

Evaluation Plan for Texas Incentives for Physicians and Professional Services (TIPPS)

**As Required by Centers for
Medicare and Medicaid Services**



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1. Background

The Texas Incentives for Physicians and Professional Services (TIPPS) is a state directed payment program (DPP) for physician groups that serve adults and children enrolled in STAR, STAR+PLUS, and STAR Kids. Three classes of physician groups are eligible to participate: 1) physician groups owned or operated by a health-related institution (HRI) as defined by Section 63.002 of the Texas Education Code; 2) physician groups contracted with, owned, or operated by a hospital receiving the indirect medical education add-on (IME); and 3) other physician groups that are not HRI or IME (Other).

TIPPS includes three components:

- Component 1 is paid as a per-member-per-month (PMPM) payment, triggered by implementation of quality improvement activities. HRIs and IMEs are eligible for Component 1.
- Component 2 serves as a performance incentive payment based on achievement of quality metrics focused on primary care and chronic care. HRIs and IMEs are eligible for Component 2.
- Component 3 serves as a rate enhancement for certain outpatient services based on achievement of quality metrics focused on maternal health, chronic care, behavioral health, and social drivers of health. All physician groups are eligible for Component 3.

TIPPS implementation begins September 1, 2021. CMS requires approved DPPs to be evaluated to test whether the payment arrangement advanced at least one of the goals of the State's quality strategy. This evaluation design outlines Texas' plan for conducting the evaluation of TIPPS.

2. Methodology

Evaluation Questions and Hypotheses

TIPPS was designed to help advance the following three goals from the Texas Medicaid Quality Strategy: (1) promoting optimal health for Texans; (2) providing the right care in the right place at the right time; and (3) promoting effective practices for people with chronic, complex, and serious conditions. Texas developed three evaluation questions and eight corresponding hypotheses to evaluate the extent to which TIPPS helped advance these goals.

Evaluation Question 1. Does TIPPS promote optimal health for Texans?

Hypothesis 1.1. TIPPS will improve the rate of individuals practicing healthy behaviors

Hypothesis 1.2. TIPPS will improve the rates of individuals accessing timely routine preventive and primary care

Hypothesis 1.3 TIPPS will improve rates of prenatal care to reduce rates of maternal morbidity

Evaluation Question 2. Does TIPPS provide the right care in the right place at the right time?

Hypothesis 2.1. TIPPS will reduce unnecessary hospital admissions.

Hypothesis 2.2. TIPPS will reduce unnecessary emergency department visits.

Evaluation Question 3. Does TIPPS promote effective practices for people with chronic, complex, and serious conditions?

Hypothesis 3.1. TIPPS will improve the management of complex conditions

Hypothesis 3.2 TIPPS will increase prevention, identification, treatment, and management of behavioral and mental health conditions

Hypothesis 3.3. TIPPS will improve early identification and successful treatment of substance use disorders

Evaluation Question 4: Does TIPPS help attract and retain high-performing Medicaid providers to participate in team based, collaborative, and coordinated care?

Hypothesis 4.1 TIPPS will reduce the proportion of the population reporting difficulties accessing care

Evaluation Design

Texas will use 16 validated measures to evaluate the extent to which TIPPS meets the intended quality outcomes. The TIPPS evaluation will rely on a one-group post-test only design to assess the impact of TIPPS over time. The performance target for all evaluation measures is to exceed 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 TIPPS program population includes physician groups serving adults and children in the STAR, STAR+PLUS, and STAR Kids Medicaid managed care (MMC) programs. The unit of analysis for TIPPS evaluation measures will be the Medicaid member, rather than the physician group, and the TIPPS evaluation population will consist of all STAR, STAR+PLUS, and STAR Kids members, including those members who may not have had an encounter with a TIPPS physician group during the study timeframe. Where feasible, the TIPPS evaluation measures will use provider-reported data for analysis at the physician group level.

Evaluation Period

The evaluation includes three years of TIPPS implementation data (calendar years 2021-2023). TIPPS operates on state fiscal years (September 1 – August 31), whereas the evaluation periods operate on calendar years to align with reporting timelines of evaluation measures tracked by the Texas Medicaid External Quality Review Organization (EQRO). The EQRO provides data for a calendar year by November of the following year (e.g. CY2021 data will be available in November 2022). Texas will provide calendar years 2019-2020 data for context as feasible. Table 1 shows timelines for the evaluation data, including EQRO data availability and physician group reporting. **As TIPPS will require an annual pre-print approval, evaluation measures for future years are subject to change.**

Table 1. TIPPS Evaluation Data Timing (Years 1-3)

Year 1 Interim Evaluation Data (Completed February 2022)

Data Type	Data Available	Measurement Periods Available	Able to Demonstrate a Trend in 2022
EQRO Reported Data	1 Year	CY2020	No
Provider Reported Data	6 Months	Jan – Jun 2021	No

Year 1 Final Evaluation Data, Year 2 Interim Evaluation Data (Completed Feb 2023)

Data Type	Data Available	Measurement Periods Available	Able to Demonstrate a Trend in 2023
EQRO Reported Data	2 Years	CY2020 - 2021	No
Provider Reported Data	1.5 Years	CY2021 Jan – Jun 2022	Preliminary

Year 2 Final Evaluation Data, Year 3 Interim Evaluation Data (Completed Feb 2024)

Data Type	Data Available	Measurement Periods Available	Able to Demonstrate a Trend in 2024
EQRO Reported Data	3 Years	2020 - 2022	Yes
Provider Reported Data	2.5 Years	CY2021 CY2022 Jan – Jun 23	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, baseline, and performance targets as required in the preprint, 44.a. Table 8.

Table 2. TIPPS Evaluation Measures

Evaluation Hypothesis	Measures	Study Population	Data Sources	Analytic Methods
Evaluation Question 1. Does TIPPS promote optimal health for Texans?				
1.1. TIPPS will improve the rate of individuals practicing healthy behaviors	1.1.1 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	<ul style="list-style-type: none"> STAR and STAR Kids members 	<ul style="list-style-type: none"> Medicaid member-level data 	<ul style="list-style-type: none"> Descriptive statistics Descriptive trend analysis
1.2. TIPPS will improve the rate of individuals accessing timely and routing preventive and primary care	1.2.1 Childhood Immunization Status 1.2.2 Immunizations for Adolescents 1.2.3 Cervical Cancer Screening 1.2.4 Chlamydia Screening in Women 1.2.5 Primary Care Access And Preventive Care: Flu Vaccination for Adults	<ul style="list-style-type: none"> STAR and STAR Kids members for 1.2.1, 1.2.2, and 1.2.4 STAR, STAR+PLUS, STAR Kids members for 1.2.3 Medicaid Adult for 1.2.5 	<ul style="list-style-type: none"> Medicaid member-level data CAHPS® Surveys 	<ul style="list-style-type: none"> Descriptive statistics Descriptive trend analysis
1.3. TIPPS will increase the rate of postpartum care to reduce rates of maternal morbidity	1.3.1 Severe Maternal Morbidity	<ul style="list-style-type: none"> STAR, STAR+PLUS, STAR Kids members 	<ul style="list-style-type: none"> Medicaid member-level data 	<ul style="list-style-type: none"> Descriptive statistics Descriptive trend analysis
Evaluation Question 2. Does TIPPS provide the right care in the right place at the right time?				
2.1. TIPPS will reduce unnecessary hospital admissions.	2.1.1 Potentially Preventable Admissions	<ul style="list-style-type: none"> STAR, STAR+PLUS, STAR Kids members 	<ul style="list-style-type: none"> Medicaid member-level data 	<ul style="list-style-type: none"> Descriptive statistics Descriptive trend analysis

Evaluation Hypothesis	Measures	Study Population	Data Sources	Analytic Methods
2.2. TIPPS will reduce unnecessary emergency department visits.	2.2.1 Potentially Preventable Emergency Department Visits 2.2.2 Ambulatory Care: Emergency Department Visits for Children	<ul style="list-style-type: none"> STAR, STAR+PLUS, STAR Kids members 	<ul style="list-style-type: none"> Medicaid member-level data 	<ul style="list-style-type: none"> Descriptive statistics Descriptive trend analysis
Evaluation Question 3. Does TIPPS promote effective practices for people with chronic, complex, and serious conditions?				
3.1. TIPPS will improve management of complex conditions	3.1.1 Comprehensive Diabetes Care: HbA1c Adequate Control (<8%) 3.1.2 Controlling High Blood Pressure	<ul style="list-style-type: none"> STAR and STAR+PLUS members 	<ul style="list-style-type: none"> Medicaid member-level data 	<ul style="list-style-type: none"> Descriptive statistics Descriptive trend analysis
3.2 TIPPS will increase prevention, identification, treatment, and management of behavioral and mental health conditions	3.2.1 Antidepressant Medication Management	<ul style="list-style-type: none"> STAR and STAR+PLUS members 	<ul style="list-style-type: none"> Medicaid member-level data 	<ul style="list-style-type: none"> Descriptive statistics Descriptive trend analysis
3.3 TIPPS will improve early identification and successful treatment of substance use disorders	3.3.1 Medical Assistance with Smoking and Tobacco Use Cessation	<ul style="list-style-type: none"> Adult Medicaid 	<ul style="list-style-type: none"> CAHPS® Surveys 	<ul style="list-style-type: none"> Descriptive statistics Descriptive trend analysis
Evaluation Question 4. Does TIPPS help attract and retain high-performing Medicaid providers to participate in team based, collaborative, and coordinated care?				
4.1 TIPPS will reduce the proportion of the population reporting difficulties accessing care	4.1.1 Getting Care Quickly 4.1.2 Getting Needed Care	<ul style="list-style-type: none"> STAR, STAR+PLUS, STAR Kids members 	<ul style="list-style-type: none"> CAHPS® Surveys 	<ul style="list-style-type: none"> Descriptive statistics Descriptive trend analysis

Note. STAR = Texas Medicaid Managed Care program for children, newborns, and pregnant women; STAR+PLUS = Texas Medicaid Managed Care program for individuals age 21 and older with disabilities and individuals age 65 or older; STAR Kids = children and adults 20 and younger who have disabilities; CAHPS® = Consumer Assessment of Healthcare Providers and Systems.

Table 3. TIPPS Evaluation Measures, Baseline, and Performance Targets

Measure Name	NQF#	Measure Steward	Baseline Year	Baseline Statistic	Performance Target	CMS Core Measure	Physician Group Similar Measure
Cervical Cancer Screening	0032	NCQA	CY2020–CY2021	NA	Increase the percentage of women who were screened for cervical cancer.	Yes	Yes
Chlamydia Screening in Women	0033	NCQA	CY2020–CY2021	NA	Increase the percentage of women who are tested for chlamydia.	Yes	Yes
Primary Care Access And Preventive Care: Flu Vaccination for Adults*	0039	NCQA	CY2020–CY2021	NA	Increase the percentage of adults who had flu vaccinations.	Yes	Yes
Childhood Immunization Status	0038	NCQA	CY2020–CY2021	NA	Increase the percentage of Medicaid beneficiaries who had necessary vaccinations by their 2nd birthday.	Yes	Yes
Immunizations for Adolescents	1407	NCQA	CY2020–CY2021	NA	Increase the percentage of adolescent Medicaid beneficiaries who had necessary vaccinations by their 13th birthday.	Yes	Yes
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	0024	NCQA	CY2020–CY2021	NA	Increase the percentage of Medicaid beneficiaries with BMI documentation.	Yes	Yes
Pregnancy-Associated Outcome Measure: Severe Maternal Mortality (SMM)	NA	AIM	CY2020–CY2021	NA	Decrease the percentage of Medicaid beneficiaries diagnosed with severe maternal morbidity after delivery.	No	Yes
Antidepressant Medication Management	0105	NCQA	CY2020–CY2021	NA	Increase the rate of medication adherence among Medicaid beneficiaries treated with antidepressant medications.	Yes	Yes
Medical Assistance with Smoking and Tobacco Use Cessation*	0027	NCQA	CY2020–CY2021	NA	Increase the percentage of Medicaid beneficiaries who receive medical assistance for smoking and tobacco use cessation.	Yes	Yes

Measure Name	NQF#	Measure Steward	Baseline Year	Baseline Statistic	Performance Target	CMS Core Measure	Physician Group Similar Measure
Potentially Preventable Admissions (PPA)*	NA	3M	CY2020–CY2021	NA	Decrease the number of admissions that may have resulted from the lack of adequate access to care or ambulatory care coordination.	No	No
Potentially Preventable Emergency Department Visits (PPV)	NA	3M	CY2020–CY2021	NA	Decrease the number of emergency department visits that may have resulted from the lack of adequate access to care or ambulatory care coordination.	No	No
Ambulatory Care: Emergency Department (ED) Visits	NA	NCQA	CY2020–CY2021	NA	Decrease the number of emergency department visits for children.	Yes	No
Getting Care Quickly*	NA	NCQA	CY2020–CY2021	NA	Increase the percentage of Medicaid beneficiaries who reported getting care quickly.	Yes	No
Getting Needed Care*	NA	NCQA	CY2020–CY2021	NA	Increase the percentage of Medicaid beneficiaries who reported getting care quickly.	Yes	No
Comprehensive Diabetes Care: HbA1c Adequate Control (<8%)	0575	NCQA	CY2020–CY2021	NA	Increase the percentage of adults with diabetes with adequate HbA1c control.	No	Yes
Controlling High Blood Pressure	0018	NCQA	CY2020–CY2021	NA	Increase the percentage of adults with hypertension whose most recent blood pressure was adequately controlled.	Yes	Yes

* Measure is a cross-cutting program measure that is included in the goals and evaluation of complementary directed payment programs including Comprehensive Hospital Rate Increase Program (CHIRP), Directed Payment Program for Behavioral Health Services (BHS), and Rural Access to Primary and Preventive Services (RAPPS).

Data Sources

The TIPPS evaluation measures leverage data sources used by the EQRO.

- **Medicaid claims data.** Medicaid fee-for-service and MMC claims data contain encounter, procedure, diagnosis, and place of service codes and other member-level information necessary to calculate evaluation measures.
- **Medicaid enrollment data.** Medicaid enrollment files contain member-level demographic information including age, gender, race/ethnicity, county, MMC program, and length of enrollment.
- **Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys.** CAHPS® survey data is sampled and contain information about member experience receiving care through their health plan.

Where feasible, the TIPPS evaluation measures will use provider-reported data for analysis at the physician group level.

Analytic Methods

Advanced techniques for examining changes over time, such as interrupted time series analysis, are not appropriate due to the limited amount of data points available for the TIPPS evaluation. Rather, the evaluation will use descriptive trend analysis (DTA) to determine improvements in TIPPS performance measures over time. DTA plots and analyzes time-series data calculated at equally spaced intervals to explain patterns in selected measures over time. DTA typically focuses on identification and quantification of a trend through the use of correlation coefficients or ordinary least squares regression, if feasible.

The evaluation may also make use of descriptive statistics, such as estimates of central tendency and dispersion, to describe performance on key measures during the evaluation period. To strengthen DTA and other descriptive statistics, the TIPPS evaluation will also leverage benchmarks and subgroup analyses, where feasible, to help substantiate and contextualize observed trends.

Anticipated Limitations

Results from the TIPPS 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 TIPPS program will influence the evaluation measures. For example, several additional directed payment programs (e.g., the Comprehensive Hospital Increase Reimbursement Program and Rural Access to

Primary and Preventive Services) will be implemented at the same time as TIPPS. Accordingly, it is not possible to isolate the impact of TIPPS through these evaluation measures. Additionally, the Delivery System Reform Incentive Program (DSRIP) began a gradual phase-out on October 1, 2019, and final payments will occur in January 2023. DSRIP incentivizes physician groups and other providers to meet access- and outcome-related goals. It is not possible to isolate the impact of TIPPS from impacts associated with DSRIP ending.

It should also be noted that this evaluation design is being written amidst the COVID-19 pandemic. 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 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 TIPPS evaluation will take care to present pertinent findings within the appropriate context.

Third, since the TIPPS evaluation population will consist of all STAR, STAR+PLUS, and STAR Kids members, including those members who may not have had an encounter with a TIPPS physician group during the study timeframe, the evaluation measures may be analyzed at the MMC program-level but not necessarily at the physician group level. Where feasible, the TIPPS evaluation measures will use provider-reported data for analysis at the physician group level. To mitigate this limitation in future years, HHSC is pursuing options to develop a member level attribution methodology for standard evaluation at the physician group level.

A final limitation is that TIPPS and the evaluation operate on different calendars. TIPPS will begin on September 1, 2021 and operate on state fiscal years, whereas the evaluation will operate on calendar years to align with the EQRO's reporting timelines of evaluation measures.

Despite these limitations, this evaluation will demonstrate how TIPPS advances select goals identified in the Texas Managed Care Quality Strategy.