



Program	Comprehensive Hospital Increased Reimbursement Program (CHIRP) Year 3 (State Fiscal Year 2024) Requirements
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. Provide the right care in the right place at the right time to ensure people can easily navigate the health system to receive timely services in the least intensive or restrictive setting appropriate.3. Keep patients free from harm by building a safer healthcare system that limits human error.4. 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.5. 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 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 yearly submission of status updates for structure measures and twice-yearly submission of data for outcome and process measures.
 - ACIA includes six modules which are groupings of measures around a similar hospital service type. Hospitals must report on all modules and measures 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, historic volume, and type of services provided. 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.

- Hospitals must report data for all modules and measures for which they are eligible as a condition of participation in the program. Hospitals that fail to submit the required data by the deadlines communicated by HHSC will be removed from CHIRP and will have all funds they were previously paid during the program period recouped.
- Year 3 semiannual reporting is planned to take place during Reporting Period 1 (October 2023) and Reporting Period 2 (April 2024).
 - Reporting Period 1 (October 2023): Hospitals will report progress on structure measures and data for outcome and process measures for January 1, 2023 to June 30, 2023.
 - Reporting Period 2 (April 2024): Hospitals will report data for outcome and process measures for January 1, 2023 to December 31, 2023.
- 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.

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

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
	C1-127	Medication Reconciliation: Number of Unintentional Medication Discrepancies per Patient	Outcome	2456	Brigham and Women's Hospital
	C1-163	Non-Medical Drivers of Health (NMDOH) Screening and Follow-up Plan Best Practices	Structure	NA	TX HHSC
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 Birth	Outcome	0471	TJC
C2 - ACIA Hospital Safety	C2-132	Catheter-Associated Urinary Tract Infection (CAUTI)	Outcome	0138	CDC
	C2-133	Central Line Associated Bloodstream Infection (CLABSI)	Outcome	0139	CDC
	C2-164	Postoperative Sepsis Rate	Outcome	NA	CMS
C2 - ACIA Pediatric	C2-115	Preventive Care and Screening: Screening for Depression and Follow-up Plan	Process	NA	TX HHSC
	C2-158	Pediatric CLABSI	Outcome	NA	CHSPS
	C2-159	Pediatric CAUTI	Outcome	NA	CHSPS

Program Component	Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
	C2-165	Trauma Informed Care Training	Structure	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	TX HHSC
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	TX HHSC
C2 - ACIA Rural Hospital Best Practices	C2-104	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Process	0028e	NCQA
	C2-115	Preventive Care and Screening: Screening for Depression and Follow-up Plan	Process	NA	TX HHSC