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| Program | Comprehensive Hospital Increased Reimbursement Program (CHIRP) |
| Target Beneficiaries | Adults and children enrolled in STAR and STAR+PLUS |
| Quality Goals | |
| <ol style="list-style-type: none">1. Promote optimal health for Texans at every stage of life through prevention and by engaging individuals, families, communities, and the healthcare system to address root causes of poor health.2. Keep patients free from harm by building a safer healthcare system that limits human error.3. Promote effective practices for people with chronic, complex and serious conditions to improve people's quality of life and independence, reduce mortality rates, and better manage the leading drivers of health care costs.4. Attract and retain high-performing Medicaid providers, including medical, behavioral health, dental, and long-term services and supports providers to participate in team based, collaborative, and coordinated care. | |
| Program Overview | |
| <ul style="list-style-type: none">• CHIRP is a directed payment program that provides for increased Medicaid payments to hospitals for inpatient and outpatient services provided to Medicaid enrollees. It includes two components:<ul style="list-style-type: none">○ Uniform Hospital Rate Increase Program (UHRIP) includes two structure measures and one data-based outcome measure applicable to all participating hospitals. It requires twice-yearly submission of status updates for the structure measures and twice-yearly submission of data for the outcome measure.○ Average Commercial Incentive Award (ACIA) includes structure measures and data-based outcome and process measures. It requires twice-yearly submission of status updates for structure measures and twice-yearly submission of data for outcome and process measures.<ul style="list-style-type: none">▪ ACIA includes six modules which are groupings of measures around a similar hospital service type. Hospitals must report on all modules for which they are eligible. The number of measures a hospital must report is determined by the hospital's class as determined by program enrollment and historic volume and type of services provided. The maximum number of ACIA structure measures a hospital must report based on class and volume is 4 and the minimum number is 0. The maximum number of ACIA data-based measures a hospital must report based on class and volume is 7 and the minimum number is 0. Hospitals that are not eligible for any ACIA measures based on volume are still eligible to participate in ACIA and will not be required to report.• Hospitals apply for participation in the program and can opt into the ACIA component.• Participating hospitals are required to report program measures as a condition of participation for CHIRP, including for both the UHRIP and ACIA components. | |
| Reporting Requirements | |

The following reporting requirements are for measures in UHRIP and ACIA, as applicable.

- As a condition of participation in the program, hospitals must report data for all measures for which they are eligible. Hospitals that fail to submit the required data by the deadlines communicated by HHSC will be determined out of compliance with program eligibility requirements, will be removed from CHIRP, and will have all funds they received recouped.
- Year 2 semiannual reporting is tentatively planned to take place during Reporting Period 1 (October 2022) and Reporting Period 2 (April 2023).
 - Reporting Period 1: Hospitals will report progress on structure measures and data for outcome and process measures for January 1, 2022 to June 30, 2022.
 - Reporting Period 2: Hospitals will report progress on structure measures and data for January 1, 2022 to December 31, 2022.
- Reporting and module eligibility will follow the detailed specifications for measures.
- For structure measures, hospitals must submit responses to qualitative reporting questions that summarize their progress towards implementing the structure measure. Hospitals are not required to implement structure measures as a condition of reporting or program participation.
- For outcome and process measures, a hospital must submit specified numerator and denominator rates and respond to qualitative reporting questions as specified by HHSC. Hospitals must report rates for most measures stratified by Medicaid Managed Care, Other Medicaid, Uninsured, and All Payer.¹
- Reported qualitative and numeric data will be used to monitor hospital-level progress toward state quality objectives.

CHIRP Measures by Program Component

| Program Component | Measure ID | Measure Name | Measure Type | NQF # | Measure Steward |
|---------------------------|-------------------|---|---------------------|--------------|------------------------------|
| C1 - UHRIP | C1-105 | Health Information Exchange (HIE) Participation | Structure | NA | NA |
| | C1-126 | Healthcare Quality Learning Collaborative Participation | Structure | NA | NA |
| | C1-127 | Medication Reconciliation: Number of Unintentional Medication Discrepancies per Patient | Outcome | 2456 | Brigham and Women's Hospital |
| C2 – ACIA Maternal Care | C2-128 | AIM Collaborative Participation | Structure | NA | NA |
| | C2-129 | Severe Maternal Morbidity | Outcome | NA | AIM |
| | C2-130 | PC-02 Cesarean Section | Outcome | 0471 | TJC |
| C2 - ACIA Hospital Safety | C2-131 | Hospital Safety Collaborative Participation | Structure | NA | NA |
| | C2-132 | Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure | Outcome | 0138 | CDC |
| | C2-133 | Central Line Associated Bloodstream Infection (CLABSI) Outcome Measure | Outcome | 0139 | CDC |

¹ For adult and pediatric hospital safety outcome measures, hospitals will report a rate as specified for all-payer types.

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| | C2-134 | Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure | Outcome | 1717 | CDC |
| | C2-135 | Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure | Outcome | 0753 | CDC |
| C2 - ACIA Pediatric | C2-155 | Pediatric SSI | Outcome | NA | CHSPS |
| | C2-156 | Hospital Safety Collaborative Participation | Structure | NA | NA |
| | C2-157 | Pediatric Adverse Drug Events | Outcome | NA | CHSPS |
| | C2-158 | Pediatric CLABSI | Outcome | NA | CHSPS |
| | C2-159 | Pediatric CAUTI | Outcome | NA | CHSPS |
| | C2-160 | Engagement in Integrated Behavioral Health | Process | NA | TX HHSC |
| C2 - ACIA Psychiatric Care Transitions | C2-141 | Written transition procedures that include formal MCO relationship or EDEN notification/ADT Feed for psychiatric patients | Structure | NA | NA |
| C2 - ACIA Care Transitions | C2-142 | Written transition procedures that include formal MCO relationship or EDEN notification/ADT Feed for non-psychiatric patients | Structure | NA | NA |
| C2 - ACIA Rural Hospital Best Practices | C2-103 | Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention | Process | 0028e | NCQA |
| | C2-104 | Preventive Care and Screening: Influenza Immunization | Process | 0041e | NCQA |