Regional Performance Bonus Pool

Updates to data presented at SLC2015
During the 2015 Statewide Learning Collaborative (SLC2015) HHSC presented a selection of measures under consideration for use in the repurposed Category 4, a Regional Performance Bonus Pool (PBP), for the Waiver extension period. As a reminder, HHSC proposes the Regional Performance Bonus Pool will be 5-10% of each provider's total valuation. All DSRIP providers in a region may earn this 5-10% based on incremental regional improvement on a set of quality measures. Achievement will be measured using state-generated data (vs. provider data). The financing for the Performance Bonus Pool will be the same as DSRIP today - the IGT entity(ies) that commit to IGT for particular providers/projects would also IGT for the PBP for those same providers/projects. (See the DSRIP Extension Planning and Protocols Webinar, slides 14-18, at http://www.hhsc.state.tx.us/waiver-renewal.shtml.)

During the SLC2015, Dr. Betsy Shenkman, with the Institute of Child Health Policy (ICHP), the Texas Medicaid External Quality Review Organization (EQRO) presented 2013 performance at a regional level for measures under consideration for the PBP. This information is currently on the 1115 Waiver Website (http://www.hhsc.state.tx.us/1115-docs/082615/Shenkman%20_RHP_performance.pdf).

HHSC has since received 2014 regional performance from ICHP for the measures presented at the SLC2015 and this information is also posted on the waiver website. (http://www.hhsc.state.tx.us/1115-docs/011516/RHP_HEDIS_CY2013-2014.xlsx). Additional measures have also been added for consideration for use in the Performance Bonus Pool and/or for use in a statewide analysis plan where statewide performance would be monitored. In the table of measures under consideration below, HHSC has highlighted, in yellow, these additional measures in the table that follows.

Description of information currently available for stakeholder feedback: The subsequent table represents those measures that are currently under consideration and, where available, the 2013 and 2014 statewide performance based on Medicaid Claims data. Within this table, HHSC has identified the measure, provided a brief description of the measure and references to measure specifications, detailed what population is represented in the Regional Performance Bonus Pool analysis (i.e., Medicaid only vs Medicaid and low-income/uninsured), and where available, provided 2013 and 2014 statewide performance trends.

Regarding the population proposed for analysis for each of the measures, HHSC will have all-payer data available for measures that rely solely on inpatient claims and is working on a way to report these measures stratified by payer to include low income/uninsured as well as Medicaid. For those measures that require ambulatory claims, all-payer data is not available and so subsequent performance reporting will be restricted to Medicaid populations.

Next Steps for development of proposed Performance Bonus Pool:
While all proposed measures are subject to approval by the Centers for Medicare and Medicaid Services (CMS), HHSC will continue to develop and obtain regional performance for the measures listed below in the table, including the analysis and findings for low-income/uninsured performance for those measures where all-payer data is the proposed data source. In addition, HHSC will continue to develop the policies and implementation plans for the proposed Regional Performance Bonus Pool.

At this time, HHSC is requesting feedback from stakeholders on the current measures under consideration to include a description of any gaps in measure topics or any limitations in the measures currently under consideration. HHSC is also welcoming feedback and questions from stakeholders on the broader approach of using a Regional Performance Bonus Pool in the extension period. Feedback may be provided directly via email to the Waiver inbox (TXHealthcareTransformation@hhsc.state.tx.us), with subject line Performance Bonus Pool.

DSRIP Regional Performance Bonus Pool Proposed Measures, Statewide Performance							
Selected Measure	**Measures Description**	**Population Represented**	**Measure Steward**	**2013 Texas Performance (Medicaid ONLY)**	**2014 Texas Performance (Medicaid ONLY- see notes)**	**Percent Change from 2013 to 2014**	**Number of DSRIP Projects with Related Cat 3 Outcome Measures**
AHRQ QUALITY INDICATORS							
1. Adult Prevention Quality Indicators (PQI)		All payer data (DSHS) Proposed Stratifications: - regional Medicaid population; or -regional Low-income/uninsured population; or - Both	AHRQ				
a. Diabetes Mellitus (DM) Long-term Complications Admission Rate	Admissions for a principal diagnosis of diabetes with long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified) per 100,000 population, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions. Measure specifications: http://www.qualityindicators.ahrq.gov/modules/PQI_TechSpec.aspx			31.76	29.5	-7%	IT-2.15- DM LT Complications admission rate = 1 DM related Cat 3 outcomes total = 282
b. DM Short-term Complications Admission Rate	Admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions. Measure specifications: http://www.qualityindicators.ahrq.gov/modules/PQI_TechSpec.aspx			25.8	29.0	12%	IT-2.13- DM ST Complications admission rate = 1 DM related Cat 3 outcomes total = 282
c. Hypertension Admission Rate	Admissions with a principal diagnosis of hypertension per 100,000 population, ages 18 years and older. Excludes kidney disease combined with dialysis access procedure admissions, cardiac procedure admissions, obstetric admissions, and transfers from other institutions. Measure specifications: http://www.qualityindicators.ahrq.gov/modules/PQI_TechSpec.aspx			11.28	8.85	-22%	IT-2.5- HTN admission rate = 2 BP related Cat 3 outcomes total = 94
d. Congestive Heart Failure Admission Rate	Admissions with a principal diagnosis of heart failure per 100,000 population, ages 18 years and older. Excludes cardiac procedure admissions, obstetric admissions, and transfers from other institutions. Measure specifications: http://www.qualityindicators.ahrq.gov/modules/PQI_TechSpec.aspx			51.03	52.14	2%	IT-2.1- CHF admission rate = 5 CHF related Cat 3 outcomes total = 65
e. Dehydration Admission Rate	Admissions with a principal diagnosis of dehydration per 100,000 population, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions. Measure specifications: http://www.qualityindicators.ahrq.gov/modules/PQI_TechSpec.aspx			14.9	13.7	-8%	NA
f. Bacterial Pneumonia Admission Rate	Admissions with a principal diagnosis of dehydration per 100,000 population, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions. Measure specifications: http://www.qualityindicators.ahrq.gov/modules/PQI_TechSpec.aspx			35.1	31.1	-11%	IT-2.19- PNA admission rate = 7 PNA related Cat 3 outcomes total = 34
g. Chronic Obstructive Pulmonary Disease or Asthma Admission Rate	Admissions with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma per 100,000 population, ages 40 years and older. Excludes obstetric admissions and transfers from other institutions. Measure specifications: http://www.qualityindicators.ahrq.gov/modules/PQI_TechSpec.aspx			159.8	139.3	-13%	IT-2.9- COPD admission rate = 3 COPD & Asthma (Adult) related Cat 3 outcomes total = 28

	DSRIP Regional Performance Bonus Pool Proposed Measures, Statewide Performance						
Selected Measure	**Measures Description**	**Population Represented**	**Measure Steward**	**2013 Texas Performance (Medicaid ONLY)**	**2014 Texas Performance (Medicaid ONLY- see notes)**	**Percent Change from 2013 to 2014**	**Number of DSRIP Projects with Related Cat 3 Outcome Measures**
h. Low Birth Weight Rate	Low birth weight (< 2,500 grams) infants per 1,000 newborns. Excludes transfers from other institutions. Measure specifications: http://www.qualityindicators.ahrq.gov/modules/PQI_TechSpec.aspx			5.6	5.5	-2%	IT-8.2- LBW admission rate = 14 Healthy pregnancy related Cat 3 outcomes total = 67
2. Pediatric Quality Indicator (PDI) Asthma Admission Rate	Admissions with a principal diagnosis of asthma per 100,000 population, ages 2 through 17 years. Excludes cases with a diagnosis code for cystic fibrosis and anomalies of the respiratory system, obstetric admissions, and transfers from other institutions. Measure specifications: http://www.qualityindicators.ahrq.gov/modules/PDI_TechSpec.aspx	All payer data (DSHS) Proposed Stratifications: - regional Medicaid population; or -regional Low-income/uninsured population; or - Both	AHRQ	12.0	13.0	8%	IT-2.23- Pedi Asthma admission rate = 4 Pedi Asthma related Cat 3 outcomes total = 26
POTENTIALLY PREVENTABLE EVENTS							
3. Potentially Preventable Emergency Department Visits (PPV)		TX Medicaid - Regional Medicaid population	3M				
a. All PPVs	Emergency department visits for ambulatory-sensitive conditions that could otherwise be treated effectively by a care provider in a non-emergency setting. http://multimedia.3m.com/mws/media/784213O/3m-pop-health-ppe-ebook.pdf?&fn=Preventables%20eBook.pdf			39.4	39.5	0.2%	IT-9.2 (Adult) and IT-9.3 (Pedi) ED visits for ACSC conditions = 76 ED utilization related Cat 3 outcomes total = 195
b. Comorbid MH/SA PPV Rate	Emergency department visits for individuals with comorbid MH/SA condition that could otherwise be treated effectively by a care provider in a non-emergency setting. http://multimedia.3m.com/mws/media/784213O/3m-pop-health-ppe-ebook.pdf?&fn=Preventables%20eBook.pdf			data pending	data pending	data pending	IT-9.4.e ED visits for BH/SA conditions = 26
4. Potentially Preventable Admissions (PPA)		TX Medicaid - Regional Medicaid population	3M				
a. All PPAs	Admissions to a hospital or long-term care facility that could reasonably be prevented if care and treatment was provided according to accepted standards of care. http://multimedia.3m.com/mws/media/784213O/3m-pop-health-ppe-ebook.pdf?&fn=Preventables%20eBook.pdf			0.80	0.72	-10%	IT-2.21: ACSC Admission rate = 33
b. Condition specific stratifications (TBD)	Admissions to a hospital or long-term care facility for specified conditions that could reasonably be prevented if care and treatment was provided according to accepted standards of care. http://multimedia.3m.com/mws/media/784213O/3m-pop-health-ppe-ebook.pdf?&fn=Preventables%20eBook.pdf			data pending	data pending	data pending	

Selected Measure	Measures Description	Population Represented	Measure Steward	2013 Texas Performance (Medicaid ONLY)	2014 Texas Performance (Medicaid ONLY- see notes)	Percent Change from 2013 to 2014	Number of DSRIP Projects with Related Cat 3 Outcome Measures
		All payer data (DSHS) Proposed Stratifications: - regional Medicaid population; or -regional Low-income/uninsured population; or - Both	3M				
5. Potentially Preventable Readmissions (PPR)							
a. All Cause PPR	Return hospitalizations for all causes that may result from deficiencies in care or treatment provided during a previous hospital stay. PPRs can also result from inadequate post-hospital discharge follow-up http://multimedia.3m.com/mws/media/784213O/3m-pop-health-ppe-ebook.pdf?&fn=Preventables%20eBook.pdf			3.74	data pending	data pending	IT-3.22 + 3.1: All Cause PPR = 59 All Readmission related Cat 3 outcomes = 201
b. DM PPR Rate	Return hospitalizations for diabetes mellitus that may result from deficiencies in care or treatment provided during a previous hospital stay. PPRs can also result from inadequate post-hospital discharge follow-up http://multimedia.3m.com/mws/media/784213O/3m-pop-health-ppe-ebook.pdf?&fn=Preventables%20eBook.pdf			8.1	data pending	data pending	IT-3.5 + 3.5: DM PPR = 35 DM related Cat 3 outcomes total = 282
c. Hypertension PPR Rate	Return hospitalizations for hypertension that may result from deficiencies in care or treatment provided during a previous hospital stay. PPRs can also result from inadequate post-hospital discharge follow-up http://multimedia.3m.com/mws/media/784213O/3m-pop-health-ppe-ebook.pdf?&fn=Preventables%20eBook.pdf			data pending	data pending	data pending	IT-2.5- HTN admission rate = 2 BP related Cat 3 outcomes total = 94
d. CHF PPR Rate	Return hospitalizations for congestive heart failure that may result from deficiencies in care or treatment provided during a previous hospital stay. PPRs can also result from inadequate post-hospital discharge follow-up http://multimedia.3m.com/mws/media/784213O/3m-pop-health-ppe-ebook.pdf?&fn=Preventables%20eBook.pdf			12.6	data pending	data pending	IT-3.2+ 3.3- CHF PPR = 57 CHF related Cat 3 outcomes total = 65
e. Acute Myocardial Infarction PPR Rate	Return hospitalizations for acute myocardial infarction that may result from deficiencies in care or treatment provided during a previous hospital stay. PPRs can also result from inadequate post-hospital discharge follow-up http://multimedia.3m.com/mws/media/784213O/3m-pop-health-ppe-ebook.pdf?&fn=Preventables%20eBook.pdf			12.8	data pending	data pending	IT-3.8+ 3.9- AMI PPR = 8 CVD related Cat 3 outcomes = 222
f. Sepsis/Septicemia & Disseminated Infections PPR Rate	Return hospitalizations for sepsis that may result from deficiencies in care or treatment provided during a previous hospital stay. PPRs can also result from inadequate post-hospital discharge follow-up http://multimedia.3m.com/mws/media/784213O/3m-pop-health-ppe-ebook.pdf?&fn=Preventables%20eBook.pdf			8.22	data pending	data pending	Sepsis related Cat 3 outcomes = 20
g. Pediatric Asthma PPR Rate	Return hospitalizations for pediatric asthma that may result from deficiencies in care or treatment provided during a previous hospital stay. PPRs can also result from inadequate post-hospital discharge follow-up http://multimedia.3m.com/mws/media/784213O/3m-pop-health-ppe-ebook.pdf?&fn=Preventables%20eBook.pdf			data pending	data pending	data pending	IT-3.20- Pedi Asthma readmission rate = 2 Pedi Asthma related Cat 3 outcomes total = 26
h. COPD PPR Rate	Return hospitalizations for COPD that may result from deficiencies in care or treatment provided during a previous hospital stay. PPRs can also result from inadequate post-hospital discharge follow-up http://multimedia.3m.com/mws/media/784213O/3m-pop-health-ppe-ebook.pdf?&fn=Preventables%20eBook.pdf			9.3	data pending	data pending	IT-3.16 + 3.17- COPD readmission rate = 9 COPD & Asthma (Adult) related Cat 3 outcomes total = 28
i. Mental Health/Substance Abuse PPR Rate (following a MH/SA Admission)	Return hospitalizations for MH/SA that may result from deficiencies in care or treatment provided during a previous hospital stay. PPRs can also result from inadequate post-hospital discharge follow-up http://multimedia.3m.com/mws/media/784213O/3m-pop-health-ppe-ebook.pdf?&fn=Preventables%20eBook.pdf			11.8	data pending	data pending	IT-3.14 + 3.15- BH/SA readmission rate = 27
PEDIATRIC ACCESS TO CARE							

DSRIP Regional Performance Bonus Pool Proposed Measures, Statewide Performance

DSRIP Regional Performance Bonus Pool Proposed Measures, Statewide Performance							
Selected Measure	**Measures Description**	**Population Represented**	**Measure Steward**	**2013 Texas Performance (Medicaid ONLY)**	**2014 Texas Performance (Medicaid ONLY- see notes)**	**Percent Change from 2013 to 2014**	**Number of DSRIP Projects with Related Cat 3 Outcome Measures**
6. Combination 4 Immunizations	The 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 H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates. measure specifications: https://www.qualityforum.org/QPS/0038	**TX Medicaid:** - Regional Medicaid population	**HEDIS**	5.8	54.7	843.1%	IT-12.9 Childhood immunization status = 3 Pedi Vaccination related Cat 3 outcomes total = 17
7. Well-child visits for 3,4,5 and 6 year olds	The percentage of children 3-6 years of age who had one or more well-child visits with a PCP during the measurement year. Measure specifications: https://www.qualityforum.org/QPS/1516			86.6	86.9	0.3%	IT-8.22 = 3 Pedi well visits related Cat 3 outcomes total = 10
ACCESS TO PREVENTIVE CARE							
8. Cervical Cancer Screening (CCS) (see tab 2 for regional performance)	The percentage of women 21–64 years of age who were screened for cervical cancer using specified criteria Measure specifications: https://www.qualityforum.org/QPS/0032			46.5	50.9	9%	IT-12.2 = 23
9. Colorectal Cancer Screening	The percentage of patients 50–75 years of age who had appropriate screening for colorectal cancer. Measure specifications: https://www.qualityforum.org/QPS/0034			data pending	data pending	data pending	IT-12.3 = 30
MATERNAL HEALTH							
10. Frequency of Ongoing Prenatal Care (>81% of expected visits)	The percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of expected prenatal visits > or =81 percent of expected visits. Measure specs: https://www.qualityforum.org/QPS/1391			52.6	57.6	10%	IT-8.1 + 8.5 = 6 Healthy pregnancy related Cat 3 outcomes total = 67
11. Access to Postpartum Care (PPC-Postpartum Care)	The percentage of deliveries of live births that had a postpartum visit on or between 21 and 56 days after delivery. Measure specifications:https://www.qualityforum.org/QPS/1517			47.03	49.4	5%	IT-8.1 + 8.19 = 20 Post partum related Cat 3 outcomes total = 22
BEHAVIORAL HEALTH MEASURES							
12. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment							IT-11.8= 14 Substance related Cat 3 outcomes total = 85
a. Initiation	The percentage of adolescent and adult patients with a new episode of alcohol or other drug (AOD) dependence who initiated treatment through an inpatient alcohol or other drug (AOD) admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of diagnosis. Measure specifications: https://www.qualityforum.org/QPS/0004			36.0	36.6	2%	
b. Engagement	The percentage of adolescent and adult patients with a new episode of alcohol or other drug (AOD) dependence who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit. Measure specifications: https://www.qualityforum.org/QPS/0004			7.4	7.2	-3%	

DSRIP Regional Performance Bonus Pool Proposed Measures, Statewide Performance							
Selected Measure	**Measures Description**	**Population Represented**	**Measure Steward**	**2013 Texas Performance (Medicaid ONLY)**	**2014 Texas Performance (Medicaid ONLY- see notes)**	**Percent Change from 2013 to 2014**	**Number of DSRIP Projects with Related Cat 3 Outcome Measures**
13. Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	The percentage of adolescents 18 years of age who had a screening for depression using a standardized tool. Measure specifications:https://www.qualityforum.org/QPS/0418			data pending	data pending	data pending	IT-1.8 + 11.15= 19 Depression related Cat 3 outcomes total = 56
14. Follow-up after Hospitalizations for Mental Illness							
a. Within 7 days	The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 30 days of discharge. measure specifications:http://www.qualityforum.org/QPS/0576			34.2	39.1	14%	IT-1.18 = 32
b. Within 30 days	Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented measure specifications:http://www.qualityforum.org/QPS/0576			56.4	62.5	11%	
15. HEDIS Antidepressant Medication Management (AMM)							
a. Acute Phase	The percentage of members 18 years of age and older with a diagnosis of major depression who remained on an antidepressant medication and were newly treated with antidepressant medication and who remained on antidepressant medication for at least 84 days (12 weeks). Measure specifications:http://www.qualityforum.org/QPS/0105			44.0	42.8	-3%	IT-1.19 = 2 Depression related Cat 3 outcomes total = 56
b. Continuation Phase	The percentage of members 18 years of age and older with a diagnosis of major depression who remained on an antidepressant medication and were newly treated with antidepressant medication and who remained on antidepressant medication for at least 180 days (6 months). Measure specifications: http://www.qualityforum.org/QPS/0105			30.5	29.0	-5%	

Notes for DSRIP Regional Performance Bonus Pool Proposed Measures, Statewide Performance
· Red Text in "Percent Change from 2013 to 2014" column indicates a decline in Texas performance
· Measure 3a and 4a (All PPVs and PPAs) data is for CY 2013 and 2014 for claims received for STAR MCO beneficiaries only
· Measures 5a-i Texas Medicaid and CHIP, for state fiscal year 2013; Measure 5a-5i (PPR) are PPR rates = PPR chains / Candidate Admissions. Chains may include multiple PPRs.
· Measures 6 to 15 (HEDIS) are percentages
· All PBP proposed Quality Indicators (PQIs and PDI) and PPEs have negative directionality meaning that a decrease in rate reflects an improvement in performance
· All PBP proposed HEDIS measures have a positive directionality meaning that an increase in the rate reflects an improvement in performance

Performance Data Sources for DSRIP Regional Performance Bonus Pool Proposed Measures, Statewide Performance:
· Measure 1 & 2: Institute for Child Health Policy (ICHP), Texas Healthcare Learning Collaborative Portal CY 2013 and CY 2014 data (Medicaid population only)
· Measure 3a, 4a: MCO level PPE interactive workbook for CY12-CY15 (CY15 is only up to September 2015); STAR Health ONLY; Data & Reports webpage here: http://www.hhsc.state.tx.us/hhsc_projects/ECI/Data-Reports.shtml Direct link:Potentially Preventable Events Data at the Program, Health Plan, and Service Area level - Calendar Years 2012-September 2015 (zip)*
· Measures 5a-5i: http://www.hhsc.state.tx.us/reports/2014/PPR-Statewide-Report-FY2013.pdf, table 3 (Total PPR rate and Adult MH/SA PPR rate) table 5 and 6 (disease specific)
· Measures 6 to 10, 12, 14: ICHP Portal CY 2013 and 2014 data (Medicaid population only)
· Measure 11, 15: ICHP Spreadsheet: RHP HEDIS PDI Inpatient CY2013. HHSC

8. Cervical Cancer Screening (CCS)

RHP	Numer of CCS		Denom of CCS		Rate of of CCS		
	2013	2014	2013	2014	2013	2014	% Change
TEXAS	52,933	49,983	107,000	98,260	49.50%	50.87%	2.8%
RHP 1	3,402	1,223	7,944	2,093	42.82%	58.43%	36.5%
RHP 2	3,371	3,000	7,777	6,777	43.35%	44.27%	2.1%
RHP 3	9,066	9,440	17,858	18,967	50.77%	49.77%	-2.0%
RHP 4	2,308	2,183	4,719	4,528	48.91%	48.21%	-1.4%
RHP 5	4,870	4,977	8,431	8,660	57.76%	57.47%	-0.5%
RHP 6	6,965	7,217	12,912	13,300	53.94%	54.26%	0.6%
RHP 7	2,236	2,181	4,301	4,337	51.99%	50.29%	-3.3%
RHP 8	1,406	1,032	2,591	1,808	54.26%	57.08%	5.2%
RHP 9	5,569	5,906	11,451	11,913	48.63%	49.58%	2.0%
RHP 10	3,885	4,018	7,635	8,042	50.88%	49.96%	-1.8%
RHP 11	732	467	1,679	983	43.60%	47.51%	9.0%
RHP 12	1,467	1,539	3,374	3,229	43.48%	47.66%	9.6%
RHP 13	384	219	875	473	43.89%	46.30%	5.5%
RHP 14	631	425	1,676	992	37.65%	42.84%	13.8%
RHP 15	2,313	2,555	4,305	4,729	53.73%	54.03%	0.6%
RHP 16	1,059	670	2,091	1,232	50.65%	54.38%	7.4%
RHP 17	1,265	1,147	2,747	2,455	46.05%	46.72%	1.5%
RHP 18	615	533	1,466	1,113	41.95%	47.89%	14.2%
RHP 19	538	319	1,276	638	42.16%	50.00%	18.6%
RHP 20	851	932	1,824	1,991	46.66%	46.81%	0.3%

10. Frequency of Ongoing Prenatal Care (FPC_More than 81 percent of expected visits)

RHP	Numer of FPC_MT80		Denom of FPC_MT80		Rate of of FPC_MT80		
	2013	2014	2013	2014	2013	2014	% Change
TEXAS	70,660	80,368	134,000	139,000	52.59%	57.64%	10%
RHP 1	4,048	4,352	7,386	7,341	54.81%	59.28%	8%
RHP 2	4,124	4,472	7,763	7,965	53.12%	56.15%	6%
RHP 3	13,289	14,117	23,718	24,860	56.03%	56.79%	1%
RHP 4	2,851	3,326	5,468	5,780	52.14%	57.54%	10%
RHP 5	7,373	7,979	11,274	11,718	65.40%	68.09%	4%
RHP 6	6,879	8,802	14,477	15,285	47.52%	57.59%	21%
RHP 7	3,006	3,300	5,071	5,220	59.28%	63.22%	7%
RHP 8	1,784	2,150	3,324	3,664	53.67%	58.68%	9%
RHP 9	7,936	8,198	13,934	14,377	56.95%	57.02%	0%
RHP 10	6,342	6,920	11,575	12,273	54.79%	56.38%	3%
RHP 11	611	1,023	1,885	1,941	32.41%	52.70%	63%
RHP 12	1,689	2,900	5,846	6,001	28.89%	48.33%	67%
RHP 13	392	607	1,143	1,098	34.30%	55.28%	61%
RHP 14	907	1,478	3,035	2,993	29.88%	49.38%	65%
RHP 15	3,334	3,425	5,943	5,862	56.10%	58.43%	4%
RHP 16	985	1,178	2,177	2,326	45.25%	50.64%	12%
RHP 17	1,598	1,847	3,447	3,542	46.36%	52.15%	12%
RHP 18	1,404	1,510	2,329	2,381	60.28%	63.42%	5%
RHP 19	455	808	1,440	1,465	31.60%	55.15%	75%
RHP 20	1,653	1,976	3,117	3,329	53.03%	59.36%	12%

11. PPC_Postpartum Care

RHP	Numer of PPC_POST PARTUM 2013	2014	Denom of PPC_POST PARTUM 2013	2014	Rate of of PPC_POST PARTUM 2013	2014	% Change
TEXAS	63,190	68,814	134,000	139,000	47.03%	49.36%	5%
RHP 1	3,394	3,633	7,386	7,341	45.95%	49.49%	8%
RHP 2	3,535	4,288	7,763	7,965	45.54%	53.84%	18%
RHP 3	12,549	14,110	23,718	24,860	52.91%	56.76%	7%
RHP 4	2,724	2,974	5,468	5,780	49.82%	51.45%	3%
RHP 5	4,024	4,250	11,274	11,718	35.69%	36.27%	2%
RHP 6	6,103	6,796	14,477	15,285	42.16%	44.46%	5%
RHP 7	1,916	2,172	5,071	5,220	37.78%	41.61%	10%
RHP 8	1,661	1,762	3,324	3,664	49.97%	48.09%	-4%
RHP 9	6,622	7,038	13,934	14,377	47.52%	48.95%	3%
RHP 10	6,446	6,969	11,575	12,273	55.69%	56.78%	2%
RHP 11	893	827	1,885	1,941	47.37%	42.61%	-10%
RHP 12	2,745	2,967	5,846	6,001	46.96%	49.44%	5%
RHP 13	666	556	1,143	1,098	58.27%	50.64%	-13%
RHP 14	1,297	1,276	3,035	2,993	42.73%	42.63%	0%
RHP 15	2,741	2,758	5,943	5,862	46.12%	47.05%	2%
RHP 16	889	1,003	2,177	2,326	40.84%	43.12%	6%
RHP 17	1,809	1,842	3,447	3,542	52.48%	52.00%	-1%
RHP 18	1,225	1,301	2,329	2,381	52.60%	54.64%	4%
RHP 19	783	840	1,440	1,465	54.38%	57.34%	5%
RHP 20	1,168	1,452	3,117	3,329	37.47%	43.62%	16%

12. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET_Engagement)

RHP	Numer of IET_Engagement 2013	2014	Denom of IET_Engagement 2013	2014	Rate of of IET_Engagement 2013	2014	% Change
TEXAS	2,239	2,357	29,609	31,585	7.56%	7.46%	-1.32%
RHP 1	96	79	1,869	1,638	5.14%	4.82%	-6.23%
RHP 2	120	88	1,954	1,963	6.14%	4.48%	-27.04%
RHP 3	280	299	5,218	5,435	5.37%	5.50%	2.42%
RHP 4	121	126	1,318	1,373	9.18%	9.18%	0.00%
RHP 5	428	485	2,521	2,707	16.98%	17.92%	5.54%
RHP 6	221	243	3,075	3,688	7.19%	6.59%	-8.34%
RHP 7	124	142	1,510	1,667	8.21%	8.52%	3.78%
RHP 8	50	50	695	705	7.19%	7.09%	-1.39%
RHP 9	111	104	3,795	3,829	2.92%	2.72%	-6.85%
RHP 10	212	236	2,632	2,953	8.05%	7.99%	-0.75%
RHP 11	17	20	353	327	4.82%	6.12%	26.97%
RHP 12	55	51	773	881	7.12%	5.79%	-18.68%
RHP 13	9	9	188	172	4.79%	5.23%	9.19%
RHP 14	20	37	286	294	6.99%	12.59%	80.11%
RHP 15	205	236	964	1,308	21.27%	18.04%	-15.19%
RHP 16	27	27	535	557	5.05%	4.85%	-3.96%
RHP 17	62	49	742	856	8.36%	5.72%	-31.58%
RHP 18	19	12	413	418	4.60%	2.87%	-37.61%
RHP 19	20	16	357	347	5.60%	4.61%	-17.68%
RHP 20	42	48	411	467	10.22%	10.28%	0.59%

14a. Follow-Up after Hospitalization for Mental Illness (FUH_Follow Up within 7 Days)

RHP	Numer of FUH_7DAYS		Denom of FUH_7DAYS		Rate of of FUH_7DAYS		
	2013	2014	2013	2014	2013	2014	% Change
TEXAS	7,139	9,175	20,903	23,488	34.15%	39.06%	14.38%
RHP 1	324	383	1,247	1,262	25.98%	30.35%	16.82%
RHP 2	326	360	1,135	1,123	28.72%	32.06%	11.63%
RHP 3	1,901	2,157	4,606	5,194	41.27%	41.53%	0.63%
RHP 4	247	312	804	894	30.72%	34.90%	13.61%
RHP 5	626	792	1,930	1,990	32.44%	39.80%	22.69%
RHP 6	1,089	1,419	2,523	3,089	43.16%	45.94%	6.44%
RHP 7	306	435	771	1,055	39.69%	41.23%	3.88%
RHP 8	247	316	635	721	38.90%	43.83%	12.67%
RHP 9	283	715	1,716	1,832	16.49%	39.03%	136.69%
RHP 10	600	843	1,690	2,170	35.50%	38.85%	9.44%
RHP 11	127	150	350	344	36.29%	43.60%	20.14%
RHP 12	159	222	578	647	27.51%	34.31%	24.72%
RHP 13	43	75	202	225	21.29%	33.33%	56.55%
RHP 14	45	51	184	162	24.46%	31.48%	28.70%
RHP 15	250	361	800	1,011	31.25%	35.71%	14.27%
RHP 16	108	87	320	335	33.75%	25.97%	-23.05%
RHP 17	229	211	570	580	40.18%	36.38%	-9.46%
RHP 18	53	114	312	339	16.99%	33.63%	97.94%
RHP 19	81	93	278	273	29.14%	34.07%	16.92%
RHP 20	95	79	252	242	37.70%	32.64%	-13.42%

14b. Follow-Up after Hospitalization for Mental Illness (FUH_Follow Up within 30 Days)

RHP	Numer of FUH_30DAYS		Denom of FUH_30DAYS		Rate of of FUH_30DAYS		
	2013	2014	2013	2014	2013	2014	% Change
TEXAS	11,789	14,678	20,903	23,488	56.40%	62.49%	10.80%
RHP 1	637	732	1,247	1,262	51.08%	58.00%	13.55%
RHP 2	613	671	1,135	1,123	54.01%	59.75%	10.63%
RHP 3	2,945	3,284	4,606	5,194	63.94%	63.23%	-1.11%
RHP 4	453	517	804	894	56.34%	57.83%	2.64%
RHP 5	1,219	1,307	1,930	1,990	63.16%	65.68%	3.99%
RHP 6	1,658	2,044	2,523	3,089	65.72%	66.17%	0.68%
RHP 7	482	683	771	1,055	62.52%	64.74%	3.55%
RHP 8	388	508	635	721	61.10%	70.46%	15.32%
RHP 9	426	1,135	1,716	1,832	24.83%	61.95%	149.50%
RHP 10	955	1,318	1,690	2,170	56.51%	60.74%	7.49%
RHP 11	194	244	350	344	55.43%	70.93%	27.96%
RHP 12	281	403	578	647	48.62%	62.29%	28.12%
RHP 13	91	132	202	225	45.05%	58.67%	30.23%
RHP 14	82	86	184	162	44.57%	53.09%	19.12%
RHP 15	413	576	800	1,011	51.63%	56.97%	10.34%
RHP 16	192	174	320	335	60.00%	51.94%	-13.43%
RHP 17	371	378	570	580	65.09%	65.17%	0.12%
RHP 18	96	196	312	339	30.77%	57.82%	87.91%
RHP 19	148	155	278	273	53.24%	56.78%	6.65%
RHP 20	145	135	252	242	57.54%	55.79%	-3.04%

15a. Antidepressant Medication Management (AMM_Effective Acute Phase Treatment)

RHP	Numer of AMM Effective Acute Phase Treatment		Denom of AMM Effective Acute Phase Treatment		Rate of of AMM Effective Acute Phase Treatment		
	2013	2014	2013	2014	2013	2014	% Change
TEXAS	5,174	4,769	11,751	11,147	44.03%	42.78%	-3%
RHP 1	445	299	885	685	50.28%	43.65%	-13%
RHP 2	386	381	782	759	49.36%	50.20%	2%
RHP 3	774	723	1,733	1,681	44.66%	43.01%	-4%
RHP 4	238	210	577	549	41.25%	38.25%	-7%
RHP 5	382	387	1,032	1,018	37.02%	38.02%	3%
RHP 6	617	591	1,516	1,450	40.70%	40.76%	0%
RHP 7	171	187	430	410	39.77%	45.61%	15%
RHP 8	132	135	305	309	43.28%	43.69%	1%
RHP 9	563	526	1,297	1,250	43.41%	42.08%	-3%
RHP 10	498	448	1,068	977	46.63%	45.85%	-2%
RHP 11	96	80	195	172	49.23%	46.51%	-6%
RHP 12	155	145	334	333	46.41%	43.54%	-6%
RHP 13	49	37	74	81	66.22%	45.68%	-31%
RHP 14	77	52	142	113	54.23%	46.02%	-15%
RHP 15	165	192	426	465	38.73%	41.29%	7%
RHP 16	90	69	199	169	45.23%	40.83%	-10%
RHP 17	117	118	259	278	45.17%	42.45%	-6%
RHP 18	91	81	164	158	55.49%	51.27%	-8%
RHP 19	78	61	171	125	45.61%	48.80%	7%
RHP 20	50	47	162	165	30.86%	28.48%	-8%

15b. Antidepressant Medication Management (AMM_Effective Continuation Phase Treatment)

RHP	Numer of AMM Effective Continuation Phase Treatment		Denom of AMM Effective Continuation Phase Treatment		Rate of of AMM Effective Continuation Phase Treatment		
	2013	2014	2013	2014	2013	2014	% Change
TEXAS	3,583	3,234	11,751	11,147	30.49%	29.01%	-5%
RHP 1	316	211	885	685	35.71%	30.80%	-14%
RHP 2	281	260	782	759	35.93%	34.26%	-5%
RHP 3	525	484	1,733	1,681	30.29%	28.79%	-5%
RHP 4	148	152	577	549	25.65%	27.69%	8%
RHP 5	248	241	1,032	1,018	24.03%	23.67%	-1%
RHP 6	422	374	1,516	1,450	27.84%	25.79%	-7%
RHP 7	122	129	430	410	28.37%	31.46%	11%
RHP 8	96	92	305	309	31.48%	29.77%	-5%
RHP 9	383	362	1,297	1,250	29.53%	28.96%	-2%
RHP 10	340	331	1,068	977	31.84%	33.88%	6%
RHP 11	69	61	195	172	35.38%	35.47%	0%
RHP 12	116	102	334	333	34.73%	30.63%	-12%
RHP 13	42	30	74	81	56.76%	37.04%	-35%
RHP 14	60	30	142	113	42.25%	26.55%	-37%
RHP 15	108	122	426	465	25.35%	26.24%	4%
RHP 16	59	49	199	169	29.65%	28.99%	-2%
RHP 17	90	76	259	278	34.75%	27.34%	-21%
RHP 18	72	53	164	158	43.90%	33.54%	-24%
RHP 19	54	43	171	125	31.58%	34.40%	9%
RHP 20	32	32	162	165	19.75%	19.39%	-2%

Notes for Regional Medicaid Performance for Select PBP Proposed Measures:

- For regional level data claims would be attributed to a region based on the zip code of a beneficiary's residence
- Regional data is pending for the following HEDIS measures 6,7,9,13 and for non-HEDIS measures (Measures 1-5 Adult PQI, Pediatric PQI, PPV, PPA, PPR)

Source for Regional Medicaid Performance for Select PBP Proposed Measures:

ICHP Spreadsheet: RHP_HEDIS_PDI_Inpatient_CY2013. HHSC