

Follow-up to call with CMS to discuss Round 2 Questions: May 17, 2022

HHSC and CMS met to discuss the QIPP Preprint Application Round 2 Questions, specifically Q29 (preprint Question 44) after submission of HHSC's responses. During the call, CMS asked the state to provide a more detailed rationale for consideration in regard to Q29.

QIPP SFY23 Evaluation Measures Remaining at the Facility Level

Based on CMS' recommendation during QIPP SFY22 discussions, the state committed to calculate NF payments related to MDS long-stay quality measures at the Medicaid managed care beneficiary level. The state is currently reviewing the state's ability to precisely duplicate CMS calculations on MDS long-stay quality measures at the beneficiary level and has discussed the issue with CMS. The state intends to reach out for additional technical assistance once this initial review is complete.

Although the state is working to calculate MDS long-stay measures at the beneficiary level for NF payments, the measures in the submitted evaluation plan are calculated at the facility level, as they have been in previous program years. Because of the factors detailed below, the state considers limiting MDS long-stay quality measure data to beneficiary level data an ineffective methodology to evaluate the overall impact of QIPP. The state proposes to maintain the QIPP SFY23 Evaluation Plan as submitted for the following three reasons:

1. Multi-Year Comparison

The current Evaluation Plan allows for consistent analysis and meaningful comparison among and between program years. For MDS-based long-stay quality measures, the state has set SFY20 as the baseline year. Maintaining the current methodology allows for comparison across at least four program years, SFY20-23. Changing the evaluation measures would reset the baseline year and undermine evaluations already performed on prior state fiscal years.

2. Consistent Unit of Analysis

The only evaluation measures that could be focused on Medicaid managed care beneficiaries alone are the MDS long-stay quality measures, which are a subset of the proposed program evaluation measures. The program incentivizes improvement through the adoption of practices and policies which serve as interventions at the facility level. Thus, the state considers the facility as the most appropriate unit of analysis.

The proposed lines of analysis seek to evaluate the program's impact on participating facilities, from which the impact on Medicaid managed care beneficiaries may be inferred.

3. EQRO Contracting

In response to the SFY22 preprint, CMS had recommended that the state may consider involving their EQRO in conducting the program evaluation. The state is currently exploring this option to ensure timeliness of evaluation reporting and a sound methodology. The state would like to resolve any concerns CMS has regarding the SFY23 Evaluation Plan as soon as possible and is prepared to consult with the EQRO for further guidance concerning the best methods for evaluating the program's impact on advancing the state's quality strategy goals.