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Services

CHIRP Quality Kickoff SFY2025

MCS Delivery System Quality & Innovation

CHIRP Quality Kickoff 8/22/23

Agenda



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- Measure Selection Parameters
- Scoring methodology considerations
- Stakeholder Engagement Plan



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Measure Selection Parameters



CHIRP Quality Goals in SFY2024



Optimal health for Texans at every stage of life



Right care in the right place at the right time



Keep patients free from harm



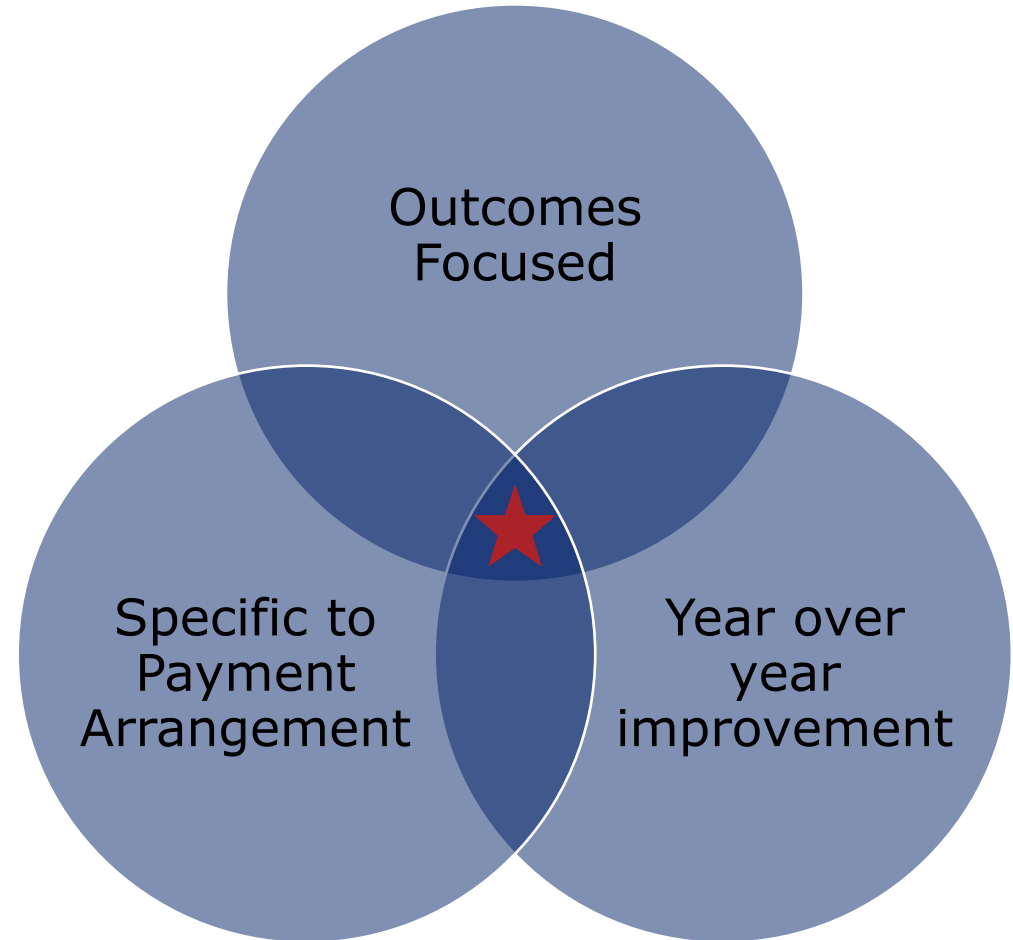
Effective practices for people with chronic, complex, and serious conditions



High-performing Medicaid providers to participate in team based, collaborative, and coordinated care

CMS Quality Requirements

- The application must show how the program aligns with the Medicaid Managed Care Quality Strategy and CMS quality priorities.
- The ideal measure is an outcome that can be isolated to the Medicaid Managed Care member and has room for improvement at a state level.
- CMS also emphasizes a preference for measures from the Medicaid Core Set



Source: Section 438.6(c) Preprint January 2021

Framework for Assessing Measure Value



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Program

Focus on quality improvements that benefit populations served by Texas Medicaid



Member

Demonstrate a connection to improvement in health outcomes or experience of care



Provider

Alignment with provider priorities and capabilities



The Public

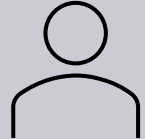
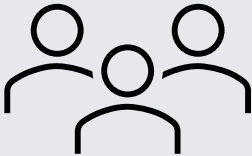
Accuracy and transparency of reported data



Data Sources



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Data Source	Pro	Con
<p>Participating Providers EHRs and other records</p> 	<ul style="list-style-type: none">• Timely• Actionable by providers• Includes clinical detail closest to the member	<ul style="list-style-type: none">• Labor-intensive for providers• Not validated• Provider-specific• Commonly impacted by E.H.R. transitions
<p>External Quality Review Organization (EQRO) Claims</p> 	<ul style="list-style-type: none">• Based on validated encounter data• Whole picture of a member's experience• Can be attributed to both the provider and program• Precise alignment with MCO's P4Q measures	<ul style="list-style-type: none">• Data lag• Claims-based with limited medical record detail






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CHIRP SFY2024 Measures

CHIRP Measure Comparison UHRIP & ACIA Rural



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Quality Goal	Measure Type*	Measure	SFY23	SFY24	Major Changes in SFY24
	S	C1-105: Health Information Exchange (HIE) Participation	Y	Y	Updates to qualitative questions
	O	C1-127: Medication Reconciliation: Unintentional Medication Discrepancies	Y	Y	No major changes
	S	C1-163: Non-Medical Drivers of Health (NMDOH) Screening and Follow-up Plan Best Practices	N	Y	New structure measure

		Measure	SFY23	SFY24	Major Changes in SFY24
	P	C2-104: Tobacco Use: Screening & Cessation Intervention	Y	Y	Removed denominator exclusion; Added certain patients to numerator
	P	C2-115: Screening for Depression and Follow-Up Plan	N	Y	New process measure

*Measure Types: (S)tructure, (P)rocess, (O)utcome

CHIRP Measure Comparison

ACIA Maternal & Care Transitions



Quality Goal	Measure Type*	Measures	SFY23	SFY24	Changes in SFY24
	S	C2-128: AIM Collaborative Participation	Y	Y	Updates to qualitative questions
	O	C2-129: Severe Maternal Morbidity	Y	Y	Using updated SMM codes from AIM (v12-01-2022)
	O	C2-130: PC-02 Cesarean Birth	Y	Y	No major changes
		Measure	SFY23	SFY24	Changes in SFY24
	S	C2-141: Transition procedures for psychiatric patients	Y	Y	Updates to qualitative questions
		Measure	SFY23	SFY24	Changes in SFY24
	S	C2-142: Transition procedures for non-psych patients	Y	Y	Updates to qualitative questions

*Measure Types: (S)tructure, (P)rocess, (O)utcome

CHIRP Measure Comparison ACIA Hospital Safety & Pediatric



Quality Goal	Measure Type*	Measures	SFY23	SFY24	Major Changes SFY24
	O	C2-132: Catheter-Associated Urinary Tract Infection (CAUTI)	Y	Y	No major changes
	O	C2-133: Central Line-Associated Bloodstream Infection (CLABSI)	Y	Y	No major changes
	O	C2-164: Postoperative Sepsis Rate	N	Y	New outcome measure
Measures			SFY23	SFY24	Major Changes SFY24
	O	C2-158: Pediatric CLABSI	Y	Y	No major changes
	O	C2-159: Pediatric CAUTI	Y	Y	No major changes
	S	C2-165: Trauma-Informed Care Training	N	Y	New structure measure
	P	C2-115: Screening for Depression & Follow-Up Plan		Y	New process measure

*Measure Types: (S)tructure, (P)rocess, (O)utcome

External Quality Review Organization CHIRP Population Measures



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Quality
Goal

Measure



Potentially Preventable Complications

PPC 59 Medical and Anesthesia Obstetric Complications



Potentially Preventable Readmissions



Follow-up After Hospitalization for Mental Illness

Follow-up After ED Visit for Mental Illness

Follow-up After ED Visit with Multiple High-risk Chronic Conditions





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Potential CHIRP SFY2025 Pay for Performance Measures

Provider Reported Outcomes

★ Managed Care Member Level

- Severe Maternal Morbidity
- Cesarean Section (PC-02)

Facility Level

- Medication Reconciliation: Number of Unintentional Medication Discrepancies per Patient
- Catheter-Associated Urinary Tract Infection (CAUTI)
- Central Line-Associated Bloodstream Infection (CLABSI)
- Postoperative Sepsis Rate
- Pediatric CLABSI
- Pediatric CAUTI



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EQRO Reported Outcomes

★ MCO's Medical P4Q Measures

- Potentially Preventable Readmissions (PPR)
- Potentially Preventable Complications (PPC)
- Severe Maternal Morbidity
- Cesarean Sections, uncomplicated deliveries

★ Other Measures

- Plan All-Cause Readmissions*



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**CMS Core Measure*

EQRO Reported Outcomes PPVs and PPAs for special populations

- While Potentially Preventable ED Visits (PPV) and Potentially Preventable Admissions (PPA) reflect the quality of a system of care and are typically inappropriate for hospital facilities, they could be targeted to a narrow population for which hospitals do routinely collaborate with MCOs to improve outcomes.
- Require developing a method to attribute a member to a hospital
- Could focus on members with high utilization (for example, three or more ED visits in a year)



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Scoring Methodology Considerations

Questions for future discussion

Goals and Achievement

- Benchmarks vs. improvement over self
- Requiring year-over-year provider-level improvement
- Baseline for calculating achievement (CY2023)
- Reporting frequency
- Partial achievement

Planning for Data Issues

- Correcting errors in provider reporting
- Transparency in EQRO calculations
- Recoupments
- Auditing requirements

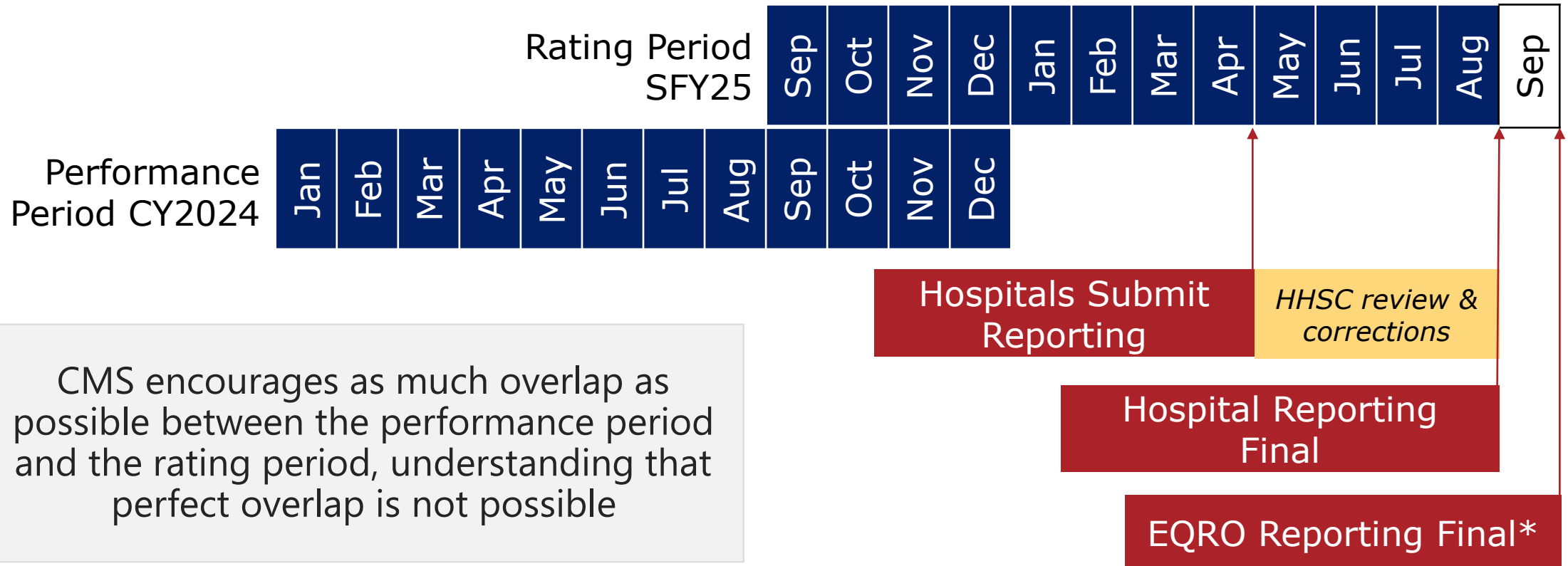


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Outcome Reporting in SFY 2025



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CMS encourages as much overlap as possible between the performance period and the rating period, understanding that perfect overlap is not possible



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Stakeholder Engagement Plan

CHIRP Quality Kickoff 8/22/23

Participants

Hospital Quality
Reporting Experts

Hospital
Associations

Managed Care
Organization
Quality
Improvement
Experts

Managed Care
Organization
Associations

Schedule

Biweekly, alternating weeks with financial discussions

From the week of 8/21/23 to 11/6/23, 6 weeks total

Meetings will be virtual, via Teams

Goal is to have measures final and published by
December 2023



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Questions?

DPPQuality@hhs.Texas.gov

Measure Comparison – Provider Reported

Measure Title	Hospitals reporting SFY2023	Component	Unit of Analysis	Has a Benchmark
Severe Maternal Morbidity	84	ACIA Maternal	Member	No
Cesarean Section (PC-02)	84	ACIA Maternal	Member	Healthy People 2030
Medication Reconciliation: Medication Discrepancies	391	UHRIP	Facility	No
CAUTI	132	ACIA Hospital Safety	Facility	Actual/Expected Ratio
CLABSI	132	ACIA Hospital Safety	Facility	Actual/Expected Ratio
Pediatric CAUTI	10	ACIA Pediatric	Facility	No
Pediatric CLABSI	10	ACIA Pediatric	Facility	No



Measure Comparison – EQRO Reported

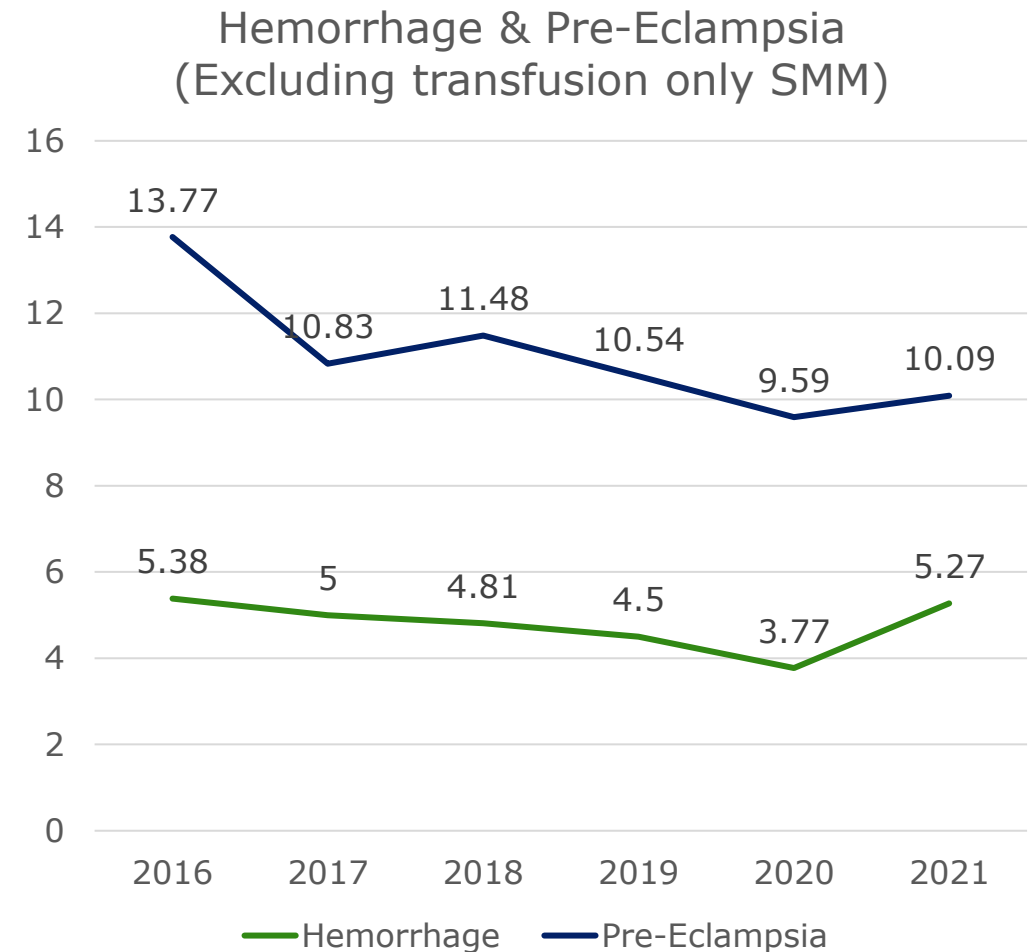
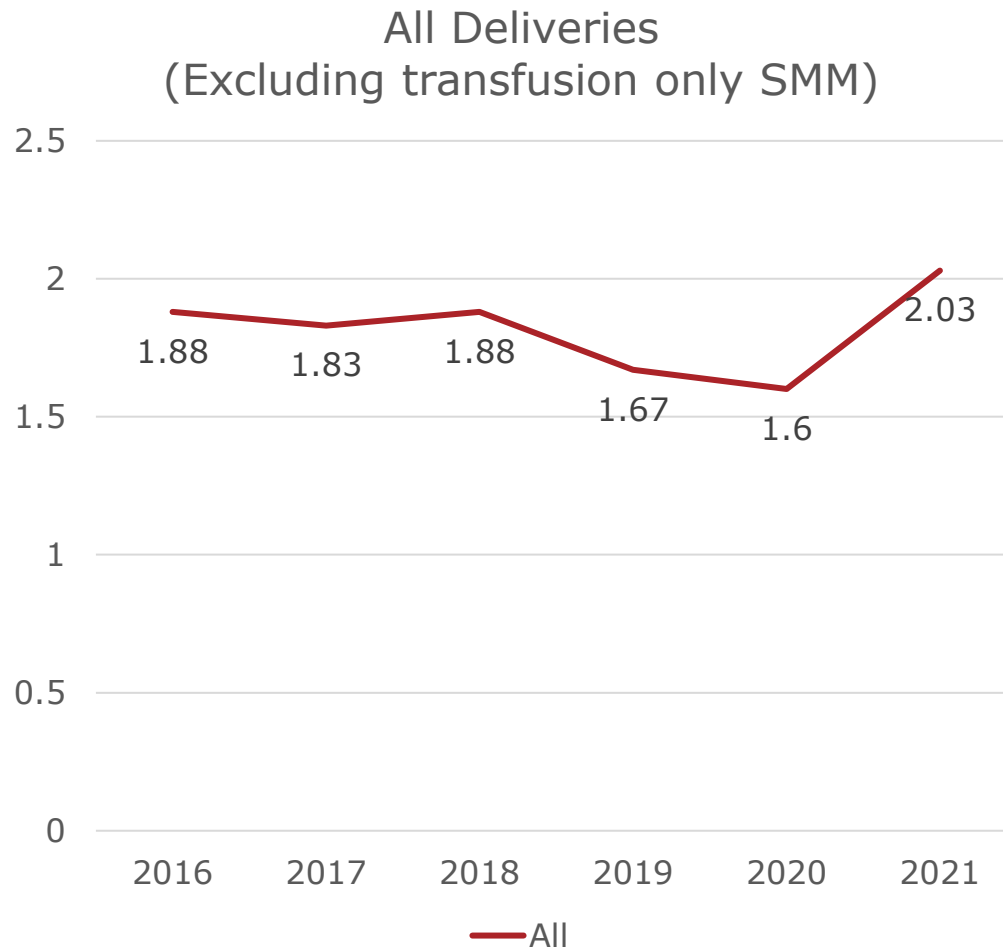
Measure Title	Has a Benchmark?
Potentially Preventable Readmissions (PPR)	Actual/Expected Ratio
Potentially Preventable Complications (PPC)	Actual/Expected Ratio
Severe Maternal Morbidity	No
Cesarean Sections, uncomplicated deliveries	No
Plan All-Cause Readmission	No



Severe Maternal Morbidity Rate (per 100 deliveries) STAR 2016 - 2021



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Source: Texas Healthcare Learning Collaborative Portal Medical Quality of Care

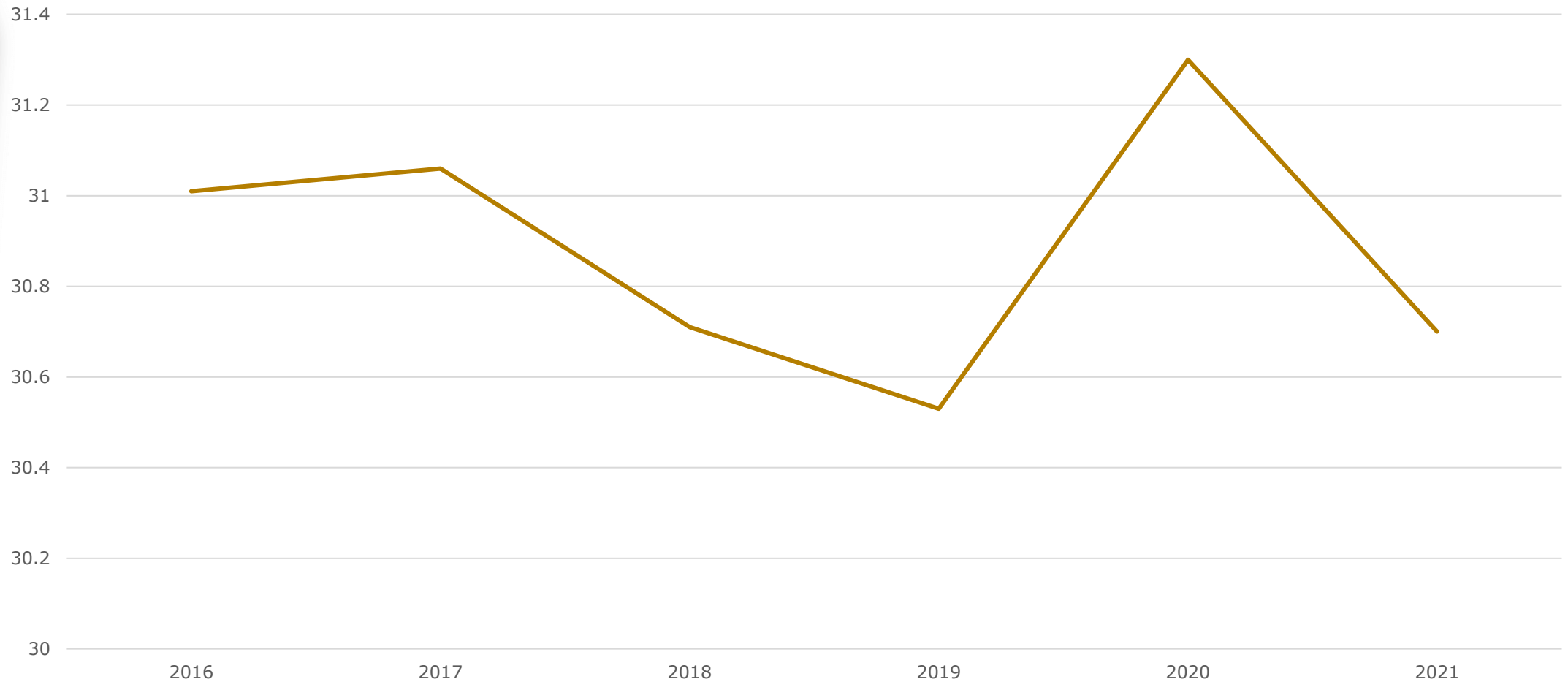
<https://thlcportal.com/measures/medical>

Accessed November 2022

Cesarean Section Rate Uncomplicated Deliveries STAR 2016 - 2021

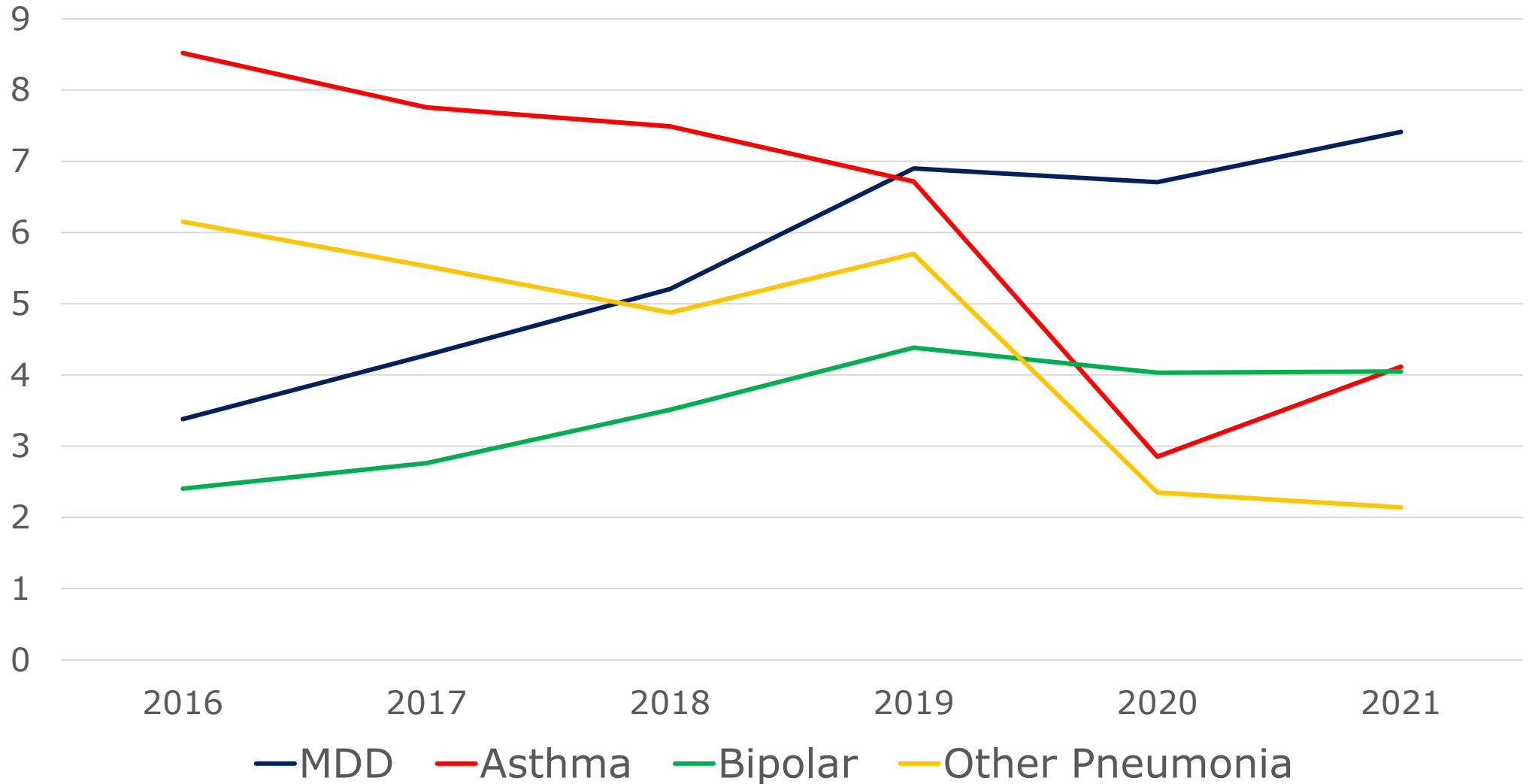


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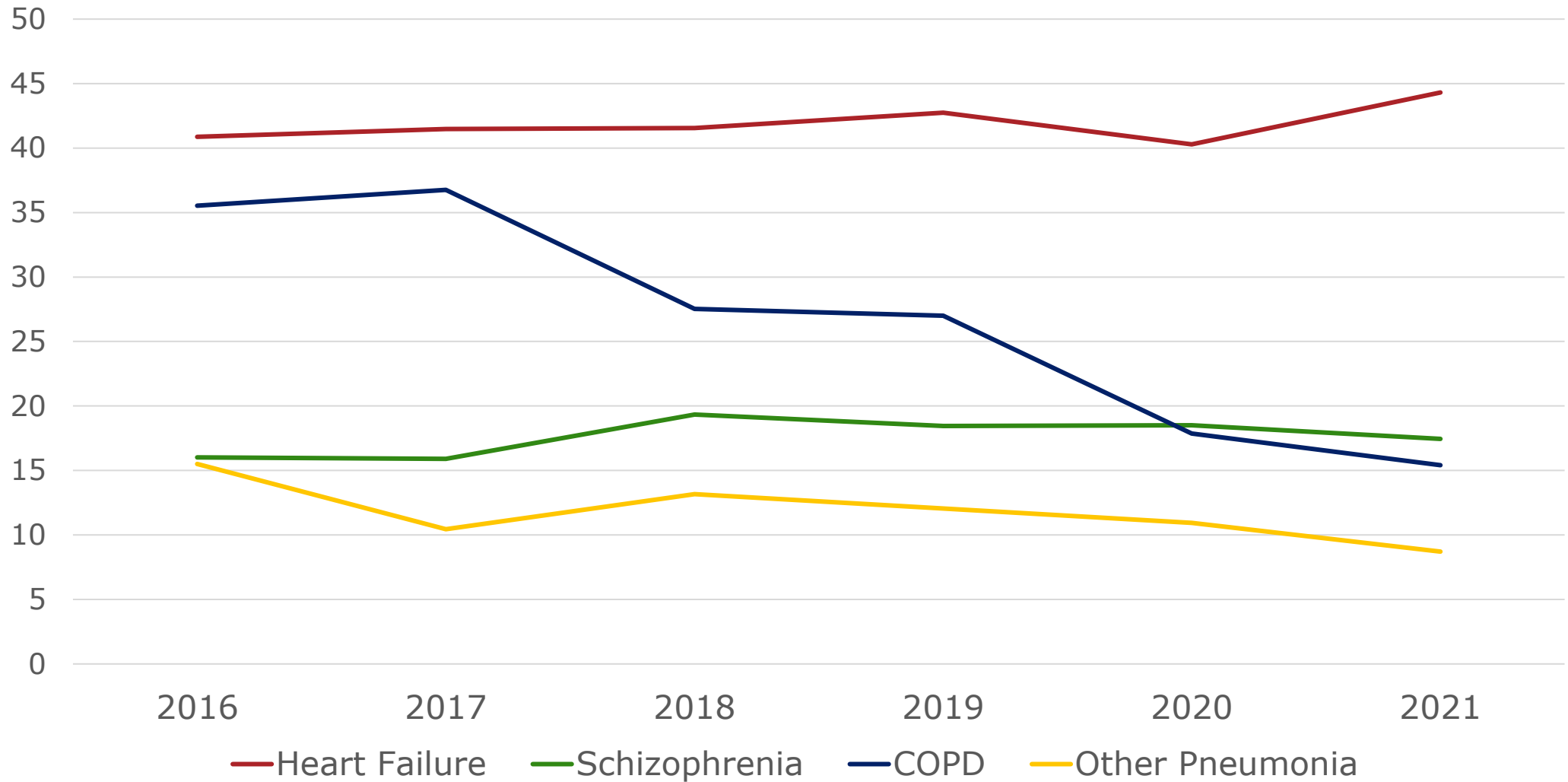
Source: Texas Healthcare Learning Collaborative Portal Medical Quality of Care
<https://thlcportal.com/measures/medical> Accessed November 2022

PPA Admissions per 100k Member Months STAR 2016 - 2021



Source: Texas Healthcare Learning Collaborative Portal PPAs
<https://thlcportal.com/ppe/ppaprogramwide> Accessed November 2022

PPA Admissions per 10k Member Months STAR+Plus 2016 - 2021



Source: Texas Healthcare Learning Collaborative Portal PPAs
<https://thlcportal.com/ppe/ppaprogramwide>
Accessed November 2022

Most Frequent PPRs 2021

Program	DRG Description	PPR Count
STAR	Major Depressive Disorder	1,910
STAR	Bipolar Disorder	1,132
STAR	Cesarean Delivery	548
STAR	Vaginal Delivery	546
STAR	Normal Newborn – Other	520
STAR+Plus	Schizophrenia	2,810
STAR+Plus	Bipolar Disorders	1,009
STAR+Plus	Heart Failure	669
STAR+Plus	Major Depressive Disorder	610
STAR+Plus	Septicemia	578

Source: Texas Healthcare Learning Collaborative Portal PPRs
<https://thlcportal.com/ppe/pprprogramwide>
 Accessed November 2022



Most Frequent PPCs 2021

STAR PPCs	Count
Medical & Anesthesia Obstetric Complications	304
Renal Failure without Dialysis	126
Septicemia & Severe Infections	79
Acute Pulmonary Edema and Respiratory Failure without Ventilation	74
Other Complications of Obstetrical Surgical & Perineal Wounds	71
Shock	63
Urinary Tract Infection	58
Accidental Puncture/Laceration during Invasive Procedure	52
Major Puerperal Infection and Other Major Obstetric Complications	51

STAR+Plus PPCs	Count
Renal Failure without Dialysis	449
Urinary Tract Infection	210
Ventricular Fibrillation/Cardiac Arrest	205
Septicemia & Severe Infections	202
Acute Pulmonary Edema and Respiratory Failure without Ventilation	174
Shock	172
Infection, Inflammation & Other Complications of Devices, Implants or Grafts except Vascular Infe	73
Other Gastrointestinal Complications	70
Stroke & Intracranial Hemorrhage	63

Source: Texas Healthcare Learning Collaborative Portal PPCs

<https://thlcportal.com/ppe/ppcprogramwide>

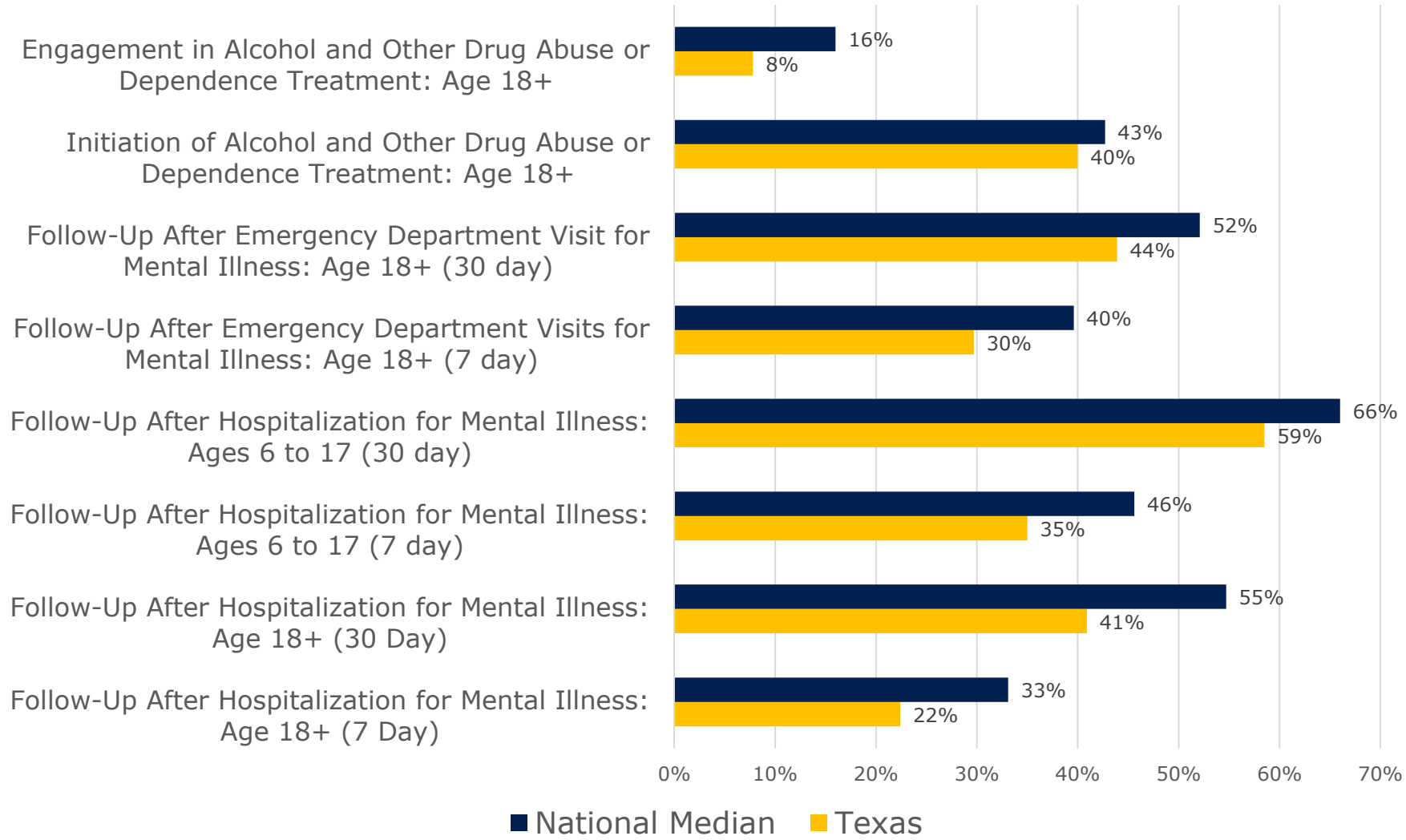
Accessed November 2022



National Medicaid Scorecard FFY2020



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Source: CMS [State Health System Performance](#)
Accessed November 2022

MCO P4Q Measures 2022 & 2023

STAR

At Risk

- PPVs
- PPAs
- Prenatal and Postpartum Care
- Childhood Immunization Status Combo 10
- Follow-up Care for Children Prescribed ADHD Medication

Bonus

- Low Birth Weight
- Metabolic Monitoring for Children & Adolescents on Antipsychotics
- Chlamydia Screening in Women
- Cesarean Sections, Uncomplicated
- Severe Maternal Morbidity
- Access to Routine Care – Adult Survey

STAR+Plus

At Risk

- PPVs
- PPRs
- Diabetes Control HbA1c < 8%
- Diabetes Screening for Members with Schizophrenia or Bipolar Disorder Who are Using Antipsychotics
- Cervical Cancer Screening
- Follow-up After Hospitalization for Mental Illness

Bonus

- PQI Composite
- PPCs
- Risk of Continued Opioid Use
- Adherence to Antipsychotics
- Breast Cancer Screening



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