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| Program | Comprehensive Hospital Increased Reimbursement Program (CHIRP) |
| Target Beneficiaries | Adults and children enrolled in STAR and STAR+PLUS |
| Intended Quality Outcomes | |
| <ol style="list-style-type: none">1. Advance at least one of the goals and objectives in the managed care quality strategy.2. Maintain access to care for Medicaid managed care members. | |
| Program Overview | |
| <ul style="list-style-type: none">• The program will include the two components: Uniform Hospital Rate Increase Program (UHRIP) and Average Commercial Incentive Award (ACIA).• 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 | |
| <ul style="list-style-type: none">• UHRIP includes two structure measures applicable to all participating hospitals and requires twice-yearly submission of status updates for all measures.• ACIA includes structure measures, and data-based outcome and process measures and requires twice-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. Providers must report on all modules for which they are eligible. The number of measures a hospital will be required to report is determined by the hospital's provider class as determined by program enrollment and historic volume and type of services provided. For hospitals participating in ACIA, the maximum number of ACIA structure measures a provider will be required to report based on class and volume is 4 and the minimum number is 0. The maximum number of ACIA data-based measures a hospital will be required to 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 no reporting will be required. This data will be used to monitor provider-level progress toward state quality objectives.• Reporting is tentatively planned to take place during Quarter 1 (Sep-Nov 2021), and Quarter 3 (Mar-May 2022)<ul style="list-style-type: none">○ Quarter 1 and Quarter 3: report progress on structure measures and report data for outcome and process measures. For adult and pediatric hospitals safety outcome measures, hospitals will report a performance rate as specified for all-payer types. For all other outcome and process measures, hospitals must report performance rates stratified by Medicaid, uninsured, and other payer-types.• Reporting and module eligibility will follow the detailed specifications for measures. | |

Achievement Requirements

- As a condition of participation in the program, a hospital must report data for all measures for which it is eligible. A hospital that fails to submit the required data by deadlines communicated by HHSC will be determined to be not in compliance with program eligibility requirements and will be removed from the program. The provider may also have all funds that it received recouped.
- For a structure measure, a provider must submit responses to qualitative reporting questions that summarize a hospital's progress towards implementing a structure measure. Hospitals are not required to implement structure measures as a condition of reporting or program participation.
- For outcome and process measures, a provider must submit specified numerator and denominator rates as specified by HHSC.

| Program Component | Measure ID | Measure Name | Measure Type | NQF # | Measure Steward |
|--|------------|---|--------------|-------|-----------------|
| C1 - UHRIP | C1-101 | HIE Participation | Structure | NA | NA |
| | C1-102 | SDA Learning Collaborative Participation | Structure | NA | NA |
| C2 – ACIA Maternal Care | C2-103 | AIM Collaborative Participation | Structure | NA | NA |
| | C2-104 | Severe Maternal Morbidity | Outcome | NA | AIM |
| | C2-105 | PC-02 Cesarean Section | Outcome | 0471 | TJC |
| C2 - ACIA Hospital Safety | C2-106 | Hospital Safety Collaborative Participation | Structure | NA | NA |
| | C2-107 | CAUTI Outcome Measure | Outcome | 0138 | CDC |
| | C2-108 | CLABSI Outcome Measure | Outcome | 0139 | CDC |
| | C2-109 | Facility-wide Inpatient Hospital-onset Clostridium difficile Infection Outcome Measure | Outcome | 1717 | CDC |
| | C2-110 | Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure | Outcome | 0753 | CDC |
| C2 - ACIA Pediatric | C2-111 | Hospital Safety Collaborative Participation | Structure | NA | NA |
| | C2-112 | Pediatric Adverse Drug Events | Outcome | NA | CHSPS |
| | C2-113 | Pediatric CLABSI | Outcome | NA | CHSPS |
| | C2-114 | Pediatric CAUTI | Outcome | NA | CHSPS |
| | C2-115 | Pediatric SSI | Outcome | NA | CHSPS |
| | C2-116 | Engagement in Integrated Behavioral Health | Process | NA | TX HHSC |
| C2 - ACIA Psychiatric Care Transitions | C2-117 | Written transition procedures that include formal MCO relationship or EDEN notification/ADT Feed for psychiatric patients | Structure | NA | NA |
| C2 - ACIA Care Transitions | C2-118 | Written transition procedures that include formal MCO relationship or EDEN notification/ADT Feed for non-psychiatric patients | Structure | NA | NA |

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|---|--------|---|---------|------|--------------|
| C2 - ACIA Rural Hospital Best Practices | C2-119 | Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention | Process | 0028 | NCQA |
| | C2-120 | Preventive Care and Screening: Influenza Immunization | Process | 0041 | AMA- PCPI |