

43. Describe how this payment arrangement is expected to advance the goal(s) and objective(s) identified in Table 7. If this is part of a multi-year effort, describe this both in terms of this year's payment arrangement and in terms of that of the multi-year payment arrangement.

The State is promoting optimal health for Texans through TIPPS by collecting information on Component 1 quality improvement activities that impact Components 2 and 3 measures. Components 2 and 3 aim to increase screenings, referrals, and immunizations and improve maternal health. To continue providing the right care in the right place at the right time, HHSC will evaluate the program's impact on potentially preventable emergency department visits and access to preventive and primary care. TIPPS also addresses promoting effective practices for people with chronic, complex, and serious conditions across all three Components by including patient education focused on disease self-management, hemoglobin A1c testing and control, and controlling high blood pressure for patients diagnosed with hypertension. Component 1 will provide enhanced funding to providers as they incorporate structural best practices for quality improvement. In Components 2 and 3, providers will only earn payments if they meet program requirements, whether reporting as a condition of participation, meeting or exceeding national benchmarks on selected measures, or demonstrating improvement over self in future years of the program.

For the Component 1 structure measures, a provider must submit responses to qualitative reporting questions that summarize progress toward implementing the initiative or best practice. Providers are not required to implement the practice or initiative as a condition of payment or program participation. They are foundational activities for advancing quality. The structure measures for Component 1 are:

- Patient-Centered Medical Home (PCMH) accreditation and recognition status
- Same-day, walk-in, or after-hours appointments in the outpatient setting
- Care team includes personnel in a care coordination role not requiring clinical licensure
- Pre-visit planning and/or standing order protocols
- Patient education focused on disease self-management
- 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
- Health information exchanged (HIE) participation
- Telehealth for specialty or behavioral health services

Attachment J

Year 1 is focused on collecting baseline information and initial comparisons against national benchmarks. The array of measures in each Component may also change in later years depending on Year 1 results. The State will continue to engage stakeholders to determine measures and performance requirements for later years.