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# MCO Quality Meeting

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**MCS Quality & Program Improvement**

**February 16, 2022**

# Agenda

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1. Welcome/Introductions
2. HB 2658 Increasing Disease Management Participation
3. Next Steps on the Road to Value-Based Care
  - a. Annual Report on Quality Measures and VBP
  - b. Future MCO Alternative Payment Model Requirements
  - c. Policy Recommendations for Value-Based Committees
4. Nursing Facility Minimum Performance Standards
5. STAR Kids Screening and Assessment Instrument (SK-SAI)
6. Open Discussion
7. Close



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# **HB 2658 Increasing Disease Management Participation**

*Pre-Implementation Discussion*

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**Shelby Eidson, *Quality Analyst, Quality Assurance***

# Background

H.B. 2658 passed in the 87<sup>th</sup> Legislature, effective September 1, 2021.

Disease management aims of H.B. 2658:

- HHSC shall study MCO disease management programs and identify factors influencing active participation by Medicaid recipients in disease management programs by examining variations in:
  - a. Eligibility criteria for the programs; and
  - b. Participation rates by health plan, disease management program, and year.
- Requires MCOs to develop approaches to increase active participation in disease management programs for high-risk recipients.



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# Implementation Plan

The External Quality Review Organization (EQRO) will conduct a study of MCO Disease Management Programs to understand factors that influence active participation in Disease Management programs

Information from the study will provide better informed requirements for MCOs in these programs

Recommendations made by the EQRO will be used to revise the UMCM.

After UMCM revisions are finalized, MCO notice of UMCM amendments will be posted via TexConnect.



# Questions

- **How can HHSC change the guidelines to support innovation in Disease Management programs?**

- **Are there any barriers to MCO innovation in Disease Management programs of which HHSC should be aware?**

- **What are your biggest success stories in Disease Management programs? These can be anecdotal or more quantifiable.**
  - Have you been able to replicate or quantify that success?
  - What made it that story a success?





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# Thank You.

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# Next Steps on the Road to Value-Based Care

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**Jimmy Blanton, *Director*, Value-Based Initiatives**



# Value-Based Care Next Steps: Key Inputs

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- Annual Report on Quality Measures and Value-Based Payments
- Alternative Payment Model Contract Requirements
- Policy Recommendations for Value-Based Committees



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# Annual Report on Quality Measures and Value-Based Payments

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## Report Background

- Texas Government Code, Section 536.008, directs the Health and Human Services Commission to report annually on its efforts to develop quality measures and value-based payment initiatives.
- This annual report presents information on HHSC's healthcare quality improvement activities for the Texas Medicaid program and the Children's Health Insurance Program.
- It provides historical and current information on:
  - Managed care value-based payment programs
  - 1115 Healthcare Transformation Waiver
  - Directed payment programs
  - Trends in key quality measures



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# Medical Pay-for-Quality (P4Q) Program

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## Medical P4Q Program Background

- MCO Premiums at Risk (3% MCO)
- MCO performance is evaluated in three ways:
  1. Performance against self (comparison of an MCO's performance to its prior year performance)
  2. Performance against benchmarks (comparison of an MCO's performance against Texas and national peers)
  3. Bonus pool measures
- Each program (STAR, STAR+PLUS, CHIP) includes measures specific to the population

[Link: HHSC MCS P4Q Program web page](#)



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# HHSC Performance Indicator Dashboard

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- HHSC expects Medicaid and CHIP MCOs to meet or surpass the HHSC-defined minimum standard on more than two-thirds of the measures on the Performance Indicator Dashboard.
- The minimum standard is the program rate or the national average, whichever is lower, from two years prior to the measurement year.

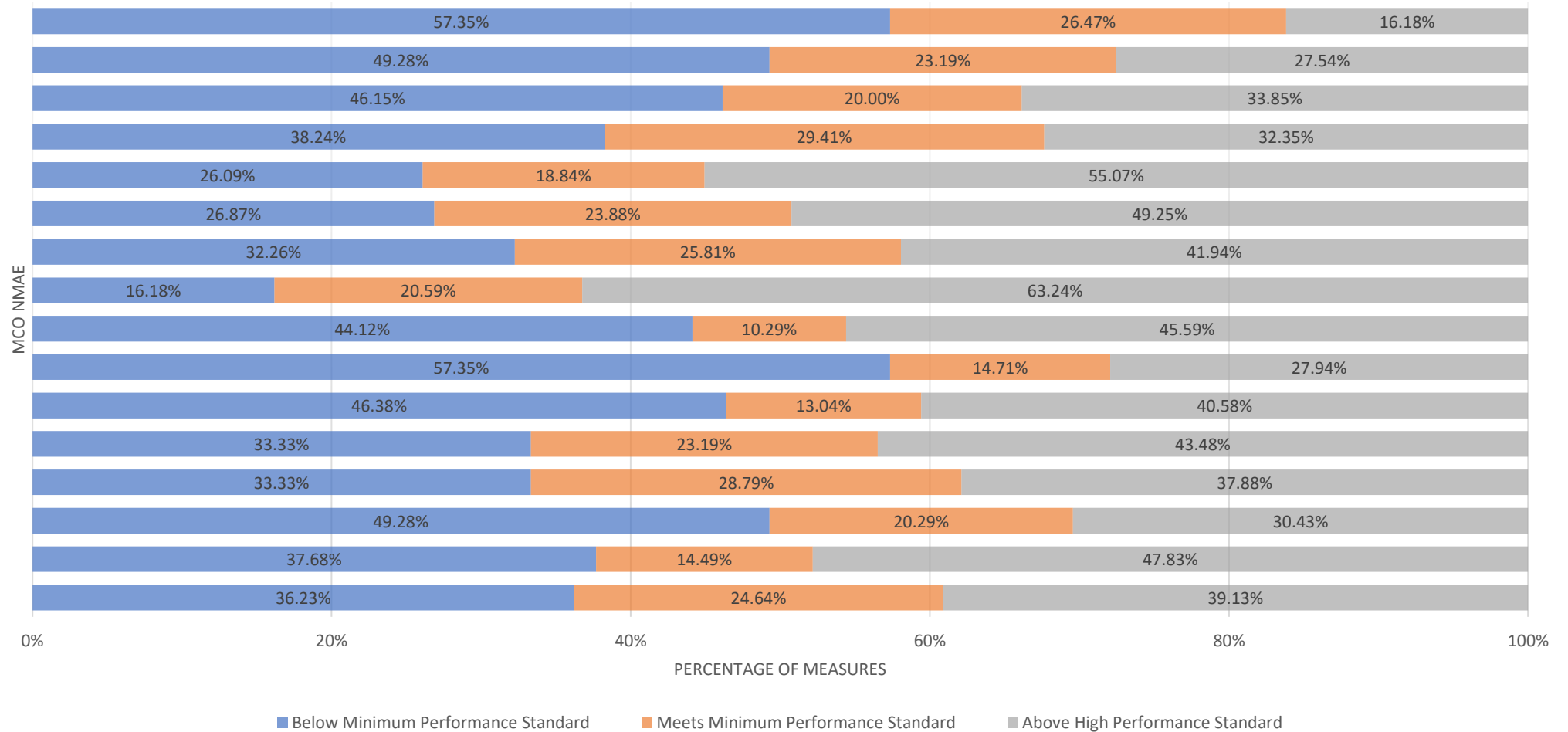


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# STAR Performance Indicator Dashboard Results by MCO, Calendar Year 2019



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# Value-Based Enrollment (VBE) (1 of 2)

- Implemented September 1, 2020.

## How it works

MCOs with better performance than others on the factors listed below receive a higher share of default enrollments (Medicaid recipients that do not choose a health plan) than under the previous methodology.

## Criteria and Weighting

**40%**  
**Cost and Efficiency**  
*Risk-Adjusted Ratio of  
Actual to Expected  
Spending*

X

**20%**  
**Cost and Quality**  
*Risk-Adjusted  
Potentially Preventable  
Events (PPE) Ratios*

X

**40%**  
**Quality and Member  
Satisfaction**  
*Composite MCO Report  
Card Scores*

[Link: HHSC Value-Based Enrollment Incentive Program Report](#)



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# Value-Based Enrollment (VBE) (2 of 2)



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- After implementation, HHSC assessed the effect of the VBE process based on six months of enrollment data for STAR, STAR+PLUS, and STAR Kids.
- For 17 participating MCOs across the programs from December 2020 to May 2021:
  - Five plans gained greater than 2.5 percent in auto-enrollments compared to the previous process
  - Five plans lost at least 2.5 percent
  - Seven plans saw changes of no greater than 2.5 percent
  - Overall enrollment based on the new methodology varied between over 12 percent gains to almost 12 percent losses in cumulative proportions across the programs

# 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
  - 2.5 percent for PPCs
- Measurement, reporting and application of payment adjustments occur on an annual cycle.



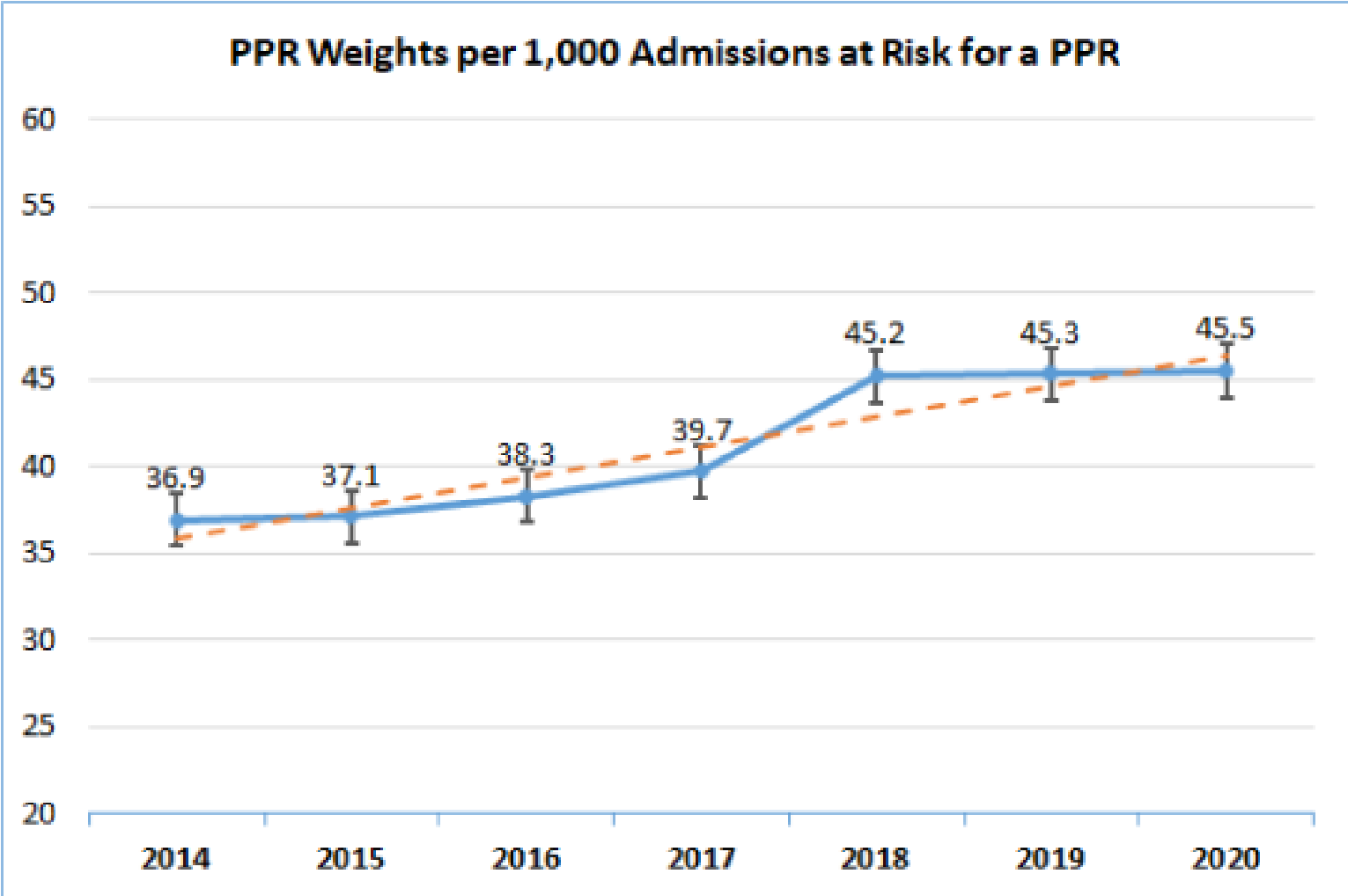
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# Changes in hospital PPR performance for 2014-2020



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# Resources

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## Annual Report on Quality Measures and Value-Based Payments

- <https://www.hhs.texas.gov/sites/default/files/documents/annual-report-on-quality-measures-and-vbp-dec-2021.pdf>



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# **Future MCO Alternative Payment Model Requirements *Revisions to Contract and Manual***

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**Jimmy Blanton, Director, Value-Based Initiatives**

# Current APM Targets~

**Table 1 - The annual MCO targets established by HHSC by Calendar Year**

HHSC will require that MCOs increase their total APM and risk based APM ratios according to the following schedule\*

Period	Minimum Overall APM Ratio	Minimum Risk-Based APM Ratio
<b>Calendar Year 1</b>	$\geq 25\%$	$\geq 10\%$
<b>Calendar Year 2</b>	Year 1 Overall APM Ratio +25%	Year 1 Risk-Based APM Ratio +25%
<b>Calendar Year 3</b>	Year 2 Overall APM % + 25%	Year 2 Risk-Based APM % + 25%
<b>Calendar Year 4</b>	$\geq 50\%$	$\geq 25\%$

\* An MCO entering a new program or a new service area, will begin on Calendar Year 1 of the targets as of the first day of its first calendar year in the program.

~ Targets started in CY 2018. HHSC will extend CY 2021 target through CY 2022.

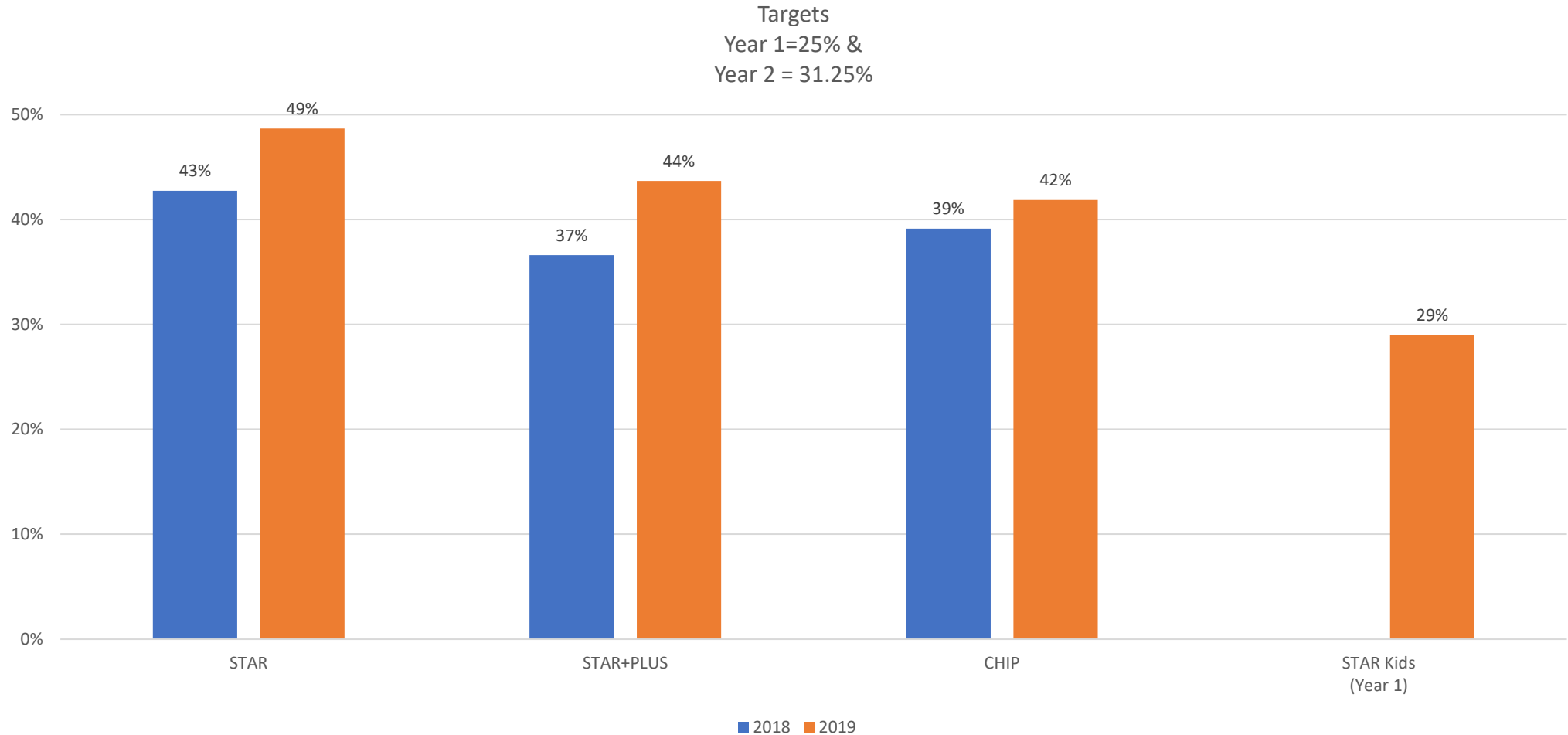


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# Overall APM Achievement by Program CYs 2018 - 2019



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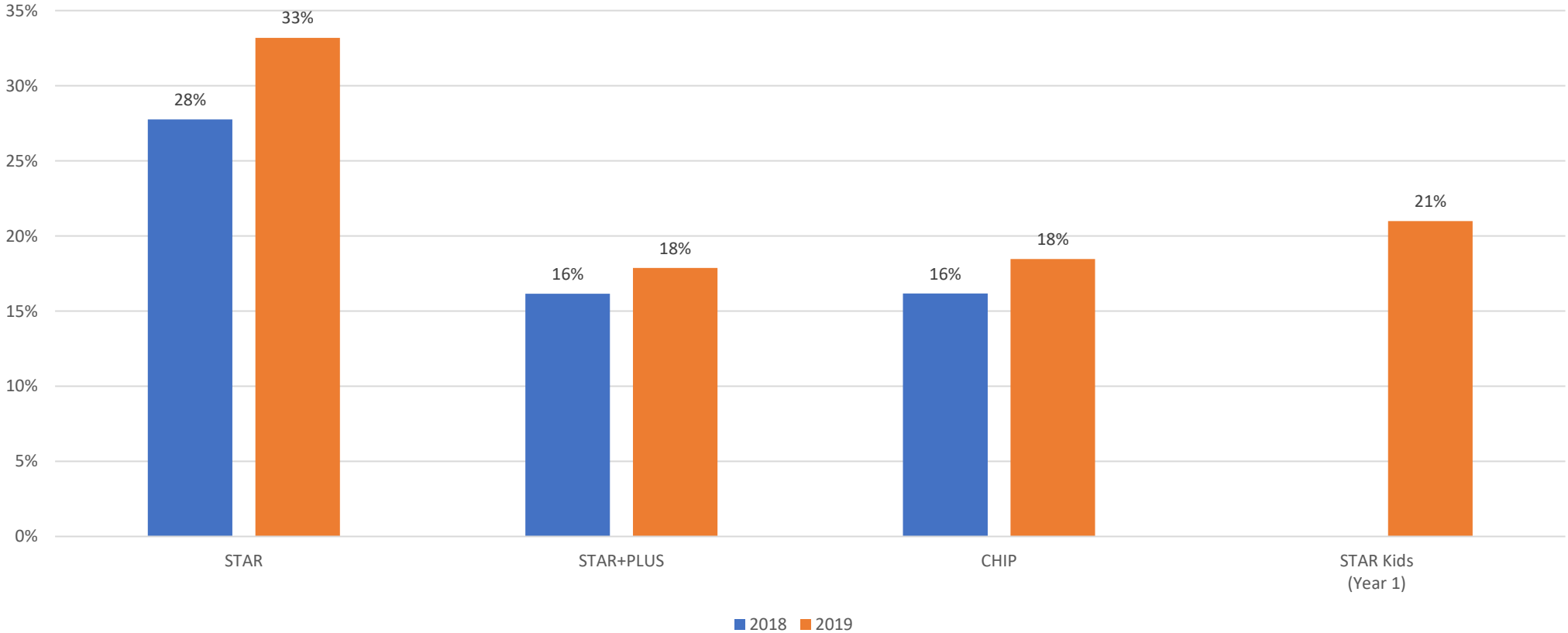


# Risk-Based APM Achievement by Program CYs 2018 - 2019



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Targets  
Year 1=10% &  
Year 2 = 12.5%



# VBP & QI Advisory Committee Recommendation

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**Recommendation:** HHSC should adopt a more comprehensive contractual APM framework to assess MCO achievement

- Move away from a specific focus on meeting APM targets
- Provide a menu of approaches to give MCOs credit for a broader range of work promoting value-based care
- Revise the current APM reporting tool to collect only needed data in as streamlined a format as possible



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# Potential APM Menu Options Identified by VBPOIAC (1 of 3)



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Example Menu	Points
<ul style="list-style-type: none"><li>Maintaining or improving on current APM benchmarks (total dollars involved in APMs)</li></ul>	
<ul style="list-style-type: none"><li>Meeting APM targets for challenging circumstances, e.g., APMs in rural areas (challenges can change over time)</li></ul>	
<ul style="list-style-type: none"><li>Improving APM rates for priority sectors with low APM participation, e.g., home-health or behavioral health (priority sectors can change over time).</li></ul>	
<ul style="list-style-type: none"><li>Increasing the amount of dollars providers earn or can earn through APMs</li></ul>	



# Potential APM Menu Options Identified by VBPOIAC (2 of 3)

Example Menu	Points
<ul style="list-style-type: none"><li>Monitoring provider satisfaction or establishing other formal provider outreach mechanisms related to APMs <b>OR</b> processes for provider engagement</li></ul>	
<ul style="list-style-type: none"><li>Sharing data with providers through HIE (e.g., ADT data) or claims</li></ul>	
<ul style="list-style-type: none"><li>Sharing performance reports and best practices with providers</li></ul>	
<ul style="list-style-type: none"><li>Improving on quality measures <b>or</b> documenting processes that describe outcomes achieved and improvements that can be made in future years</li></ul>	



# Potential APM Menu Options Identified by VBPOIAC (3 of 3)

Example Menu	Points
<ul style="list-style-type: none"><li>Developing innovative approaches to address SDOH:<ol style="list-style-type: none"><li>Leveraging VBP to incent the reduction of health disparities</li><li>Addressing SDOH as part of an APM?</li></ol></li></ul>	
<ul style="list-style-type: none"><li>Developing a formal strategic plan for advancing APMs</li></ul>	
<ul style="list-style-type: none"><li>Collaborating with other MCOs within a service area (region) on standard measures and APM models</li></ul>	
<ul style="list-style-type: none"><li>Establishing formal APM evaluation criteria and reporting on evaluation results for key APMs</li></ul>	



# Timeline for Submitting Contract & Manual Changes

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## **MCO/DMO Contract Amendment Process:**

- Concept Phase: Complete
- Refinement Phase: Feb – Jun 2022
- Finalization Phase: Jun – Jul 2022
- Routing & Execution: Jul – Aug 2022

## **MCO/DMO Manual Amendment Process:**

- Update current APM tool to be effective January 1, 2023



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# Policy Recommendations for Value-Based Committees

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**Jimmy Blanton, *Director, Value-Based Initiatives***

# Palliative Care Interdisciplinary Advisory Council- Legislative Report Topics

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- Improvement of pediatric supportive palliative care (SPC)
- Changes to Home Health licensing and regulations
- Proposed benefit: advance care planning
- Medical cannabis in the hospital setting
- Reimbursement for Child-Life Specialists
- Promoting education and awareness of SPC



# Policy Council for Children and Families- Legislative Report Topics

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- Applied Behavioral Analysis for kids with Autism Spectrum Disorder
- Workforce Needs
- Education and Employment- training on special needs populations
- Reduce Interest List (MDCP Interest List)
- Increase Medicaid Buy-In to 300 % FPL
- Transition Services:
  - Transition care from pediatric to adolescent care
  - Post-secondary transition for young adults with an Intellectual and Development Disability (IDD)
- Texas Early Hearing Detection and Intervention- hearing screening
- Accessibility issues with playgrounds and restrooms for special needs population



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# Value-Based Payment Quality Improvement Advisory Committee - Legislative Report Topics

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- Advancing value-based payment:
  - Home Health
  - Pharmacy
- Addressing Social Driver's of Health (SDOH) through in-lieu of services
- Next steps for Medicaid alternative payment models and HHSC contract language
- Improving the use of data for healthcare quality improvement



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# Thank You

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**Jimmy Blanton**

**Director, Office of Value-Based Initiatives**

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# Nursing Facility Minimum Performance Standards

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**Amber Campbell, *Director*, Quality Monitoring Program**

## Background (1 of 2)

Senate Bill 7 (83rd Regular Legislative Session, 2013) required HHSC to establish STAR+PLUS nursing facility (NF) credentialing and minimum performance standards (MPS).

- This allowed a STAR+PLUS MCO to refuse to contract, or terminate a contract, with a NF if the NF did not meet the MPS.
- HHSC amended the contracts to add STAR+PLUS NF credentialing requirements and a reference to MPS requirements.
- After discussions and workgroups with stakeholders, HHSC was ready to move forward with a July 2021 implementation date.



## Background (2 of 2)

House Bill 2658 Sec. 2(h) (87<sup>th</sup> Regular Legislative Session, 2021) directed the executive commissioner to **adopt rules** establishing MPS applicable to nursing facility providers that participate in the program. The ***commission is responsible for monitoring provider performance in accordance with the standards and requiring corrective actions, as the commission determines necessary, from providers that do not meet the standards.*** The commission shall share data regarding the requirements of this subsection with STAR+PLUS Medicaid managed care organizations as appropriate.



# Description

The goal is to address the problem of low and underperforming NFs delivering services to Texas Medicaid recipients by:

- Establishing a high-quality monitoring and corrective action process with MCOs and NFs.
- Creating UMCM requirements for MCOs.
- Drafting rules supporting HHSC's enforcement of the monitoring and corrective action process.

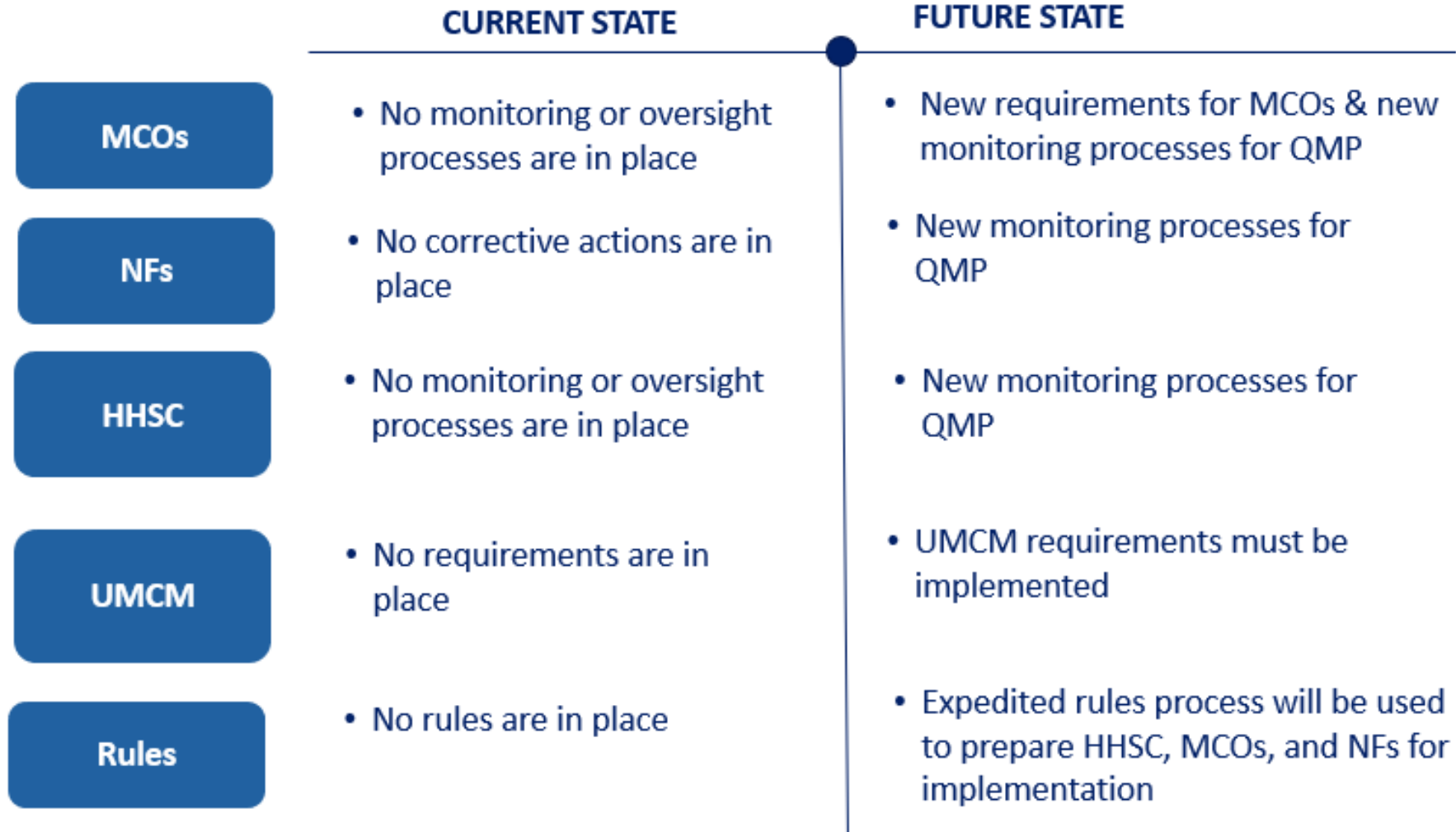


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# Project Roadmap – Desired To-Be State Example



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# Measures, Benchmarks & Results

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- Percent of long-stay residents whose need for help with activities of daily living has increased.
- Percent of high-risk residents with pressure ulcers.
- Percent of residents assessed and appropriately given the seasonal influenza vaccine.
- Percent of residents assessed and appropriately given the pneumococcal vaccine.
- Percent of residents whose ability to move independently worsened.



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# Anticipated Outcomes

- Empower MCOs to address quality of care in nursing facilities.
- Ensure nursing facilities are performing efficiently.
- Create sustainable monitoring and corrective action processes to support continued improvements in the quality of care for residents living in Medicaid funded facilities.

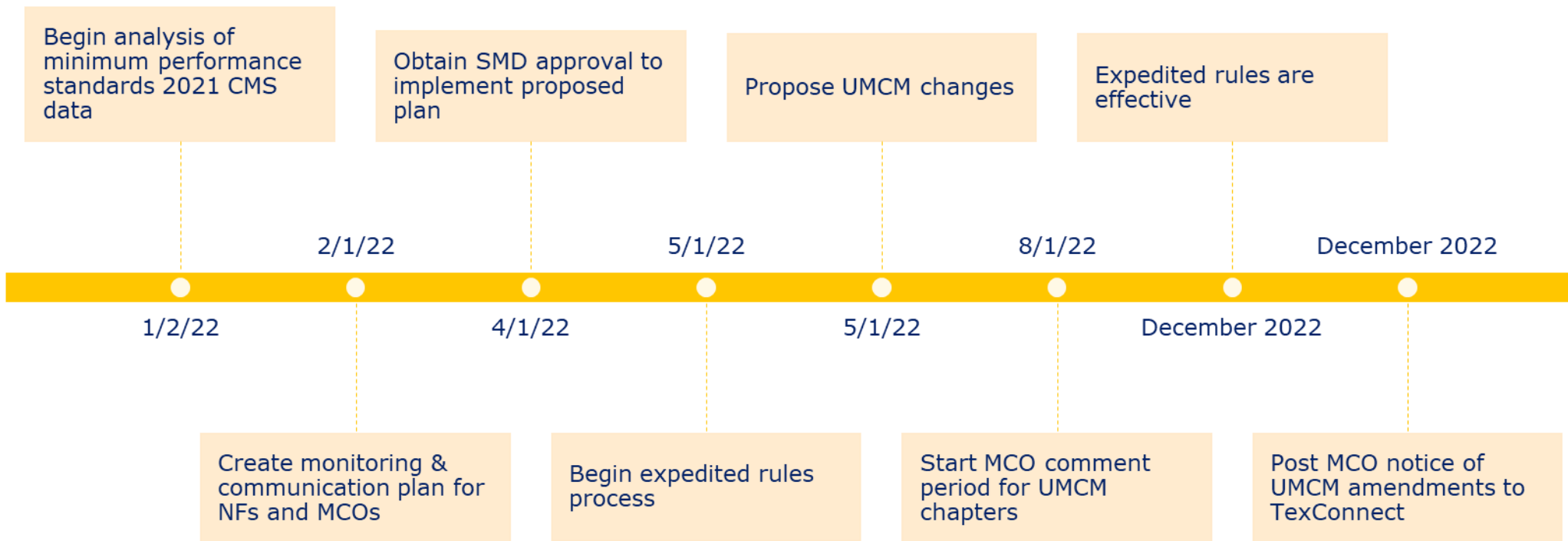


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# Timeline of Project Completion Process



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# Thank You!

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# STAR Kids Screening and Assessment Instrument (SK-SAI)

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**Soila Villarreal, Dr.PH, MPH, *Quality Analyst, Quality Assurance***

# SK-SAI Background

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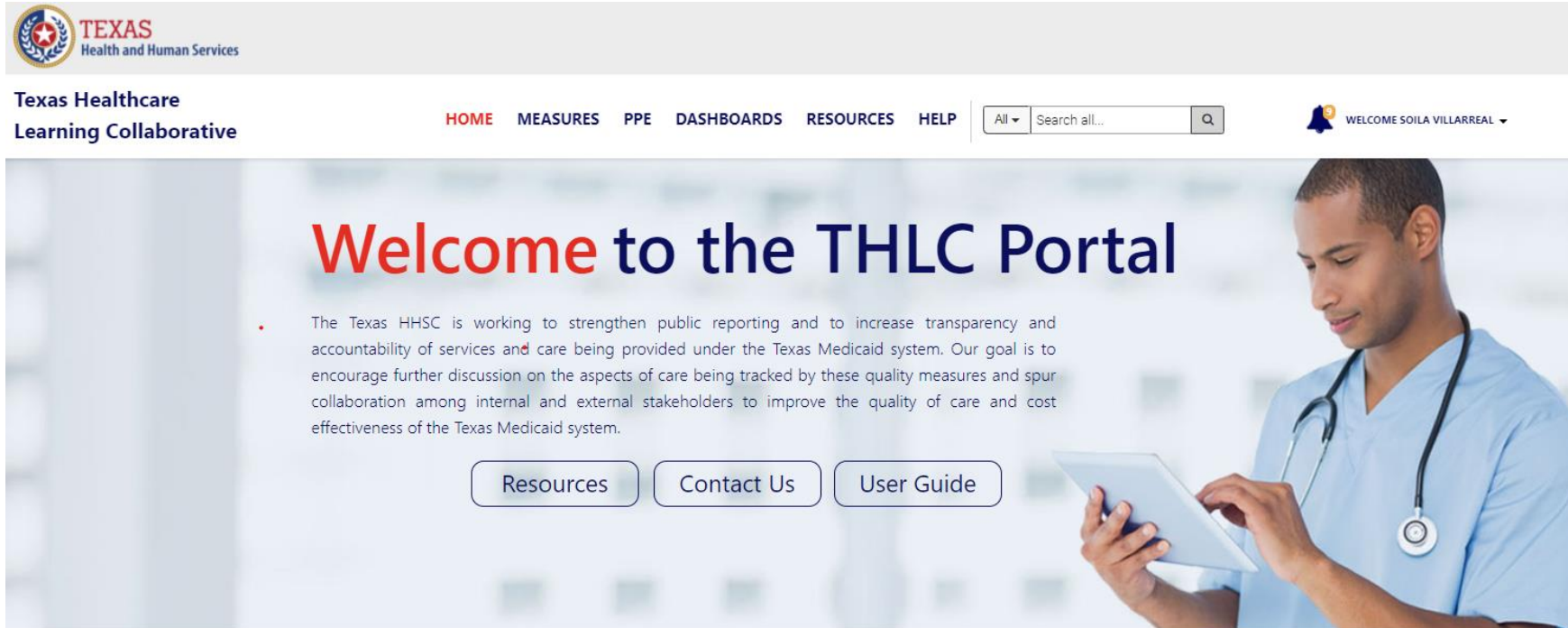
## Goals for using SK-SAI data to help evaluate quality:

- Fill gaps in the national standardized measure sets to ensure we are evaluating domains of care important to members and their families
- Fulfill EQRO recommendation in the STAR Kids implementation study report
- Responsive to SB 1207, 86<sup>th</sup> Regular Session, 2019 Sec. 531.06021 MDCP waiver program quality monitoring
- Responsive to STAR Kids Advisory Committee recommendation to utilize SK-SAI data for quality measures



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# Texas Healthcare Learning Collaborative Portal





The screenshot shows the homepage of the Texas Healthcare Learning Collaborative Portal. At the top left is the Texas Health and Human Services logo. The main navigation menu includes HOME, MEASURES, PPE, DASHBOARDS, RESOURCES, and HELP. A search bar is located to the right of the menu. A user greeting "WELCOME SOILA VILLARREAL" is visible in the top right corner. The main content area features a large heading "Welcome to the THLC Portal" and a paragraph of introductory text. Below the text are three buttons: "Resources", "Contact Us", and "User Guide". The background of the main content area shows a healthcare professional in blue scrubs looking at a tablet.

## Explore Healthcare Quality Measures



A grid of six healthcare quality measures is displayed. Each measure is represented by an icon, a title, and a brief description. The "SK-SAI" measure is highlighted with a yellow border and a yellow arrow pointing to it from the right.

Measures					
					
<b>Medical</b>	<b>Downloader</b>	<b>Dental</b>	<b>CMS</b>	<b>Surveys</b>	<b>SK-SAI</b>
Medical Quality Of Care	Medical Data Downloader	Dental Quality Of Care	CMS Core Measures	Member and Caregiver Experience	STAR Kids Screening and Assessment Instrument

# SK-SAI Measures



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## SK-SAI Measures ?

Data Selection		
<b>Year</b>	<b>Health Plan</b>	<b>Service Area</b>
2020 ▼	ALL ▼	ALL ▼
<b>Sex</b>	<b>Race/Ethnicity</b>	<b>AgeBand</b>
ALL ▼	ALL ▼	ALL ▼
<b>Measure Domain</b>	<b>Item Search</b>	
(All) ▼		

Hover over a rate to see detailed description and all response options.

### Peer Ranking

- ▲ Improved since prior year
- No change from prior year
- ▼ Diminished since prior year
- ⊕ Extended view
- \* Not Reported

### Plan Spectrum

- ▬ Statewide
- Peer Rate

Reset filters

CSV Download

Descriptive Dashboard

# Descriptive Dashboard

SK-SAI Measures ?

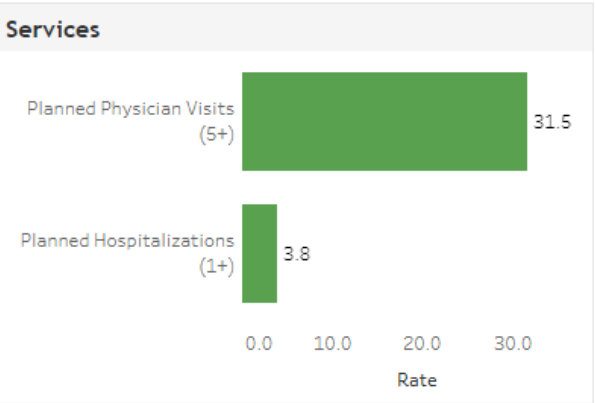
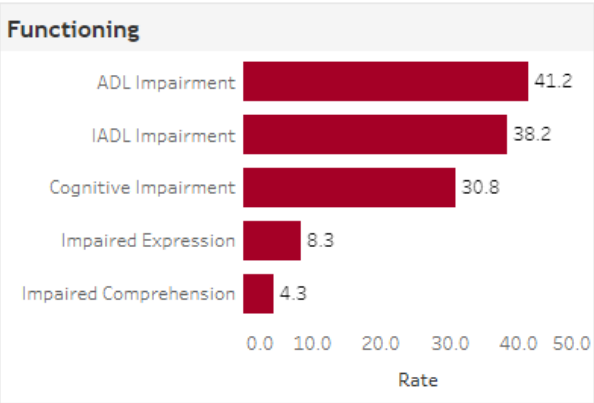
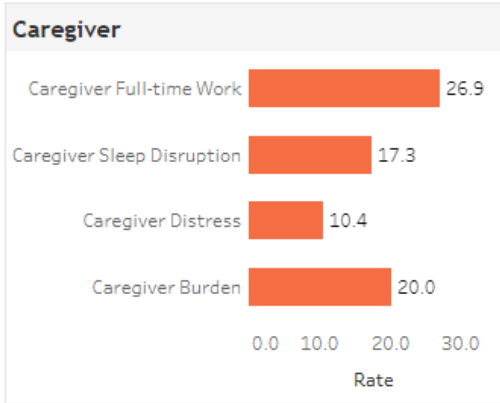
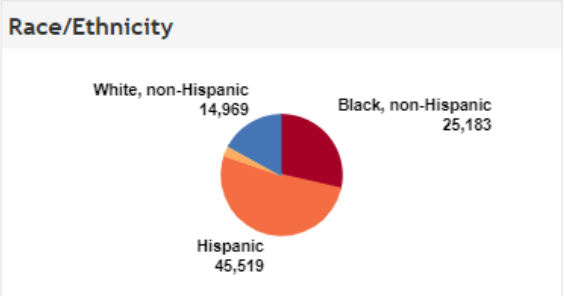
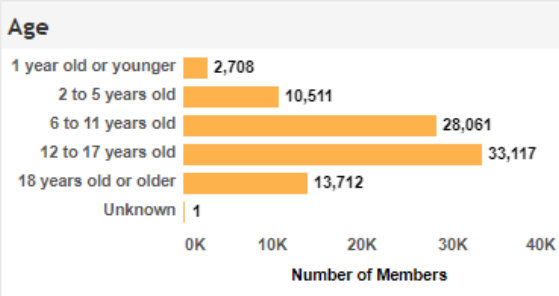
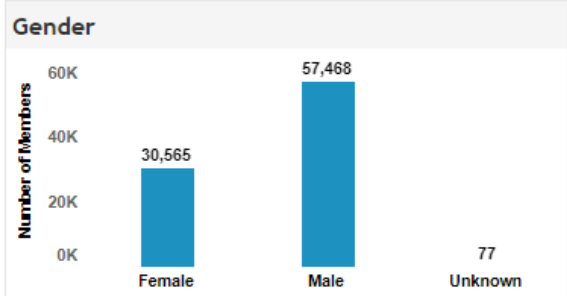
[Return to Dashboard](#)

[Reset filters](#)

## Descriptive Dashboard

Data Selection

Year: 2020 | Health Plan: (All) | Service Area: (All)



# SK-SAI Measures cont.



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Hover over a rate to see detailed description and all response options.

Domain	Measure	Rate	Plan Rank	SA Rank	SA x Plan	Peer Comparison	Trend
Caregiver	Caregiver Sleep Improvement	25.8	+	+	▢		➔
	Caregiver Distress Improvement	32.5	+	+	▢		➔
	Caregiver Burden Improvement	24.4	+	+	▢		➔
Coordination	Person-centered Assessment (V04)	92.0	+	+	▢		➔
	Care Goals Met	61.6	+	+	▢		➔
	Service Coordinator Contact	94.9	+	+	▢		➔
	Tailored ISP	87.2	+	+	▢		➔
Functioning	ADL Improvement	12.0	+	+	▢		➔
	IADL Improvement	13.5	+	+	▢		➔
Integration	School Integration	81.6	+	+	▢		➔
	Member Employment	8.5	+	+	▢		➔
	Participation in Activities	77.5	+	+	▢		➔
Integration (improvement)	Participation Improved	36.3	+	+	▢		➔
Services	Effective Medical Home	93.6	+	+	▢		➔
	PCP Retained	98.2	+	+	▢		➔
	Unplanned Physician Visits (1+)	46.7	+	+	▢		➔
	Unplanned Hospitalizations (1+)	6.4	+	+	▢		➔
Social	Household Positivity	74.5	+	+	▢		➔
	Peer Positivity	73.3	+	+	▢		➔
Social (improvement)	Household Positivity Improved	32.9	+	+	▢		➔
	Peer Positivity Improved	31.6	+	+	▢		➔



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# Questions?

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