# Getting Ready for CHIRP Component 3 Quality Reporting

## State Fiscal Year (SFY) 2025

# Webinar Objectives

- ✓ Component 3 measures

- ✓ Pay-for-performance (P4P) targets and achievement

- ✓ How to get help

# SFY 2025 Changes in CHIRP

- Minimal changes to Components 1 and 2
- New Pay-for-Performance Component 3

☆ **You are currently in the performance year**

🏆 **Your performance in 2024 will determine how much Component 3 payment you earn**

# Component 3 Overview

Urban hospitals and children's hospitals are currently eligible to participate in Component 3 in SFY 2025

Each hospital class will report six measures (three process, and three outcome)

A scoring methodology that balances risk and looks at performance across all measures

Once-a-year P4P reporting with two optional interim payments and one final payment

# Pay-for-Performance Measures

TEXAS Health and Human Services

| Urban Hospitals | Children's Hospitals |
|---|---|
| Food Insecurity Screening and Follow-Up Plan | Food Insecurity Screening and Follow-Up Plan |
| IMM-2 Influenza Immunization | IMM-2 Influenza Immunization |
| Safe Use of Opioids – Concurrent Prescribing | Screening for Depression and Follow-Up Plan |
| PC-02 Cesarean Birth **OR** CAUTI | Pediatric CLABSI |
| Plan All-Cause Readmission | Pediatric All-Condition Readmission |
| PSI 13 Postoperative Sepsis | Follow-Up After ED Visit for Mental Illness: Ages 6-17 |

Process Measures

Outcome Measures

# Changes to Measures Continuing from SFY24

| Component 3 Measure | Payer Type for P4P | Major Changes |
|---|---|---|
| C3-130 PC-02 Cesarean Birth | STAR | Removed STAR+PLUS from reporting |
| C3-132 CAUTI | All-Payer | None |
| C3-164 PSI 13 Postoperative Sepsis Rate | STAR and STAR+PLUS | Stratify reporting by STAR/STAR+PLUS, Other Medicaid, Uninsured, and All-Payer |
| C3-158 Pediatric CLABSI | All-Payer | Stratify reporting by STAR/STAR+PLUS, Other Medicaid, Uninsured, and All-Payer |
| C3-115 Screening for Depression and Follow-Up Plan | STAR and STAR+PLUS | Removed denominator exclusion of people previously diagnosed with depression |

# Component 3 New Measures

# C3-170: Food Insecurity Screening and Follow-Up Plan

TEXAS
Health and Human Services

## Numerator

Food insecurity screening results documented during current encounter or previous 12 months, AND if most recent screening result is positive, follow-up plan documented within 30 days of positive result

- Use Hunger Vital Sign OR other standardized, age-appropriate food insecurity screening
- Follow-up **plan** must be specific but not necessarily executed
- Don't forget to include negative screening results too

## Denominator (Individuals)

All attributed patients with eligible encounter during the measurement period

- Include all ages, service lines and settings, even telehealth
- Exclude encounters limited to radiology or lab, refused to participate, declined follow-up plan assistance, cannot complete screening, patient death

Getting Ready for CHIRP Component 3 Quality Reporting - SFY 2025

# C3-170 FAQ #1

**Which food insecurity screening tool can we use?**

• **Hunger Vital Sign**

Within the past 12 months we worried whether our food would run out before we got money to buy more.

Within the past 12 months the food we bought just didn't last and we didn't have money to get more.

• **PRAPARE**

In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply. "Food"

• **Health Leads**

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

You are already using the Hunger Vital Sign questions if you are using these tools:

• USDA U.S. Household Food Security Survey Module

• CMS AHC Health-Related Social Needs Tool

• AAFP Tool

• BMC THRIVE Screening Tool

**What counts as a follow-up plan?**

- Follow-up plan must document something specific as the "plan"
  - Specific intervention [food bank, church, non-profit], OR
  - Specific staff [CHW, social worker, nurse, case manager]

- Follow-up plan must be documented within 30 days of the positive screening result but the "plan" does not have to be executed within 30 days

**Can we give the patient the FindHelp.org website or a list of options?**

- You can use FindHelp.org and your own list of local resources to discuss options with the patient, but something specific from the options must still be documented as the follow-up plan for that patient.

# C3-171: IMM-2 Influenza Immunization

## Numerator
Inpatient discharges who were screened for influenza vaccine status and were vaccinated prior to discharge if indicated

- Receive the influenza vaccine during current hospitalization, or during the current year flu season but prior to current hospitalization
- Also includes patients who were **offered and declined** the vaccine

## Denominator (Individuals)
Acute care hospitalized inpatients age 6 months and older discharged during October, November, December, January, February or March

- Include ages 6 months and older
- Exclude patients who received an organ transplant, hospital stay > 120 days, transferred/discharged to another acute care hospital, leave Against Medical Advice (AMA), whom vaccination is indicated, but supply has not been received due to vaccine production or distribution issues, and patient death

# C3-171 Reporting Date Examples

**Denominator Inclusion Dates: 10/01/2023 – 03/31/2024**

**Numerator Inclusion Dates: 08/01/2023 – 03/31/2024 (performance met in current flu season but prior to discharge date)**

| Patient ID | Eligible Encounter Date | Received or Declined Vaccine | SFY25 Denominator? | SFY25 Numerator? |
|---|---|---|---|---|
| 1 | 07/03/23 | Not offered | No | No |
| 2 | 08/15/23 | Received - 10/15/23 | No | No |
| 3 | 08/30/23 | Declined | No | No |
| 4 | 10/05/23 | Not offered | Yes | No |
| 5 | 10/06/23 | Received - 10/05/23 | Yes | Yes |
| 6 | 11/01/23 | Declined | Yes | Yes |
| 7 | 01/05/24 | Received - 11/14/23 | Yes | Yes |
| 8 | 03/06/24 | Received - 03/14/23 | Yes | No |
| 9 | 06/31/24 | Received - 11/10/23 | No | No |

# C3-174: Safe Use of Opioids – Concurrent Prescribing

## Numerator

Encounters of patients prescribed two or more opioids or an opioid and benzodiazepine at discharge.

- Inpatient hospitalizations with discharge medications of a new or continuing opioid or a new or continuing benzodiazepine prescription should be included in the initial population.

## Denominator (Individuals)

The denominator comprises inpatient stays of 120 days or less for patients aged 18 and older, where one or more new or continuing opioid or benzodiazepine is prescribed at discharge.

- Exclusions from the denominator include cases involving cancer patients, those receiving palliative or hospice care, transfers to other facilities, and patients who expire during the stay.

# C3-174 FAQs

- **How are opioids and benzodiazepines defined for reporting purposes?**

- The measure describes opioids as Schedule II or III medications and benzodiazepines as Schedule IV substances. Its objective is to identify instances of potential risk where patients are concurrently prescribed these medications. Specifically, it targets prescriptions or continuations of such medications upon discharge.

# C3-173: Plan All-Cause Readmission (PCR-AD)

## Numerator

At least one acute unplanned readmission for any diagnosis within 30 days of the date of discharge from the Index Hospital Stay, that is on or between the second day of the measurement year and the end of the measurement year.

- Include all unplanned inpatient or observation stay hospital readmissions within 30 days

## Denominator (Encounters)

Patients age 18 to 64 with a discharge from an acute inpatient or observation stay on or between January 1 and December 1 of the measurement year

- Include all acute inpatient and observation stay discharges on or between January 1 and December 1 of the measurement year
- Exclude beneficiaries in hospice or using hospice services anytime during the measurement year

# C3-175: Pediatric All-Condition Readmission

## Numerator

Hospitalizations at general acute care hospitals for patients less than 18 years old that are followed by one or more readmissions to general acute care hospitals within 30 days

- Exclude readmissions if the readmission was for a planned procedure or for chemotherapy
- Exclude observation stays

## Denominator (Encounters)

Hospitalizations at general acute care hospitals for patients less than 18 years old

- Exclude certain hospitalizations from the measure based on clinical criteria or for issues of data completeness or quality (see measure specifications)

# C3-176: Follow-Up After ED Visit for Mental Illness: Ages 6-17

TEXAS
Health and Human
Services

## *EQRO reported measure*

### Numerator

Follow-up visit with any practitioner within 30 days after the ED visit

- Hospitals can track their own ED discharge process, patients navigated, and follow-up visits to monitor progress

### Denominator (Encounters)

ED visit with principal diagnosis of mental illness or intentional self-harm, ages 6-17 on date of visit

# C3-176 FUM EQRO Data Availability

| Measurement Period | Estimated Date |
|---|---|
| CY2022 | February 2024 |
| CY2023 | May 2024 |
| CY2024 Q1 (January – March) | June 2024 |
| CY2024 Q1-Q2 (January – June) | September 2024 |
| CY2024 Q1-Q3 (January – September) | December 2024 |
| CY2024 | April 2025 |

# Component 3
# Scoring Methodology

# Scoring Methodology

## Point Values

- Each measure has an assigned point value

- Point values are weighted so that outcome measures are worth more points than process measures

- Meeting or exceeding a target earns the full point value and partially meeting a target earns half the point value

## Payment Tiers

- There are 4 payment tiers for pay-for-performance

- The payment tier is determined by the percentage of available points that are earned

## Unearned Funds

- Unearned dollars are redistributed
  (see amended 1 TAC §353.1306 published as proposed in the Nov. 17, 2023 issue of the Texas Register)

# Scoring Methodology Achievement Levels

| Achievement Level | Outcome Measure Points | Process Measures Point |
|---|---|---|
| **Full** achievement of Target | 4 | 2 |
| **Partial** achievement of Target | 2 | 1 |
| **No** achievement of Target | 0 | 0 |

## Payment Tiers

| Tier | % of Points Earned | Payment |
|---|---|---|
| 1 | >=50% (9 pts) | 100% |
| 2 | >=40% (8 pts) | 80% |
| 3 | >=20% (4 pts) | 40% |
| 4 | <20% (0-3 pts) | 0% |

# Component 3 Achievement

# Common Terms

- Goal calculation types
  - Benchmark
  - IOS (improvement over self)
  - Actual/expected (A/E) ratio
- Gap closure over baseline

| Proposed SFY25 Measure ID | DPP Shorthand | Modules | Measure Name | Goal Calculation Type | Benchmark Source | Benchmark |
|---|---|---|---|---|---|---|
| C3-115 | CHIRP | C3 (Children's Hospitals) | Preventive Care and Screening: Screening for | IOS | NA | NA |
| C3-130 | CHIRP | C3 (Urban Hospitals) | PC-02 Cesarean Birth | Benchmark | Healthy People 2030 Target: 75% prediction pr | 0.236 |
| C3-132 | CHIRP | C3 (Urban Hospitals) | Catheter-Associated Urinary Tract Infection ( | A/E Ratio | NA | NA |
| C3-158 | CHIRP | C3 (Children's Hospitals) | Pediatric CLABSI | Benchmark | Children's Hospitals' Solutions for Patient Sa | 1.411 per 1000 central line days |
| C3-164 | CHIRP | C3 (Urban Hospitals) | PSI 13 Postoperative Sepsis Rate | Benchmark | AHRQ National PSI Benchmarks 2023: Medicai | 4.87 per 1000 discharges |
| C3-170 | CHIRP | C3 (Urban Hospitals)/ C3 (Children's H | Food Insecurity Screening and Follow-up Pla | IOS | NA | NA |
| C3-171 | CHIRP | C3 (Urban Hospitals)/ C3 (Children's H | IMM-2 Influenza Immunization | IOS | NA | NA |
| C3-173 | CHIRP | C3 (Urban Hospitals) | Plan All-Cause Readmission (PCR-AD) | Benchmark | Texas Medicaid Rate from CMS Adult Core Set | 12.6 per 100 discharges |
| C3-174 | CHIRP | C3 (Urban Hospitals) | Safe Use of Opioids - Concurrent Prescribing | IOS | NA | NA |
| C3-175 | CHIRP | C3 (Children's Hospitals) | Pediatric All-Condition Readmission | Benchmark | Pending | Pending |
| C3-176 | CHIRP | C3 (Children's Hospitals) | Follow-Up After ED Visit for Mental Illness: / | Benchmark | STAR 30 Day Age 6-17 2022 average | 0.5657 |

# Achievement Requirements

- "OR" reflects that ONLY ONE requirement must be met to meet the achievement level

| Measure Type | Full Achievement Target | Partial Achievement Target |
|---|---|---|
| Actual/Expected (A/E) Ratio | Performance is below or equal to .8<br><br>OR<br><br>Performance is below 1 and better than baseline<br><br>OR<br><br>Performance meets or exceeds a 5% gap closure over baseline | Performance is below 1 and worse than baseline<br><br>OR<br><br>Performance is equal to or above 1 and shows improvement over baseline |

# Component 3 Achievement Calculator

- Tabs:
  - Instructions
  - 4 achievement calculators, one for each goal calculation type
  - Points calculator

Enter data into the yellow shaded cells below.

## SFY2025 Achievement Calculator for CHIRP Component 3 Measure with High Benchmark

| Measure | C3-130: PC-02 Cesarean Birth |
|---|---|

| Module(s) | C3 (Urban Hospitals) | Measure Type | Outcome |
|---|---|---|---|
| Goal Calculation Type | High Benchmark | Benchmark | 0.2360 |
| Achievement Payer Type | STAR | Directionality | Negative |

### Baseline Rate

| Measurement Period | Numerator | Denominator | Rate |
|---|---|---|---|
| 01/01/23 - 12/31/23 | | | |

### Performance Rate

> Enter your numerator from the baseline measurement period.

| Measurement Period | Numerator | Denominator | Rate |
|---|---|---|---|
| 01/01/24 - 12/31/24 | | | |

*Only the first 4 decimal places of rates are shown above, but achievement calculations are based on full numbers.*

### Achievement Level Requirements Met

| Baseline Rate | 5% Gap Closure Rate | Benchmark Rate | Performance Rate |
|---|---|---|---|
| | | 0.2360 | |

| Requirements for Full Achievement (at least one requirement must be met for full achievement) | Requirement Met |
|---|---|
| Performance is better than or equal to the high benchmark | |
| Performance meets or exceeds a 5% gap closure over baseline | |
| Requirement for Partial Achievement | Requirement Met |
| Performance is worse than the high benchmark and better than baseline | |

| Maximum Points Possible | | Achievement Level | Points Achieved |
|---|---|---|---|
| 4 | | | |

Instructions | **High Benchmark** | Average Benchmark | AE Ratio | IOS | Points Calculator

# Achievement Calculation Tabs

Enter data into the yellow shaded cells below.

## SFY2025 Achievement Calculator for CHIRP Component 3 Measures with Average Benchmarks

| Measure | C3-176: Follow-Up After ED Visit for Mental Illness: Ages 6-17 | A |
|---------|----------------------------------------------------------------|---|

| Module(s) | C3 (Children's Hospitals) | Measure Type | Outcome (Intermediate) |
|-----------|---------------------------|--------------|------------------------|
| Goal Calculation Type | Average Benchmark | Benchmark | 0.5657 |
| Achievement Payer Type | STAR | Directionality | Positive |

### Baseline Rate

| Measurement Period | Numerator | Denominator | Rate | |
|--------------------|-----------|-------------|------|---|
| 01/01/23 - 12/31/23 | 555 | 1000 | 0.5550 | B |

### Performance Rate

| Measurement Period | Numerator | Denominator | Rate | |
|--------------------|-----------|-------------|------|---|
| 01/01/24 - 12/31/24 | 570 | 1000 | 0.5700 | C |

*Only the first 4 decimal places of rates are shown above, but achievement calculations are based on full numbers.*

### Achievement Level Requirements Met

| Baseline Rate | 5% Gap Closure Rate | Benchmark Rate | Performance Rate |
|---------------|---------------------|----------------|------------------|
| 0.5550 | 0.5773 | 0.5657 | 0.5700 |

| Requirements for Full Achievement (at least one requirement must be met for full achievement) | Requirement Met | |
|-----------------------------------------------------------------------------------------------|-----------------|---|
| Performance is better than or equal to the average benchmark and better than baseline | Yes | D |
| Performance meets or exceeds a 5% gap closure over baseline | No | |
| **Requirements for Partial Achievement (at least one requirement must be met for partial achievement)** | **Requirement Met** | |
| Performance is better than the average benchmark and worse than baseline | NA | |
| Performance is worse than the average benchmark and better than baseline | NA | |

| Maximum Points Possible |
|-------------------------|
| 4 |

| Achievement Level | Points Achieved | |
|-------------------|-----------------|---|
| **Fully Achieved** | 4 | E |

**A. Select measure.**

**B. Enter baseline year numerator & denominator.**

**C. Enter performance year numerator & denominator.**

**D. See how performance compares to achievement requirements.**

**E. See achievement level and number of points achieved for measure.**

# Points Calculation Tab

Enter data into the yellow shaded cells below.

## SFY2025 Points Calculator for CHIRP Component 3 Measures

| Provider Type | | | Children's Hospital | | |
|---|---|---|---|---|---|

| Measure ID | Measure Name | Measure Type | Hospital has denominator volume? | Points Possible | Achievement Level | Points Achieved |
|---|---|---|---|---|---|---|
| C3-115 | Preventive Care and Screening: Screening for Depression and Follow-Up | Process | Yes | 2 | **Fully Achieved** | 2 |
| C3-170 | Food Insecurity Screening and Follow-up Plan | Process | Yes | 2 | **Partially Achieved** | 1 |
| C3-171 | IMM-2 Influenza Immunization | Process | Yes | 2 | **Not Achieved** | 0 |
| C3-158 | Pediatric CLABSI | Outcome | Yes | 4 | **Partially Achieved** | 2 |
| C3-175 | Pediatric All-Condition Readmission | Outcome | **Yes** | 4 | **Partially Achieved** | 2 |
| C3-176 | Follow-Up After ED Visit for Mental Illness: Ages 6-17 | Outcome | **No** | 0 | | |
| | | | | 14 | | 7 |

### You achieved the payment tier highlighted below.

| Tier | Min. Points Required | % of Points Earned | Payment |
|---|---|---|---|
| **1** | **7** | **≥ 50%** | **100%** |
| 2 | 6 | ≥ 40% | 80% |
| 3 | 3 | ≥ 20% | 40% |
| 4 | 0 | < 20% | 0% |

A. Select provider type.

B. Indicate a measure has no denominator volume.

C. Select the achievement level for each measure.

D. See number of points achieved.

E. See payment tier achieved.

# P4P Reporting Process

# P4P Reporting Process

- Component 3 measures will only be reported in April 2025

- Baseline (CY 2023) and performance (CY 2024) will be reported for all component 3 measures

- Some measures occur in both Components 2 and 3. These measures will only be reported once in the reporting template.

Provider Education & Support

# Upcoming Training Opportunities

## Getting Ready for Component 1 and 2 Reporting

May

- Focus on other two components (not P4P)

## Best Practices Learning Series

Spring and Summer 2024

- Presentation on best practices for quality improvement for a measure or area
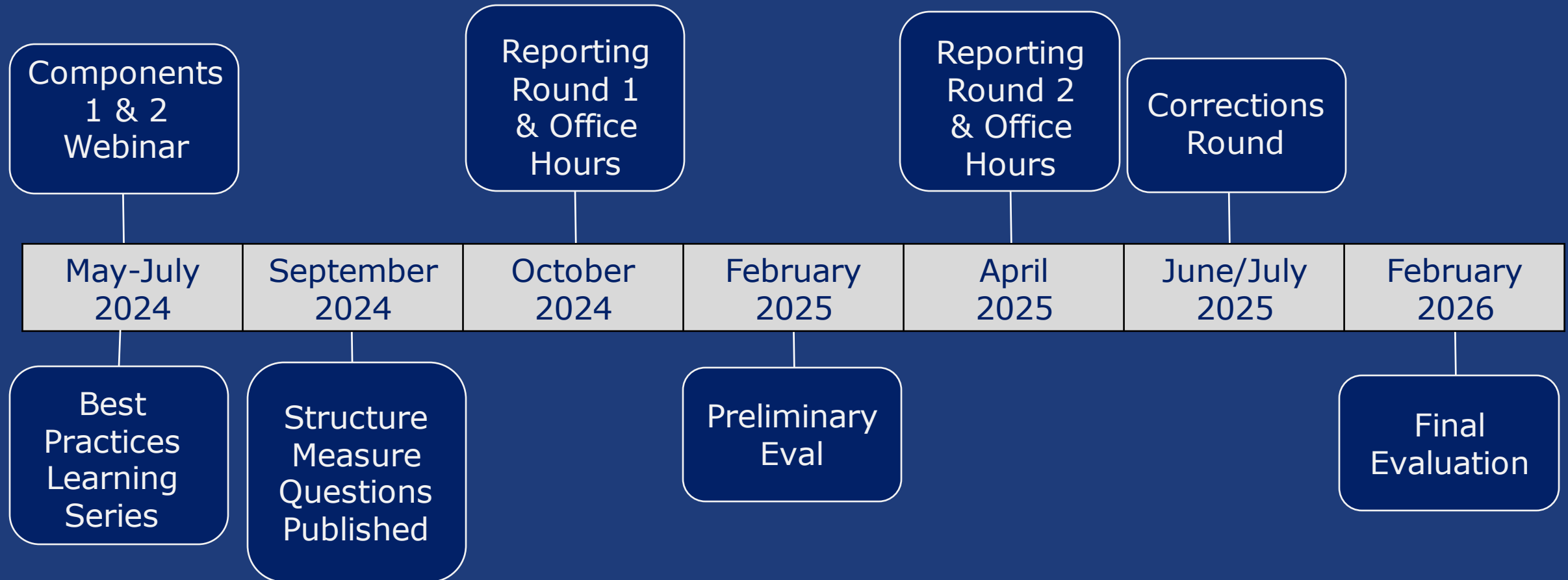- Discussion session

## Reporting Period Office Hours

October 2024 and April 2025

- Come and go sessions
- We answer your reporting questions
- Will be scheduled for both reporting rounds

# SFY2025 Expected Timeline



| Components 1 & 2 Webinar | | Reporting Round 1 & Office Hours | | Reporting Round 2 & Office Hours | Corrections Round | |

| May-July 2024 | September 2024 | October 2024 | February 2025 | April 2025 | June/July 2025 | February 2026 |
|---|---|---|---|---|---|---|
| Best Practices Learning Series | Structure Measure Questions Published | | Preliminary Eval | | | Final Evaluation |

# Need help?

**1. CHIRP Quality webpage**
- Measure specifications and FAQs
- CHIRP Requirements including attribution and sampling
- Previous years' data summaries

**2. Online Reporting System Bulletin Board**
- Component 3 Achievement Calculator

**3. Email us your quality questions:** [DPPQuality@hhs.Texas.gov](mailto:DPPQuality@hhs.Texas.gov)

**4. Reach out to your association (meet monthly with HHSC)**

# Questions

DPPQuality@hhs.Texas.gov