

**Comprehensive Hospital
Increased Reimbursement
Program Stakeholder
Feedback on Proposed Year 2
Measures and Quality
Requirements**

**As Required by
Texas Administrative Code
§353.1307**

**Texas Health and Human
Services Commission**

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TEXAS
Health and Human
Services

1. Overview

On January 10, 2022, HHSC released the draft measures and performance requirements for Year 2 of Comprehensive Hospital Increased Reimbursement Program (CHIRP) for stakeholder feedback. The documents included measure specifications, attribution methodology, quality requirements, and payer type stratification. On January 13, 2022, HHSC hosted a webinar to provide an overview of the proposed measures and performance requirements for Year 2 and answer questions. Stakeholders submitted feedback through an online survey that closed on January 31, 2022.

This document summarizes the stakeholder feedback HHSC received through the two respondents to the survey, on behalf of five organizations. HHSC reviewed and considered stakeholder comments and is not making any changes to the proposed Year 2 *CHIRP Measure Specifications* or *CHIRP Requirements*.

HHSC will include the measures and quality requirements in the CHIRP state directed payment preprint submission to the Centers for Medicare & Medicaid Services (CMS) in March 2022. All CHIRP Year 2 requirements are subject to CMS approval. HHSC will post any changes required by CMS as described in TAC §353.1307.

2. Stakeholder Comments

HHSC did not receive any feedback on Component 1 measures C1-105 and C1-126; Component 2 Measures C2-128, C2-129, C2-130, C2-131, C2-132, C2-133, C2-134, C2-135, C2-155, C2-156, C2-157, C2-158, C2-159, and C2-160; attribution methodology; minimum volume requirements; reporting requirements; or payer type stratification.

Component 1

C1-127: Medication Reconciliation: Number of Unintentional Medication Discrepancies per Patient

1. One respondent on behalf of four hospitals indicated the providers have various data points to reconcile medication errors, however the providers do not currently have a specific report or data system that produces the data required for the measure. Extensive manual intervention is required to extract the needed data.

HHSC Response: HHSC did not make changes in response to this comment. This measure is also proposed for Year 1, pending CMS approval of the program. This measure does require manual chart review, but only of a sample of patient charts per the measure specifications. HHSC acknowledges that some providers may be required to implement new processes to track and report data. Reported data are an essential piece of the DPP Evaluation and will be used to monitor provider-level progress toward state quality objectives. This measure is related to the Texas Managed Care Quality Strategy goal of promoting 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.

Component 2 - ACIA Rural Hospital Best Practices

C2-103: Preventive Care and Screening: Influenza Immunization

2. One respondent on behalf of four hospitals commented that the data are not currently being tracked in the hospital and that extensive intervention would be required to introduce a new process.

HHSC Response: HHSC did not make changes in response to this comment. This measure is also proposed for Year 1, pending CMS approval of the program. HHSC acknowledges that some providers may be required to implement new processes to track and report data. Reported data are an essential piece of the DPP Evaluation and will be used to monitor provider-

level progress toward state quality objectives. This measure is related to the Texas Managed Care Quality Strategy goal of promoting optimal health for Medicaid managed care clients at every stage of life through prevention and by engaging individuals, families, communities, and the healthcare system to address root causes of poor health.

C2-104: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

3. One respondent on behalf of four hospitals indicated the data are not currently being tracked in the hospital and that extensive intervention would be required to introduce a new process.

HHSC Response: HHSC did not make changes in response to this comment. This measure is also proposed for Year 1, pending CMS approval of the program. HHSC acknowledges that some providers may be required to implement new processes to track and report data. Reported data are an essential piece of the DPP Evaluation and will be used to monitor provider-level progress toward state quality objectives. This measure is related to the Texas Managed Care Quality Strategy goal of promoting optimal health for Medicaid managed care clients at every stage of life through prevention and by engaging individuals, families, communities, and the healthcare system to address root causes of poor health.

Component 2 – ACIA Psychiatric Care Transitions

C2-141: Written Transition Procedures that Include Formal MCO Relationship or EDEN Notification/ ADT Feed for Psychiatric Patients

4. One respondent on behalf of four hospitals stated that the providers would require more information. The providers do not currently use EDEN or ADT feeds.

HHSC Response: HHSC did not make changes in response to this comment. "Structure Measures" are a type of measure (as opposed to "Process Measures" and "Clinical Outcome Measures") that help provide a sense of a provider's capacity, infrastructure, and strategy for delivering evidence-based best practices for high quality care. Providers are not required to have implemented or be working towards implementing a structure measure; providers are only required to complete reporting on structure measures. Reporting on structure measures will primarily be formatted as multiple-choice selections with some qualitative questions. Providers may contact DPPQuality@hhs.texas.gov for more information on this structure measure.

Component 2 – ACIA Care Transitions

C2-142: Written Transition Procedures that Include Formal MCO Relationship or EDEN Notification/ ADT Feed for Non-Psychiatric Patients

5. One respondent on behalf of four hospitals stated that the providers would require more information. The providers do not currently use EDEN or ADT feeds.

HHSC Response: HHSC did not make changes in response to this comment. "Structure Measures" are a type of measure (as opposed to "Process Measures" and "Clinical Outcome Measures") that help provide a sense of a provider's capacity, infrastructure, and strategy for delivering evidence-based best practices for high quality care. Providers are not required to have implemented or be working towards implementing a structure measure; providers are only required to complete reporting on structure measures. Reporting on structure measures will primarily be formatted as multiple-choice selections with some qualitative questions. Providers may contact DPPQuality@hhs.texas.gov for more information on this structure measure.

General Comments

6. One stakeholder asked for ACIA payments to use a different financial basis for the payment calculation.

HHSC Response: This feedback is not related to the quality component of CHIRP, therefore HHSC did not make changes in response to this comment. The comment has been forwarded to HHSC's Provider Finance Department (PFD) to address this request with the respondent. Please email Provider Finance at PFD_Hospitals@hhsc.state.tx.us if you have additional questions regarding payments.