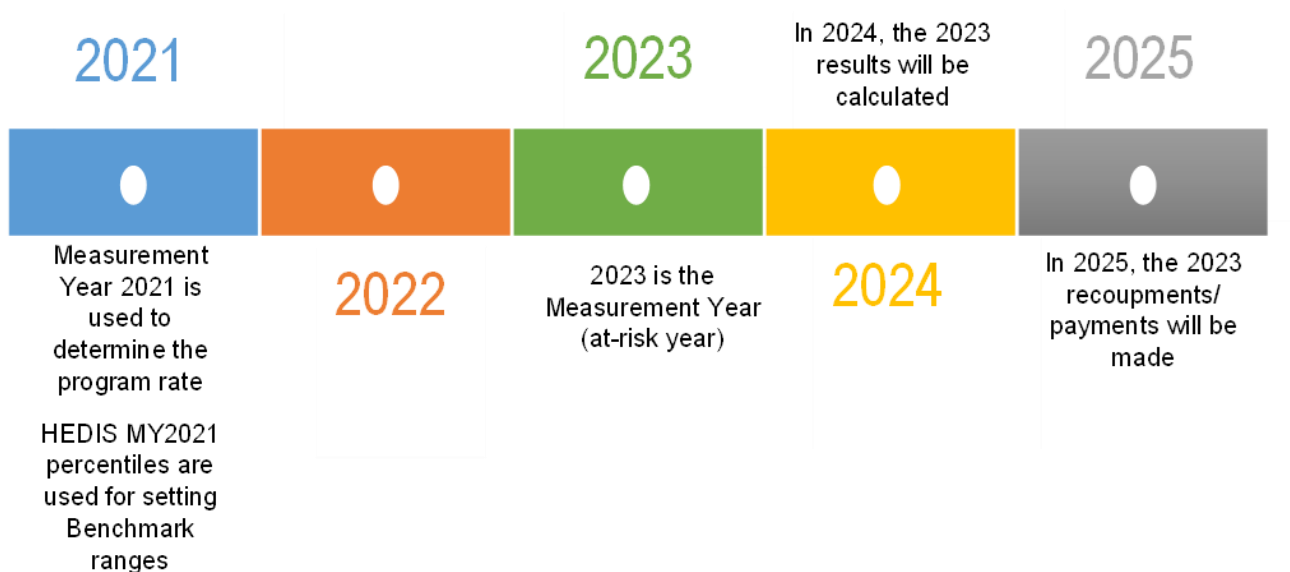


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2022 Medical Pay-for-Quality Performance Against Benchmarks



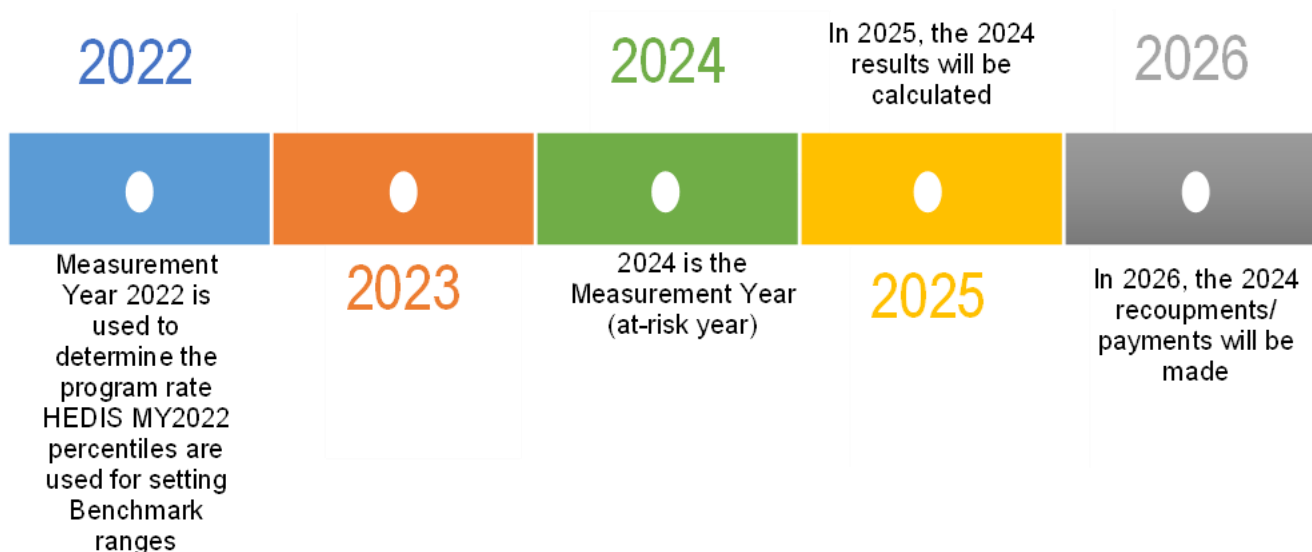
2023 Medical Pay-for-Quality Performance Against Benchmarks



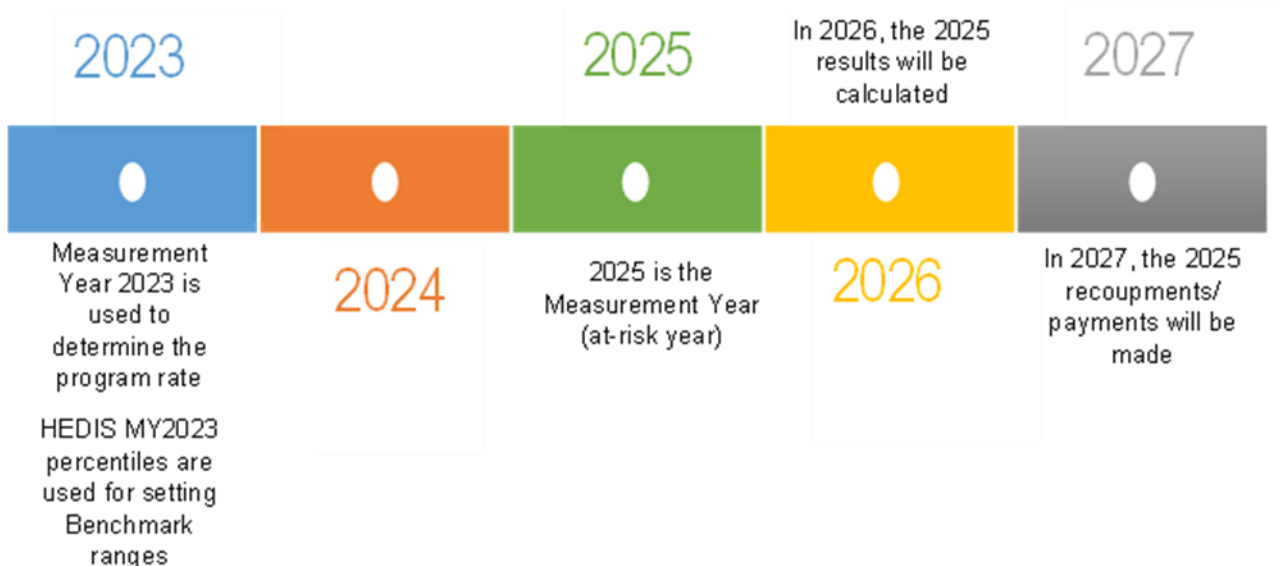


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2024 Medical Pay-for-Quality Performance Against Benchmarks



2025 Medical Pay-for-Quality Performance Against Benchmarks



2. Performance Against Self

Performance Against Self evaluates an MCO's Measurement Year performance compared to its previous year's performance. The Performance Against Self Benchmarks include a Safety Band to account for changes that may be outside an MCO's control for each measure. Neither

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incentives or recoupments will occur if the MCO's performance on a specific measure falls within the Safety Band.

An MCO with a low denominator (see section II(D), "Exceptions to Calculations") in the Measurement Year, or the year prior to the Measurement Year, will not be eligible for incentives or recoupments for Performance Against Self on that measure. In addition, that MCO will retain the percent capitation assigned to Performance Against Self on the measure for that Measurement Year.

HEDIS, CAHPS, and National Survey of Children's Health (NSCH) Measures

HEDIS, CAHPS, and NSCH measures are determined by the Percentage Point Change (e.g., 2018 Rate minus 2017 Rate). The Performance Against Self Benchmarks for the HEDIS, CAHPS, and NSCH measures are set using the average Rate difference between Performance Against Benchmarks ranges, as illustrated in the equation below:

$$\begin{array}{c}
 \text{(Rate at which MCO receives the maximum earned capitation for Performance Against} \\
 \text{Benchmarks} \\
 \text{minus} \\
 \text{Rate at which MCO receives the maximum recoupment for Performance Against} \\
 \text{Benchmarks)} \\
 \text{divided by} \\
 \text{Number of categories between the Rate at which MCO receives the maximum earned} \\
 \text{capitation for Performance Against Benchmarks and the Rate at which MCO receives} \\
 \text{the maximum recoupment for Performance Against Benchmarks}
 \end{array}$$

The average Rate difference between Performance Against Benchmarks ranges are rounded to the nearest half percent and vary by measure. An example of this calculation is provided in Table 4.

Table 5: Example of Performance Against Self benchmark calculation for HEDIS and CAHPS measures

Performance Against Benchmarks	Percent earned/lost	Performance Against Benchmarks	Percent earned/lost
>64.91%	0.375	<53.49%	-0.375
59.58% through 64.91%	0.1875		
54.67% through 59.57%	0		
53.49% through 54.66%	-0.1875		

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$$(64.91 - 53.49) / 4 = 2.855$$

Rounded to the nearest half percent
= 3.00

Performance Against Self	Percent earned/lost
>6.00%	0.375
3.00% through 6.00%	0.1875
2.99% through -2.99%	0
-3.00% through -6.00%	-0.1875
<-6.00%	-0.375

An MCO achieving a Rate of 99.99 percent or greater on a HEDIS or CAHPS measure will earn the maximum earned capitation for Performance Against Self on that measure.

PPE Measures

For PPEs, the Percentage Change is evaluated using an A/E ratio multiplied by the managed care Program Rate (managed care program actual weight per 1,000 Member months) as illustrated in the equation below:

$$\begin{aligned} &[(\text{Measurement Year A/E} \\ &\quad \text{multiplied by} \\ &\quad \text{Measurement Year managed care Program Rate}) \\ &\quad \text{minus} \\ &\quad (\text{Prior Year A/E} \\ &\quad \text{multiplied by} \\ &\quad \text{Prior Year managed care Program Rate})] \\ &\quad \text{divided by} \\ &\quad (\text{Prior Year A/E} \\ &\quad \text{multiplied by} \\ &\quad \text{Prior Year managed care Program Rate}) \end{aligned}$$

Table 5 illustrates that MCOs with greater than five percent improvement over the prior year earn funds on a graduated scale of increments of five percent, while those who decline by the same percentages are subject to recoupment. For the PPEs, negative Percent Change is considered improvement.



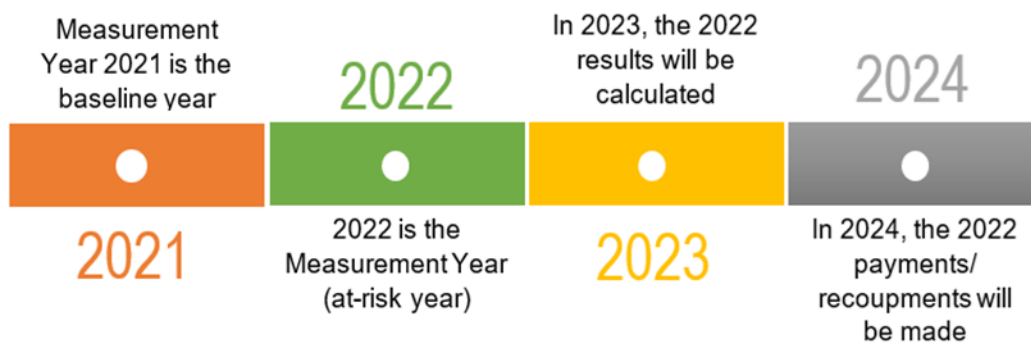
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Table 6: Example of Performance Against Self for PPE measures - PPE Performance Against Self

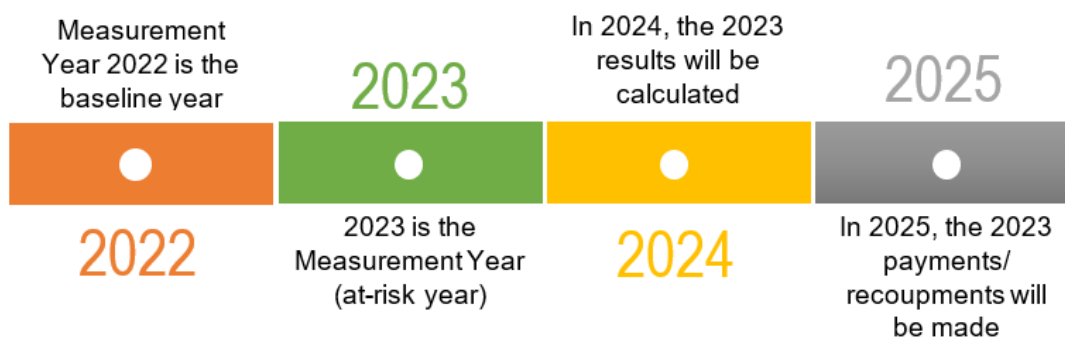
Percent Change	Percent earned/lost
<-10.00%	0.375
-5.00% through -10.00%	0.1875
-4.99% through 4.99%	0
5.00% through 10.00%	-0.1875
>10.00%	-0.375

Figure 3: Performance Against Self timeline

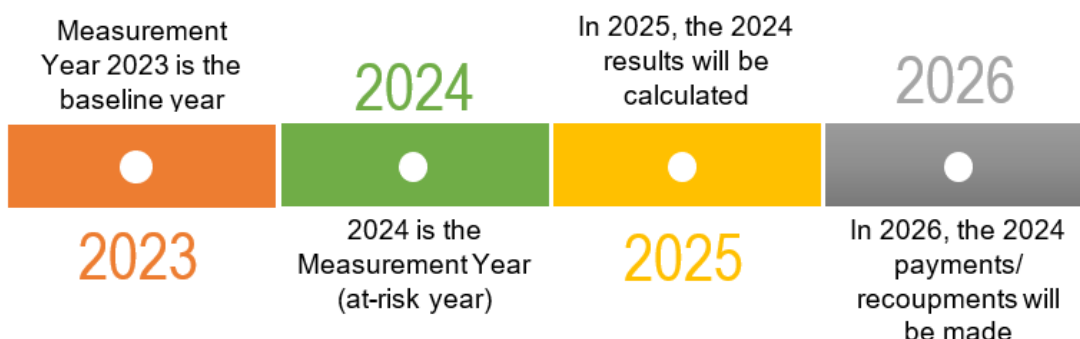
2022 Medical Pay-for-Quality Performance Against Self



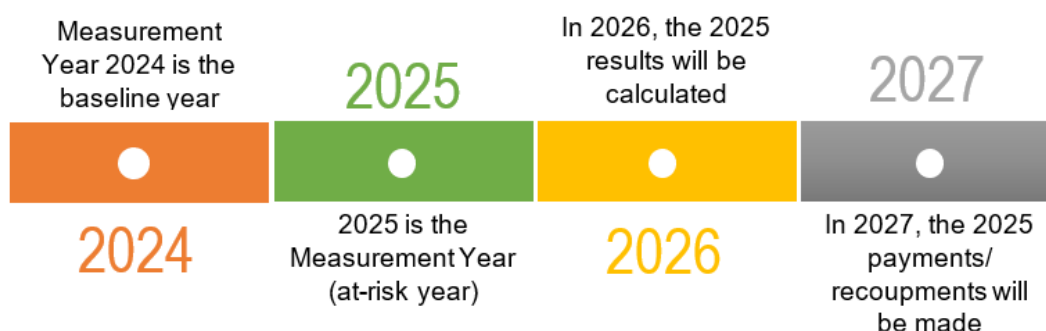
2023 Medical Pay-for-Quality Performance Against Self



2024 Medical Pay-for-Quality Performance Against Self



2025 Medical Pay-for-Quality Performance Against Self



3. Bonus Pool

Each MCO's percent capitation earned or recouped for Performance Against Benchmarks and Performance Against Self are added to determine whether more funds have been recouped or distributed. When the MCOs have earned more than HHSC has recouped by managed care program no funds are available for the Bonus Pool. When HHSC has recouped more funds than it has provided, a Bonus Pool is created.

An MCO can earn one point for each Bonus Pool measure it meets. Bonus Pool points are adjusted for the size of the MCO by dividing each MCO's capitation by the total managed care program capitation. The amount remaining after funds have been assessed on the At-Risk Measures is divided by the total managed care program adjusted bonus points, creating a dollar value for each point. Each MCO receives a bonus of its total number of adjusted points multiplied by the dollar value for each point.

MCOs with a low denominator (see section II(D), "Exceptions to Calculations") on a Bonus Pool measure will not be eligible for a bonus on that measure.

CAHPS Measures

For the CAHPS Bonus Pool measures, the bonus threshold is set at two AHRQ published percentile categories above the managed care Program Rate or the CAHPS 50th percentile, whichever is higher.

- For Measurement Years 2018 and 2019, HHSC uses 2016 health plan survey comparative data.
- For Measurement Year 2022, HHSC uses 2020 health plan survey comparative data.
- For Measurement Year 2023, HHSC uses 2021 health plan survey comparative data.
- For Measurement Year 2024, HHSC uses 2022 health plan survey comparative data.
- For Measurement Year 2025, HHSC uses 2023 health plan survey comparative data.

HEDIS Measures

- For Measurement Years 2018 and 2019, the HEDIS bonus pool measures threshold is set at two published percentile categories above the managed care program mean for calendar year 2015 or the HEDIS 2016 50th percentile, whichever is higher.
- For Measurement Year 2022, the HEDIS Bonus Pool measures threshold is set at two published percentile categories above the managed care Program Rate for calendar year 2020 or the HEDIS MY2020 50th percentile, whichever is higher.
- For Measurement Year 2023, the HEDIS Bonus Pool measures threshold is set at two published percentile categories above the managed care Program Rate for calendar year 2021 or the HEDIS MY2021 50th percentile, whichever is higher.
- For Measurement Year 2024, the HEDIS Bonus Pool measures threshold is set at two published percentile categories above the managed care Program Rate for calendar year 2022 or the HEDIS MY2022 50th percentile, whichever is higher.
- For Measurement Year 2025, the HEDIS Bonus Pool measures threshold is set at two published percentile categories above the managed care Program Rate for calendar year 2023 or the HEDIS MY2023 50th percentile, whichever is higher.

PPE Measures

On the PPE Bonus Pool measures, MCOs can earn a Bonus Pool point if their A/E ratio is less than 0.9000.

Measures where national percentiles are not available

- For Measurement Years 2018 and 2019, MCOs can earn a bonus if their performance is at least ten percent better than the managed care Program Rate for calendar year 2015.
- For Measurement Year 2022, MCOs can earn a bonus if their performance is at least ten percent better than the managed care Program Rate for calendar year 2020.
- For Measurement Year 2023, MCOs can earn a bonus if their performance is at least ten percent better than the managed care Program Rate for calendar year 2021.

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- For Measurement Year 2024, MCOs can earn a bonus if their performance is at least ten percent better than the managed care Program Rate for calendar year 2022.
- For Measurement Year 2025, MCOs can earn a bonus if their performance is at least ten percent better than the managed care Program Rate for calendar year 2023.

For measures where a lower Rate is better, the benchmark is the managed care Program Rate multiplied by 0.90. For measures where a higher Rate is better, the benchmark is the managed care Program Rate multiplied by 1.10.

B. Measures

HHSC will review the P4Q measures and methodology at least every other year (biennially). HHSC will make every reasonable effort to communicate changes prior to the beginning of the Measurement Year to which it pertains, and MCOs will be given an opportunity to comment on any changes. Benchmarks for each measure in each Medicaid program are posted to the Texas Healthcare Learning Collaborative Portal prior to the start of the Measurement Year, which can be found at thlcportal.com. Specifically, the Benchmarks are located under the “Resources” heading, within the “P4Q Medical Folder,” which is further grouped by Measurement Year.

Table 7: At-Risk Measures

Measure	STAR+PLUS	STAR	STAR Kids	CHIP
Potentially Preventable Emergency Room Visits (PPVs)	2018 2019 2022 2023 2024 2025	2018 2019 2022 2023 2024 2025	2022 2023 2024 2025	2018 2019 2022 2023
Potentially Preventable Admissions (PPAs)		2022 2023 2024 2025		
Potentially Preventable Readmissions (PPRs)	2022 2023 2024 2025			



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Measure	STAR+PLUS	STAR	STAR Kids	CHIP
Appropriate Treatment for Children with Upper Respiratory Infection (URI)		2018 2019		2018 2019 2022 2023
Prenatal and Postpartum Care (PPC)		2018 2022 2023 2024 2025		
Well Child Visits in the First 30 months of Life (W30), First 15 Months of Life*		2018 2019		
Diabetes Control - HbA1c < 8% (CDC)	2018 2019 2022 2023			
Glycemic Status Assessment for Patients with Diabetes (GSD)	2024 2025			
Diabetes Screening for Members with Schizophrenia or Bipolar Disorder Who are Using Antipsychotics (SSD)	2018 2019			
Cervical Cancer Screening (CCS)	2018 2019 2022 2023 2024 2025			
Child and Adolescent Well-Care Visits (WCV), 12-21 years of age†				2018 2019
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)‡				2018 2019 2022 2023
Follow-up After Hospitalization for Mental Illness (FUH) 7 Days and 30 Days	2022 2023 2024 2025		2022 2023	



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Measure	STAR+PLUS	STAR	STAR Kids	CHIP
Follow-Up After Hospitalization for Mental Illness (FUH) 7 Days			2024 2025	
Childhood Immunization Status (CIS) Combination 10		2022 2023 2024 2025		2022 2023
Follow-up Care for Children Prescribed ADHD Medication ADD-E Initiation		2022 2023 2024 2025		
Getting Specialized Services Composite			2022 2023 2024 2025	
Assistance with Care Coordination			2022 2023 2024 2025	

* For Measurement Years 2018 and 2019, this measure was Well Child Visits in the first 15 Months of Life (W15).

† For Measurement Years 2018 and 2019, this measure was Adolescent Well Care (AWC).

‡ For 2018 and 2019, the counseling for nutrition and counseling for physical activity submeasures are used. For 2022 and 2023, only the BMI percentile documentation submeasure is used.

Table 8: Bonus Pool Measures

Measure	STAR+PLUS	STAR	STAR Kids	CHIP
Potentially Preventable Readmissions (PPR)	2018 2019			
Potentially Preventable Admissions (PPA)		2018 2019		



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Measure	STAR+PLUS	STAR	STAR Kids	CHIP
Prevention Quality Indicator (PQI) Composite	2018 2019 2022 2023 2024 2025			
Potentially Preventable Complications (PPC)	2018 2019 2022 2023			
Follow-up Care for Children Prescribed ADHD Medication (ADD) - Initiation Submeasure			2022 2023 2024 2025	
Low Birth Weight		2018 2019 2022 2023 2024 2025		
Childhood Immunization Status (CIS) Combination 10				2018 2019
Immunizations for Adolescents (IMA) Combination 2				2022 2023
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)- Glucose and Cholesterol Combined, All Ages		2022 2023 2024 2025		
Chlamydia Screening in Women (CHL)		2022 2023 2024 2025		
Cesarean Sections, uncomplicated deliveries		2022 2023 2024 2025		
Risk of Continued Opioid Use, Total Members have ≥15 Days coverage	2022 2023 2024 2025			



UNIFORM MANAGED CARE MANUAL 6.2.14 Medical Pay-for-Quality (P4Q) Program

Measure	STAR+PLUS	STAR	STAR Kids	CHIP
Adherence to Antipsychotic Medications for Individuals with Schizophrenia, 80% Coverage	2022 2023 2024 2025			
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics			2022 2023 2024 2025	
Breast Cancer Screening, Non-Medicare Total	2022 2023 2024 2025			
Appropriate Treatment for Children with Upper Respiratory Infection (URI) – All Ages			2022 2023	
Appropriate Treatment for Children with Upper Respiratory Infection (URI) – Ages 3 months to 17 years			2024 2025	
Pregnancy-Associated Outcomes - severe maternal morbidity among all deliveries excluding cases identified only by transfusion		2022 2023 2024 2025		
Good Access to Urgent Care	2018 2019	2018 2019		2018 2019
Rating Health Plan a 9 or 10	2018 2019	2018 2019		2018 2019
Rating Their Child's Personal Doctor a 9 or 10				2022 2023
Getting Care Quickly Composite				2022 2023
Transition to Care as an Adult			2022 2023 2024 2025	
Access to Routine Care, adult survey		2022 2023 2024 2025		
How well doctors communicate composite	2024 2025			2022 2023

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Measure	STAR+PLUS	STAR	STAR Kids	CHIP
Family-Centered Care: Personal Doctor Who Knows Child Composite			2024 2025	

1. Measurement Years 2018 and 2019

The medical P4Q program measures for the 2018 STAR, STAR+PLUS, and CHIP Programs are outlined in Tables 8-10. These measures were previously published and will remain the same for Measurement Years 2018 and 2019 with the following exceptions:

- The Prenatal and Postpartum Care measure is removed from STAR for Measurement Year 2019.
- The Controlling High Blood Pressure measure is removed from STAR+PLUS for Measurement Years 2018 and 2019.

The MCOs will not be at risk for recoupment on these measures or have the ability to earn funds.

Table 9: STAR Measures

At-Risk Measures

Source	Measure	Description	Data Period
3M	Potentially Preventable Emergency Room Visits (PPVs)	Hospital emergency room or freestanding emergency medical care facility treatment provided for a condition that could be provided in a nonemergency setting	Jan. 1 - Dec. 31 Measurement Year
HEDIS	Appropriate Treatment for Children with Upper Respiratory Infection (URI) ^{*†}	Percentage of Members 3 months - 18 years of age who were diagnosed with upper respiratory infection and were not dispensed an antibiotic prescription on or three days after the episode	July 1, prior year - June 30, Measurement Year
HEDIS	Prenatal and Postpartum Care (PPC) ^{‡§}	1. Timeliness of Prenatal Care: the percentage of deliveries that received a prenatal care visit as a Member of the organization in the first trimester or within 42 days of enrollment in the organization 2. Postpartum Care: the percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery	November 6, prior year - December 31, Measurement Year

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Source	Measure	Description	Data Period
HEDIS	Well Child Visits in the First 15 months of Life (W15) [‡]	Percentage of Members who turned 15 months old during the Measurement Year and who had six or more well-child visits with a PCP during their first 15 months of life	October 1, two years prior - December 31, Measurement Year

Bonus Pool Measures

Source	Measure	Description	Data Period
3M	Potentially Preventable Admissions (PPAs)	Hospital admission that may have been prevented with access to ambulatory care or health care coordination.	Jan. 1 - Dec. 31 Measurement Year
CMS	Low Birth Weight	Percentage of live births that weighed less than 2,500 grams (5.51 pounds)	Jan. 1 - Dec. 31 Measurement Year
CAHPS	Children with Good Access to Urgent Care	Percent of caregivers who, when surveyed, responded their child (under age 18) always got urgent care for illness, injury or condition as soon as needed	Surveys conducted between Jan. 1 - Dec. 31 Measurement Year
CAHPS	Adults Rating their MCO a 9 or 10	Percent of adult Members 18 to 64 years of age who rated their MCO a 9 or 10 (on a scale of 0-10) when surveyed	Surveys conducted between Jan. 1 - Dec. 31 Measurement Year

Table 10: STAR+PLUS Measures^{}**

At-Risk Measures

Source	Measure	Description	Data Period
3M	Potentially Preventable Emergency Room Visits (PPVs)	Hospital emergency room or freestanding emergency medical care facility treatment provided for a condition that could be provided in a nonemergency setting	Jan. 1 - Dec. 31 Measurement Year
HEDIS	Diabetes Control - HbA1c < 8% (CDC) [‡]	The percentage of Members 18-75 years of age with diabetes (Type 1 and type 2) who had HbA1c control (<8.0).	Jan. 1 - Dec. 31 Measurement Year



UNIFORM MANAGED CARE MANUAL 6.2.14 Medical Pay-for-Quality (P4Q) Program

Source	Measure	Description	Data Period
HEDIS	Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotics (SSD)*	Percentage of Members 18 to 64 years of age with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test.	Jan. 1 - Dec. 31 Measurement Year
HEDIS	Cervical Cancer Screening (CCS)‡	Percentage of women Members 21 to 64 years of age who were screened for cervical cancer.	Jan. 1 - Dec. 31 Measurement Year

Bonus Pool Measures

Source	Measure	Description	Data Period
3M	Potentially Preventable Readmissions (PPAs)	Return hospitalizations resulting from care or treatment deficiencies provided during a previous hospital stay or from post-hospital discharge follow-up.	Jan. 1 - Dec. 31 Measurement Year
3M	Potentially Preventable Complications (PPCs)	Hospital-based harmful events (e.g., accidental laceration during a procedure) or negative outcomes (e.g., hospital acquired pneumonia) that may result from the process of care and treatment rather than from a natural progression of underlying disease	Jan. 1 - Dec. 31 Measurement Year
3M	Prevention Quality Indicator (PQI) Composite	Number of admissions per 100,000 Member months ages 18 and older for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, angina without a cardiac procedure, dehydration††, bacterial pneumonia, or urinary tract infection	Jan. 1 - Dec. 31 Measurement Year

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Table 11: CHIP Measures^{††}

At-Risk Measures

Source	Measure	Description	Data Period
3M	Potentially Preventable Emergency Room Visits (PPVs)	Hospital emergency room or freestanding emergency medical care facility treatment provided for a condition that could be provided in a nonemergency setting	Jan. 1 - Dec. 31 Measurement Year
HEDIS	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) [‡]	The percentage of Members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following: a) Counseling for nutrition. b) Counseling for physical activity.	Jan. 1 - Dec. 31 Measurement Year
HEDIS	Appropriate Treatment for Children with Upper Respiratory Infection (URI) ^{*‡‡}	Percentage of Members 3 months to 18 years of age who were diagnosed with upper respiratory infection and were not dispensed an antibiotic prescription on or three days after the episode	July 1, prior year - June 30, Measurement Year
HEDIS	Adolescent Well Care (AWC) [‡]	The percentage of Members 12 to 21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN	Jan. 1 - Dec. 31 Measurement Year

Bonus Pool Measures

Source	Measure	Description	Data Period
CAHPS	Children with Good Access to Urgent Care	Percent of caregivers who, when surveyed, responded their child (under age 18) always received urgent care for illness, injury or condition as soon as needed	Surveys conducted between Jan. 1 - Dec. 31 Measurement Year
CAHPS	Caregivers Rating their Child's MCO a 9 or 10	Percent of caregivers of children under age 18 who rated their child's MCO a 9 or 10 (on a scale of 0-10) when surveyed	Surveys conducted between Jan. 1 - Dec. 31 Measurement Year

UNIFORM MANAGED CARE MANUAL 6.2.14 Medical Pay-for-Quality (P4Q) Program

Source	Measure	Description	Data Period
HEDIS	Childhood Immunization Status (CIS) Combination 10 [‡]	The percentage of Members 2 years of age who had all immunizations as recommended by the Center for Disease Control and Prevention	Jan. 1, two years prior - Dec. 31 Measurement Year

2. Measurement Years 2022 and 2023

The medical P4Q program measures for the 2022 and 2023 STAR, STAR+PLUS, CHIP, and STAR Kids programs are outlined in Tables 11-14. The Data Period includes continuous enrollment requirements for the measure. Please note that CIS Combo 10 will not be measured for CHIP in 2022 and 2023 due to low enrollment. As a result, capitation at risk for CHIP for 2022 and 2023 was dropped to 2.25%.

Table 12: STAR Measures

At-Risk Measures

Source	Measure	Description	Data Period
3M	Potentially Preventable Emergency Room Visits (PPVs)	Hospital emergency room or freestanding emergency medical care facility treatment provided for a condition that could be provided in a nonemergency setting	January 1 - December 31 Measurement Year
3M	Potentially Preventable Admissions (PPAs)	Hospital admission that may have been prevented with access to ambulatory care or health care coordination.	January 1 - December 31 Measurement Year
HEDIS	Childhood Immunization Status (CIS) Combination 10 [‡]	The percentage of Members 2 years of age who had all immunizations as recommended by the Center for Disease Control and Prevention	Follows NCQA specifications
HEDIS	Follow-up Care for Children Prescribed ADHD Medication (ADD) - Initiation submeasure*	Percentage of Members 6 to 12 years of age who were newly prescribed ADHD medication, who had one follow-up visit with a practitioner with prescribing authority within 30 Days of when the first medication was dispensed.	Follows NCQA specifications

UNIFORM MANAGED CARE MANUAL 6.2.14 Medical Pay-for-Quality (P4Q) Program

Source	Measure	Description	Data Period
HEDIS	Prenatal and Postpartum Care (PPC) [‡]	<ul style="list-style-type: none"> • Timeliness of Prenatal Care: The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. • Postpartum Care: The percentage of deliveries that had a postpartum visit on or between 7 and 84 Days after delivery. 	Follows NCQA specifications

Bonus Pool Measures

Source	Measure	Description	Data Period
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) - Glucose and Cholesterol Combined, All Ages*	Percentage of Members 1-17 years of age with ongoing antipsychotic medication use who had metabolic testing during the year.	Follows NCQA specifications
HEDIS	Chlamydia Screening in Women (CHL)*	Percentage of female Members 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the Measurement Year.	Follows NCQA specifications
HHSC	Cesarean Sections, Uncomplicated Deliveries	Cesarean deliveries without a hysterotomy procedure per 1,000 deliveries. Excludes deliveries with complications (abnormal presentation, preterm delivery, fetal death, multiple gestation diagnoses, or breech procedure).	January 1 - December 31 Measurement Year
HHSC	Pregnancy-Associated Outcomes ^{†‡‡}	The percentage of all deliveries associated with severe maternal morbidity excluding cases identified only by transfusion.	December 25, one year prior – January 15 one year after the Measurement Year
CMS	Low Birth Weight	Percentage of live births that weighed less than 2,500 grams (5.51 pounds).	January 1 - December 31 Measurement Year

UNIFORM MANAGED CARE MANUAL 6.2.14 Medical Pay-for-Quality (P4Q) Program

Source	Measure	Description	Data Period
CAHPS	Access to Routine Care	Percentage of surveyed Members 18 and older who answered “Always” to the following question: In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed? (CAHPS6)	Surveys conducted between January 1- December 31 Measurement Year

Table 13: STAR+PLUS Measures**

At-Risk Measures

Source	Measure	Description	Data Period
3M	Potentially Preventable Emergency Room Visits (PPVs)	Hospital emergency room or freestanding emergency medical care facility treatment provided for a condition that could be provided in a nonemergency setting.	January 1 - December 31 Measurement Year
3M	Potentially Preventable Readmissions (PPRs)	Return hospitalizations resulting from care or treatment deficiencies provided during a previous hospital stay or from post-hospital discharge follow-up.	January 1 - December 31 Measurement Year
HEDIS	Diabetes Control - HbA1c < 8% (CDC) [‡]	The percentage of Members 18 to 75 years of age with diabetes (type 1 and type 2) who had HbA1c control (<8.0%).	Follows NCQA specifications
HEDIS	Cervical Cancer Screening (CCS) [‡]	Percentage of female Members 21 to 64 years of age who were screened for cervical cancer.	Follows NCQA specifications
HEDIS	Follow-up After Hospitalization for Mental Illness (FUH) - Submeasures 7 and 30 Days [*]	The percentage of discharges for Members ages 6 and older who were hospitalized for treatment of a mental illness and who had a follow-up visit with a mental health provider within: <ul style="list-style-type: none"> • 7 Days after discharge • 30 Days after discharge 	Follows NCQA specifications

Bonus Pool Measures

Source	Measure	Description	Data Period
3M	Potentially Preventable Complications (PPCs)	Hospital-based harmful events (e.g., accidental laceration during a procedure) or negative outcomes (e.g., hospital acquired pneumonia) that may result from the process of care and treatment rather than from a natural progression of underlying disease.	January 1 - December 31 Measurement Year

UNIFORM MANAGED CARE MANUAL 6.2.14 Medical Pay-for-Quality (P4Q) Program

Source	Measure	Description	Data Period
AHRQ	Prevention Quality Indicator (PQI) Composite	Number of admissions per 100,000 Member months ages 18 and older for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, angina without a cardiac procedure, bacterial pneumonia, or urinary tract infection	January 1 - December 31 Measurement Year
HEDIS	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) - 80% Coverage*	Percentage of Members 18 years of age and older who have schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.	Follows NCQA specifications
HEDIS	Risk of Continued Opioid Use (COU) - Total members have ≥15 Days coverage*	Percentage of Members 18 years and older who have a new episode of opioid use with at least 15 Days of prescription opioids in a 30-Day period.	Follows NCQA specifications
HEDIS	Breast Cancer Screening (BCS) – Medicaid only*	Percentage of female Members 50–74 years of age who had at least one mammogram to screen for breast cancer in the past two years.	Follows NCQA specifications

Table 14: CHIP Measures^{††}

At-Risk Measures

Source	Measure	Description	Data Period
3M	Potentially Preventable Emergency Room Visits (PPVs)	Hospital emergency room or freestanding emergency medical care facility treatment provided for a condition that could be provided in a nonemergency setting.	January 1 - December 31 Measurement Year
HEDIS	Childhood Immunization Status (CIS) Combination 10 [‡]	The percentage of Members 2 years of age who had all immunizations as recommended by the Center for Disease Control and Prevention.	Follows NCQA specifications



UNIFORM MANAGED CARE MANUAL 6.2.14 Medical Pay-for-Quality (P4Q) Program

Source	Measure	Description	Data Period
HEDIS	Weight Assessment for Children and Adolescents (WCC) [‡]	The percentage of Members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had Body Mass Index percentile documentation.	Follows NCQA specifications
HEDIS	Appropriate Treatment for Children with Upper Respiratory Infection (URI) [*]	Percentage of Members 3 months to 17 years of age who were diagnosed with upper respiratory infection and were not dispensed an antibiotic prescription on or three Days after the episode.	Follows NCQA specifications

Bonus Pool Measures

Source	Measure	Description	Data Period
HEDIS	Immunizations for Adolescents (IMA) Combination 2 [‡]	The percentage of Members 13 years of age who had all immunizations as recommended by the Center for Disease Control and Prevention.	Follows NCQA specifications
CAHPS	Rating personal doctor a 9 or 10	Percentage of caregivers of Members under age 18 who rated their child's personal doctor a 9 or 10 on a scale of 0 (worst doctor possible) -10 (best doctor possible). (CAHPS36)	Surveys conducted between January 1 - December 31 Measurement Year
CAHPS	Getting care quickly composite	Percentage of caregivers of Members under age 18 who said in the last 6 months their child was always able to get the care they needed right away when they had an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office and were able to make an appointment for a check-up or routine care for their Member child at a doctor's office or clinic as needed. (CAHPS4, CAHPS6)	Surveys conducted between January 1 - December 31 Measurement Year

UNIFORM MANAGED CARE MANUAL 6.2.14 Medical Pay-for-Quality (P4Q) Program

Source	Measure	Description	Data Period
CAHPS	How well doctors communicate	<p>Percentage of surveyed Members who answered “Always” to the following questions:</p> <p>In the last 6 months, how often did your child’s personal doctor explain things about your child’s health in a way that was easy to understand?</p> <p>In the last 6 months, how often did your child’s personal doctor listen carefully to you?</p> <p>In the last 6 months, how often did your child’s personal doctor show respect for what you had to say?</p> <p>In the last 6 months, how often did your child’s personal doctor explain things in a way that was easy for your child to understand?</p> <p>In the last 6 months, how often did your child’s personal doctor spend enough time with your child?</p> <p>(CAHPS27, CAHPS28, CAHPS29, CAHPS31, CAHPS32)</p>	Surveys conducted between January 1 - December 31 Measurement Year

Table 15: STAR Kids Measures

At-Risk Measures

Source	Measure	Description	Data Period
3M	Potentially Preventable Emergency Room Visits (PPVs)	Hospital emergency room or freestanding emergency medical care facility treatment provided for a condition that could be provided in a nonemergency setting	January 1 - December 31 Measurement Year
HEDIS	Follow-up After Hospitalization for Mental Illness (FUH) - Submeasures 7 and 30 days*	<p>The percentage of discharges for Members ages 6 and older who were hospitalized for treatment of a mental illness and who had a follow-up visit with a mental health provider within:</p> <ul style="list-style-type: none"> • 7 Days after discharge • 30 Days after discharge 	Follows NCQA specifications

UNIFORM MANAGED CARE MANUAL 6.2.14 Medical Pay-for-Quality (P4Q) Program

Source	Measure	Description	Data Period
CAHPS	Getting Specialized Services Composite	Percent of caregivers of Members under age 18 who said in the last 6 months it was always easy to get special medical equipment or devices, special therapy, and/or treatment and counseling for their Member child. (CAHPS CCC 14, 18, 21)	Surveys conducted between January 1 - December 31 Measurement Year
NSCH	Help with care coordination	Percentage of caregivers of Members under age 18 who say someone helps arrange or coordinate their Member child's care. (K5Q20_R)	Surveys conducted between January 1 - December 31 Measurement Year

Bonus Pool Measures

Source	Measure	Description	Data Period
HEDIS	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)*	Percentage of Members 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	Follows NCQA specifications
HEDIS	Follow-up Care for Children Prescribed ADHD Medication (ADD) - Initiation submeasure	Percentage of Members 6 to 12 years of age who were newly prescribed ADHD medication, who had one follow-up visit with a practitioner with prescribing authority within 30 Days of when the first medication was dispensed.	Follows NCQA specifications
HEDIS	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Percentage of Members 3 months to 17 years of age who were diagnosed with upper respiratory infection and were not dispensed an antibiotic prescription on or three Days after the episode.	Follows NCQA specifications
NSCH	Transition to care as an adult	Percentage of caregivers of Members under age 18 who say any of their Member child's doctors have talked to them about eventually seeing doctors or other health care providers who treat adults. (TRTADLT)	Surveys conducted between January 1 - December 31 Measurement Year

3. Measurement Years 2024 and 2025

The medical P4Q program measures for the 2024 and 2025 STAR, STAR+PLUS, and STAR Kids programs are outlined in Tables 15-17. The Data Period includes continuous enrollment requirements for the measure.

Due to low enrollment issues, CHIP P4Q will not be implemented for 2024 or 2025. CHIP measures will be reevaluated for inclusion in 2026 and 2027 P4Q.

Table 16: STAR Measures

At-Risk Measures

Source	Measure	Description	Data Period
3M	Potentially Preventable Emergency Room Visits (PPVs)	Hospital emergency room or freestanding emergency medical care facility treatment provided for a condition that could be provided in a nonemergency setting	January 1 - December 31 Measurement Year
3M	Potentially Preventable Admissions (PPA)	Hospital Admissions that may have been prevented with access to ambulatory care or health care coordination, as defined by 3M.	January 1 - December 31 Measurement Year
HEDIS	Childhood Immunization Status (CIS) Combination 10 [‡]	The percentage of Members 2 years of age who had all immunizations as recommended by the Center for Disease Control and Prevention.	Follows NCQA specifications
HEDIS	Follow-up Care for Children Prescribed ADHD Medication (ADD-E) - Initiation submeasure*	Percentage of Members 6 to 12 years of age who were newly prescribed ADHD medication, who had one follow-up visit with a practitioner with prescribing authority within 30 Days of when the first medication was dispensed.	Follows NCQA specifications

UNIFORM MANAGED CARE MANUAL 6.2.14 Medical Pay-for-Quality (P4Q) Program

Source	Measure	Description	Data Period
HEDIS	Prenatal and Postpartum Care [‡]	Percentage of deliveries in which women had a prenatal visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the organization and a postpartum visit on or between 7 and 84 days after delivery.	Follows NCQA specifications

Bonus Pool Measures

Source	Measure	Description	Data Period
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E) - Glucose and Cholesterol Combined, All Ages*	Percentage of Members 1-17 years of age with ongoing antipsychotic medication use who had metabolic testing during the year.	Follows NCQA specifications
HEDIS	Chlamydia Screening in Women (CHL)*	Percentage of female Members 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the Measurement Year.	Follows NCQA specifications
HHSC	Cesarean Sections, Uncomplicated Deliveries	Cesarean deliveries without a hysterotomy procedure per 1,000 deliveries. Excludes deliveries with complications (abnormal presentation, preterm delivery, fetal death, multiple gestation diagnoses, or breech procedure).	January 1 - December 31 Measurement Year
CMS	Low Birth Weight	Percentage of live births that weighed less than 2,500 grams (5.51 pounds).	January 1 - December 31 Measurement Year
HHSC	Pregnancy Associated Outcomes	The percentage of all deliveries associated with severe maternal morbidity excluding cases identified only by transfusion.	December 25, one year prior – January 15 one year after the Measurement Year

UNIFORM MANAGED CARE MANUAL 6.2.14 Medical Pay-for-Quality (P4Q) Program

Source	Measure	Description	Data Period
CAHPS	Access to Routine Care	Percentage of surveyed Members 18 and older who answered “Always” to the following question: In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed? (CAHPS6)	Surveys conducted between January 1 - December 31 Measurement Year

Table 17: STAR+PLUS Measures**

At-Risk Measures

Source	Measure	Description	Data Period
3M	Potentially Preventable Emergency Room Visits (PPVs)	Hospital emergency room or freestanding emergency medical care facility treatment provided for a condition that could be provided in a nonemergency setting.	January 1 - December 31 Measurement Year
3M	Potentially Preventable Readmissions (PPRs)	Return hospitalizations resulting from care or treatment deficiencies provided during a previous hospital stay or from post-hospital discharge follow-up.	January 1 - December 31 Measurement Year
HEDIS	Glycemic Status Assessment for Patients with Diabetes (GSD) [‡]	The percentage of Members 18 to 75 years of age with diabetes (type 1 and type 2) who had HbA1c control (<8.0%).	Follows NCQA specifications
HEDIS	Cervical Cancer Screening [‡]	Percentage of female Members 21 to 64 years of age who were screened for cervical cancer.	Follows NCQA specifications
HEDIS	Follow-Up After Hospitalization for Mental Illness, 7 and 30 Days*	The percentage of discharges for Members ages 6 and older who were hospitalized for treatment of a mental illness and who had a follow-up visit with a mental health provider within: <ul style="list-style-type: none"> • 7 Days after discharge • 30 Days after discharge 	Follows NCQA specifications

Bonus Pool Measures

Source	Measure	Description	Data Period
CAHPS	How Well Doctors Communicate Composite	Percentage of surveyed adults who answered “Always” to the following question: Member's personal doctor explains clearly, listens carefully and respectfully, and spends enough time with member.	Surveys conducted between January 1 - December 31 Measurement Year

UNIFORM MANAGED CARE MANUAL 6.2.14 Medical Pay-for-Quality (P4Q) Program

Source	Measure	Description	Data Period
AHRQ	Prevention Quality Indicator (PQI) Composite	Number of admissions per 100,000 Member months ages 18 and older for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, angina without a cardiac procedure, bacterial pneumonia, or urinary tract infection	January 1 - December 31 Measurement Year
HEDIS	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) - 80% Coverage*	Percentage of Members 18 years of age and older who have schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.	Follows NCQA specifications
HEDIS	Risk of Continued Opioid Use (COU) - Total members have ≥15 Days coverage*	Percentage of Members 18 years and older who have a new episode of opioid use with at least 15 Days of prescription opioids in a 30-Day period.	Follows NCQA specifications
HEDIS	Breast Cancer Screening, Non-Medicare Total (BCS)*	Percentage of female Members 50–74 years of age who had at least one mammogram to screen for breast cancer in the past two years.	Follows NCQA specifications

Table 18: STAR Kids Measures

At-Risk Measures

Source	Measure	Description	Data Period
3M	Potentially Preventable Emergency Room Visits (PPVs)	Hospital emergency room or freestanding emergency medical care facility treatment provided for a condition that could be provided in a nonemergency setting	January 1 - December 31 Measurement Year
HEDIS	Follow-up After Hospitalization for Mental Illness (FUH) - Submeasure 7 Days*	The percentage of discharges for Members ages 6 and older who were hospitalized for treatment of a mental illness and who had a follow-up visit with a mental health provider within: <ul style="list-style-type: none"> • 7 Days after discharge 	Follows NCQA specifications

UNIFORM MANAGED CARE MANUAL 6.2.14 Medical Pay-for-Quality (P4Q) Program

Source	Measure	Description	Data Period
CAHPS	Assistance With Care Coordination	Percentage of surveyed caregivers who answered “Yes” to the following question: In the last 6 months, did anyone help you arrange or coordinate your child's care among the different doctors or services that your child uses?	Surveys conducted between January 1- December 31 Measurement Year
HEDIS	Follow-up Care for Children Prescribed ADHD Medication (ADD-E) - Initiation submeasure*	Percentage of Members 6 to 12 years of age who were newly prescribed ADHD medication, who had one follow-up visit with a practitioner with prescribing authority within 30 Days of when the first medication was dispensed.	Follows NCQA specifications
CAHPS	Access to Specialized Services Composite	Average percentage of surveyed caregivers who answered “Always” to the following questions: In the last 6 months, how often was it easy to get special medical equipment or devices for your child? In the last 6 months, how often was it easy to get this therapy for your child? In the last 6 months, how often was it easy to get this treatment or counseling for your child?	Surveys conducted between January 1 - December 31 Measurement Year

Bonus Pool Measures

Source	Measure	Description	Data Period
HEDIS	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)*	Percentage of Members 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	Follows NCQA specifications
CAHPS	Providers Discussed Transition to Care as an Adult	Percentage of surveyed caregivers who answered “Yes” to the following question: Have they [the child’s provider] talked with you about when your child will need to see doctors or other health care providers who treat adults?	Surveys conducted between January 1 - December 31 Measurement Year

UNIFORM MANAGED CARE MANUAL 6.2.14 Medical Pay-for-Quality (P4Q) Program

Source	Measure	Description	Data Period
HEDIS	Appropriate Treatment for Children with Upper Respiratory Infection (URI) Error! Bookmark not defined. Ages 3 months to 17 years*	Percentage of Members 3 months to 17 years of age who were diagnosed with upper respiratory infection and were not dispensed an antibiotic prescription on or three Days after the episode.	Follows NCQA specifications
CAHPS	Family-Centered Care: Personal Doctor Who Knows Child Composite	Average Percentage of surveyed caregivers who answered “Always” to the following question: Child’s personal doctor discussed how the child is feeling, growing, or behaving, and understands how the child’s medical conditions affect their and their family’s day-to-day life.	Surveys conducted between January 1 - December 31 Measurement Year

* These measures will be evaluated using EQRO reported, NCQA certified administrative measure Rates.

‡These measures will be evaluated using MCO reported, NCQA auditor certified Hybrid Measure Rates.

4. Data Sources

Data is obtained from enrollment and encounter records, the Texas Immunization Registry, Department of State Health Services vital statistics, MCO audited hybrid Rates, National Committee for Quality Assurance (NCQA) Quality Compass, and member surveys conducted by Texas' EQRO.

5. Data Preparation

The medical P4Q program relies on NCQA-approved HEDIS software, Agency for Healthcare Research and Quality (AHRQ) software, and 3M Potentially Preventable Events (PPE) software for calculating eligibility and compliance. The EQRO ensures that data input to this software conforms to the specifications as outlined by the software vendors. Eligible populations of members or events are determined by individual measure specification and are not altered for P4Q. For the Bonus Pool PQI composite measure, Rates are reported per 100,000 Member Months. For 3M PPEs, the most current version of the algorithm available prior to the start of the Baseline year will be used. Should more current versions of the 3M software become available that do not include changes to the algorithm, the most current software version will be used.

For PPEs, the A/E ratio is used, except in evaluating Performance Against Self where the A/E ratio multiplied by the managed care program actual weight per 1,000 Member Months is used. PPE A/E ratios will be rounded to the 4th decimal/ten-thousands place (e.g.,1.0001). HEDIS

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Rates and Percentage Point Change will be rounded to the 2nd decimal/hundredths place (e.g., 1.01).

The EQRO administers Member and caregiver surveys by telephone with a minimum of 300 completed surveys per MCO per managed care program. Two surveys are conducted for STAR: a survey of adult Members and a caregiver survey of child Members, each with a minimum of 300 surveys per MCO. The EQRO will follow AHRQ specifications to ensure valid national comparisons. The EQRO will use the most current version of the CAHPS survey available at the time the survey is conducted.

C. Calculating Measure Results and P4Q Program Results

1. Measure Results

Each year, HHSC will send the MCO a comprehensive set of the HHSC quality of care measure results for its review. These results are the MCO's Rates for each measure. The MCO must review the Measurement Year quality of care measure results and notify HHSC of any measure discrepancies or request Member-level data for review within 20 Business Days. If the MCO requests Member-level data, the cost associated with providing the data is the responsibility of the requesting MCO. Once an MCO receives the Member-level data, HHSC will allow at least 10 Business Days for the MCO to review. If a meeting with HHSC and the EQRO is requested by the MCO to discuss discrepancies, MCOs should provide a list of concerns to HHSC at least 72 hours prior to the meeting time. If the MCO does not notify HHSC of measure discrepancies or request member-level data within 20 Business Days of receiving the Measurement Year quality of care results or the MCO does not request a meeting within 10 Business Days of receiving member level data, the results will be finalized and HHSC may choose not to revisit the results if discrepancies are identified at a later date. MCO results for each measure will be posted on the public facing HHSC THLC portal.

2. P4Q Results

After the MCO review period described in C.1. for the quality of care measure results, HHSC will calculate the P4Q results and verify the results with the EQRO. HHSC will calculate the MCO's P4Q program results (the amounts to be earned or recouped) for Performance Against Benchmarks (Section II.A.1) and Performance Against Self (Section II.A.2) for the applicable Measurement Year using the finalized measure results posted on the THLC portal.

For the At-Risk Measures, MCOs can only earn funds if HHSC recoups funds for the managed care program, and the total amount of funds earned cannot exceed the total recoupments by managed care program. The percent capitation earned or recouped for all MCOs in a managed care program are added together. When the MCOs have earned more than HHSC has recouped by managed care program no funds are available for the Bonus Pool. Additionally, since HHSC cannot pay out more than what was recouped, MCO earnings would be reduced to equal the total recoupments. This reduction is completed by determining the percent of managed care program earnings above the recouped dollars and earned dollars will be reduced by this percentage as illustrated in the equation below.

$$\begin{array}{c} \text{(Total managed care program recoupments} \\ \text{divided by} \\ \text{Total managed care program earnings)} \\ \text{multiplied by} \\ \text{MCO dollars earned} \end{array}$$

Table 18 illustrates how an MCO's performance is calculated across Performance Against Benchmarks and Performance Against self for one measure of one managed care program. This MCO's Performance Against Benchmarks for the Measurement Year has a Rate of 45.60 percent which falls into the bottom category of below the HEDIS 25th percentile (< 53.49 percent) resulting in recouped capitation of 0.375 percent. However, the MCO's Rate

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increased in the Measurement Year to 45.60 percent from 31.03 percent in the prior year, resulting in a percentage point change of 14.57 percent. Based on the Benchmarks for Performance Against self, the 14.57 percent percentage point change falls into the top category (>6 percent) resulting in an earned capitation of 0.375 percent. When the MCO's Performance Against Benchmarks and Performance Against Self for this measure for STAR is combined, it results in 0 percent capitation recouped or earned for this measure.

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Table18: Example

Prior Year Rate	Measurement Year Rate	Percentage Point Change	Performance Against Benchmarks Percent Capitation lost/ gained	Performance Against Self Percent Capitation lost/ gained	Total Percent Capitation earned/ lost for W15
31.03%	45.60%	14.57%	-.375	.375	0

Performance Against Benchmarks	Percent Capitation Earned/Lost
Above HEDIS 66.67th percentile (>64.91%)	0.375
HEDIS 50th percentile through HEDIS 66.67th percentile (59.58% through 64.91%)	0.1875
Program Rate through HEDIS 50th percentile (54.67% through 59.57%)	0
HEDIS 25th percentile through Program Rate (53.49% through 54.66%)	-0.1875
Below HEDIS 25th percentile (<53.49%)	-0.375

Performance Against Self Improvement Target Formula (64.91 - 53.49) / 4 = 2.855	Percent Capitation Earned/Lost
>6.00%	0.375
3.00% through 6.00%	0.1875
2.99% through -2.99%	0
-3.00% through -6.00%	-0.1875
<-6.00%	-0.375

D. Exceptions to Calculations

1. Low Denominators

MCOs with low denominators or low volume on a measure in a given year are not eligible for the components of the P4Q program that require a Rate for that measure.

Measures	Low Denominator Threshold
HEDIS	MCOs must have a minimum of 30 eligible enrollees for the measure. "Eligible" is defined here as meeting the specified criteria for inclusion in the denominator of a HEDIS measure.
CAHPS	CAHPS defines low denominator as 100 in a sample of 411. The EQRO uses the same proportion based on the number of completed surveys (e.g., if 300 surveys are conducted, any less than 73 responses to a question is considered a low denominator).
PPEs	Low volume is defined as less than 30 at-risk events, 5 actual events, or 5 expected events.

2. Data Errors

If there is a significant error on the MCO's encounter data or hybrid measure reporting, the MCO will incur the maximum recoupment for the affected measure(s). A significant error is any mistake attributable to an MCO or its subcontractor that affects the MCO's measure result.

3. Earnings Over Five Percent of Capitation

Federal regulations limit incentive payments to five percent of capitation payments. In the unlikely event that an MCO earns more than five percent of its capitation, HHSC will retain any capitation above five percent of an MCO's capitation.

4. Redistribution of Capitation for At-Risk Measures

Beginning with Measurement Year 2022, if HHSC determines that a measure changed significantly during the Measurement Year, HHSC may remove the measure or a component of the methodology (i.e., Performance Against Self or Performance Against Benchmarks) and redistribute the at-risk percentage for that measure among the other measures or components of the methodology. MCOs will be notified of any changes to the at-risk percentages as soon as possible, but no later than 30 days prior to the end of the Measurement Year.

E. Process for Recoupments and Redistributions

After medical P4Q program results for a given Measurement Year have been calculated, HHSC will first provide notice via email to each MCO that is subject to recoupment. Each notice from HHSC will contain the individual MCO's measurement results, the amount to be recouped, and the address at which the MCO must send payment. A notice will also provide the MCO a deadline of at least 10 Business Days to either pay the recoupment amount or dispute HHSC's P4Q program results. Unless HHSC specifies otherwise in its notice, the recoupment payment must be made by check, payable to the Texas Health and Human Services Commission.

If an MCO wants to contest its P4Q program results, then it must email HHSC by the deadline identified in the notice. The MCO's email must identify all of its challenges to its P4Q program results and contain all information, including documentation, in support of those challenges. HHSC will review the information provided by the MCO in contesting its P4Q program results. HHSC will then make a final determination as to the proper measurement results and recoupment amount, if any. HHSC will notify the MCO via email of this final determination and identify a new payment deadline of at least 10 Business Days, if applicable.

After providing notice of its final determination to those MCOs subject to recoupment or if those MCOs do not contest their P4Q program results by the deadline identified in their respective notices, then HHSC will email P4Q program results to each of the remaining MCOs. For those MCOs who are to receive a redistribution of funds, the notice will also include the amount of redistribution that particular MCO is to receive. HHSC may request that the MCO supply information necessary to process the redistribution and may withhold payment until that information is received. HHSC must receive all recoupments prior to making any redistributions.

Any questions regarding the process for recoupments and redistributions may be sent to the following e-mail address: MCD_managed_care_quality@hhsc.state.tx.us.

F. Glossary

Term	Definition
At-Risk Measures	Measures where a percent of the MCO's capitation is at-risk, meaning its capitation may be recouped depending on its performance on the measure.
Baseline	Comparison year for Performance Against Self. e.g., For 2018 P4Q Measurement Year, each MCO's Performance Against Self will compare 2018 Rates to 2017 Baseline Rates.
Benchmarks	Points of reference against which MCO performance will be compared.
Capitation At-Risk	Maximum percent of MCO's capitation that may be recouped based on performance.



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Term	Definition
	<p>For 2018 P4Q Measurement Year, 3 percent of capitation is at-risk</p> <p>The Capitation At-Risk will be the MCO's Premium Payment System (PPS) capitation payments for the managed care program for the Measurement Year, excluding the following provider payments:</p> <ul style="list-style-type: none">a) Hospital Quality Payment Programb) Comprehensive Hospital Increase Reimbursement Program (CHIRP)c) Quality Incentive Payment Program (QIPP)d) Texas Incentives for Physicians and Professional Services (TIPPS)e) Network Access Improvement Program (NAIP)f) Rural Access to Primary and Preventive Services (RAPPS)g) Directed Payment Program for Behavioral Health Services (DPP BHS)h) Affordable Care Act Health Insurance Provider Fee (ACA HIPF) <p>And excluding capitation payments for the following risk groups:</p> <ul style="list-style-type: none">a) RG114 - Dual Eligible Community - STAR+PLUSb) RG115 - Dual Eligible STAR+PLUS Waiver - STAR+PLUSc) RG121 - Dual Eligible Nursing Facility - STAR+PLUSd) RG309 - Perinate Mother <=198 percent Federal Poverty Levele) RG310 - Perinate Mother > 198 percent Federal Poverty Levelf) RG311 - Perinate Child > 198 percent Federal Poverty Level
Data Period	<p>The data collection timeframe on which MCOs will be evaluated for the Measurement Year.</p> <p>e.g., for the URI measure, data from July 1, 2017 - June 30, 2018, will be used to evaluate the MCOs for Measurement Year 2018.</p>



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Term	Definition
Hybrid Measures	HEDIS measures that are reported by the MCOs using the hybrid method whereby organizations look for numerator compliance in both administrative and medical record data. Results are certified by an NCQA certified auditor and reported to the EQRO.
Measurement Year	Calendar year in which MCOs are evaluated and the year of Capitation At-Risk. e.g., 2018 P4Q Measurement Year assesses performance in calendar year 2018, and HHSC will recoup or distribute funds based on the calendar year 2018 capitation.
Percent Change	The Percent Change is the difference between the final and initial values divided by the initial value. Percent Change is used for the PPE At-Risk Measures.
Percentage Point Change	The Percentage Point Change is the difference between the final and initial values. In reference to the Performance Against Self Benchmarks, Percentage Point Change is used for the HEDIS measures. e.g., MCO A's Rate on measure W15 for 2018 was 60.56, and in 2017 was 58.56. MCO A's Percentage Point Change on W15 is (60.56-58.56) 2 percentage points.
Program Rate	The Program Rate is the measure Rate for all members across MCOs in the applicable Medicaid program (STAR, STAR+PLUS, STAR Kids, and CHIP).
Rate	Performance on a specific measure. e.g., For HEDIS measures, the Rate is the numerator divided by the denominator
Safety Band	In the Performance Against Self Benchmarks for each measure this is the amount of fluctuation in performance from year to year that does not result in an earned capitation or recoupment. e.g., For STAR 2018 P4Q, measure W15 Performance Against Self has a "Safety Band" of 6 percent. If an MCO's performance fluctuates up to 3 percent above or below its prior year Rate, there will be no recoupment or earned funds.