



<b>Program</b>	Comprehensive Hospital Increased Reimbursement Program (CHIRP)
<b>Target Beneficiaries</b>	Adults and children enrolled in STAR and STAR+PLUS
<b>Quality Goals</b>	
<ol style="list-style-type: none"><li>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.</li><li>2. Keep patients free from harm by building a safer healthcare system that limits human error.</li><li>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.</li><li>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.</li></ol>	
<b>Program Overview</b>	
<ul style="list-style-type: none"><li>• CHIRP is a directed payment program (DPP) 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"><li>○ Uniform Hospital Rate Increase Program (UHRIP) includes two structure measures and one data-based outcome measure applicable to all participating hospitals. It requires submission of status updates for the structure measures and submission of data for the outcome measure.</li><li>○ Average Commercial Incentive Award (ACIA) includes structure measures and data-based outcome and process measures. It requires submission of status updates for structure measures and submission of data for outcome and process measures.<ul style="list-style-type: none"><li>▪ 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.</li></ul></li></ul></li><li>• Hospitals apply for participation in the program and can opt into the ACIA component.</li><li>• Enrolled hospitals are required to report program measures as a condition of participation for CHIRP, including for both the UHRIP and ACIA components.</li></ul>	

## 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.
- State fiscal year (SFY) 2022 (Year [Y] 1) reporting will begin on April 29, 2022, and will be on data for calendar year 2021.
- 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 the following payer types: Medicaid Managed Care, Other Medicaid, Uninsured, and All Payer.<sup>1,2</sup>
- 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

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

<sup>2</sup> In the reporting template, providers will indicate whether the provider's system can report the required reporting payer type of "Medicaid Managed Care" as outlined above to include STAR and STAR+PLUS. If provider's system cannot report "Medicaid Managed Care" as outlined above, then the provider may alternatively report the "Medicaid Managed Care" payer type as "Medicaid" (includes all Medicaid Managed Care programs and Medicaid FFS). This alternative will only be available during Y1 of the DPP. As a result of using this alternative, the required reporting payer types would be: Medicaid, Uninsured, and All Payer.

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
	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