Evaluation Plan for Quality Incentive Payment Program (QIPP)

As Required by The Centers for Medicare & Medicaid Services

Texas Health and Human Services Commission

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1. Background

The Quality Incentive Payment Program (QIPP) is a state directed payment program (DPP) which serves as a performance-based initiative to help nursing facilities achieve transformation in the quality of their services through implementation of innovative program-wide improvement processes for which facilities are compensated for meeting or exceeding certain goals. Improvement is based upon several indices of success, including quality metrics that are collected by the Centers for Medicare and Medicaid Services (CMS).

Two classes of Nursing Facility (NF) Provider types are eligible to participate:

1. **Non-state owned governmental entities**: A non-state governmental entity includes nursing facilities operated by a hospital authority, hospital district, health district, city, or county.

2. **Other providers:** QIPP Year 5 (SFY22) requires a 65% Medicaid utilization to participate as a privately-owned facility.

QIPP includes four components and funds are paid through the STAR+PLUS Medicaid managed care per member per month capitation rates:

- Component 1 is open only to non-state government owned (NSGO) providers and serves as a universal rate increase payment. Facilities receive monthly payments if they hold a Quality Assurance and Performance Improvement (QAPI) Meeting each month and submit their QAPI Validation Report form and data demonstrating a NF-specific performance improvement project (PIP) based on a Long-Stay Minimum Data Set (MDS) of relevance to the NF.

- Component 2 serves as a performance incentive payment based on achievement of quality metrics focused on workforce development. It is open to all provider types, and funds are distributed monthly. The three metrics are:

    - Metric 1: NF maintains four additional hours of registered nurse (RN) staffing coverage per day, beyond the CMS mandate.

- Metric 2: NF maintains eight additional hours of RN staffing coverage per day, beyond the CMS mandate.
- Metric 3: NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes.

- Component 3 serves as a performance incentive payment wherein all provider types are eligible to earn quarterly payments upon meeting program-wide and facility-specific targets on Long-Stay MDS quality measures. The four metrics are:

  - Metric 1: (CMS N015.03) Percent of high-risk residents with pressure ulcers, including unstageable pressure ulcers.
  - Metric 2: (CMS N031.03) Percent of residents who received an antipsychotic medication.
  - Metric 3: (CMS N035.03) Percent of residents whose ability to move independently has worsened.
  - Metric 4: (CMS N024.02) Percent of residents with a urinary tract infection.

- Component 4 is open only to NSGO providers as a performance incentive payment. Funds are distributed quarterly upon demonstrating evidence of an active infection control program that includes pursuing improved outcomes in vaccination rates and antibiotic stewardship. Facilities must meet staged performance targets over the four quarters of the program year.

2. Methodology

Evaluation Questions and Hypotheses

QIPP was designed to help advance transformation in the quality of services provided by nursing facilities through implementation of program-wide improvement. This aligns with HHSC's goals of promoting effective practices for people with chronic, complex, and serious conditions and keeping patients free from harm. Texas developed three evaluation questions and five corresponding hypotheses to evaluate the extent to which QIPP helps advance these goals.

Evaluation Question 1. Does QIPP keep patients free from harm?

- Hypothesis 1.1. QIPP will reduce the rate of avoidable complications or adverse healthcare events
- Hypothesis 1.2. QIPP will reduce rate of avoidable hospitalizations for NF residents

Evaluation Question 2. Does QIPP promote effective practices for people with chronic, complex, and serious conditions?

- Hypothesis 2.1. QIPP will reduce rate of avoidable hospital and emergency department visits for individuals with medical complexity

Evaluation Question 3. Does QIPP attract and retain high-performing Medicaid providers?

- Hypothesis 3.1. QIPP will encourage providers to actively monitor patient outcomes and perspectives to address their needs and improve healthcare delivery

~~**Evaluation Question 1.** Does QIPP promote effective data-driven practices by Texas NFs?~~

- ~~Hypothesis 1.1. QIPP will improve adoption of data-driven QAPI program~~
- ~~Hypothesis 1.2. QIPP will promote adoption of evidence-based infection control policies and antibiotic stewardship~~

~~**Evaluation Question 2.** Does QIPP prevent harm by incentivizing adequate staffing and workforce development practices?~~

- ~~Hypothesis 2.1. QIPP will increase availability of direct-care RN staffing~~
- ~~Hypothesis 2.2. QIPP will reduce number of hospitalizations per 1,000 Long-Stay Nursing Home Resident Days~~

~~**Evaluation Question 3.** Does QIPP impact quality of care through incentivizing MDS performance improvement?~~

- ~~Hypothesis 3.1. QIPP will promote NF improvement in key MDS performance measures~~

Evaluation Design

Texas will use six validated Minimum Data Set (MDS) Long-Stay Quality Measures submitted by facilities to CMS and available publicly on the Care Compare website (previously Nursing Home Compare website), self-reported data on direct-care RN staffing hours, and validation reports outlining use of data-driven QAPI practices and development of PIPs.

The QIPP evaluation will rely on pre-post study design to compare pre-QIPP and QIPP periods. The performance target for all MDS measures is to exceed average baseline performance and demonstrate improvement from program implementation to program completion. Subsequent sections provide additional information on the evaluation population, evaluation period, evaluation measures, data sources, and analytic methods.

Evaluation Population

The QIPP program population includes nursing facilities serving adults in the STAR+PLUS Medicaid managed care program. Nursing facilities provide services with the goal to maximize resident autonomy, function, dignity and comfort. The unit of analysis for QIPP evaluation measures will be the nursing facility and the QIPP evaluation population will consist of QIPP-participating facilities.

Evaluation Period

The table below presents the planned reporting schedule for program evaluations. The program duration will be three years, state fiscal years (SFY) 2022 through 2024, September 1, 2021 through August 31, 2024. Two types of data are used to evaluate provider performance and for annual program evaluations.

- MDS data are aligned on federal fiscal year (FFY) quarters. Therefore, the measurement periods for MDS measures in QIPP are aligned on FFY quarters.
- Provider reported data are submitted monthly or quarterly within the program years, aligned on SFY.

Texas plans to submit annual pre-prints for program continuation and evaluation reports every February. The measurement period to be included in each evaluation report is dependent on the periodicity of the source data and time required to analyze it. Interim evaluations will be submitted for evaluations due before full program year data can be analyzed.

QIPP Year 5 is the first program year addressed by this evaluation plan. In the state's submission for Year 6, HHSC will submit an interim evaluation report for Year 5, and the full Year 5 evaluation will be submitted with the Year 7 submission. See the table below for the planned reporting cycle and evaluation timeline.

Table 1. QIPP Evaluation Timeline

Report Name	Data Type	Data Available	Measurement Periods Available	Able to Demonstrate a Trend[1]
February 2023: • Year 5 Interim Evaluation	MDS	2 Quarters	FFY 2022, Q1-Q2	No
	Provider Reported	1 Year	SFY 2022	No
February 2024: • Year 5 Final Evaluation	MDS	1 Year	FFY 2022	Yes
	Provider Reported	1 Year	SFY 2022	Yes
• Year 6 Interim Evaluation	MDS	2 Quarters	FFY 2023, Q1-Q2	Yes
	Provider Reported	1 Year	SFY 2023	Yes
February 2025: • Year 6 Final Evaluation	MDS	1 Year	FFY 2023	Yes
	Provider Reported	1 Year	SFY 2023	Yes

[1] For interim evaluations of MDS measures retained from earlier program years, trend analysis will be provided where possible

Report Name	Data Type	Data Available	Measurement Periods Available	Able to Demonstrate a Trend[1]
• Year 7 Interim Evaluation	MDS	2 Quarters	FFY 2024, Q1-Q2	Yes
	Provider Reported	1 Year	SFY 2024	Yes
February 2026: • Year 7 Final Evaluation	MDS	1 Year	FFY 2024	Yes
	Provider Reported	1 Year	SFY 2024	Yes

Evaluation Measures

Table 2 provides an overview of the measures, study populations, data sources, and analytic methods by evaluation hypothesis. Table 3 includes the evaluation measures, baselines, and performance targets as required in the preprint, 44b, Table 8.

TABLE 2. QIPP Evaluation Measures

Evaluation Hypothesis	Measures	Study Population	Data Sources	Analytic Methods
Evaluation Question 1. ~~Does QIPP promote effective data-driven practices by Texas NFs?~~ Does QIPP keep patients free from harm?				
1.1. ~~QIPP will improve adoption of data-driven QAPI program.~~QIPP will reduce rate of avoidable complications or adverse health events	~~13~~.1.1. (CMS N015.03) Percent of high-risk residents with pressure ulcers, including unstageable pressure ulcers ~~13~~.1.2. (CMS N031.03) Percent of residents who received an antipsychotic medication. ~~13~~.1.3. (CMS N035.03) Percent of residents whose ability to move independently has worsened. ~~13~~.1.4. (CMS N024.02) Percent of residents with a urinary tract infection.	QIPP participating nursing facilities	Long-Stay MDS data from CMS	Descriptive statistics Descriptive trend analysis

Evaluation Hypothesis	Measures	Study Population	Data Sources	Analytic Methods
1.2. ~~QIPP will promote adoption of evidence-based infection control policies and antibiotic stewardship~~ QIPP will reduce rate of avoidable hospitalizations for NF residents	~~12~~.2.1 Number of hospitalizations per 1,000 Long-Stay Nursing Home Resident Days	Residents of Texas Medicare or Medicaid certified NFs	Medicaid and CHIP Scorecard/ Nursing Home Compare website	Descriptive statistics Descriptive trend analysis
Evaluation Question 2. ~~Does QIPP prevent harm by incentivizing adequate staffing and workforce development practices?~~ Does QIPP promote effective practices for people with chronic, complex, and serious conditions?				
2.1. ~~QIPP will increase availability of direct-care RN staffing~~ QIPP will	~~2.1.1 Self-reported direct-care RN staffing hours~~	~~QIPP participating nursing facilities~~	~~Self-reported staffing hours from Nursing Facilities~~	~~Descriptive statistics~~ ~~Descriptive trend analysis~~

Evaluation Hypothesis	Measures	Study Population	Data Sources	Analytic Methods
reduce rate of avoidable hospital and emergency department visits for individuals with medical complexity	2~~3~~.1.1~~5~~. (CMS N020.02) Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine 2~~3~~.1.2~~6~~. (CMS N016.03) Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	QIPP participating nursing facilities	Long-Stay MDS data from CMS	Descriptive statistics Descriptive trend analysis
~~**2.2 QIPP will reduce number of hospitalizations per 1,000 Long-Stay Nursing Home Resident Days**~~				
Evaluation Question 3. ~~Does QIPP promote effective practices for people with chronic, complex, and serious conditions?~~ Does QIPP attract and retain high-performing Medicaid providers?				

Evaluation Hypothesis	Measures	Study Population	Data Sources	Analytic Methods
3.1. ~~QIPP will promote NF improvement in key MDS performance measures~~ QIPP will encourage providers to actively monitor patient outcomes and perspectives to address their needs and improve healthcare delivery	~~1.1.1 Completed QAPI Validation Form~~ ~~1.1.2~~ 3.1.1 PIP on a Long-stay MDS Measure ~~1.1.3~~ 3.1.2 Workforce development focused PIP ~~1.2.1~~ 3.1.3 Documentation demonstrating evidence-based antibiotic stewardship elements ~~1.2.2~~ 3.1.4 Documentation of infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. ~~1.2.3~~ 3.1.5 Evidence of completion of CMS and CDC's 'Nursing Home Infection Preventionist Training Course' by Nursing Facility Administrator (NFA) and Director of Nursing (DON) ~~2.1.1~~ 3.1.6 Self-reported direct-care RN staffing hours	QIPP participating nursing facilities	Self-reported from Nursing Facilities	For 3.1.1 through 3.1.4: Content Analysis For ~~1.2.3~~ 3.1.5 and 3.1.6: Descriptive statistics Descriptive trend analysis

TABLE 3: QIPP Evaluation Measures, Baseline, and Performance Targets

Measure Name and NQF # (if applicable)	Baseline[2] Year	Baseline[3] Statistic	Performance Target	Notes[3]
~~1.1.1 Completed QAPI Validation Form~~	~~SFY2020~~	~~98.62%~~	~~100% "Met" by eligible NFs~~	
~~3.1.1.~~1.1.1 Percent of high-risk residents with pressure ulcers, including unstageable pressure ulcers	SFY 2020 as of final metric calculation in Q2	6.61%	Absolute 0.5% improvement in average participating NF performance	
~~3.1.2.~~1.1.2 Percent of residents who received an antipsychotic medication.	SFY 2020 as of final metric calculation in Q2	11.67%	Absolute 1% improvement in average participating NF performance	
~~3.1.3.~~1.1.3 Percent of residents whose ability to move independently has worsened.	SFY 2020 as of final metric calculation in Q2	15.01%	Absolute 1% improvement in average participating NF performance	

[2] If state-developed, list State name for Steward/Developer.
[3] Facility-specific targets will be published in August for the given Program Year - SFY 2022, SFY 2023 and SFY 2024.

Measure Name and NQF # (if applicable)	Baseline[2] Year	Baseline[3] Statistic	Performance Target	Notes[3]
~~3.1.4.~~1.1.4 Percent of residents with a urinary tract infection.	SFY 2020 as of final metric calculation in Q2	1.53%	Absolute 0.125% improvement in average participating NF performance	
~~2.2.1~~1.2.1 Number of hospitalizations per 1,000 Long-Stay Nursing Home Resident Days	~~CY2019 Medicaid and CHIP Scorecard~~ CY2020	1.93 per 1,000 Resident Days	1.5 per 1,000 Resident Days	~~Texas is committed to promoting economy and efficiency in Medicaid and will assess indirect impact of QIPP on the State Health System Performance through this measure which assesses improved communication and care coordination.~~
~~2.1.1 Self-reported direct-care RN staffing hours~~	~~SFY2020~~	~~12 Hours: 82.10%~~ ~~16 Hours: 78.23%~~	~~12 hours: 86.21% (relative 5% improvement)~~ ~~16 hours: 82.14% (relative 5% improvement)~~	~~HHSC allows for NFs to use narrowly defined telehealth technologies to meet direct-care staffing hours, following timeliness and availability standards.~~
~~3.1.5.~~2.1.1. Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine	CY2020 Q3 – CY 2021 Q2	96.07%	100%	Set the program baseline for SFY 2022 as the average of the QIPP facilities over the Baseline Year.
~~3.1.6~~ 2.1.2. Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine	CY 2020 Q3 – CY 2021 Q2	97.30%	100%	Set the program baseline for SFY 2022 as the average of the QIPP facilities over the Baseline Year.

Measure Name and NQF # (if applicable)	Baseline[2] Year	Baseline[3] Statistic	Performance Target	Notes[3]
~~1.1.2~~ 3.1.1 PIP on a Long-stay MDS Measure	SFY2022	N/A	N/A	SFY2022 data will be used to establish baseline statistic and performance targets for SFY2023 and SFY2024.
~~1.1.3~~ 3.1.2 PIP focused on Workforce development	SFY2022	N/A	N/A	SFY2022 data will be used to establish baseline statistic and performance targets for SFY2023 and SFY2024.
~~1.2.1~~ 3.1.3 Documentation demonstrating evidence-based antibiotic stewardship elements	SFY2022	N/A	N/A	SFY2022 data will be used to establish baseline statistic and performance targets for SFY2023 and SFY2024.
~~1.2.2~~ 3.1.4 Documentation of infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention.	SFY2022	N/A	N/A	SFY2022 data will be used to establish baseline statistic and performance targets for SFY2023 and SFY2024.
~~1.2.3~~ 3.1.5 Evidence of completion of CMS and CDC's 'Nursing Home Infection Preventionist Training Course' by Nursing Facility Administrator (NFA) and Director of Nursing (DON)	SFY2022	N/A	N/A	SFY2022 data will be used to establish baseline statistic and performance targets for SFY2023 and SFY2024.

Measure Name and NQF # (if applicable)	Baseline[2] Year	Baseline[3] Statistic	Performance Target	Notes[3]
3.1.6 Self-reported direct-care RN staffing hours	SFY2020	12 Hours: 82.10% 16 Hours: 78.23%	12 hours: 86.21% (relative 5% improvement) 16 hours: 82.14% (relative 5% improvement)	HHSC allows for NFs to use narrowly defined telehealth technologies to meet direct-care staffing hours, following timeliness and availability standards.

Analytic Methods

HHSC will primarily evaluate the program's impact by assessing whether the participating facilities are improving their performance on CMS-verified MDS-based quality measures. For state-developed metrics, the QIPP evaluation measures will use provider-reported data for analysis at the facility level.

Following Office of the U.S. Department of Health and Human Services Office of Inspector General (OIG) findings from a 2018 audit of QIPP that raised concerns about NFs declining in performance on MDS quality measures while still meeting performance targets and receiving funds, HHSC will perform further analysis on all MDS measure data for such NFs. Evaluation of SFY2022 data will analyze any declining facilities with special attention to two factors: natural fluctuations in facility populations that can affect measure denominators and disproportionately impact results for smaller NF, and relative improvement targets that can disproportionately affect already high-performing NFs.

A pre-post study design will be used to compare pre-QIPP and QIPP periods across program years where MDS measures are retained.

For performance measures not based on MDS data, HHSC will conduct content analysis and desk review of submitted data and documentation on a sample of NFs participating in QIPP during each program year.

Anticipated Limitations

Results from the QIPP evaluation will need to be interpreted alongside several limitations. The most salient threat to the internal validity of the evaluation is the possibility that factors external to the QIPP program will influence the evaluation measures. For example, several additional programs (e.g. STAR+PLUS Nursing Facility Minimum Performance Standards) will be implemented at the same time as QIPP. Accordingly, it is not possible to isolate the impact of QIPP through these evaluation measures. Additionally, the CMS and Long-Term Care Regulatory Department at Texas began requiring monitoring of various infection control policies and practices in response to COVID-19 pandemic. It is not possible to isolate the impact of QIPP from impacts associated with changes in requirements due to the pandemic.

It should also be noted that this evaluation design is being written amidst the COVID-19 pandemic. The U.S. Centers for Medicaid and Medicare Services (CMS) waived certain reporting requirements for nursing facilities effective March 1, 2020, including timeframe requirements for MDS assessments and transmission. The outbreak has reordered priorities for both clients and providers in the state. HHSC anticipates the COVID-19 pandemic will have a direct or indirect impact on many of the MDS Long-Stay measures used in this evaluation. At the time of writing, it is unknown how long the most severe effects of the pandemic will last. The QIPP evaluation will take care to present pertinent findings within the appropriate context.

A final limitation is that QIPP and the evaluation operate on different calendars. QIPP will begin on September 1, 2021 and operate on state fiscal years, whereas the evaluation reports will be due in February and will include interim reports and final reports to account for the difference in timelines for availability of data from MDS Long-stay performance measures.

Despite these limitations, this evaluation will demonstrate how QIPP advances select goals identified in the Texas Managed Care Quality Strategy and aim to identify opportunities to further strengthen the program.