Texas Incentives for Physicians and Professional Services Stakeholder Feedback on Proposed Year 3 (State Fiscal Year 2024) Quality Measures and Reporting Requirements

As Required by

Texas Administrative Code

§353.1311

Texas Health and Human Services

Commission

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Overview

On January 4, 2023, HHSC released the draft quality measures and reporting requirements for Year 3 (State Fiscal Year [SFY] 2024) of the Texas Incentives for Physicians and Professional Services (TIPPS) program for stakeholder feedback. The TIPPS Year 3 proposal documents included requirements (such as a program overview, measures, eligible CPT codes, and reporting requirements) and measure specifications (such as detailed information on measure specifications, attribution methodology, and payer type reporting stratification). On January 11, 2023, HHSC hosted a webinar to provide an overview of the TIPPS Year 3 proposed measures and requirements and answer stakeholder questions. Stakeholders submitted feedback through an online survey that closed on January 27, 2023.

This document summarizes the stakeholder feedback HHSC received through the nine respondents to the survey, on behalf of nine organizations. HHSC reviewed and considered stakeholder comments and is not making any changes to the proposed measures in the Year 3 *TIPPS Measure Specifications* or *TIPPS Requirements*. However, updated file versions of the Year 3 *TIPPS Measure Specifications* and *TIPPS Requirements* have been published to the TIPPS Quality webpage. A new *TIPPS Measure Specifications FAQ* file for the proposed Year 3 measures has also been published to the TIPPS Quality webpage.

HHSC will include the quality measures and reporting requirements in the TIPPS Year 3 state-directed payment pre-print submission to the Centers for Medicare & Medicaid Services (CMS) in March 2023. All TIPPS Year 3 measures and requirements are subject to CMS approval. HHSC will post any changes required by CMS as described in TAC §353.1311.

1. Stakeholder Comments

HHSC did not receive any feedback on Component 2 measure T2-119: Controlling High Blood Pressure or payer type stratification requirements.

Based on stakeholder questions to clarify measure specifications for the proposed Year 3 measures, HHSC has published a new *TIPPS Measure Specifications FAQ* file for the proposed Year 3 measures to the TIPPS Quality webpage. HHSC will also continue to clarify any detailed measure specifications questions via email at DPPQuality@hhs.texas.gov.

Component 1

Component 1 General Feedback

1. One respondent commented that two measures, T1-104: Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention and T1-117: Tobacco Use and Help with Quitting Among Adolescents, were redundant measures only with different age groups.

   HHSC Response: HHSC did not make changes to the measures in response to this comment. HHSC acknowledges there is overlap of 18-20 years old individuals across the two measures. However, these two measures are distinct in their measure stewards, and each measure steward has determined specifications based on the different age groups (adults 18 years and older and adolescents 12-20 years old).

2. One respondent suggested measures, T1-104: Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention and T1-117: Tobacco Use and Help with Quitting Among Adolescents, be pay-for-performance (P4P).

   HHSC Response: HHSC is not proposing any of the TIPPS measures for a P4P payment arrangement in Year 3.

T1-103: Preventive Care and Screening: Influenza Immunization

3. One respondent did not suggest a change to this proposed measure for Year 3 but commented that the measure steward's changes to the measure specifications will not make the performance rates across program years 1-3 (SFY22, SFY23, and SFY24) comparable.

   HHSC Response: HHSC did not make changes to the measure in response to this comment. However, HHSC will consider how the measure steward's measure specification changes may be a limitation in comparing the performance rates of program years 1-3 in the evaluation. As possible, HHSC aims to reduce changes to measure specifications while aligning with the measure steward.

Component 2

Component 2 General Feedback

4. One respondent preferred two previous measures, Cervical Cancer Screening and Chlamydia Screening in Women, remain in Component 2 due to the specialty type of their clinics.

   HHSC Response: HHSC did not make changes in response to this comment. Based on an analysis of Year 1 evaluation data, these two previous measures showed higher baseline performance among TIPPS participating providers, indicating less room for improvement compared to other TIPPS measures. HHSC will continue to propose their removal from Component 2 in Year 3. Moreover, similar to Year 1 and Year 2, HHSC is affording physician groups certain flexibilities regarding the minimum volume requirement in TIPPS Year 3.

5. One respondent suggested measure T2-102: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) be P4P. One respondent suggested measures, T2-113: Childhood Immunization and T2-114: Immunization for Adolescents be P4P. However, one respondent suggested measure T2-113: Childhood Immunization not be P4P.

   HHSC Response: HHSC is not proposing any of the TIPPS measures for a P4P payment arrangement in Year 3.

T2-102: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

6. One responded suggested lowering the age criteria to include adolescents in the denominator specifications.

   HHSC Response: HHSC did not make changes to this measure in response to this comment. The measure steward for this measure, National Committee for Quality Assurance (NCQA), has not made changes to lower the age criteria in the denominator specifications.

T2-113: Childhood Immunization

7. One respondent suggested modifying the immunization series in the measure specifications.

   HHSC Response: HHSC did not make changes to this measure in response to this comment. The measure steward for this measure, NCQA, has not made changes to the clinical recommendations for the immunization series or added any new denominator exception criteria.

T2-114: Immunization for Adolescents

8. Two respondents suggested modifying the measure specifications such that only individuals already in their system at 13 years old are attributed to the participating provider.

   HHSC Response: HHSC did not make changes to this measure in response to this comment. The measure steward for this measure, NCQA, has not added any new denominator exception criteria based on new or existing patient status.

Component 3

Component 3 General Feedback

9. Two respondents requested more stakeholder engagement before considerations to propose measure T3-105: HIE Participation be P4P. One respondent suggested that a maternal health measure be P4P but did not specify a measure name. One respondent suggested that an alternative measure, HEDIS Social Need Screening and Intervention (SNS-E), be P4P.

   HHSC Response: HHSC is not proposing any of the TIPPS measures for a P4P payment arrangement in Year 3.

T3-115: Preventive Care and Screening: Screening for Depression and Follow-Up Plan

10. Two respondents asked whether the PSC-17 was an allowable tool for depression screening for adolescents.

    HHSC Response: According to the measure steward, PSC-17 is included as an allowable tool for this measure.

T3-124: Depression Response at Twelve Months

11. One respondent requested expanding the denominator criteria for qualifying diagnoses to include adjustment disorder with depression and minor depression.

    HHSC Response: HHSC did not make changes to this measure in response to this comment. The measure steward for this measure, Minnesota Community Measurement, has not made changes to include additional clinical diagnoses other than major depression and dysthymia in the denominator for this measure.

T3-161: Food Insecurity Screening and Follow-up Plan

12. Four respondents asked whether patient refusals are denominator exclusions.

HHSC Response: Patient refusals are listed as denominator exclusion criteria.

13. Four respondents offered suggestions for the numerator criteria describing the follow-up plan for identified food insecurity.

    HHSC Response: HHSC is the measure steward for this measure, and the intent of the numerator criteria for a follow-up plan is to capture the best practices already implemented by providers who are screening for food insecurity among patients. HHSC has updated the numerator criteria in the Measure Specifications file to include additional examples of follow-up plans for identified food insecurity. HHSC also aims to align with national measure stewards like CMS and NCQA as quality measurement related to health-related social needs becomes more standardized.

14. One respondent suggested an alternative measure, HEDIS Social Need Screening and Intervention (SNS-E).

    HHSC Response: HHSC will not be proposing this measure instead. HHSC aims to align with national measure stewards such as this suggested new measure (SNS-E) by NCQA. However, the SNS-E measure consists of six reported rates (a screening rate and an intervention rate for food, housing, and transportation), whereas the proposed Year 3 TIPPS measure is one rate measuring food insecurity screening and follow-up planning (and builds upon the previous Year 1 and Year 2 TIPPS measure focused on food insecurity screening only). HHSC will consider more comprehensive quality measurement related to health-related social needs in future program years.

T3-162: Prenatal Depression Screening and Follow-up

15. Three respondents requested clarification on whether the denominator for this measure is limited to OB/GYN providers.

    HHSC Response: Yes, the denominator for this measure is limited to OB/GYN providers. HHSC has updated the Measure Specifications file to clarify previous errors that led to confusion.

16. One respondent did not have any reporting concerns with this proposed measure. However, the respondent would prefer an alternative maternal health outcome measure that covered the perinatal course and so preferred the previous two maternal health measures (process measures), Behavioral Health Risk Assessment in Pregnant Women and Post-Partum Follow-up and Care Coordination.

    HHSC Response: Based on an analysis of Year 1 evaluation data, since these two previous measures required a composite set of numerator criteria for performance to be met, performance rates were low. As a replacement of the two previous measures, HHSC is proposing this new measure because it is an outcome measure (instead of two process measures) that still focuses

on the maternal health population but would not require a composite set of numerator criteria for performance to be met. Additionally, stakeholders had previously commented on policy-based limitations related to measuring postpartum quality of care for the Medicaid managed care population, so this proposed new measure focuses on the prenatal quality of maternal health care. HHSC will continue to propose this measure in Year 3 as a replacement of the two previous measures.

Attribution Methodology

Attribution Methodology General Feedback

17. One respondent asked clarification regarding the "Eligible Physician Specialties and Other Clinicians" criteria listed in the measure specifications for each measure (part of Step 2 of the attribution methodology).

    HHSC Response: As a reminder, HHSC has published a new TIPPS Measure Specifications FAQs file for the proposed Y3 measures, which includes clarification regarding attribution methodology steps and measure specifications. HHSC will also continue to clarify detailed measure specifications questions via email at DPPQuality@hhs.texas.gov.

Reporting Requirements

Quality Reporting Requirements General Feedback

18. One respondent asked whether the same data reported for a TIPPS measure can be used for a measure in a different directed payment program (DPP) such as CHIRP.

    HHSC Response: Each DPP is its own program. Even if the same or a similar measure is required in multiple DPPs, reporting for a required measure must be based on data for the DPP participating provider and associated NPIs enrolled in that DPP.

19. One respondent commented on the timing challenges related to the CMS preprint approval and the program's first reporting period.

    HHSC Response: HHSC did not make changes in response to this comment. HHSC understands providers would like more notice and time for measure changes. CMS requires annual approval of these programs as they are currently structured. HHSC will continue to look for opportunities to involve stakeholders earlier in the process to gather feedback on proposed changes.

20. Two respondents suggested one reporting period instead of two reporting periods.

    HHSC Response: HHSC did not make changes in response to this comment. Due to evaluation cycles, including preliminary evaluation data required by

CMS, HHSC uses two reporting periods in order to assess preliminary six months of data for process and outcome measures. Additionally, having an initial reporting round for six months of data allows HHSC to provide feedback on any quality concerns that may affect accuracy of the data being reported.

21. Two respondents asked for clarification regarding the minimum volume requirement in TIPPS Components 2 and 3.

    HHSC Response: Similar to Year 1 and Year 2, HHSC is affording physician groups certain flexibilities regarding the minimum volume requirement in TIPPS Year 3.

General Comments

22. Three respondents commented on the desire for TIPPS measures to align with measures required in other types of quality programs such as Merit-based Incentive Payment System (MIPS) or commonly reported measures such as HEDIS measures. No specific measure changes were suggested.

    HHSC Response: HHSC did not make changes to measures in response to this comment. However, HHSC aims to align DPP measures with those in other quality programs as possible.

23. One respondent requested clarification on the final taxonomy codes that will be used to determine whether a physician group is eligible for the TIPPS program in SFY 2024 (Year 3).

    HHSC Response: The taxonomy codes for SFY 2024 (Year 3) TIPPS program eligibility purposes are determined by the Provider Finance Department (PFD) and are proposed to be the same as those used for SFY 2023 (Year 2) TIPPS program eligibility. Information is on the TIPPS PFD webpage and questions for PFD should be emailed to PFD_TIPPS@hhs.texas.gov.

    As a reminder, the taxonomy codes used by PFD to determine if a TIPPS applicant is eligible for the program are different than the measure-specific denominator criteria (such as Eligible Physician Specialties and Other Clinicians) used by the DPP Quality team for quality reporting purposes. As a reminder, HHSC has published a new TIPPS Measure Specifications FAQs file for the proposed Y3 measures, and HHSC will also continue to clarify detailed quality reporting questions via email at DPPQuality@hhs.texas.gov.