

TIPPS, RAPPS, DPP BHS
Stakeholder Feedback on
Proposed State Fiscal Year 2025
Quality Measures and
Requirements

**Comments Received Under 1
Texas Administrative Code
§353.1311, §353.1317, and
§§353.1322**

**Texas Health and Human
Services Commission (HHSC)**

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TEXAS
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Overview

On December 11, 2023, HHSC released the proposed measures and requirements for Texas Incentives for Physicians and Professional Services (TIPPS), Rural Access to Primary and Preventive Services (RAPPS) and Directed Payment Program for Behavioral Health Services (DPP BHS) for state fiscal year (SFY) 2025 and requested stakeholder feedback. The TIPPS, RAPPS, and DPP BHS SFY 2025 proposal documents included:

1. Requirements (e.g., overview, quality goals, program structure, reporting requirements)
2. Measure specifications (e.g., detailed information on measure specifications, attribution methodology, etc.)

The TIPPS, RAPPS, and DPP BHS proposal documents are located on HHSC's website on the following webpages:

- [TIPPS quality webpage](#)
- [RAPPS quality webpage](#)
- [DPP BHS quality webpage](#)

On December 14, 2023, HHSC hosted a webinar to provide an overview of the TIPPS, RAPPS, and DPP BHS SFY 2025 proposed measures and requirements and answer questions. Stakeholders submitted feedback through an online survey that closed on January 8, 2024. HHSC received three responses to the online survey.

This document summarizes the stakeholder feedback HHSC received through the online survey (no public comments were provided during the public hearing webinar). HHSC reviewed and considered stakeholder comments and noted any changes to requirements or measures specifications in the responses.

HHSC will include the quality measures and requirements in the TIPPS, RAPPS, and DPP BHS state directed payment preprint submissions to the Centers for Medicare & Medicaid Services (CMS) for SFY 2025. HHSC expects to make these submissions in March 2024. All SFY 2025 requirements are subject to CMS approval and may change if required by CMS. HHSC will post any changes required by CMS as described in 1 Tex. Admin. Code §§ 353.1311, 353.1317, and 353.1322.

Survey Responses Summary

Stakeholders submitted feedback through an online survey that closed on January 8, 2024. HHSC received three responses to the online survey. All three responses related to TIPPS.

There were no survey responses related to RAPPS or DPP BHS.

TIPPS Quality Measures - Stakeholder Comments

Component 1 Measures

1. One commenter stated that T1-117 Tobacco Use and Help with Quitting Among Adolescents is redundant to T1-104 Preventive Care and Screening: Tobacco Use: Screening & Cessation Intervention. The commenter indicated that the recent age range change on T1-104 to include patients 12 years of age and older creates redundancy in the Component 1 TIPPS measure list.

HHSC Response: HHSC has removed T1-117 from the TIPPS SFY 2025 measures.

Component 2 Measures

No comments were submitted.

Component 3 Measures

1. One commenter indicated that if TIPPS is ever moved to pay-for-performance, they would want time to review the options for goal setting and payment segments. They would also want to know the time period that would be used for the baseline period. Specifically, they would want to know if HHSC plans to use calendar year (CY) 2023 as the baseline year, and if so, would metric specifications need to remain the same so that CY 2023 and CY 2024 data is comparable.

HHSC Response: HHSC is moving other components in TIPPS to pay-for-performance in SFY 2026 for HRIs and IMEs as described in 1 Tex. Admin. Code § 353.1309. HHSC plans to develop measure proposals for SFY 2026 and seek stakeholder feedback on the proposals in Summer 2024.

2. One stakeholder noted concerns about the time it takes to implement changes to measure specifications within their electronic medical records system. They noted that short notice of measure specification changes makes it difficult to capture new data and may require a full change of the tool used to capture the data. The stakeholder was also looking for verification of when updates to the measure specifications occur.

HHSC Response: HHSC did not make changes in response to these comments. The timing of updated specifications is dependent on the measure steward. For example, CMS typically releases updated versions of their measure specifications in the last quarter of the year.

HHSC understands that some physician groups may not implement specifications changes within their electronic medical records systems until later in CY 2024. However, providers may use sampling to manually pull missing data elements if measure specification changes are not updated in their electronic medical records systems by the end SFY 2025. Additional information on sampling can be found in the TIPPS Proposed SFY 2025 Requirements document located on the [TIPPS quality webpage](#).

3. One stakeholder recommended removing T3-124: Depression Response at Twelve Months because T3-124 has very complex measure specifications and impacts a small subset of patients that are already captured in measure T3-115 Screening for Depression and Follow-Up Plan. The stakeholder recommended replacing T3-124 with a measure focused on population health, specifically by moving either T1-103 Influenza Immunization, T2-102 Hemoglobin A1c Poor Control (>9.0%), or T2-119 Controlling High Blood Pressure from Component 1 to Component 3 as doing so would allow all participating TIPPS providers to work towards the same goals.

HHSC Response: HHSC declines to make changes in response to this comment. While T3-124 and T3-115 apply to similar populations, T3-115 is a process measure while T3-124 is an outcome measure. HHSC has identified behavioral health as a priority area for additional quality improvement in Medicaid. Major depressive disorders and other/unspecified psychoses are among the top reasons for potentially preventable admissions and potentially preventable readmissions. The Depression Response at Twelve Months (T3-124) allows measurement of clinically meaningful improvement and progress towards remission, whereas T3-115 does not.

4. One stakeholder requested HHSC allow flexibility in food insecurity screening tools and not exclusively require the use of the Hunger Vital Sign food insecurity tool. The stakeholder stated clinics may already be using an alternate food insecurity screening tool that is incorporated into their processes and electronic health record (EHR) systems. For example, the stakeholder stated that their clinics use the U.S. Adult Food Insecurity Survey Module and the U.S. Household Food Security Survey Module: Six-Item Short Form.

HHSC Response: In the TIPPS program, the Hunger Vital Sign has been used as the food insecurity screening tool since SFY2022. HHSC declines to make changes in response to this comment and clarifies that any providers using the U.S. Adult Food Insecurity Survey Module and the U.S. Household Food Security Survey Module: Six-Item Short Form are, in fact, already using the Hunger Vital Sign food insecurity screening tool because the two questions in the Hunger Vital Sign are taken from questions that make up the U.S. Household Food Security Survey Module.

The Hunger Vital Sign™ tool¹ is a validated 2-question food insecurity screening tool that uses 2 questions from the USDA U.S. Household Food Security Survey Module (18 total questions), which is considered the gold standard for identifying households at risk of food insecurity. The two questions paired in the Hunger Vital Sign tool have been validated for high rates of sensitivity and specificity (up to 97% and 83%, respectively) for accurately identifying food insecurity among pediatric, adolescent, and adult populations.²

Additionally, according to the University of California San Francisco Social Interventions Research & Evaluation Network (SIREN) Social Needs Screening Tool Comparison Table³, the Hunger Vital Sign is the most common food insecurity screening tool used among stakeholders and across most social needs screening tools. For example, the CMS Accountable Health Communities Health-Related Social Needs tool, the American Academy of Family Physicians Social Drivers of Health tool, and many EHR systems, including EPIC, use the Hunger Vital Sign tool as the food insecurity screening tool.^{4,5}

5. One stakeholder requested that measure T3-162 Prenatal Depression Screening and Follow-up on Positive Screen be modified to assess the percentage of patients screened for prenatal depression, rather than those who received follow-up care following a positive screening result. They cited administrative barriers as their reason for requesting the change, noting providers must manually review charts to determine inclusion criteria, and their belief the revisions would bring the measure into closer alignment with program goals.

HHSC Response:

HHSC declines to make changes to T3-162 in response to this comment. The methodology for reporting on this measure has not changed from SFY 2024, and having the same reporting methodology across years allows providers and HHSC to consistently evaluate performance on this measure. Additionally, T3-162 is a next step towards an outcome measure from the

¹ Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Cook, J. T., Ettinger de Cuba, S. E., Casey, P. H., Chilton, M., Cutts, D. B., Meyers A. F., Frank, D. A. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. *Pediatrics*, 126(1), 26-32. doi:10.1542/peds.2009- 3146

² <https://childrenshealthwatch.org/wp-content/uploads/brief-assessment-of-food-insecurity-accurately-identifies-high-risk-us-adults.pdf>

³ <https://sirennetwork.ucsf.edu/tools-resources/resources/screening-tools-comparison>

⁴ https://childrenshealthwatch.org/wp-content/uploads/Hunger-Vital-Sign-National-Community-of-Practice_goalspriorities-accomplishments.pdf

⁵ <https://www.epicshare.org/share-and-learn/food-as-medicine-addressing-hunger-in-the-community>

previous SFY 2022 and SFY 2023 process measure of behavioral health risk assessment for pregnant women that included depression screening.