TIPPS Proposed Measures and Performance Requirements Feedback Survey

Texas Health & Human Services Commission (HHSC) is collecting feedback from stakeholders on proposed measures and performance requirements for Year 1 of the Texas Incentives for Physicians and Professional Services (TIPPS)program. TIPPS is proposed as a new directed payment program (DPP) to begin September 1, 2021. Requirements for future years have not been determined yet.

TIPPS Requirements: https://hhs.texas.gov/sites/default/files/documents/laws-regulations/policies-rules/Waivers/medicaid-1115-waiver/tipps-requirements.pdf

TIPPS Specifications: https://hhs.texas.gov/sites/default/files/documents/laws-regulations/policies-rules/Waivers/medicaid-1115-waiver/tipps-specifications.xlsx

All requirements are subject to CMS approval.

Please answer the following to the best of your ability on behalf of the organization you represent.

The survey closes on February 2, 2021 at 5:00pm.

Please submit any questions related to the proposed measures and specifications to: txhealthcaretransformation@hhsc.state.tx.us

Refer to the TIPPS rules §353.1309, §353.1311 for more information on the proposed DPP: https://www.sos.state.tx.us/texreg/pdf/backview/1225/1225prop.pdf

NOTE: comments not related to quality measures or performance requirements (e.g. program participation, financial requirements, component structure) should be submitted through the rules process. You may submit written comments on the rules via email to: RAD_1115_Waiver_Finance@hhsc.state.tx.us by January 25, 2021.

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* Required

Stakeholder Information

1. First Name *

Enter your answer

2. Last Name *

Enter your answer

3. Organization *

Enter your answer

4. Email address *

Enter your answer

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TIPPS Proposed Measures and Performance Requirements Feedback Survey ...

TIPPS - Component 1 Measures

Please provide feedback on the following Component 1 structure measures. Refer to the TIPPS DPP Specifications Excel file for additional details: https://hhs.texas.gov/sites/default/files/documents/laws-regulations/policies-rules/Waivers/medicaid-1115-waiver/tipps-specifications.xlsx

Component 1 structure measures require semi-annual reporting of status/progress. Year 1 Component 1 reporting is tentatively planned to take place during Quarter 1 (September-November 2021) and Quarter 3 (March-May 2022).

5. Patient-Centered Medical Home (PCMH) accreditation and recognition status

Enter your answer

6. Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) Patient-Centered Medical Home (PCMH) item set

Enter your answer

7. Same-day, walk-in, or after-hours appointments in the outpatient setting

Enter your answer

8. Care team includes personnel in a care coordination role not requiring clinical licensure (e.g. non-clinical social worker, community health worker, medical assistant, etc.)

Enter your answer

9. Pre-visit planning and/or standing order protocols (e.g. for screenings/assessments, immunization status, tests/results, prescription changes/refills, scheduling follow-up visits, evidence-based practices, etc.)

Enter your answer

10. Patient education focused on disease self-management (e.g. lifestyle changes, symptom recognition, clinical triage guidance, etc.)

Enter your answer

11. Social Determinants of Health (SDOH) data infrastructure: screening for SDOH

Enter your answer

12. Identification of pregnant women at-risk for Hypertension, Preeclampsia, or Eclampsia; treatment based on best practices; and follow-up with postpartum women diagnosed with Hypertension, Preeclampsia, or Eclampsia

Enter your answer

13. Connectivity to/participation in health information exchange (HIE)

Enter your answer

14. Telehealth to provide virtual medical appointments and/or consultations with a psychiatrist or a psychologist

Enter your answer

15. Other suggested structure measures for Component 1 and explanation.

For Directed Payment Programs, CMS encourages States to utilize existing, validated, and outcomes-based performance measures to evaluate the payment arrangement, and recommends States use the CMS Adult and Child Core Set Measures.

Enter your answer

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TIPPS Proposed Measures and Performance Requirements Feedback Survey ...

TIPPS - Component 2 Measures

Please provide feedback on the following Component 2 measures. Refer to the TIPPS DPP Specifications Excel file for additional details: https://hhs.texas.gov/sites/default/files/documents/laws-regulations/policies-rules/Waivers/medicaid-1115-waiver/tipps-specifications.xlsx

Component 2 measures require semi-annual reporting. Year 1 Component 2 reporting is tentatively planned to take place during Quarter 1 (September-November 2021) and Quarter 3 (March-May 2022).

All measures must be reported to be eligible for payment.

16. Tobacco Use: Screening & Cessation Intervention

Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 12 months AND who received tobacco cessation intervention if identified as a tobacco user

Three rates are reported:
a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 12 months
b. Percentage of patients aged 18 years and older who were identified as a tobacco user who received tobacco cessation intervention
c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 12 months AND who received tobacco cessation intervention if identified as a tobacco user

Enter your answer

17. Cervical Cancer Screening

Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: Women age 21-64 who had cervical cytology performed within the last 3 years; or Women age 30-64 who had cervical human papillomavirus (HPV) testing performed within the last 5 years

Enter your answer

18. Childhood Immunization Status

Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday

Enter your answer

19. Immunization for Adolescents

The percentage of adolescents 13 years of age who had the recommended immunizations by their 13th birthday. This measure will be calculated with 4 performance rates:
1) Patients who had one dose of meningococcal vaccine on or between the patient's 11th and 13th birthdays
2) Patients who had one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) on or between the patient's 10th and 13th birthdays
3) Patients who have completed the HPV vaccine series with different dates of service on or between the patient's 9th and 13th birthdays
4) All patients who are compliant for Meningococcal, Tdap and HPV during the specified timeframes

Enter your answer

20. Screening for Depression and Follow-Up Plan

Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter

Enter your answer

21. Hemoglobin A1c (HbA1c) testing

Percentage of beneficiaries ages 18 to 75 with diabetes (type 1 and type 2) who had a hemoglobin A1c (HbA1c) test.

Enter your answer

22. Influenza Immunization

Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization

Enter your answer

23. Tobacco Use and Help with Quitting Among Adolescents

The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user

Enter your answer

24. Chlamydia Screening in Women

Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period

Enter your answer

25. Controlling High Blood Pressure

Percentage of patients 18-85 years of age who had a diagnosis of hypertension overlapping the measurement period or the year prior to the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period

Enter your answer

26. Other suggested measures for Component 2 and explanation.

For Directed Payment Programs, CMS encourages States to utilize existing, validated, and outcomes-based performance measures to evaluate the payment arrangement, and recommends States use the CMS Adult and Child Core Set Measures.

Enter your answer

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TIPPS - Component 3 Measures

Please provide feedback on the following Component 3 measures. Refer to the TIPPS DPP Specifications Excel file for additional details: https://hhs.texas.gov/sites/default/files/documents/laws-regulations/policies-rules/Waivers/medicaid-1115-waiver/tipps-specifications.xlsx

Component 3 measures require semi-annual reporting. Year 1 Component 3 reporting is tentatively planned to take place during Quarter 1 (September-November 2021) and Quarter 3 (March-May 2022). Screening for Food Insecurity requires quarterly reporting.

All measures must be reported to be eligible for payment.

27. Screening for Food Insecurity

Percentage of patients who were screened for food insecurity using the Hunger Vital Signs (HVS) 2 questions OR another HHSC approved food insecurity screening question/tool with the screening result documented

Enter your answer

28. Maternity Care: Post-Partum Follow-Up and Care Coordination

Percentage of patients, regardless of age, who gave birth during a 12-month period who were seen for postpartum care within 8 weeks of giving birth and who received a breast-feeding evaluation and education, postpartum depression screening, postpartum glucose screening for gestational diabetes patients, family and contraceptive planning counseling, tobacco use screening and cessation education, healthy lifestyle behavioral advice, and an immunization review and update

Enter your answer

29. Behavioral Health Risk Assessment for Pregnant Women

Percentage of women, regardless of age, who gave birth during a 12-month period seen at least once for prenatal care who received a behavioral health screening risk assessment that includes the following screenings at the first prenatal visit: depression screening, alcohol use screening, tobacco use screening, drug use screening (illicit and prescription, over the counter), and intimate partner violence screening.

Enter your answer

30. Hemoglobin A1c (HbA1c) Control (<9.0%)

Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period

Enter your answer

31. Depression Response at Twelve Months

The percentage of adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with Major Depression or Dysthymia who demonstrated a response to treatment 12 months (+/- 60 days) after an index event

Enter your answer

32. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

Percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

Enter your answer

33. Other suggested measures for Component 3 and explanation.

For Directed Payment Programs, CMS encourages States to utilize existing, validated, and outcomes-based performance measures to evaluate the payment arrangement, and recommends States use the CMS Adult and Child Core Set Measures.

Enter your answer

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TIPPS - Attribution Methodology

Using a retrospective attribution methodology, the TIPPS attributed population includes the individuals that a participating Physician Practice Group, as approved in the enrollment application, is accountable for under the TIPPS program.

The Physician Practice's Group's attributed population includes any individual that meets at least one of the criteria below:
a) One primary care service or preventive service provided during the measurement period; OR
b) Two ambulatory encounters during the measurement period; OR
c) One prenatal or postnatal visit during the measurement period.

(The measure-specific denominator population includes the individuals or encounters from the TIPPS attributed population (stated above) that meet the eligible physician specialties/clinicians criteria and denominator inclusion and exclusion criteria for each quality measure as defined in the TIPPS Measure Specifications.)

34. Please provide feedback on the proposed TIPPS attribution methodology.

Enter your answer

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TIPPS - Quality Requirements for Year 1

The following requirements are for Year 1 of the TIPPS DPP only. Requirements for Year 2 and Year 3 have not been determined yet.

Measures in Components 2 and 3 are identified as Improvement Over Self (IOS) measures or Benchmark Measures.

35. Improvement Over Self Measures

Improvement over self (IOS) measures do not have national benchmark data available. For Year 1, IOS measures are reporting CY2021 as baseline as a condition of participation in the program. IOS measures will be pay-for-performance in later years.

Please provide feedback on the IOS measure performance requirement of reporting baseline.

Enter your answer

36. Benchmark Measures

Benchmark measures have national Healthcare Effectiveness Data and Information Set (HEDIS) benchmark data available. Baselines are not needed for benchmark measures.

Year 1 goals for benchmark measures are meeting or exceeding the 50th percentile of national HEDIS benchmarks for Component 2 and meeting or exceeding the 25th percentile of national HEDIS benchmarks for Component 3.

Please provide feedback on the goals for benchmark measures for Components 2 and 3.

Enter your answer

37. Minimum Denominator Volume

Participating physician practice groups must have a minimum denominator volume of 30 Medicaid managed care patients in at least 60 percent of the quality metrics in CY2019 or CY2020 in each Component 2 and 3 to be eligible to participate in the Component.

Measure denominators will be based on Medicaid managed care encounters provided by the billing NPIs specified in the application.

Please provide feedback on the minimum denominator volume requirement for Components 2 and 3.

Enter your answer

38. Reporting Requirements

During Quarter 1, physician practice groups must report data for all Component 2 and 3 measures for measurement period January to June 2021.

During Quarter 3, physician practice groups must report data for all Component 2 and 3 measures for measurement period January to December 2021.

Physician practice groups must report Medicaid managed care stratified by program population (i.e. STAR, STAR+PLUS, STAR Kids) as well as other payer types (Other Medicaid, Uninsured, Other Insurance). This requires reporting of six rates for each measure unless specified in the measure specifications.

Please provide feedback on the reporting requirements for Components 2 and 3.

Enter your answer

39. Payment Eligibility

All measures must be reported to be eligible for payment. If a measure does not have a minimum denominator volume of 30 Medicaid managed care patients (STAR, STAR+PLUS, STAR Kids), then the measure is not included in calculating achievement.

Component 2: A physician practice group is eligible for
(1) 100% payment based on achieving at least 4 benchmark measures;
(2) 75% payment for achieving 3 measures; OR
(3) 50% payment for achieving 2 measures.

Component 3: A physician practice group is eligible for 100% payment based on achieving at least 1 benchmark measure.

Please provide feedback on the payment eligibility for Components 2 and 3.

Enter your answer

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TIPPS - Component 3 Targeted CPT Codes

Component 3 rate enhancements will target the following 10 CPT codes that align with the measures

99201
99202
99203
99204
99205
99211
99212
99213
99214
99215

40. Please provide feedback on the targeted CPT codes for Component 3.

Enter your answer

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Additional Comments

41. Please enter any additional comments related to TIPPS quality measures or performance requirements not addressed in other sections.

    Please submit any questions related to the proposed measures and specifications to: txhealthcaretransformation@hhsc.state.tx.us

    Note that comments not related to quality measures or performance requirements (e.g. program participation, financial requirements, component structure) should be submitted through the rules process. You may submit written comments on the rules via email to: RAD_1115_Waiver_Finance@hhsc.state.tx.us by January 25, 2021.

    Enter your answer

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