

## **STAR**

**At-risk measures** - Plans will be evaluated on their Performance against benchmarks and Performance against self.

**1. Potentially Preventable ED Visits (PPVs)** - this measure was included in the original P4Q program

Reasons for Selection

- Required by TX Government Code 536.051
- Aligns with state (DSRIP, hospital incentive/disincentive program) and federal (aligns with triple aim and national quality strategy) healthcare priorities
- Affects a large number of members (more than 850,000 across the three programs)

STAR PPV Benchmarks		
Performance against benchmarks	Performance against self (percent change)	Percent capitation awarded/recouped
Actual to expected ratio of <.9	<-10%	0.375
Actual to expected ratio of .9 through <1	-5 through -10%	0.1875
Actual to expected ratio of 1	-4.99 through 4.99%	0
Actual to expected ratio of >1 through 1.10	5 through 10%	-0.1875
Actual to expected ratio of >1.10	>10%	-0.375

**2. Healthcare Effectiveness Data and Information Set (HEDIS) Appropriate Treatment for Children with Upper Respiratory Infection (URI)**

Reasons for Selection

- Nationally-recognized, standardized measure
- Affects a large number of members (219,015 in STAR)
- Improvement needed - program average is below the national average in STAR

STAR URI Benchmarks		
Performance against benchmarks	Performance against self (rate change)	Percent capitation awarded/recouped
Rate of >91.92	>4%	0.375
Rate of 89.40 through 91.92	2 through 4%	0.1875
Rate of 86.57 through 89.39	-1.99 through 1.99%	0
Rate of 84.92 through 86.56	-2 through -4%	-0.1875
Rate of <84.92	<-4%	-0.375

**3. HEDIS Prenatal and Postpartum Care** - This measure was included in the original P4Q program and the At-Risk/Quality Challenge

Reasons for Selection

- Nationally-recognized, standardized measure
- This is currently the only available measure of quality for pregnant women which is a priority population for HHSC
- National priority - part of the CMS core measure set
- Maternal health is a HHSC and DSHS priority

- Aligns with measure used in MCO report cards

STAR PPC Prenatal Care Benchmarks		
Performance against benchmarks	Performance against self (rate change)	Percent capitation awarded/recouped
Rate of >91.00	>2%	0.1875
Rate of 87.82 through 91.00	1 through 2%	0.09375
Rate of 87.81	.99 through -.99%	0
Rate of 87.56 through 87.80	-1 through -2%	-0.09375
Rate of <87.56	<-2%	-0.1875

STAR PPC Postpartum Care Benchmarks		
Performance against benchmarks	Performance against self (rate change)	Percent capitation awarded/recouped
Rate of >65.96	>2%	0.1875
Rate of 64.82 through 65.96	1 through 2%	0.09375
Rate of 64.81	.99 through -.99%	0
Rate of 60.98 through 64.80	-1 through -2%	-0.09375
Rate of <60.98	<-2%	-0.1875

#### 4. HEDIS Well Child Visits in the First 15 Months of Life (W15)

##### Reasons for Selection

- Nationally-recognized, standardized measure
- Large number of members affected (113,275 in STAR)
- Room for improvement (state mean between the HEDIS 50th and 75th percentiles)
- Infant health is a HHSC and DSHS priority -
- National priority - part of the CMS core measure set
- Aligns with measure used in MCO report cards

STAR W15 Benchmarks		
Performance against benchmarks	Performance against self (rate change)	Percent capitation awarded/recouped
Rate of >64.91	>6%	0.375
Rate of 59.58 through 64.91	3 through 6%	0.1875
Rate of 54.67 through 59.57	2.99 through -2.99%	0
Rate of 53.49 through 54.66	-3 through -6%	-0.1875
Rate of <53.49	<-6%	-0.375

## **STAR**

### **Bonus Pool Measures**

#### **1. Potentially preventable admissions (PPAs) - this measure was included in the original P4Q program**

##### Reasons for Selection

- Required by TX Government Code 536.051
- Aligns with state (DSRIP, hospital incentive/disincentive program) and federal (aligns with triple aim and national quality strategy) healthcare priorities

**Benchmark:** Actual to expected ratio of less than 0.9

## 2. Low Birth Weight

### Reasons for Selection

- Outcome measure
- Infant health is a HHSC and DSHS priority
- National priority - part of the CMS core measure set

**Benchmark:** MCOs with a rate 10% better than the state rate

## 3. Consumer Assessment of Healthcare Providers and Systems (CAHPS) Percent of children with good access to urgent care

### Reasons for Selection

- Room for improvement (program average between 50th and 60th percentiles in STAR child)
- Including survey items gets at the patient experience part of the triple aim
- Aligns with measure used in MCO report cards

**Benchmark:** Rate above 81%

## 4. CAHPS Adults rating their health plan a 9 or 10

### Reasons for Selection

- Room for improvement (program average between 70th and 80th percentiles in STAR adult)
- Including survey items gets at the patient experience part of the triple aim
- Aligns with measure used in MCO report cards

**Benchmark:** Rate above 59%

## 5. Percentage of primary care provider network that is recognized as a NCQA Patient Centered Medical Home (PCMH)

### Reasons for Selection

- A state priority under Texas Government Code 533.0029 (S.B. 7, 82nd Legislature, 2011)
- Increasing use of PCMH is a DSHS priority
- Aligns with DSRIP and federal priorities
- Evidence supports the use of PCMH to reduce costs and improve outcomes of care

**Benchmark:** Above 15%

## **STAR+PLUS**

**At-risk measures** - Plans will be evaluated on their Performance against benchmarks and Performance against self.

**1. Potentially Preventable ED Visits (PPVs)** - this measure was included in the original P4Q program  
Reasons for Selection

- Required by TX Government Code 536.051
- Aligns with state (DSRIP, hospital incentive/disincentive program) and federal (aligns with triple aim and national quality strategy) healthcare priorities
- Affects a large number of members (more than 850,000 across the three programs)

STAR+PLUS PPV Benchmarks		
Performance against benchmarks	Performance against self (percent change)	Percent capitation awarded/recouped
Actual to expected ratio of <.9	<-10%	0.3
Actual to expected ratio of .9 through <1	-5 through -10%	0.15
Actual to expected ratio of 1	-4.99 through 4.99%	0
Actual to expected ratio of >1 through 1.10	5 through 10%	-0.15
Actual to expected ratio of >1.10	>10%	-0.3

**2. HEDIS Diabetes Control -HbA1c < 8% (CDC)** - this measure was included in the original P4Q program  
Reasons for Selection

- Nationally-recognized, standardized measure
- Affects a large number of members (47,905 in STAR+PLUS)
- Improvement needed - state mean is between the HEDIS 50th and 75th percentiles
- HHSC Priority - impacts chronic disease and aligns with DSHS priorities
- National Priority - Part of the CMS core measure set
- Aligns with measure used in MCO report cards

STAR+PLUS CDC Benchmarks		
Performance against benchmarks	Performance against self (percent change)	Percent capitation awarded/recouped
Rate of >50.23	>4%	0.3
Rate of 46.65 through 50.23	2 through 4%	0.15
Rate of 45.57 through 46.64	1.99 through -1.99%	0
Rate of 42.34 through 45.56	-2 through -4%	-0.15
Rate of <42.34	<-4%	-0.3

**3. HEDIS High Blood Pressure Controlled (CBP)**

Reasons for Selection

- Nationally-recognized, standardized measure
- Affects a large number of members (47,905 in STAR+PLUS)
- Improvement needed - state mean is below the HEDIS 50th percentile

- HHSC Priority - impacts chronic disease and aligns with DSHS priorities
- National Priority - Part of the CMS core measure set
- Aligns with measure used in MCO report cards

STAR+PLUS CBP Benchmarks		
Performance against benchmarks	Performance against self (percent change)	Percent capitation awarded/recouped
Rate of >60.00	>7%	0.3
Rate of 54.79 through 60.00	3.5 through 7%	0.15
Rate of 47.64 through 54.78	3.49 through -3.49%	0
Rate of 46.87 through 47.63	-3.5 through -7%	-0.15
Rate of <46.87	<-7%	-0.3

#### 4. HEDIS Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using antipsychotics (SSD)

##### Reasons for Selection

- Nationally-recognized, standardized measure
- Affects a large number of members (15,785 in STAR+PLUS)
- Improvement needed - state mean is below the HEDIS 50th percentile
- HHSC priority - impacts chronic disease and aligns with DSHS priorities
- National priority - part of the CMS core measure set

STAR+PLUS SSD Benchmarks		
Performance against benchmarks	Performance against self (percent change)	Percent capitation awarded/recouped
Rate of >82.70	>2%	0.3
Rate of 80.73 through 82.70	1 through 2%	0.15
Rate of 80.02 through 80.72	.99 through -.99%	0
Rate of 78.45 through 80.01	-1 through -2%	-0.15
Rate of <78.45	<-2%	-0.3

#### 5. HEDIS Cervical Cancer Screening (CCS)

##### Reasons for Selection

- Nationally-recognized, standardized measure
- Affects a large number of members (68,529 in STAR+PLUS)
- Improvement needed - state mean is below the HEDIS 50th percentile
- National priority - part of the CMS core measure set

STAR+PLUS CCS Benchmarks		
Performance against benchmarks	Performance against self (percent change)	Percent capitation awarded/recouped
Rate of >61.56	>10%	0.3
Rate of 55.91 through 61.56	5 through 10%	0.15
Rate of 42.02 through 55.90	4.99 through -4.99%	0
Rate of 41.12 through 42.01	-5 through -10%	-0.15
Rate of <41.12	<-10%	-0.3

## **STAR+PLUS**

### **Bonus Pool Measures**

- 1. Potentially preventable readmissions (PPRs)** - this measure was included in the original P4Q program

Reasons for Selection

- Required by TX Government Code 536.051
- Aligns with state (DSRIP, hospital incentive/disincentive program) and federal (aligns with triple aim and national quality strategy) healthcare priorities

**Benchmark:** Actual to expected ratio of less than 0.9

- 2. Potentially preventable complications (PPCs)** - this measure was included in the original P4Q program

Reasons for Selection

- Required by TX Government Code 536.051
- Aligns with state (DSRIP, hospital incentive/disincentive program) and federal (aligns with triple aim and national quality strategy) healthcare priorities

**Benchmark:** Actual to expected ratio of less than 0.9

- 3. Prevention Quality Indicator Composite (PQI)** - individual, not composite, PQIs were included in the At-Risk/Quality Challenge program

Reasons for Selection

- Alternative to use of PPAs as required by TX Government Code 536.051
- Aligns with state and federal healthcare priorities

**Benchmark:** MCOs with a PQI Composite 10% greater than the state mean

- 4. CAHPS Percent of adults with good access to urgent care**

Reasons for Selection

- Room for improvement (program average between 50th and 60th percentiles in STAR child)
- Including survey items gets at the patient experience part of the triple aim
- Aligns with measure used in MCO report cards

**Benchmark:** Rate above 65%

- 5. CAHPS Adults rating their health plan a 9 or 10**

Reasons for Selection

- Room for improvement (program average between 70th and 80th percentiles in STAR adult)
- Including survey items gets at the patient experience part of the triple aim
- Aligns with measure used in MCO report cards

**Benchmark:** Rate above 61%

**6. Percentage of primary care provider network that is recognized as a NCQA Patient Centered Medical Home**

Reasons for Selection

- A state priority under Texas Government Code 533.0029 (S.B. 7, 82nd Legislature, 2011)
- Increasing use of PCMH is a DSHS priority
- Aligns with DSRIP and federal priorities
- Evidence supports the use of PCMH to reduce costs and improve outcomes of care

**Benchmark:** Above 15%

## CHIP

**At-risk measures** - Plans will be evaluated on their Performance against benchmarks and Performance against self.

**1. Potentially Preventable ED Visits (PPVs)** - this measure was included in the original P4Q program  
Reasons for Selection

- Required by TX Government Code 536.051
- Aligns with state (DSRIP, hospital incentive/disincentive program) and federal (aligns with triple aim and national quality strategy) healthcare priorities
- Affects a large number of members (more than 850,000 across the three programs)

CHIP PPVs Benchmarks		
Performance against benchmarks	Performance against self (percent change in actual weight)	Percent capitation awarded/recouped
Actual to expected ratio of <.9	<-10%	0.375
Actual to expected ratio of .9 to <1	-5 through -10%	0.1875
Actual to expected ratio of 1	-4.99 through 4.99%	0
Actual to expected ratio of >1 to 1.10	5 through 10%	-0.1875
Actual to expected ratio of >1.10	>10%	-0.375

**2. HEDIS Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)** - Sub measures counseling for nutrition and counseling for physical activity  
Reasons for Selection

- Nationally-recognized, standardized measure
- Affects a large number of members (86,359 in STAR)
- Improvement needed - program mean is below the HEDIS 50th percentile for both sub measures
- National Priority - part of the CMS core measure set
- Aligns with measure used in MCO report cards

CHIP WCC - Nutrition Benchmarks		
Performance against benchmarks	Performance against self (rate change)	Percent capitation awarded/recouped
Rate of >67.36	>6%	0.1875
Rate of 62.66 through 67.36	3 through 6%	0.09375
Rate of 59.13 through 62.65	-2.99 through 2.99%	0
Rate of 54.40 through 59.12	-3 through -6%	-0.09375
Rate of <54.40	<-6%	-0.1875

CHIP WCC - Physical Activity Benchmarks		
Performance against benchmarks	Performance against self (rate change)	Percent capitation awarded/recouped
Rate of >60.34	>6%	0.1875
Rate of 55.39 through 60.34	3 through 6%	0.09375
Rate of 51.68 through 55.38	-2.99 through 2.99%	0
Rate of 47.92 through 51.67	-3 through -C446%	-0.09375
Rate of <47.92	<-6%	-0.1875



**3. HEDIS Appropriate Treatment for Children with Upper Respiratory Infection (URI)**Reasons for Selection

- Nationally-recognized, standardized measure
- Affects a large number of members (28,032 in CHIP)
- Improvement needed - program mean is below the HEDIS 25th percentile in CHIP

CHIP URI Benchmarks		
Performance against benchmarks	Performance against self (rate change)	Percent capitation awarded/recouped
Rate of >91.92	>8%	0.375
Rate of 89.40 through 91.92	4 through 8%	0.1875
Rate of 84.25 through 89.39	-3.99 through 3.99%	0
Rate of 76.23 through 84.24	-4 through -8%	-0.1875
Rate of <76.23	<-8%	-0.375

**4. HEDIS Adolescent Well Care (AWC) - this measure was part of the At-Risk/Quality Challenge**Reasons for Selection

- Nationally-recognized, standardized measure
- Affects a large number of members (50,699 in CHIP)
- National Priority - Part of the CMS core measure set
- Aligns with measure used in MCO report cards

CHIP AWC Benchmarks		
Performance against benchmarks	Performance against self (rate change)	Percent capitation awarded/recouped
Rate of >66.04	>4%	0.375
Rate of 64.47 through 66.04	2 through 4%	0.1875
Rate of 64.46	-1.99 through 1.99%	0
Rate of 57.66 through 64.45	-2 through 4%	-0.1875
Rate of <57.65	<-4%	-0.375

**CHIP****Bonus Pool Measures****1. CAHPS Percent of children with good access to urgent care**Reasons for Selection

- Room for improvement (program average between 20th and 30th percentiles in CHIP)
- Including survey items gets at the patient experience part of the triple aim
- Aligns with state and federal CHIP priority of increasing access to care. This measure is included in Texas's CHIP annual report to CMS
- Aligns with measure used in MCO report cards

**Benchmark:** Rate above 80%

**2. CAHPS Caregivers rating their child's health plan a 9 or 10**Reasons for Selection

- Including survey items gets at the patient experience part of the triple aim
- Aligns with measure used in MCO report cards

**Benchmark:** Rate above 79%

**3. HEDIS Childhood Immunization Status (CIS) Combination 10**

Reasons for Selection

- Nationally-recognized, standardized measure
- National priority - part of the CMS core measure set
- DSHS priority - aligns with communicable disease prevention and control
- HHSC priority - aligns with infant and child health and prevention
- Aligns with measure used in MCO report cards

**Benchmark:** Rate above 40.91%

**4. Percentage of primary care provider network that is recognized as a NCQA Patient Centered Medical Home**

Reasons for Selection

- A state priority under Texas Government Code 533.0029 (S.B. 7, 82nd Legislature, 2011)
- Increasing use of PCMH is a DSHS priority
- Aligns with DSRIP and federal priorities
- Evidence supports the use of PCMH to reduce costs and improve outcomes of care

**Benchmark:** Above 15%