

42. To obtain written approval of this payment arrangement, a State must demonstrate that each state directed payment arrangement expects to advance at least one of the goals and objectives in the quality strategy. In the Table 7 below, identify the goal(s) and objective(s), as they appear in the Quality Strategy (include page numbers), this payment arrangement is expected to advance. If additional rows are required, please attach.

Table 7: Payment Arrangement Quality Strategy Goals and Objectives

Goal(s)	Objective(s)	Quality strategy page
a. Promoting optimal health for Texans at every stage of life through prevention and by engaging individuals, families, communities, and the healthcare system to address root causes of poor health.	Individuals practicing healthy behaviors yield reduced rates of tobacco use, obesity, and substance use.	14
	Individuals access routine and timely preventive and primary care.	
b. Providing the right care in the right place at the right time to ensure people can easily navigate the health system to receive timely services in the least intensive or restrictive setting appropriate.	Reduced rate of avoidable hospital admissions and readmissions.	4
c. Keeping patients free from harm by building a safer healthcare system that limits human error.	Reduced rate of avoidable complications or adverse healthcare events in all care settings.	2 4
d. Promoting effective practices for people with chronic, complex and serious conditions to improve people's quality of life and independence, reduce mortality rates, and better manage the leading drivers of health care costs	Effective medication management Reduced rate of avoidable hospital and emergency department visits for individuals with medical complexity, including with co-occurring behavioral health diagnoses.	25
e. Attracting and retaining high-performing Medicaid providers, including medical, behavioral health, dental, and long-term services and supports providers and other healthcare professionals to participate in team based, collaborative, and	Increased number of individuals, particularly individuals with complex medical needs, served in integrated and/or accountable care models. Providers participate in learning collaboratives, sharing and applying best practices to deliver high-value care.	35

Attachment L – CHIRP Preprint Question 42 Table 7

coordinated care.	Reduced proportion of population reporting difficulties accessing care.	
	Timely and efficient exchange of health information and increased interoperability.	