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Annual Report on Quality Measures and Value-Based Payments 2022

For VBPQI-AC - May 23, 2023

Introduction



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- **Legislative Report in response to**
 - Texas Government Code, Section 536.008
 - Senate Bill (S.B.) 750, 86th Legislature, Regular Session, 2019
- **Consists of**
 - “Annual Report on Quality Measures and Value-Based Payments” – *Main Report*
 - “Statewide Initiatives to Improve Quality of Maternal Health Care” – *Appendix*

HHSC’s Value-Based Care strategy for Texas Medicaid and CHIP Services is centered on Texas Managed Care Quality Strategy goals, using the VBP Roadmap for guidance.

Report link: <https://www.hhs.texas.gov/sites/default/files/documents/annual-report-on-quality-measures-and-vbp-dec-2022.pdf>



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Content (1 of 2)

- **Managed Care Value-Based Payments Programs**
 - Pay-for-Quality Program
 - Alternative Payment Model Requirements for MCOs
 - Hospital Quality-Based Payment Program¹
 - Medicaid Value-Based Enrollment
- **Quality Improvement Programs**
 - Delivery System Reform Incentive Payment Program⁸
 - Directed Payment Programs
 - The Community Health Access and Rural Transformation Model
 - Benchmarks for Managed Care Organizations



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Content (2 of 2)

- **Trends in Key Quality Measures**
 - Trends in Potentially Preventable Events, 2016-2021
 - HHSC Performance Indicator Dashboard
 - HIV Viral Load Suppression
 - Relocation to a Community-Based Setting
- **HHS Quality Webpages**
 - Medicaid and CHIP Quality and Efficiency Improvement
 - Texas Healthcare Learning Collaborative Portal

Managed Care Value-Based Payments Programs

Primary drivers of VBC in Medicaid managed care

- Pay-for-Quality (P4Q) program,
- Alternative Payment Models (APM) requirements for MCOs and DMOs,
- Hospital Quality Based Payment (HQBP) program, and
- Medicaid MCO Value-Based Enrollment (VBE).



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Medical Pay-for-Quality Program (P4Q)

- MCO Premiums at Risk (3% MCO)
- MCO performance is evaluated in three ways:
 - Against benchmarks (performance within the year relative to state and national benchmarks)
 - Against self (year-to-year improvement over an MCO's own performance)
 - Bonus pool measures
- Each program (STAR+PLUS, STAR, STAR Kids & CHIP) includes measures specific to its population



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Medical P4Q Program - At-Risk Measures



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Measures	STAR+ PLUS	STAR	STAR Kids	CHIP
Potentially Preventable Emergency Department Visits (PPVs)	2018 - 23	2018 - 23	2022-23	2018-23
Potentially Preventable Hospital Admissions (PPAs)	-	2022 - 23	-	-
Potentially Preventable Hospital Readmissions (PPRs)	2022 - 23	-	-	-
Appropriate Treatment for Children with Upper Respiratory Infection	-	2018 - 19	-	2018 - 23
Prenatal and Postpartum Care (P&PC)*	-	2018 - 23	-	-
Well Child Visits in the First 30 Months of Life/First 15 Months of Life	-	2018 - 19	-	-
Diabetes Control - HbA1c < 8 percent [Centers for Disease Control and Prevention (CDC)]	2018 - 23	-	-	-
Diabetes Screening for Members with Schizophrenia or Bipolar Disorder Who are Using Antipsychotics	2018 - 19	-	-	-
Cervical Cancer Screening	2018 - 19	-	-	-
Child and Adolescent Well-Care Visits	-	-	-	2018 - 19
Weight Assessment and Counseling for Nutrition and Physical Activity** for Children and Adolescents	-	-	-	2018 - 23
Follow-up After Hospitalization for Mental Illness	2022 - 23	-	2022 - 23	-
Childhood Immunization Status Combination 10	-	2022 - 23	-	2022 - 23
Follow-up Care for Children Prescribed ADHD Medication	-	2022 - 23	-	-
Getting Specialized Services Composite	-	-	2022 - 23	-
Assistance with Care Coordination	-	-	2022 - 23	-

Medical P4Q Program-Bonus Pool Measures (1 of 3)



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Bonus Pool Measures	STAR+ PLUS	STAR	STAR Kids	CHIP
Potentially Preventable Hospital Readmissions (PPR)	2018 - 19	-	-	-
Potentially Preventable Hospital Admissions (PPA)	-	2018 - 19	-	-
Prevention Quality Indicator Composite	2018 - 23	-	-	-
Potentially Preventable Complications (PPC)	2018 - 23	-	-	-
Follow-up Care for Children Prescribed ADHD Medication - Initiation Sub-measure	-	-	2022 - 23	-
Low Birth Weight	-	2018 - 23	-	-
Childhood Immunization Status Combination 10	-	-	-	2018 - 19
Immunizations for Adolescents Combination 2	-	-	-	2022 - 23

Medical P4Q Program-Bonus Pool Measures (2 of 3)



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Bonus Pool Measures	STAR+ PLUS	STAR	STAR Kids	CHIP
Metabolic Monitoring for Children and Adolescents on Antipsychotics - Glucose and Cholesterol Combined, All Ages	-	2022 - 23	-	-
Chlamydia Screening in Women	-	2022 - 23	-	-
Cesarean Sections, Uncomplicated deliveries	-	2022 - 23	-	-
Risk of Continued Opioid Use, Total Members Have ≥ 15 Days Coverage	2022 - 23	-	-	-
Adherence to Antipsychotic Medications for Individuals with Schizophrenia, 80 percent Coverage	2022 - 23	-	-	-
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	-	-	2022 - 23	-
Breast Cancer Screening, Non-Medicare Total	2022 - 23	-	-	-
Appropriate Treatment for Children with Upper Respiratory Infection – All Ages	-	-	2022 - 23	-
Pregnancy-Associated Outcomes	-	2022 - 23	-	-
Good Access to Urgent Care	2018 - 19	2018 - 19	-	2018 - 19
Rating Health Plan a 9 or 10	2018 - 19	2018 - 19	-	2018 - 19
Rating Their Child's Personal Doctor, a 9 or 10	-	-	-	2022 - 23

Medical P4Q Program-Bonus Pool Measures (3 of 3)



Bonus Pool Measures	STAR+ PLUS	STAR	STAR Kids	CHIP
Getting Care Quickly Composite	-	-	-	2022 - 23
Transition to Care as an Adult	-	-	2022 - 23	-
Access to Routine Care, Adult Survey	-	2022 - 23	-	-
How Well Doctors Communicate Composite	-	-	-	2022 - 23

Dental Pay-for-Quality Program (P4Q)

- DMO capitation at-risk of recoupment each year by 1.5%.
- DMO performance on selected measures is compared to performance from one year prior.
- Recouped capitation dollars from a DMO that declines overall may be redistributed to a DMO that improved.
- Uses Dental Quality Alliance (DQA) measures to assess preventive care.



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Dental P4Q Program - Risk Measures



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Measure	Medicaid	CHIP
DQA Oral Evaluation, Dental Services	2018 - 2023	2018 - 2023
DQA Topical Fluoride for Children at Elevated Caries Risk, Dental Health Services	2018 - 2023	2018 - 2023
DQA Sealants for 6-9-year-old Children at Elevated Risk, Dental Services	2018	2018
DQA Sealants for 10-14-year-old Children at Elevated Risk, Dental Services	2018	2018
DQA Measure: Sealant Receipt on Permanent 1st Molars, One Sealant and All Four Sealants	2022 - 2023	2022 - 2023
DQA Measure: Sealant Receipt on Permanent 2nd Molars, One Sealant and All Four Sealants	2022 - 2023	2022 - 2023

Alternative Payment Model Requirements for MCOs and DMOs

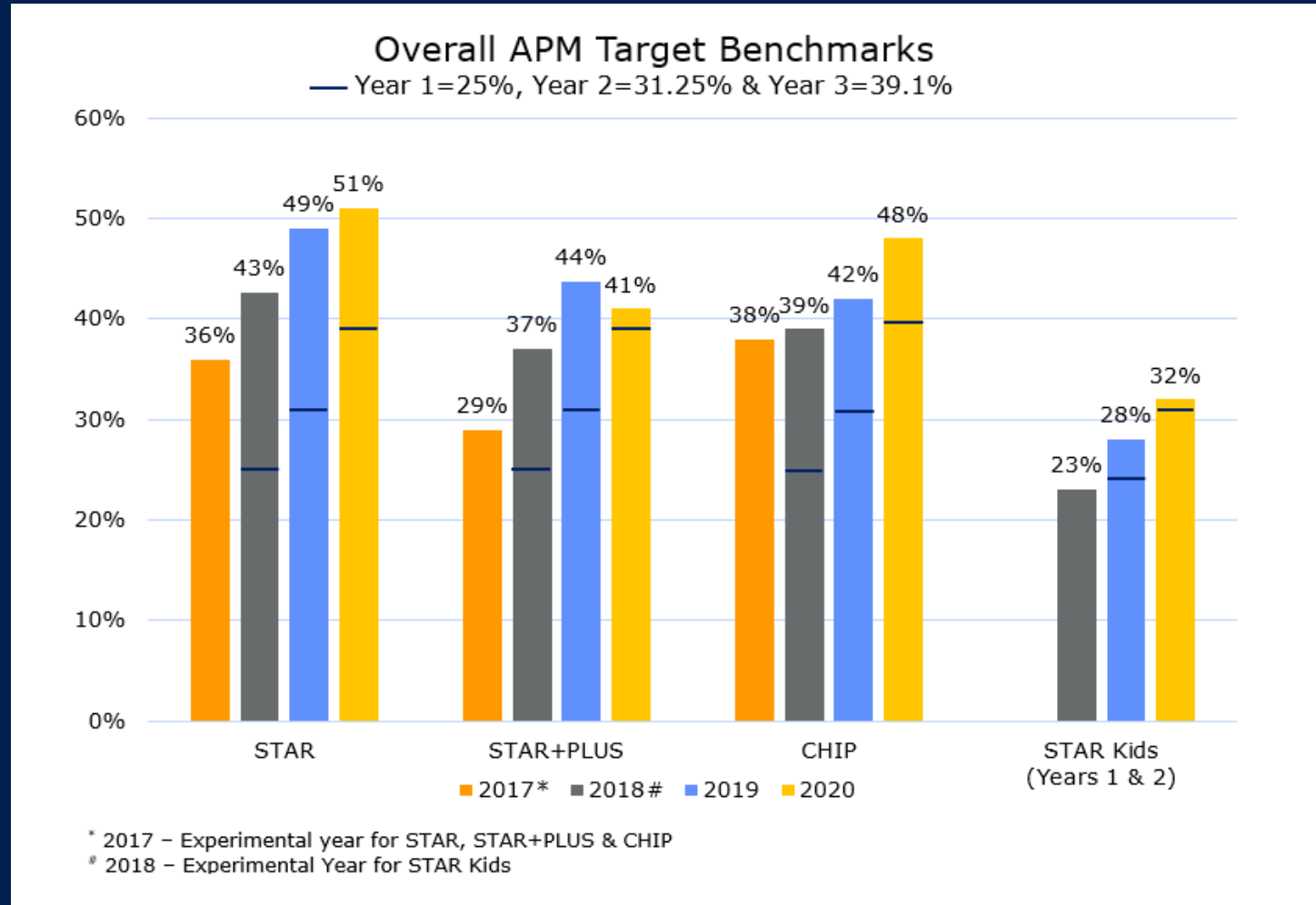


- HHSC uses the Healthcare Payment Learning and Action Network (HCP LAN) Alternative Payment Model (APM) Framework*
- HHSC's MCO and DMO contracts require them to reach increasing APM contract targets each year, from calendar year 2018 through 2021.
- The APM targets from 2021 remained the same for calendar year 2022 due to the federal PHE.
- MCOs: Overall APM – 50%; Risk-based APM – 25%;
- DMOs: Overall APM – 50%; Risk-based APM – 10%.

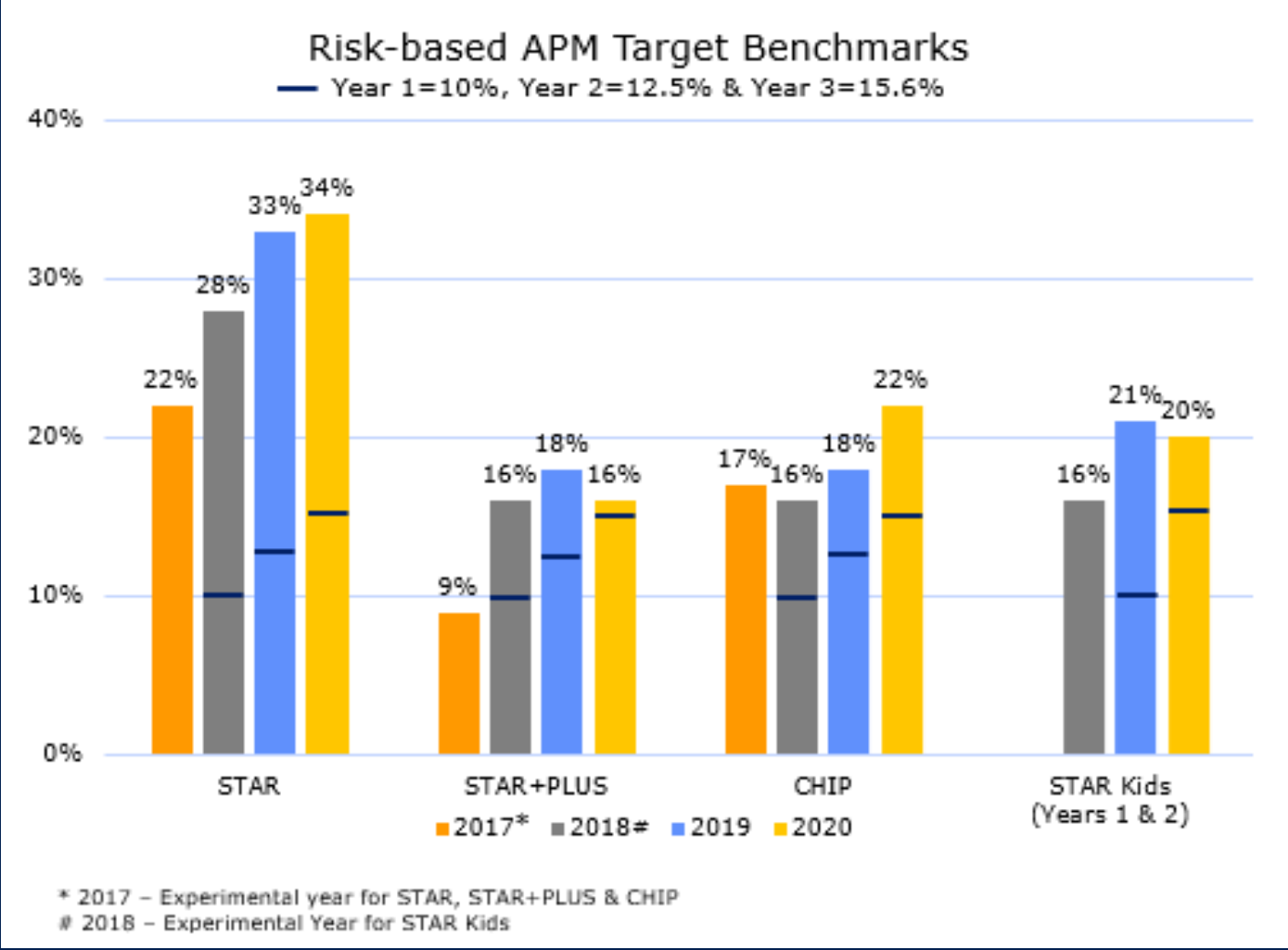
Overall APM Achievement by Program, Calendar Years (CY) 2017–2020



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Risk-based APM Achievement by Program, Calendar Years 2017–2020



Distribution of APMs by Provider Type, CYs 2018–2020



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Provider Type	2018 APM Count	2019 APM Count	2020 APM Count	2018 Percent APMs	2019 Percent APMs	2020 Percent APMs
Primary Care	143	181	179	41%	45%	41%
Hospitals	62	60	78	18%	15%	18%
Specialist and Behavioral Health	50	51	61	14%	13%	14%
Accountable Care Organization	36	43	42	10%	11%	10%
Obstetrics/Gynecology	27	29	31	8%	7%	7%
Pharmacy and Laboratory	17	16	19	5%	4%	4%
Nursing Facilities and Home Care	9	13	19	2%	3%	4%
Emergency and Urgent Care Services	7	5	3	2%	1%	1%
Case Management	-	1	4	-	1%	1%
Total	351	399	436	100%	100%	100%

Hospital Quality-Based Payment Program (HQBP)



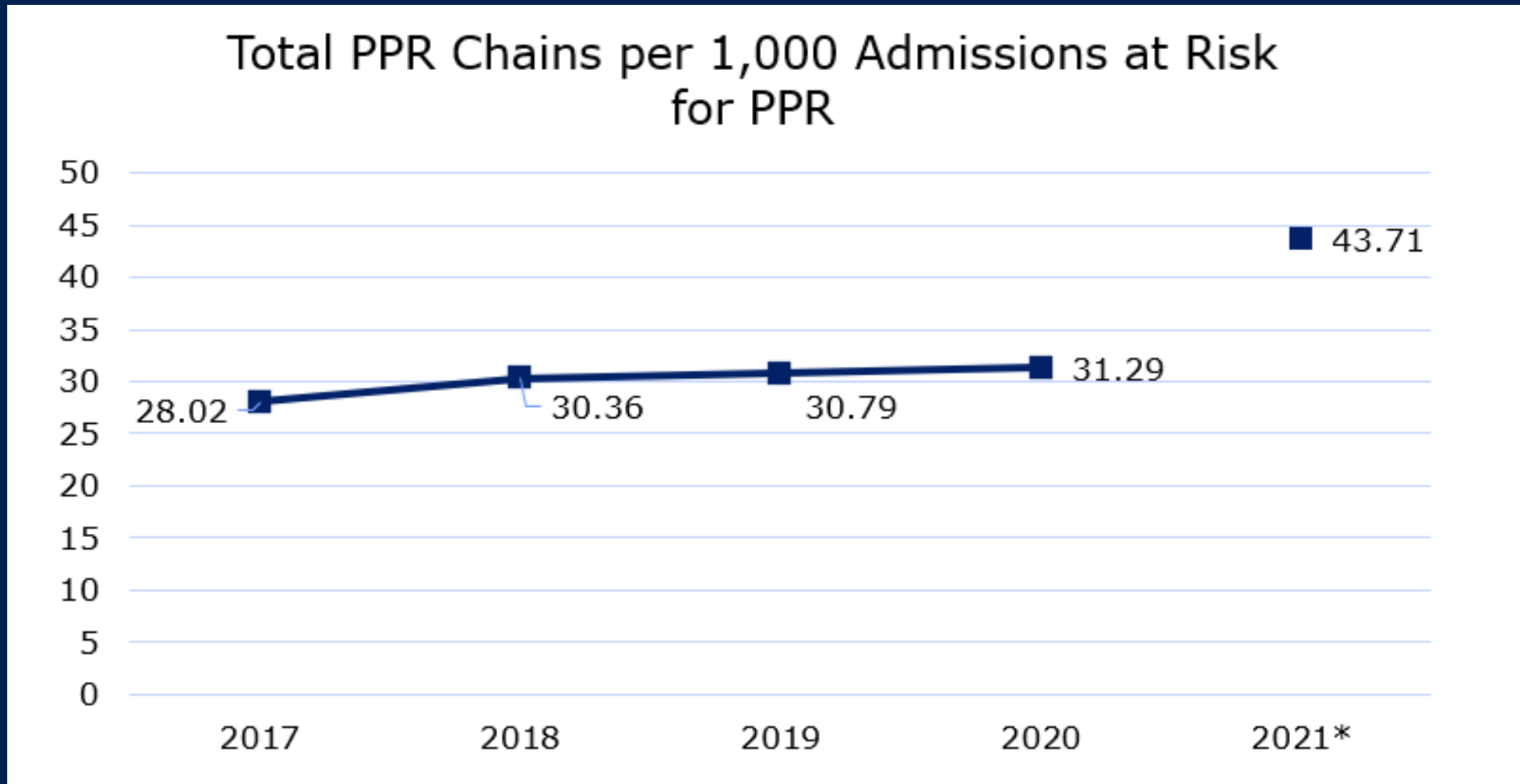
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- HHSC administers the HQBP Program for all hospitals in Medicaid and CHIP in the managed care and FFS delivery systems.
- Hospitals are measured on their performance for risk-adjusted rates of potentially preventable hospital readmissions within 15 days of discharge (PPR) and potentially preventable inpatient hospital complications (PPC) across all Medicaid Programs and CHIP, as these measures have been determined to be reasonably within hospitals' ability to improve.
- Hospitals can experience reductions to their payments for inpatient stays:
 - Up to 2 percent for high rates of PPRs
 - Up to 2.5 percent for PPCs
 - Total risk up to 4.5%.
- Measurement, reporting and application of payment adjustments occur on an annual cycle.

Total PPR Chains per 1,000 Admissions at Risk for 2017-2021*



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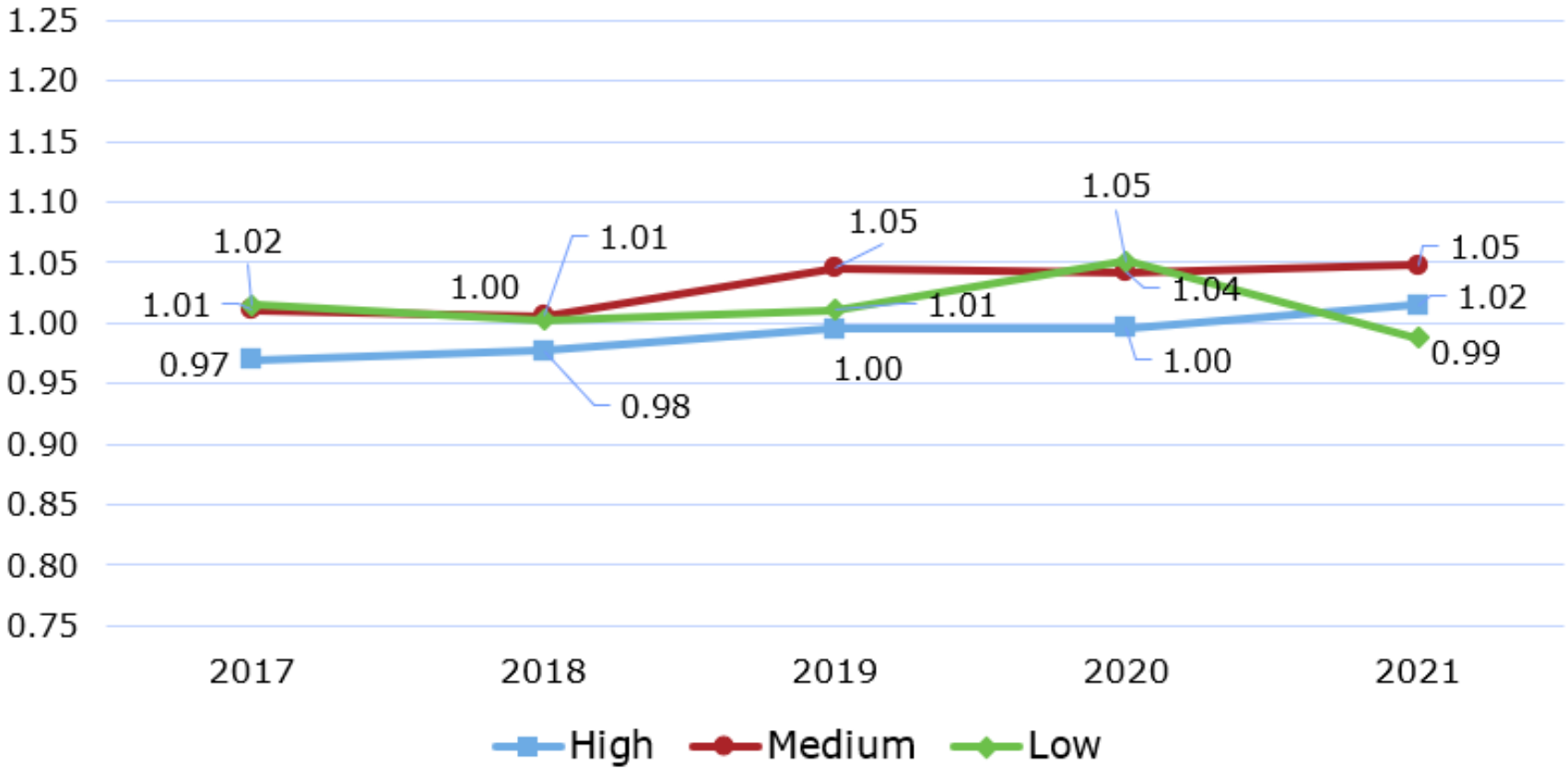


* Due to changes in methodology, neonatal admissions were excluded from PPR consideration in 2021, significantly changing the performance calculations.

Average Actual to Expected Ratios for PPR for 2017–2021



Average Actual to Expected Ratios for PPR by Volume Category

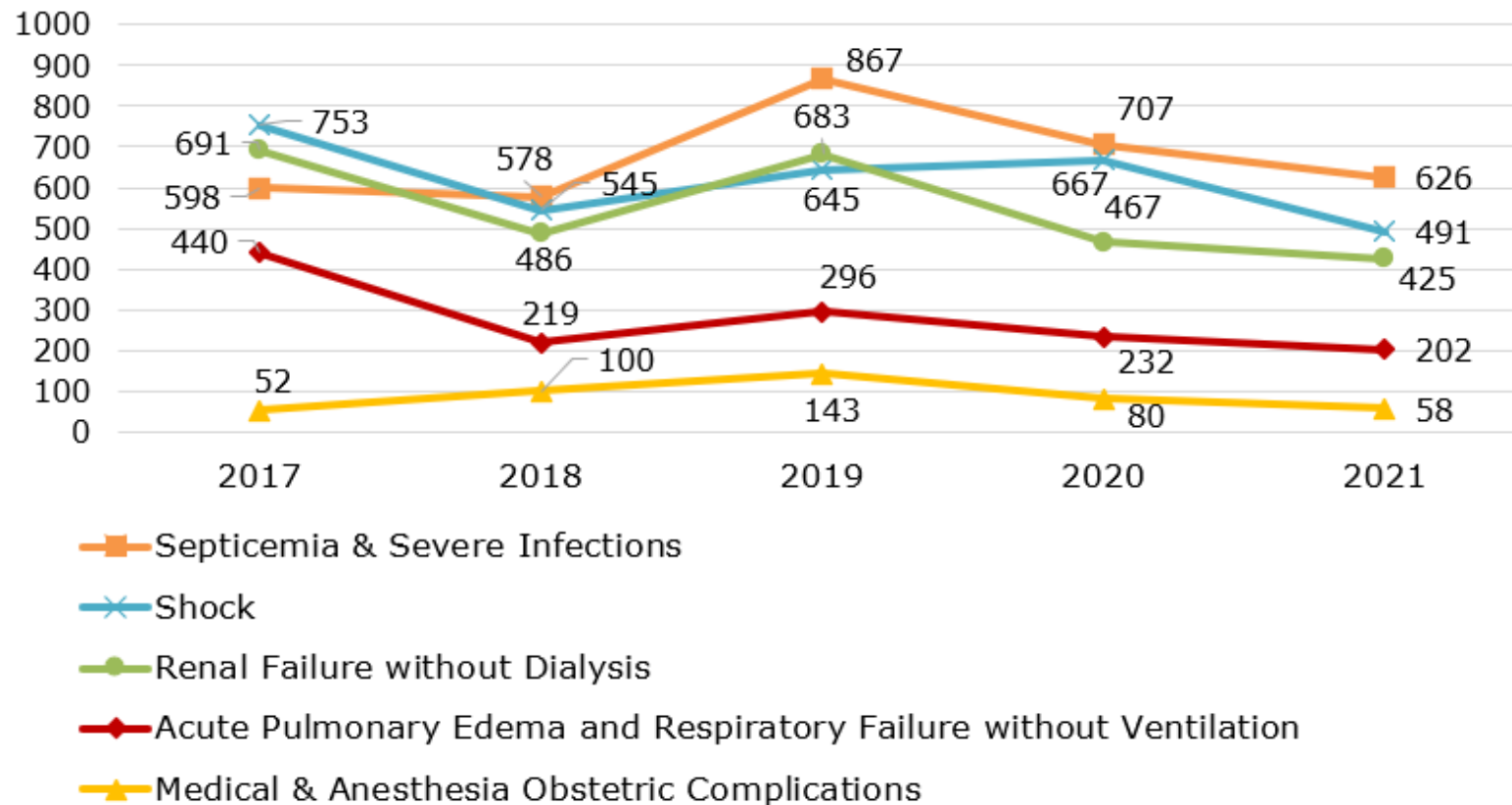


Changes in Hospital PPC Performance for FY2017–2021



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Statewide PPC Weights for Most Frequent PPCs, FY 2017-2021



Medicaid Value-Based Enrollment



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- Texas Government Code, Section 533.00511 engaged HHSC to develop an incentive program that automatically enrolls a greater percentage of recipients who did not actively choose their managed care plan, into a plan that:
 - Provides higher quality of care,
 - Shows ability to provide services efficiently and effectively,
 - Exceeds performance with respect to achieving appropriate outcome and process measures developed by HHSC.
- HHSC designed a Value-Based Enrollment (VBE) methodology, described in previous reports.
- HHSC periodically assesses the effect of the VBE process based on enrollment data for STAR, STAR+PLUS, and STAR Kids.

Statewide Auto-Enrollment Pool Percent Changes Compared to “Choice” Only*



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Health Plan	Cumulative (Percent)	STAR (Percent)	STAR+PLUS (Percent)	STAR Kids (Percent)
Aetna Better Health	-4.5	-4.9	-	-1.7
Amerigroup	0.8	1.0	-0.7	2.1
Baylor Scott & White	5.8	5.8	-	
Blue Cross Blue Shield	-11.5	-13.7	-	-0.4
Community First	2.9	3.2	-	-2.6
Community Health Choice	6.4	6.4	-	
Cook Children’s	3.2	3.2	-	3.9
Dell Children’s	13.0	13.0	-	-
Driscoll Health	3.1	3.1	-	6.5
El Paso First	2.8	2.8	-	-
FirstCare	-3.4	-3.4	-	-
Molina	-7.7	-10.2	-5.5	-
Parkland Community	2.0	2.0	-	-
Superior	1.6	1.1	3.6	0.7
Texas Children’s	-4.6	-4.2	-	-10.4
UnitedHealthcare	-0.8	-3.8	1.3	7.9

*October 2021

Quality Improvement Programs

- Delivery System Reform Incentive Payment Program – sunset;
- **Directed Payment Programs;**
- The Community Health Access and Rural Transformation Model – not pursued;
- **Benchmarks for Managed Care Organizations.**



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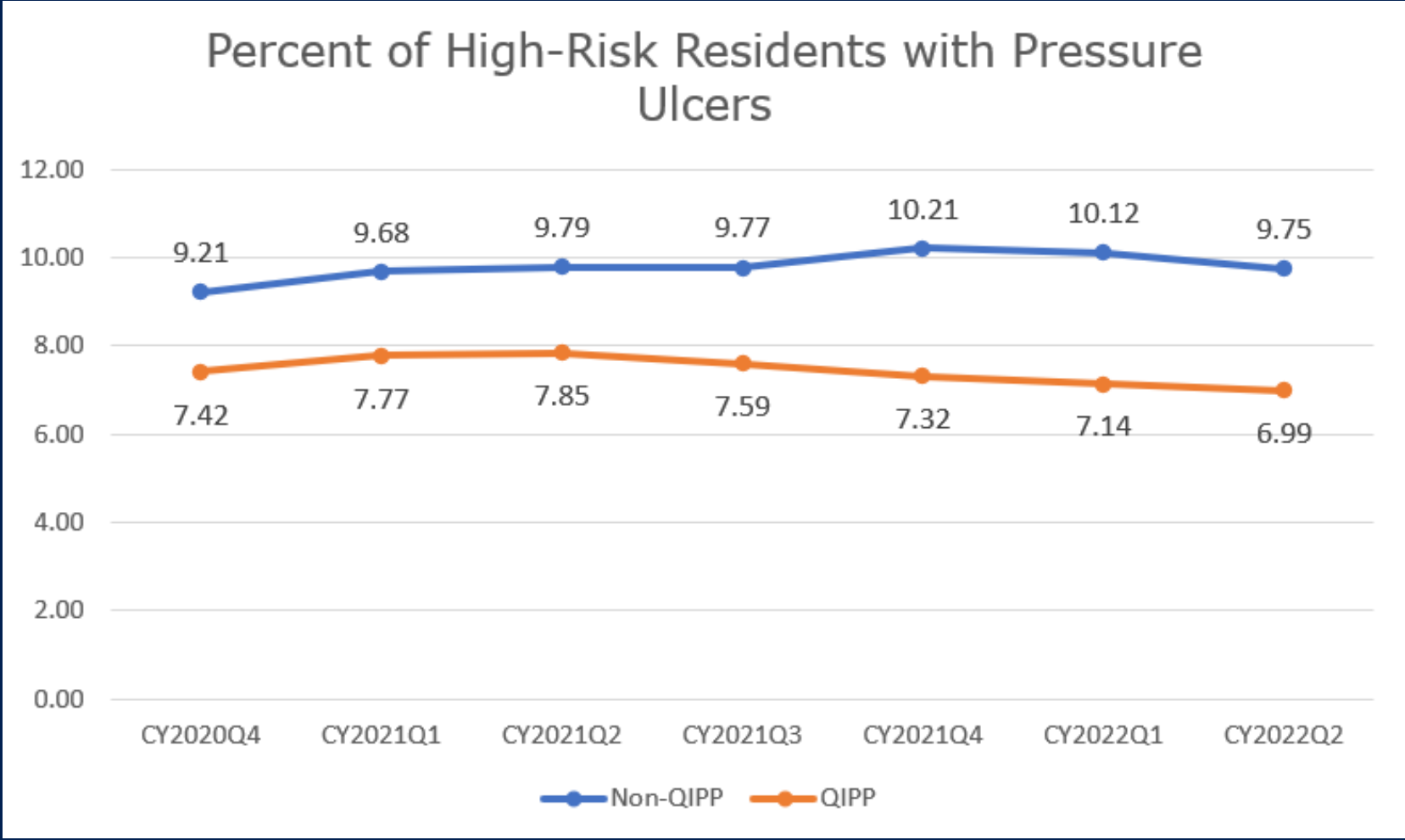
Directed Payment Programs

- Nursing Facility Quality Incentive Payment Program (QIPP):
 - Designed to incentivize NFs to improve quality and innovation in the provision of NF services.
 - Started in state fiscal year 2018 and approved by CMS for a fifth program year on 11/15/2021, effective 09/01/2021.
 - Component One: Quality Assurance and Performance Improvement (QAPI) – Four quality measures trends next slides;
 - Component Two: Workforce Development;
 - Component Three: Minimum Data Set CMS Five-Star Quality Measures;
 - Component Four: Infection Control Program.

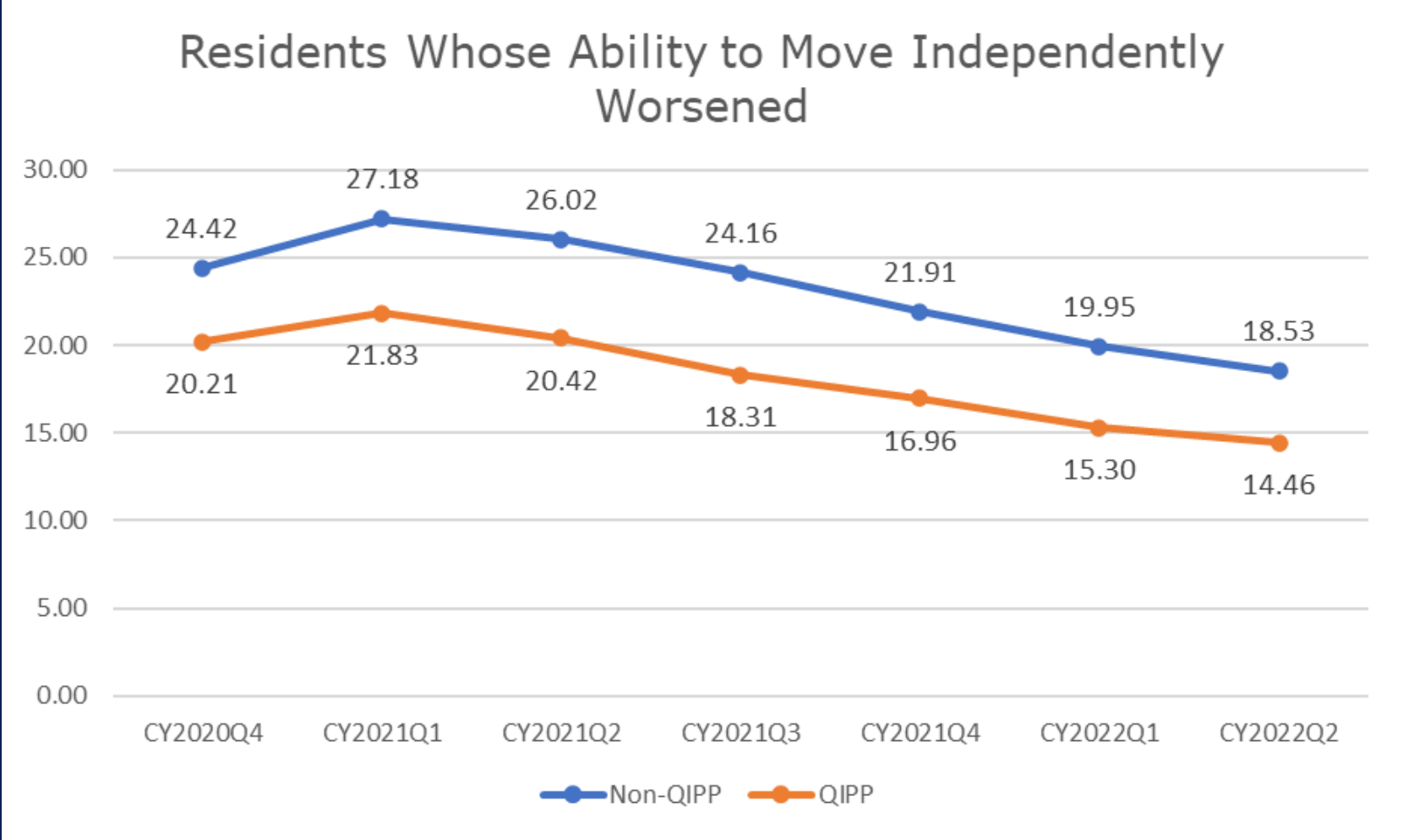


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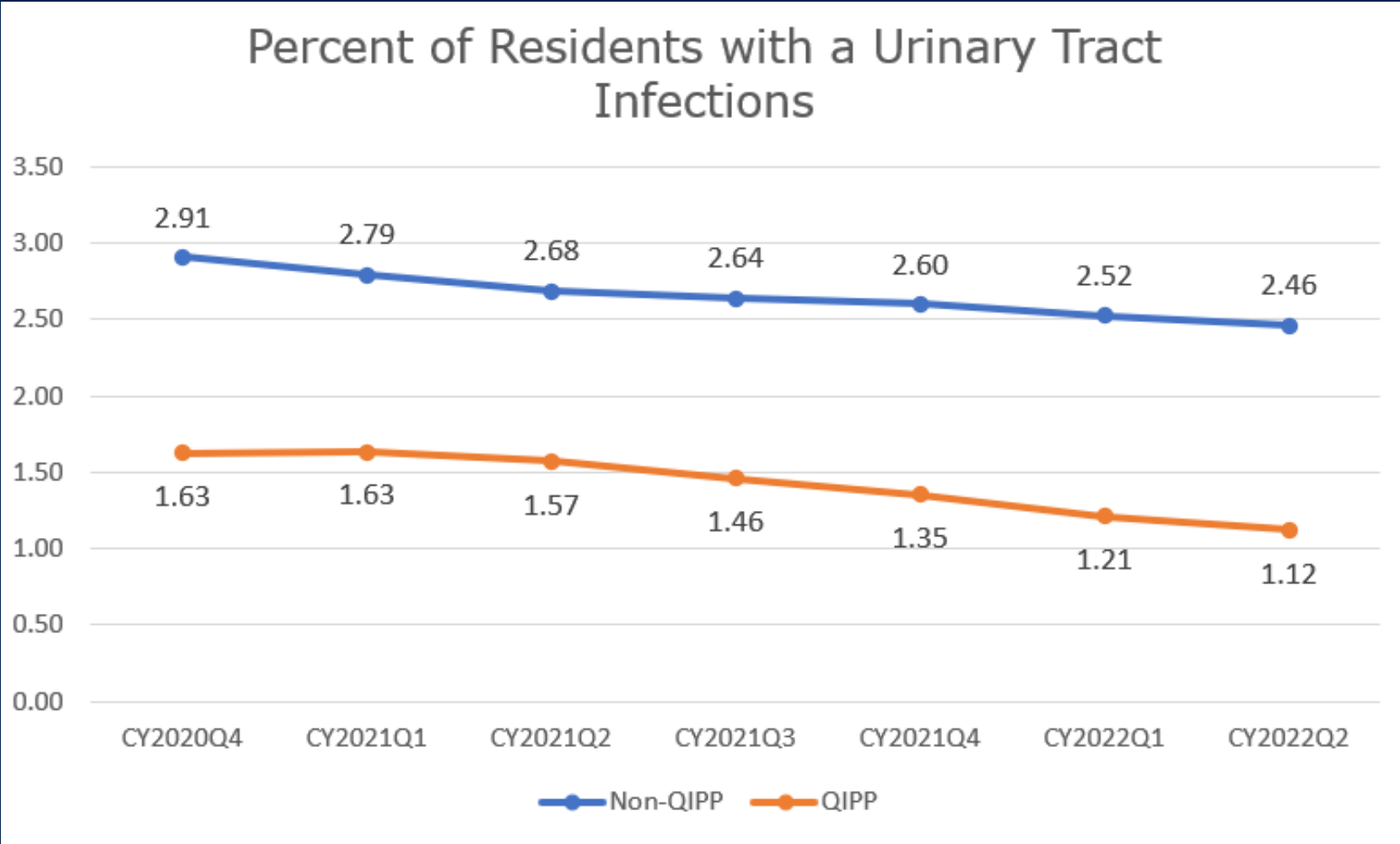
Percent of High-Risk Long-Stay Residents with Pressure Ulcers



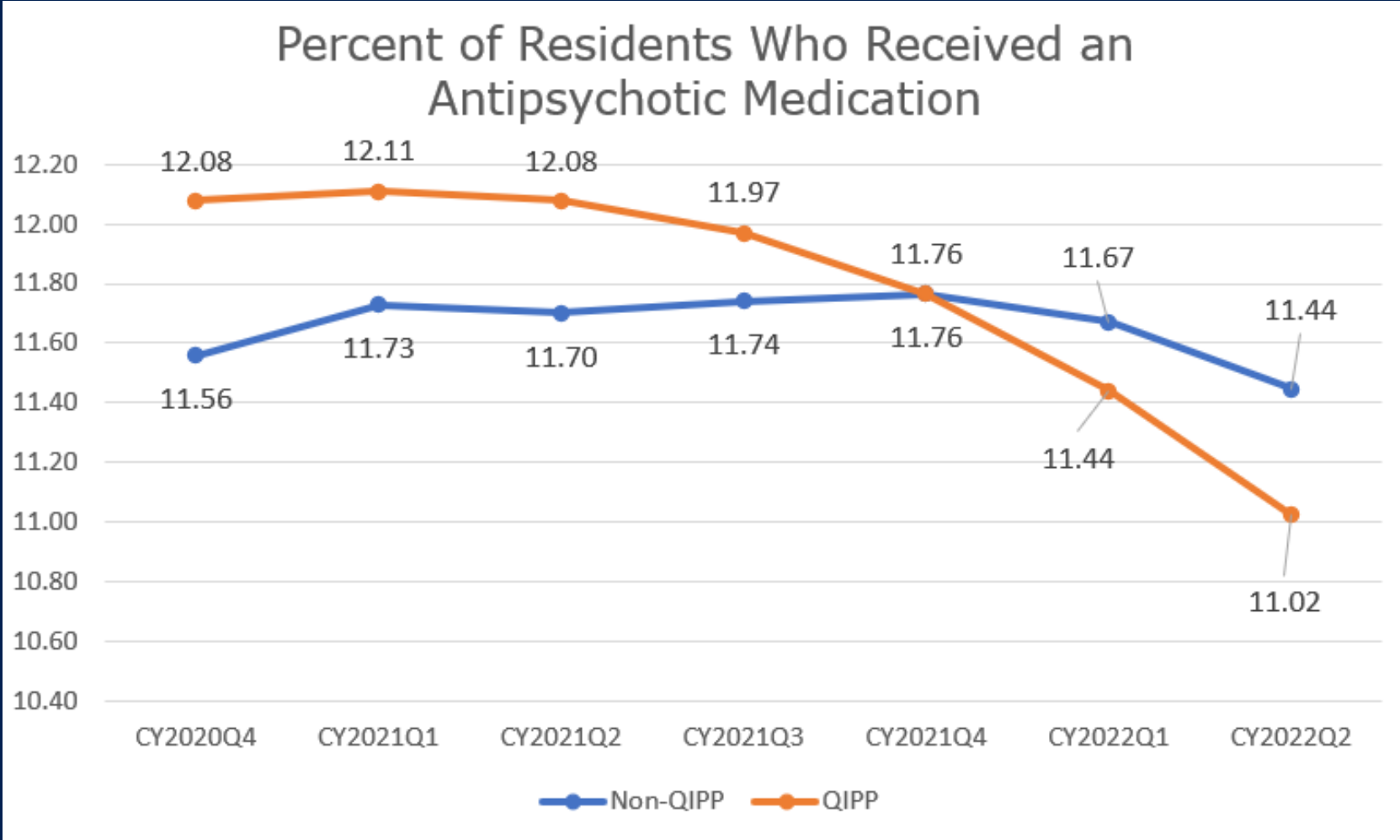
Percent of Long-Stay Residents Whose Ability to Move Independently Worsened



Percent of Long-Stay Residents with a Urinary Tract Infection



Percent of Long-Stay Residents Who Received an Antipsychotic Medication



New DPPs (1 of 2)



- **Comprehensive Hospital Increase Reimbursement Program (CHIRP)**
 - Hospitals providing healthcare services in STAR and STAR+PLUS;
 - Began as the UHRIP in state fiscal year 2018;
 - In state fiscal year 2022, HHSC implemented CHIRP, comprised of UHRIP and the Average Commercial Incentive Award (ACIA);
 - No changes were made to the program for state fiscal year 2023.
- **Texas Incentives for Physicians and Professional Services (TIPPS)**
 - Certain physician groups in STAR, STAR+PLUS, and STAR Kids;
 - Implemented in state fiscal year 2022 to replace funding DSRIP & Network Access Improvement Program (NAIP).
 - No changes were made to the program for state fiscal year 2023.

New DPPs (2 of 2)



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- **Rural Access to Primary and Preventive Services (RAPPS)**
 - For rural health clinics that provide primary care and preventive services in STAR, STAR+PLUS, and STAR Kids;
 - Implemented in state fiscal year 2022 to help continue funding for key activities started under DSRIP.
- **Directed Payment Program for Behavioral Health Services (DPP BHS)**
 - For Community Mental Health Centers (CMHCs) and Local Behavioral Health Authorities (LBHAs) to improve access to behavioral health services, care coordination and care transitions;
 - Incentivizes continuation of care for STAR, STAR+PLUS and STAR Kids members using the Certified Community Behavioral Health Clinic (CCBHC) model of care;
 - Implemented in state fiscal year 2022 to replace the DSRIP program funding.

Benchmarks for Managed Care Organizations



- HHSC Rider 20, required HHSC to develop quality of care and cost efficiency benchmarks for MCOs participating in Medicaid and CHIP by September 1, 2022;
- The benchmarks address three broad areas that include five associated domains:
 1. cost efficiency (medical and administrative),
 2. quality of care (health-related measures) and
 3. experience of care (member experience and MCO operational performance).
- For each domain, benchmarks categorize performance as exceptional, high, satisfactory, marginal, or low.

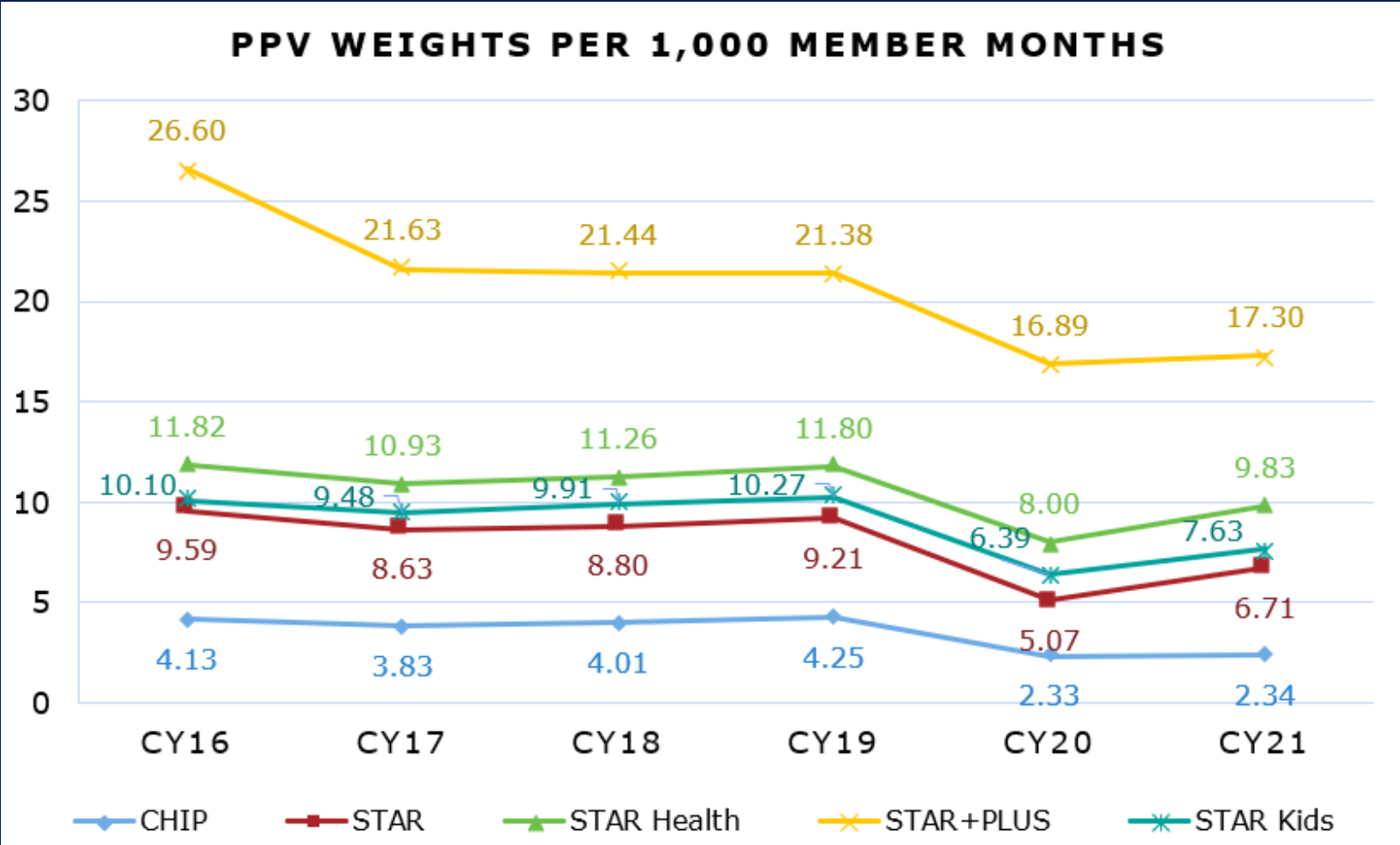
Trends in Key Quality Measures

- Trends in Potentially Preventable Events, 2016-2021
- HHSC Performance Indicator Dashboard
- HIV Viral Load Suppression
- Relocation to a Community-Based Setting

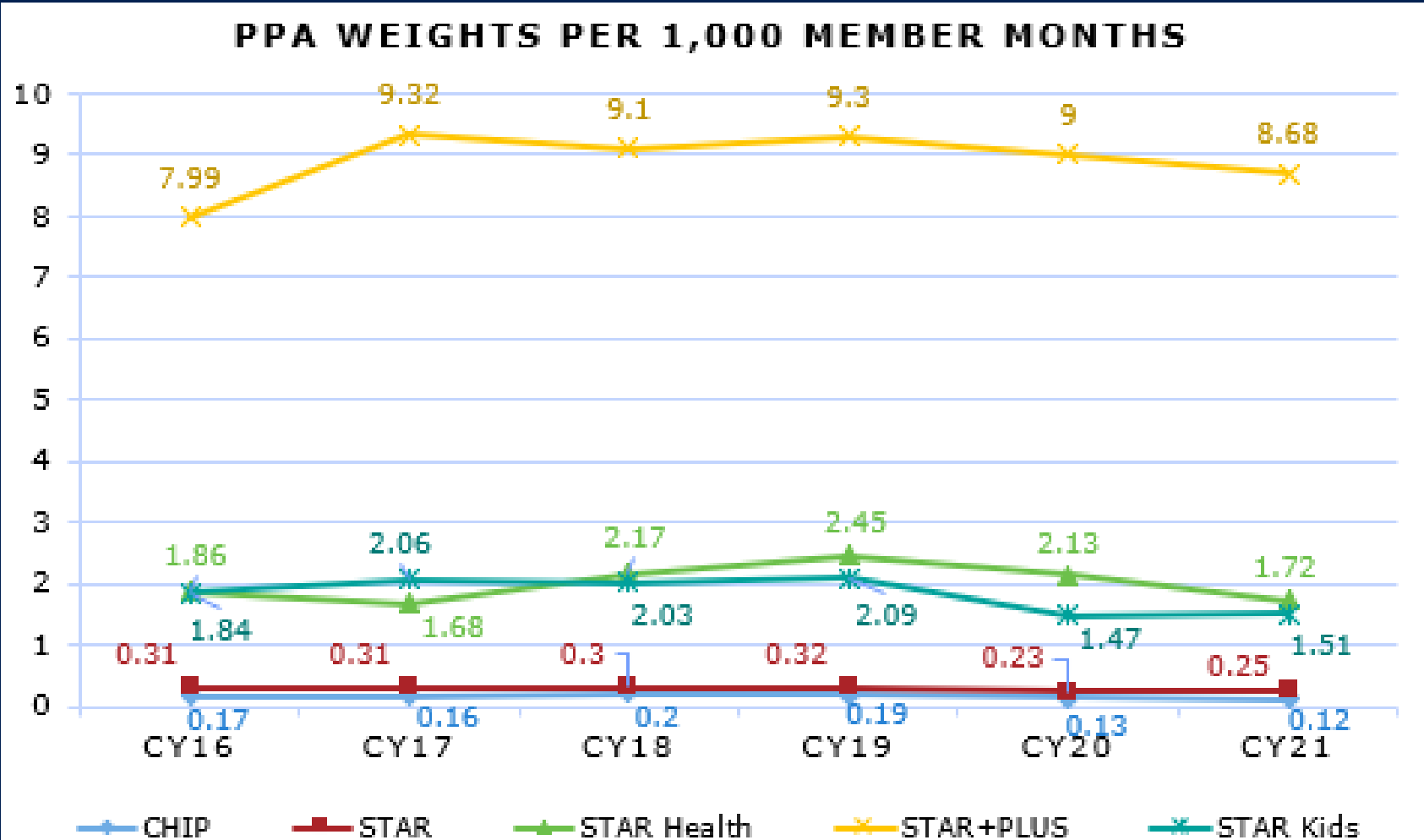


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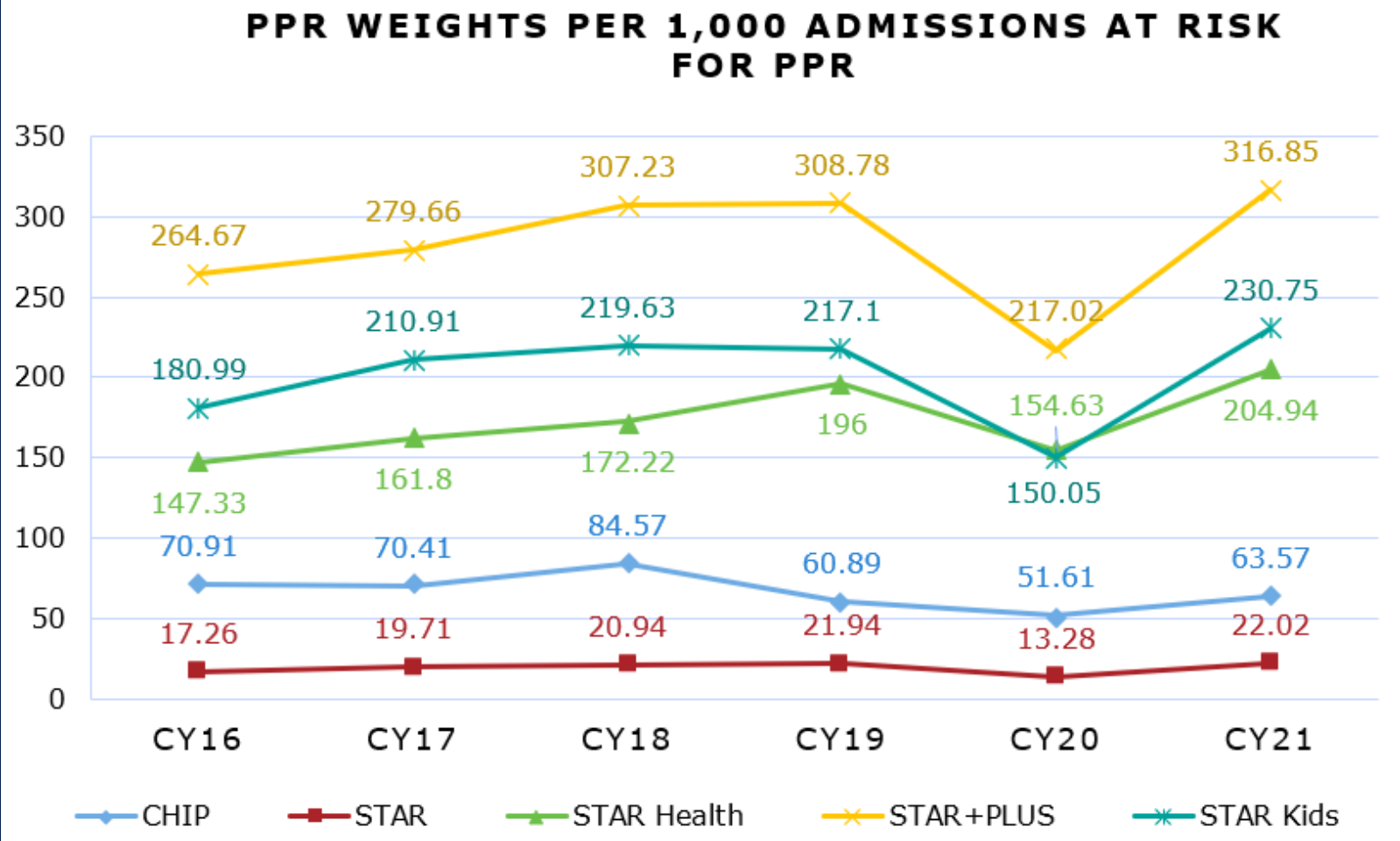
Six-Year Trends of PPV Weights per 1,000 Member Months – All Programs



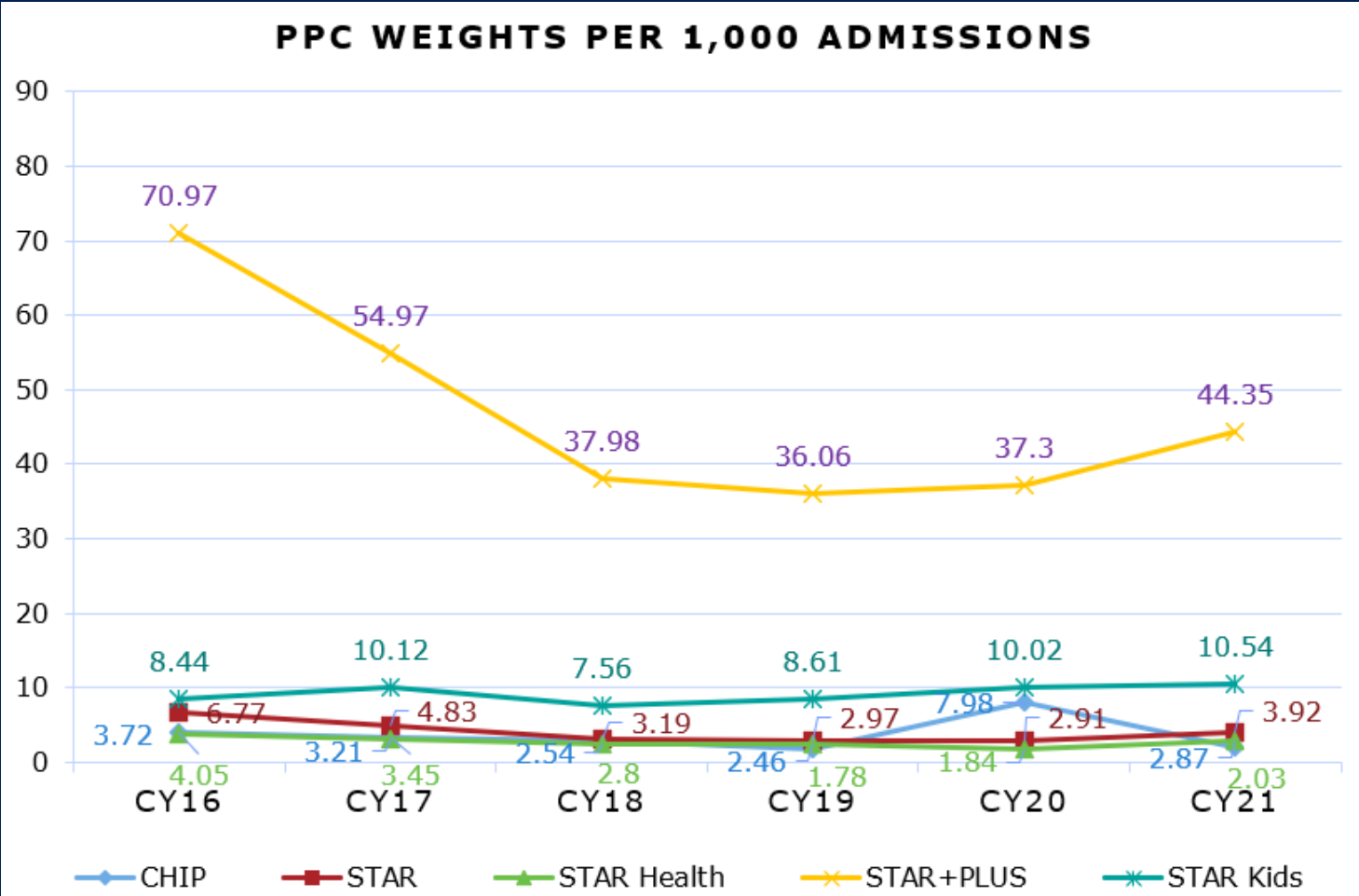
Six-Year Trends of PPA Weights per 1,000 Member Months - All Programs



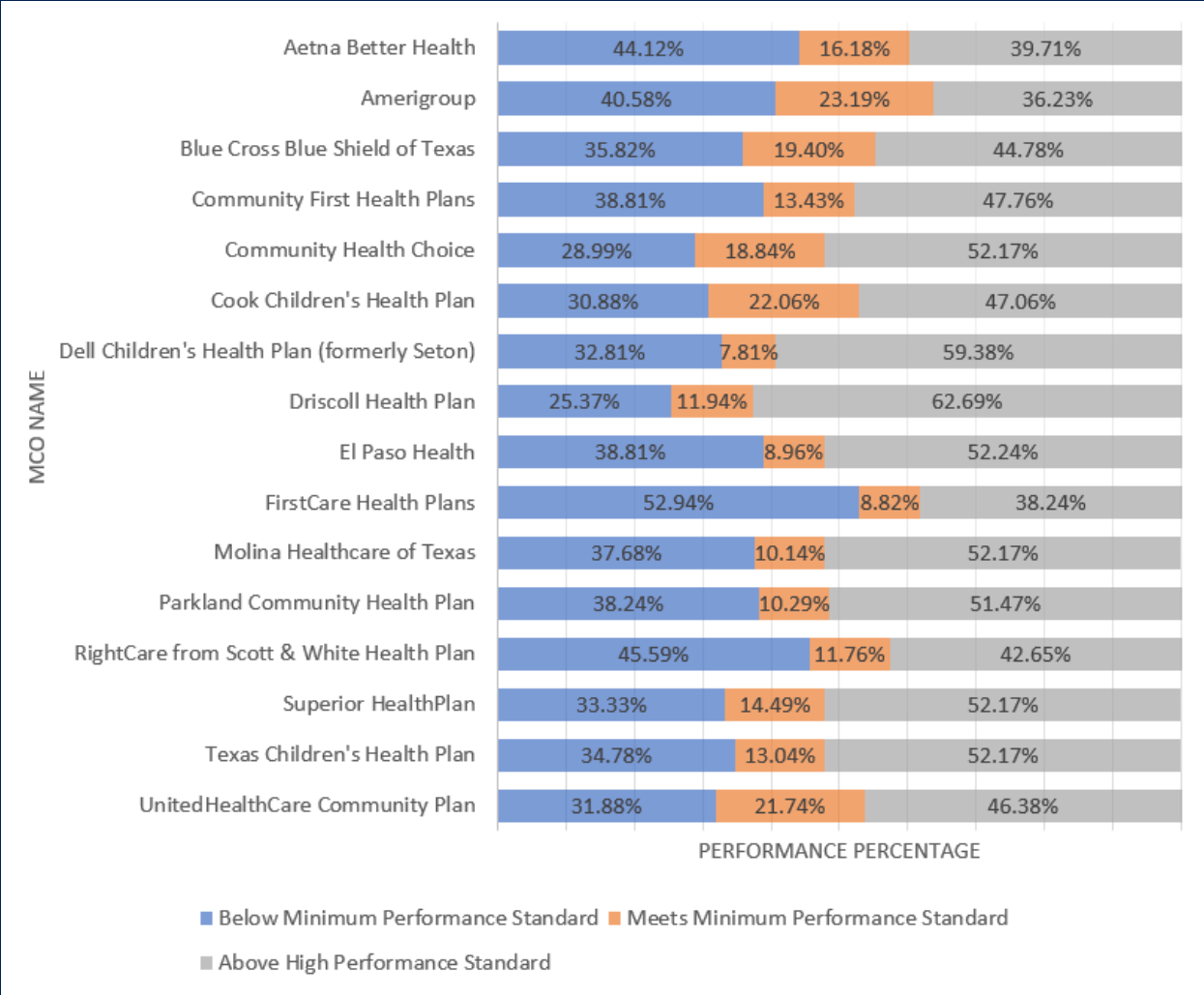
Six-Year Trends of PPR Weights per 1,000 Admissions at Risk for PPR - All Programs



Six-Year Trends of PPCs Weights Per 1,000 Admissions at Risk for PPC - All Programs



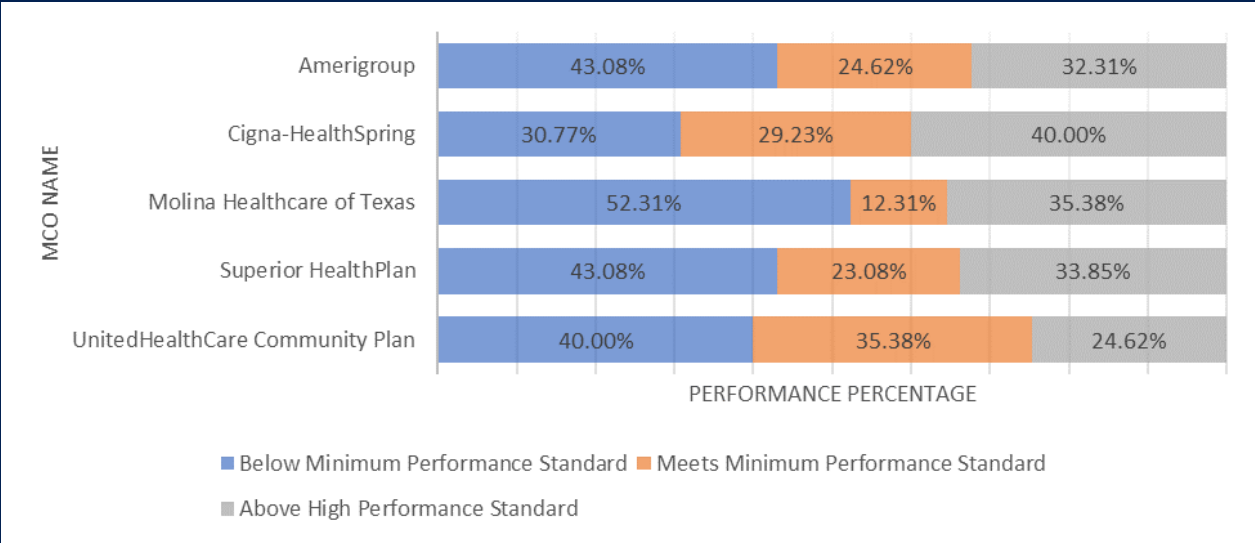
STAR Performance Indicator Dashboard Results by MCO CY 2020



STAR+PLUS Performance Indicator Dashboard Results by MCO CY 2020



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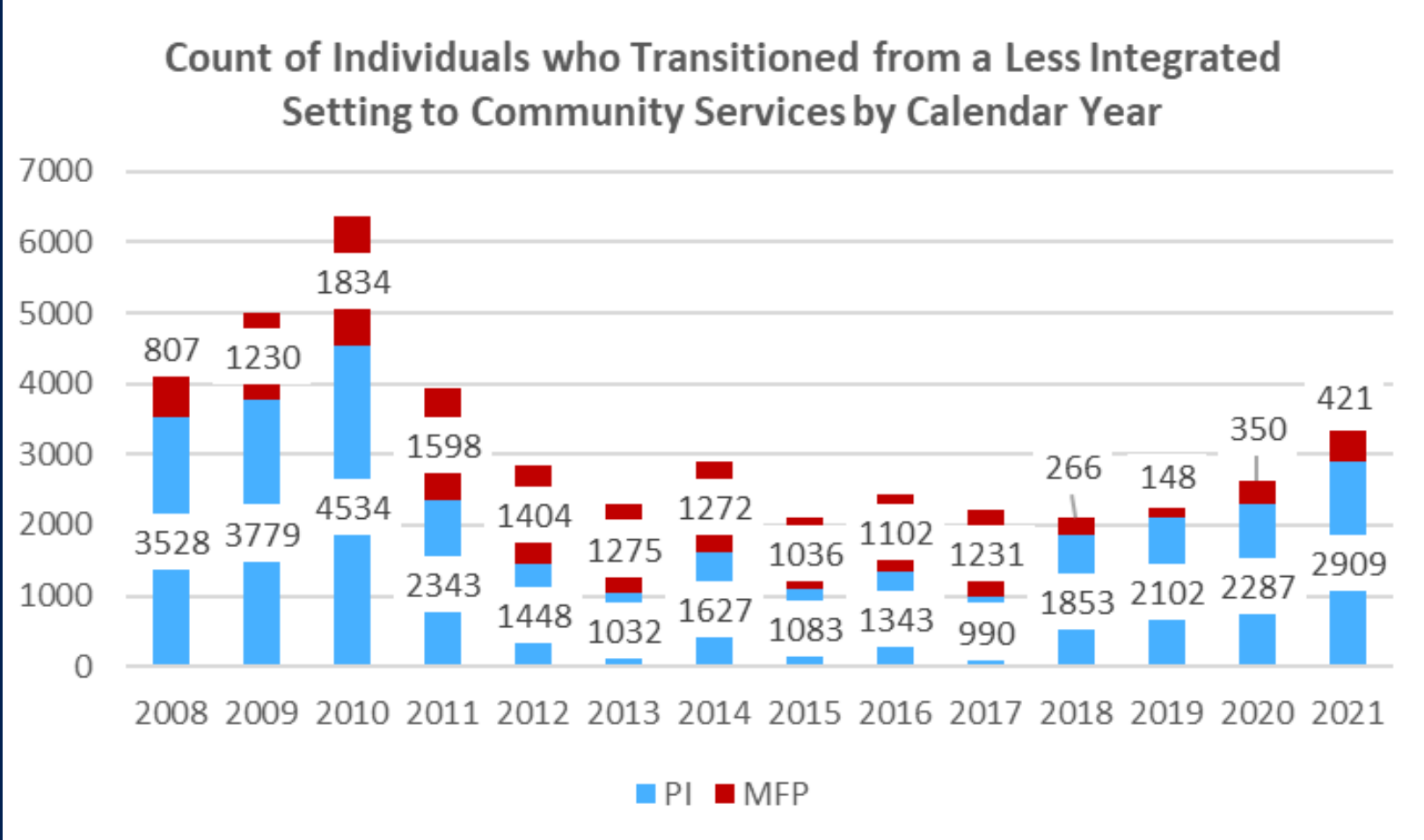
Percentage of Individuals with a Suppressed HIV Viral Load by Program, CY 2020



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Program	Total Individuals with HIV	Percent Virally Suppressed (Percent)
STAR	649	71%
STAR+PLUS	3699	69%

Promoting Independence and Money Follows the Person



HHS Quality Webpages

- Medicaid and CHIP Quality and Efficiency Improvement
- Texas Healthcare Learning Collaborative Portal



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Explore Healthcare Quality Measures



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Explore Healthcare Quality Measures

Measures



Medical

Medical Quality Of Care



Downloader

Medical Data Downloader



Dental

Dental Quality Of Care



CMS

CMS Core Measures



Surveys

Member and Caregiver
Experience



SK-SAI

STAR Kids Screening and
Assesment Instrument

Potentially Preventable Events

The Potentially Preventable Readmissions , Admissions, ED Visits and Complications measures are developed and owned by 3M™ Health Information Systems. All rights reserved



PPE

Potentially Preventable
Events Trends



PPA

Potentially Preventable
Admissions



PPR

Potentially Preventable
Readmissions



PPV

Potentially Preventable ED
Visits



PPC

Potentially Preventable
Complications



PPR

Potentially Preventable
Readmissions –
Hospital Performance



PPC

Statewide Initiatives to Improve Quality of Maternal Health Care



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- Texas Quality Initiatives
- Current Statewide Initiatives
 - Pregnancy-Associated Outcome Measures
 - Prenatal and Postpartum Care PIPs
 - Prenatal Appointment Availability Studies
 - Maternal Measures in Medical P4Q
 - Continuity of Care Performance Measures
 - 2022 PIPs: Prenatal & Postpartum Care and NMDOH for Pregnant Members

Maternal Health Measures* (1 of 4)



Measure	Definition	Use
Prenatal and Postpartum Care* (NCQA - HEDIS)	<p>Two sub-measures:</p> <p>Timeliness of Prenatal Care - The percentage of deliveries that received a prenatal care visit as a member of the MCO in the first trimester, on the enrollment start date or within 42 days of enrollment.</p> <p>Postpartum Care - The percentage of deliveries that had a postpartum visit on or between seven and 84 days after delivery.</p>	<p>State of Texas Access Reform (STAR) MCO report cards 2018, 2019, 2020, and 2021 STAR</p> <p>2018, and 2022-2023 medical P4Q At-Risk Measure</p> <p>2018-2019 and 2022-2023 PIPs</p> <p>CMS Core Measure reporting</p>
Low Birthweight (CDC)	<p>The percentage of live births that weighed less than 2,500 grams.</p>	<p>2018-2019 and 2022-2023 STAR P4Q Bonus Pool measure</p> <p>CMS Core Measure reporting</p>
Potentially Preventable Complications (3M - Potentially Preventable Events)	<p>An in-hospital complication—not present on admission—that might result from insufficient care or treatment rather than from natural progression of the underlying disease. Complications for obstetric reasons can be identified.</p>	<p>2018-2019 and 2022-2023 STAR+PLUS P4Q Bonus Pool measure</p>

*Used to assess MCO Performance

Maternal Health Measures* (2 of 4)



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Measure	Definition	Use
Cervical Cancer Screening (NCQA - Healthcare Effectiveness Data and Information Set)	<p>The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:</p> <p>Women 21–64 years of age who had cervical cytology performed within the last three years.</p> <p>Women 30–64 years of age who had cervical high-risk human papillomavirus (HPV) testing performed within the last five years.</p> <p>Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (HPV) co-testing within the last five years.</p>	<p>2018-2019 and 2022-2023 STAR+PLUS P4Q At-Risk measure</p> <p>HTW 2020, 2021, and 2022 measure</p>
Contraceptive Care - All women (CDC)	<p>Among women ages 15 to 44 at risk of unintended pregnancy, the percentage that:</p> <p>Were provided a most effective or moderately effective method of contraception.</p> <p>Were provided a long-acting reversible method of contraception (LARC).</p>	<p>CMS Core Measure reporting</p> <p>HTW 2020, 2021, and 2022 measure</p>

*Used to assess MCO Performance

Maternal Health Measures* (3 of 4)



Measure	Definition	Use
Contraceptive Care – postpartum (CDC)	<p>Among women ages 15 to 44 who had a live birth, the percentage that:</p> <ul style="list-style-type: none"> Were provided a most effective or moderately effective method of contraception within three and 60 days of delivery. Were provided a long-acting reversible method of contraception (LARC) within three and 60 days of delivery. 	CMS Core Measure reporting
Chlamydia Screening in Women (NCQA - Healthcare Effectiveness Data and Information Set)	The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	<p>2022-2023 STAR P4Q Bonus Pool measure</p> <p>CMS Core Measure reporting</p>
Cesarean Sections	<p>The percentage of deliveries given by Cesarean Section.</p> <p>Three rates are reported:</p> <ul style="list-style-type: none"> C-Sections Among All Deliveries. C-Sections Among Deliveries with Complications. C-Sections Among Deliveries without Complications. 	2022-2023 STAR P4Q Bonus Pool measure

*Used to assess MCO Performance

Maternal Health Measures* (4 of 4)



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Measure	Definition	Use
Pregnancy Associated Outcomes	The percentage of deliveries associated with SMM. Two rates are reported for each (one excluding the cases identified only by transfusion): SMM Among All Deliveries. SMM Among Deliveries with Hemorrhage. SMM Among Deliveries with Preeclampsia.	2022-2023 STAR P4Q Bonus Pool measure

*Used to assess MCO Performance

Texas Quality Initiatives

- Appointment Availability Study
- Performance Improvement Projects
- Medical Pay-for-Quality Program
- Texas Senate Bill 17



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Pregnancy-Associated Outcome Measures - Percentage All Deliveries Associated with SMM*

STAR MCO	2019 (Percent)	2020 (Percent)
Aetna	1.37	1.71
Amerigroup	1.81	1.64
BCBSTX	2.36	2.04
Community First	1.45	1.45
Community Health Choice	2.15	1.92
Cook Children's	1.62	1.34
Dell Children's	2.71	2.83
Driscoll	1.30	1.33
El Paso Health	1.37	1.63
FirstCare	0.93	1.43
Molina	1.64	1.55
Parkland	1.96	1.42
Scott & White	2.10	1.66
Superior	1.56	1.50
Texas Children's	1.64	1.66
United Healthcare	1.71	1.92
All MCOs	1.67	1.60

*Severe Maternal Morbidity



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Prenatal Appointment Availability Studies



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Prenatal Appointment Availability Corrective Action Plans Thresholds

Level/Type of Care	Contractual Standard: Time to Treatment	Current Threshold (Percent)	Providers Meeting Threshold in 2022 (Percent)
Prenatal Care – Not High-Risk	Within 14 calendar days	85	13
Prenatal Care - High-Risk	Within 5 calendar days	51	6
Prenatal Care - New Members in the Third Trimester	Within 5 calendar days	51	25

Results of the Appointment Availability Prenatal Care Study

Prenatal Care Standard	2020 (Percent)	2022 (Percent)
Low-risk: Appointment available within 14 days	72.9	65.3
High-risk: Appointment available within five days	35.3	21.5
Third Trimester: Appointment available within five days	47.9	37.3

Maternal Measures in Medical P4Q*



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Measure	Source	Description	Type
Prenatal and Postpartum Care (PPC)	HEDIS	Percentage deliveries that had a postpartum visit on or between 7-84 days after delivery.	At-Risk
Cesarean - Section, Uncomplicated Deliveries	HHSC	C-section deliveries without a hysterotomy procedure per 1,000 deliveries	Bonus Pool
Pregnancy-Associated Outcomes	HHSC	Percentage deliveries associated with SMM excluding cases identified only by transfusion.	Bonus Pool
Low Birth Weight	CMS	Percentage of live births that weighed less than 2,500 grams	Bonus Pool

*STAR Medical P4Q Maternal Measures 2022-2023



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Summary for Q&A

- Legislature guided to have the report published biennially – (HB 3265, 88th Legislature, RS, 2023)
- Next report December 2024
- Cumulated with Maternal Health Report

Questions?



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Thank you!

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