



<b>Program</b>	Texas Incentives for Physician and Professional Services (TIPPS) Year 3 (State Fiscal Year 2024) Requirements
<b>Target Beneficiaries</b>	Adults and children enrolled in STAR, STAR+PLUS, and STAR Kids
<b>Quality Goals</b>	
<ol style="list-style-type: none"><li>1. Promote optimal health for Texans at every stage of life through prevention and by engaging individuals, families, communities, and the healthcare system to address root causes of poor health.</li><li>2. Provide the right care in the right place at the right time to ensure people can easily navigate the health system to receive timely services in the least intensive or restrictive setting appropriate.</li><li>3. Promote effective practices for people with chronic, complex, and serious conditions to improve people’s quality of life and independence, reduce mortality rates, and better manage the leading drivers of health care costs.</li><li>4. Attract and retain high-performing Medicaid providers, including medical, behavioral health, dental, and long-term services and supports providers to participate in team based, collaborative, and coordinated care.</li></ol>	
<b>Program Overview</b>	
<ul style="list-style-type: none"><li>• The TIPPS program is a directed payment program (DPP). The program includes three components:<ul style="list-style-type: none"><li>○ Component 1: Uniform dollar increase paid monthly that includes preventive screening process measures.</li><li>○ Component 2: Uniform rate enhancement paid semiannually that includes measures focused on primary care and chronic care.</li><li>○ Component 3: Uniform rate enhancement for certain outpatient services that includes measures focused on maternal health, behavioral health, and SDOH.</li></ul></li><li>• Component 3 rate enhancements will be applied to the following 9 CPT codes that align with the measures: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 92215.</li></ul>	

- Three classes of physician groups are eligible to participate: 1) physician groups affiliated with a health-related institution (HRI) as defined by Section 63.002 of the Texas Education Code; 2) physician groups affiliated with a hospital receiving the indirect medical education add-on (IME); and 3) other physician groups that are not HRI or IME (Other).
- HRI and IME physician groups are eligible for Components 1-3, while Other physician groups are eligible for Component 3 only.
- Eligibility for the program is determined through an application process.

## **Reporting Requirements**

- Providers must report data for all measures in the components for which they are eligible as a condition of participation in the program. Providers that fail to submit the required data by deadlines communicated by HHSC will be removed from the program and will have all funds they were previously paid during the program period recouped.
- Year 3 semiannual reporting is planned to take place during Reporting Period 1 (October 2023) and Reporting Period 2 (April 2024).
  - Reporting Period 1 (October 2023): Providers will report progress on structure measures and data for outcome and process measures for January 1, 2023 to June 30, 2023.
  - Reporting Period 2 (April 2024): Providers will report data for outcome and process measures for January 1, 2023 to December 31, 2023.
- For structure measures, providers must submit responses to qualitative reporting questions that summarize progress towards implementing a structure measure. Providers are not required to implement structure measures as a condition of reporting or program participation.
- For outcome and process measures, providers must submit specified numerator and denominator rates and respond to qualitative reporting questions as specified by HHSC. Providers must report measure rates stratified by the following payer types: Medicaid Managed Care, Other Medicaid, Uninsured, and All Payer.
- Reported qualitative and numeric data will be used to monitor provider-level progress toward state quality objectives.

## TIPPS Measures by Program Component

Program Component	Draft Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
T1 - Uniform Dollar Increase	T1-103	Preventive Care and Screening: Influenza Immunization	Process	0041e	NCQA
	T1-104	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Process	00283	NCQA
	T1-117	Tobacco Use and Help with Quitting Among Adolescents	Process	2803	NCQA
T2 – Uniform Rate Enhancement	T2-102	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Outcome	0059	NCQA
	T2-113	Childhood Immunization Status	Process	0038	NCQA
	T2-114	Immunization for Adolescents	Process	0407	NCQA
	T2-119	Controlling High Blood Pressure	Outcome	0018	NCQA
T3 - Rate Enhancement	T3-105	Health Information Exchange (HIE) Participation	Structure	NA	NA
	T3-115	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Process	0418	CMS
	T3-124	Depression Response at Twelve Months	Outcome	1885	MNCM

<b>Program Component</b>	<b>Draft Measure ID</b>	<b>Measure Name</b>	<b>Measure Type</b>	<b>NQF #</b>	<b>Measure Steward</b>
	T3-161	Food Insecurity Screening and Follow-up Plan	Process	NA	Texas HHSC
	T3-162	Prenatal Depression Screening and Follow-up on Positive Screen	Outcome (Intermediate)	NA	NCQA