

Attachment H

43. Describe how this payment arrangement is expected to advance the goal(s) and objective(s) identified in Table 7. If this is part of a multi-year effort, describe this both in terms of this year's payment arrangement and in terms of that of the multi-year payment arrangement.

Through the CHIRP program, the State aims to promote optimal health for Texans, keep patients free from harm, promote effective practices for people with chronic, complex and serious conditions, and attract and retain high-performing Medicaid providers to participate in team-base, collaborative, and coordinated care. The CHIRP program includes hospitals that provide a variety of services to Medicaid clients. HHSC will analyze information reported by participating hospitals to evaluate CHIRP's impact in a number of areas, including health information exchange, maternal care, hospital safety, care transitions, and rural preventive care.

The program includes the two components: Uniform Hospital Rate Increase Program (UHRIP) and Average Commercial Incentive Award (ACIA). Hospitals apply to participate in the program and can opt into the ACIA component. All participating hospitals are required to report all program measures in the components for which they are eligible as a condition of participation in CHIRP.

UHRIP includes two structure measures and an outcome measure applicable to all participating hospitals. ACIA is organized into modules, which are groupings of measures around a similar hospital service type, and includes structure, outcome, and process measures. Providers must report on all modules for which they are eligible. Eligibility for a module is determined by the hospital's provider class as defined in program enrollment, historical volume, and type of services provided. This data will be used to monitor provider-level progress toward state quality objectives.

As a condition of participation in the program, a hospital must report data for all measures for which it is eligible. If a hospital fails to report required information, the hospital may not participate in the program, and any funds received by the hospital will be 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 and submit responses to associated qualitative reporting questions that summarize a hospital's improvement efforts tied to a measure. Payments are not tied to reporting or demonstrating achievement of the measures. Measures will be used to track provider progress and for program evaluation purposes. The process,

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outcome, and structure measures that will be used to evaluate CHIRP and advance the goals and objectives identified in Table 7 are included in the “DPP Evaluation Plan.”