Proposed Quality Metrics for State Fiscal Year (SFY) 2025

The Quality Incentive Payment Program (QIPP) is a state directed payment program (DPP) designed to help nursing facilities achieve transformation in care quality through innovation. QIPP was first implemented on September 1, 2017. HHSC proposes the following quality metrics for SFY 2025—the eighth QIPP program year, covering the program period that begins on September 1, 2024, and ends on August 31, 2025.

Two classes of Texas nursing facilities (NFs) serving residents enrolled in STAR+PLUS Medicaid are eligible to participate in QIPP:

- Non-state government-owned (NSGO) NFs
- Privately-owned NFs that have a percentage of Medicaid NF days of service that is greater than or equal to 65%

Providers earn payments by meeting performance requirements in four components:

- Component One: Hospital Partner Minimum Data Set (MDS) Measures
- Component Two: Workforce Development
- Component Three: Texas Priority MDS Measures
- Component Four: Resident Focus MDS Measures

All components are structured as pay-for-performance and include nationally recognized quality measures. For SFY 2025, the program does not require NFs to report data or documentation to HHSC.

**Component One**

HHSC designates five metrics for Component One. Component One is open only to NSGO NFs. Funds in this Component are distributed **quarterly**.
Facility achievement will be based on performance across a pool of five long-stay MDS quality measures\(^a\). NFs are required to meet performance targets (defined below) in *at least two of the five metrics* to earn all component funds. The quality metrics are:

- **Metric 1:** (CMS N031.04) Percent of residents who received an antipsychotic medication
- **Metric 2:** (CMS N013.02) Percent of residents experiencing one or more falls with major injury
- **Metric 3:** (CMS N029.03) Percent of residents who lose too much weight
- **Metric 4:** (CMS N024.02) Percent of residents with a urinary tract infection
- **Metric 5:** (CMS N035.04) Percent of residents whose ability to walk independently worsened

Achievement in one of the available measures will earn 90% of eligible component funds; achievement in two or more of the available measures will earn 100% of eligible component funds.

**Performance Requirements**

*Quarterly performance* will be based on a NF’s most recently published four-quarter average according to the Public Use Files (PUFs) published by CMS at data.cms.gov. Use of the most recently published four-quarter average according to the PUFs entails a shift in the measurement period from previous program years.

*Facility-specific targets* are calculated as relative improvements in a NF’s four-quarter average upon its initial baseline.

*Program-wide targets* are set at the most recently published *Texas mean* for each quality metric according to the PUFs published by CMS at data.cms.gov for the baseline reporting period (calendar year 2023).

\(^a\) Definitions and technical specifications for MDS quality measures can be found at: https://www.cms.gov/medicare/quality/nursing-home-improvement/quality-measures
Table 1. Component 1 Measurement Periods and Relative Improvement Targets

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Measurement Period</th>
<th>NF-Specific Relative Improvement(^b) Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>January 1, 2023 – December 31, 2023</td>
<td>-</td>
</tr>
<tr>
<td>QIPP Quarter 1</td>
<td>October 1, 2023 – September 30, 2024</td>
<td>1.25%</td>
</tr>
<tr>
<td>QIPP Quarter 2</td>
<td>January 1, 2024 – December 31, 2024</td>
<td>3.75%</td>
</tr>
<tr>
<td>QIPP Quarter 3</td>
<td>April 1, 2024 – March 31, 2025</td>
<td>7.5%</td>
</tr>
<tr>
<td>QIPP Quarter 4</td>
<td>July 1, 2024 - June 30, 2025</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

**Achievement**

For a quality metric to be considered “Met” in a quarter, the NF must perform **either**:

- Equal to or better than its facility-specific target; **or**
- Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF’s baseline.

Each metric-specific allowed margin of decline will be defined as the absolute +/- change in the **Texas mean** for that metric from the previous program year to the current program year.

NFs report MDS assessment data to CMS, per federal requirements. NFs do not have to report MDS data or results to HHSC for QIPP.

\(^b\) Improvement-over-self is measured as relative improvement from the NF’s baseline: Baseline – (Baseline * Improvement Target) = Quarterly Performance Target.
Component Two – Workforce Development

HHSC designates three equally weighted quality metrics for Component Two. Component Two is open to all NF types. Funds are distributed quarterly.

All three measures relate to staff-to-patient ratios and are measured in Hours Per Resident Day (HPRD) based on data NFs provide quarterly to CMS through the Payroll Based Journal (PBJ). The three metrics are:

- **Metric 1:** Reported Total Nursing Staff HPRD
- **Metric 2:** Reported Certified Nursing Assistant (CNA) HPRD
- **Metric 3:** Reported Licensed Nursing HPRD

Performance Requirements

**Quarterly performance** will be based on a NF’s most recently published quarterly performance according to the PUFs published by CMS at data.cms.gov.

**Facility-specific targets** are calculated as improvements upon a NF’s initial baseline, beginning with a two percent relative improvement in quarter one and increasing by two percent each subsequent quarter, up to eight percent relative improvement by quarter four.

**Program-wide targets** are set at the most recently published national mean for each quality metric according to the PUFs published by CMS at data.cms.gov at the beginning of the program year.

Table 2. Component 2 Measurement Periods and Relative Improvement Targets

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Measurement Period</th>
<th>NF-Specific Relative Improvement Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>April 1, 2023 – March 31, 2023</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Measurement Period</th>
<th>NF-Specific Relative Improvement Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>QIPP Quarter 1</td>
<td>July 1, 2024 – September 30, 2024</td>
<td>2%</td>
</tr>
<tr>
<td>QIPP Quarter 2</td>
<td>October 1, 2024 – December 31, 2024</td>
<td>4%</td>
</tr>
<tr>
<td>QIPP Quarter 3</td>
<td>January 1, 2025 – March 31, 2025</td>
<td>6%</td>
</tr>
<tr>
<td>QIPP Quarter 4</td>
<td>April 1, 2024 - June 30, 2025</td>
<td>8%</td>
</tr>
</tbody>
</table>

**Achievement**

For a quality metric to be considered “Met” in a quarter, the NF must perform **either**:

- Equal to or better than its facility-specific target; **or**
- Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF’s baseline.

Each metric-specific allowed margin of decline will be defined as the absolute +/- change in the **national mean** for that metric from the previous program year to the current program year.

NFs report PBJ staffing data to CMS, per federal requirements. NFs do not have to report PBJ data or coverage hours to HHSC for QIPP.
Component Three – Minimum Data Set CMS Quality Measures

HHSC designates three equally weighted quality metrics for Component Three. Component Three is open to all NF types. Funds are distributed quarterly.

All three metrics relate to Long-Stay Minimum Data Set (MDS) quality metrics and are measured against program-wide as well as facility-specific targets. The three metrics are:

- **Metric 1:** (CMS N030.03) Percent of residents who have depressive symptoms
- **Metric 2:** (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence
- **Metric 3:** (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication

Performance Requirements

Quarterly performance will be based on a NF’s most recently published four-quarter average according to the PUFs published by CMS at data.cms.gov. Use of the most recently published four-quarter average according to the PUFs entails a shift in the measurement period from previous program years.

Facility-specific targets are calculated as relative improvements in a NF’s four-quarter average upon its initial baseline.

Program-wide targets are set at the most recently published national mean for each quality metric according to the PUFs published by CMS at data.cms.gov for the baseline reporting period.

<table>
<thead>
<tr>
<th>Table 3. Component 3 Measurement Periods and Relative Improvement Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Period</td>
</tr>
<tr>
<td>Baseline</td>
</tr>
</tbody>
</table>
### Achievement

For a quality metric to be considered “Met” in a quarter, the NF must perform either:

- Equal to or better than its facility-specific target; or
- Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF’s baseline.

Each metric-specific allowed margin of decline will be defined as the absolute +/- change in the **national mean** for that metric from the previous program year to the current program year.

NFs report MDS assessment data to CMS, per federal requirements. NFs do not have to report MDS data or results to HHSC for QIPP.

### Component Four – Infection Prevention and Control Program

HHSC designates two equally weighted quality metrics for Component Four. Component Four is open only to NSGO NFs. Funds are distributed **quarterly**.
Both metrics relate to Long-Stay Minimum Data Set (MDS) quality metrics and are measured against program-wide as well as facility-specific targets. The two metrics are:

- **Metric 1**: (CMS N045.01) Percent of residents with pressure ulcers
- **Metric 2**: (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder

### Performance Requirements

**Quarterly performance** will be based on a NF’s most recently published four-quarter average according to the PUFs published by CMS at data.cms.gov. Use of the most recently published four-quarter average according to the PUFs entails a shift in the measurement period from previous program years.

**Facility-specific targets** are calculated as relative improvements in a NF’s four-quarter average upon its initial baseline.

**Program-wide targets** are set at the most recently published Texas mean for each quality metric according to the PUFs published by CMS at data.cms.gov for the baseline reporting period.

### Table 4. Component 4 Measurement Periods and Relative Improvement Targets

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Measurement Period</th>
<th>NF-Specific Relative Improvement Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>January 1, 2023 – December 31, 2023</td>
<td>-</td>
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<td>QIPP Quarter 1</td>
<td>October 1, 2023 – September 30, 2024</td>
<td>1.25%</td>
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<tr>
<td>QIPP Quarter 2</td>
<td>January 1, 2024 – December 31, 2024</td>
<td>3.75%</td>
</tr>
<tr>
<td>QIPP Quarter 3</td>
<td>April 1, 2024 – March 31, 2025</td>
<td>7.5%</td>
</tr>
<tr>
<td>QIPP Quarter 4</td>
<td>July 1, 2024 - June 30, 2025</td>
<td>12.5%</td>
</tr>
</tbody>
</table>
Achievement

For a quality metric to be considered “Met” in a quarter, the NF must perform either:

- Equal to or better than its facility-specific target; or
- Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF’s baseline.

Each metric-specific allowed margin of decline will be defined as the absolute +/- change in the Texas mean for that metric from the previous program year to the current program year.

NFs report MDS assessment data to CMS, per federal requirements. NFs do not have to report MDS data or results to HHSC for QIPP.
## Quality Measure Summaries

### Table 5: Final Quality Metrics

<table>
<thead>
<tr>
<th>Comp.</th>
<th>Measure Type</th>
<th>Program-Wide Benchmark</th>
<th>Measurement Period</th>
<th>Components Funds per Measure</th>
<th>Metrics</th>
</tr>
</thead>
</table>
| One (NSGOs only) | Minimum Data Set (MDS) Long-Stay Quality Measure | Texas Mean            | Four-Quarter Average | Achievement in 1 metric earns 90% of eligible funds; achievement in 2 metrics earns 100% of eligible funds | • **Metric 1:** (CMS N031.04) Percent of residents who received an antipsychotic medication  
• **Metric 2:** (CMS N013.02) Percent of residents experiencing one or more falls with major injury  
• **Metric 3:** (CMS N029.03) Percent of residents who lose too much weight  
• **Metric 4:** (CMS N024.02) Percent of residents with a urinary tract infection  
• **Metric 5:** (CMS N035.04) Percent of residents whose ability to walk independently worsened |
| Two         | Payroll Based Journal (PBJ) Staffing Measure in Hours Per Resident Day (HRPD) | National Mean | Quarterly | Equally weighted | • **Metric 1:** Reported Total Nursing Staff HPRD  
• **Metric 2:** Reported Certified Nursing Assistant (CNA) HPRD  
• **Metric 3:** Reported Licensed Nursing HPRD |
<table>
<thead>
<tr>
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<th>Program-Wide Benchmark</th>
<th>Measurement Period</th>
<th>Components Funds per Measure</th>
<th>Metrics</th>
<th></th>
</tr>
</thead>
</table>
| Three      | Minimum Data Set (MDS) Long-Stay Quality Measure                  | National Mean          | Four-Quarter Average | Equally weighted              | • **Metric 1:** (CMS N030.03) Percent of residents who have depressive symptoms  
  • **Metric 2:** (CMS N046.01) Percent of residents with new or worsened bowel or bladder incontinence  
  • **Metric 3:** (CMS N036.03) Percent of residents who used antianxiety or hypnotic medication |  |
| Four (NSGOs only) | Minimum Data Set (MDS) Long-Stay Quality Measure                | Texas Mean             | Four-Quarter Average | Equally weighted              | • **Metric 1:** (CMS N045.01) Percent of residents with pressure ulcers  
  • **Metric 2:** (CMS N026.03) Percent of residents who have/had a catheter inserted and left in their bladder |  |