

Attachment C

11. Provide a brief summary or description of the required payment arrangement selected above and describe how the payment arrangement intends to recognize value or outcomes over volume of services. If “other” was checked above, identify the payment model. The State should specifically discuss what must occur in order for the provider to receive the payment (e.g., meet or exceed a performance benchmark on provider quality metrics).

The Texas Incentives for Physician and Professional Services (TIPPS) program was developed to align with the State’s Managed Care Quality Strategy and is part of the state’s Delivery System Reform Incentive Payments (DSRIP) transition. TIPPS is designed to incentivize physicians and certain medical professionals to:

- Support access and improve outpatient care for Medicaid managed care members; and
- Expand successful innovations from DSRIP to a broader base of physician practice groups across the state to improve primary care, chronic care, maternal health, behavioral health, and social drivers of health (SDOH) for Medicaid beneficiaries.

The program includes three components. Component 1 includes structure measures while Components 2 and 3 include process and outcome measures.

Component 1 is tied to requirements to implement quality improvement activities. It incorporates best practices identified in DSRIP including: patient-centered medical homes; same-day, walk-in, or after-hours appointments; care teams that include personnel in a care coordination role; pre-visit planning and/or standing order protocols; self-management education; SDOH screening; participation in local health information exchange; and telehealth. Providers must report their progress on these activities on a semi-annual basis and will be measured on a met or not met basis.

Component 2 is focused on improving primary care and chronic care. It includes measures for tobacco screening, cervical cancer screening, immunizations, behavioral health screening, chlamydia screening, diabetes testing, and controlling high blood pressure.

Component 3 is focused on improving maternal health, chronic care, behavioral health, and SDOH. It includes measures for prenatal and postpartum care, hemoglobin A1c control, depression response, weight assessment and counseling for nutrition and physical activity, and screening for food insecurity.

In Year 1 for Components 2 and 3, providers are required to report baselines for IOS measures as a condition of participation in the program and meet or exceed national benchmarks for benchmark measures. All measures must be reported to

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be eligible for payment. TIPPS will increase the number of pay-for-performance measures in later years.