



2025 Comprehensive Hospital Increase Reimbursement Program (CHIRP) Application

The Texas Health and Human Services Commission (HHSC) announces enrollment for the Comprehensive Hospital Increase Reimbursement Program (CHIRP) for the program period beginning September 1, 2024 to August 31, 2025.

This enrollment application will open on Thursday, February 1, 2024, at 8:00 a.m. and close Tuesday, February 21, 2024, at 11:59 p.m.

CHIRP is a statewide program that provides for increased Medicaid payments to hospitals for inpatient and outpatient services provided to Medicaid recipients. For more information visit the CHIRP webpage: <https://pfd.hhs.texas.gov/hospitals-clinic/hospital-services/comprehensive-hospital-increase-reimbursement-program>.

Participation

To be eligible to participate in CHIRP, in addition to other eligibility criteria described by 1 Tex. Admin. Code §353.1306, a provider must provide inpatient and/or outpatient hospital services to Medicaid recipients.

Please answer the questions below to enroll in CHIRP for the program period beginning September 1, 2024, and indicate whether your hospital will participate in the optional Average Commercial Incentive Award (ACIA) program component and/or Alternate Participating Hospital Reimbursement for Improving Quality Award (APHRIQA) program component, as applicable. An individual hospital may choose to participate in CHIRP even if other hospitals in the hospital's class do not participate in the program. Please submit one response for each acute hospital CMS Certification Number (CCN), and do not submit a response for any sub-providers.

Apply for CHIRP

The application is comprised of up to 34 questions. The application must be submitted by 11:59 p.m. on February 21, 2024. No extensions beyond that due date will be awarded, and any application submitted after that due date will not be accepted.

Once the application period is complete, HHSC will process the applications and send follow-up communication via Gov Delivery. For questions about CHIRP, please visit the CHIRP webpage: <https://pfd.hhs.texas.gov/hospitals-clinic/hospital-services/comprehensive-hospital-increase-reimbursement-program>. For questions regarding the content of the application, please email PFD_Hospitals@hhsc.state.tx.us with "CHIRP Application" in the subject line.

A confirmation email will NOT be sent when the application is completed and submitted. After submitting the application, please print the confirmation page for your records.

Section 1 - Hospital Information

1. Hospital Name *

2. Doing Business As (DBA) *

3. Hospital 10-digit National Provider Identifier (NPI) *

If you have multiple billing NPIs, please separate values with a comma. Example - 1234567890,1234567891,1234567892

4. Hospital 6-digit CMS Certification Number (CCN) *

Example - 123456

Number must be between 1 ~ 999999

5. Hospital 9-digit Texas Provider Identifier (TPI) *

Example - 123456789

Number must be between 1 ~ 999999999

6. Primary Contact Name *

7. Primary Contact Title *

8. Primary Contact Phone Number *

Example - 1234567890

Number must be between 1 ~ 9999999999

9. Primary Contact Email Address *

10. Secondary Contact Name *

11. Secondary Contact Title *

12. Secondary Contact Phone Number *

Example - 1234567890

Number must be between 1 ~ 9999999999

13. Secondary Contact Email Address *

Section 2 - Certifications

14. Do you want to participate in CHIRP from September 1, 2024 to August 31, 2025 (SFY 2025)? *

HHSC will collect an application fee of \$8,500 for CHIRP for the program period beginning September 1, 2024, to defray the cost of administering the program. This application fee will apply to all non-public hospitals choosing to participate in the program. As outlined in 1 Tex. Admin. Code 353.1301(I), "To the extent authorized under state and federal law, HHSC will collect the state's cost of administering a program authorized under this subchapter from participants in the program generating the costs."

Payment of the application fee is due at the time of the submission of the application. If payment is not received on or before 11:59 p.m. on February 21, 2024, your hospital's application will not be considered, and your hospital will be ineligible to participate in CHIRP for the program period beginning September 1, 2024.

Payment must be made in the manner determined by HHSC and in compliance with payment instructions that will be posted on the HHSC Provider Finance Department website.

Yes

No

15. Do you want to participate in the Average Commercial Incentive Award (ACIA) component? *

ACIA is an optional program component. **However, all providers, regardless of participation in the ACIA component, will be required to submit the necessary data to the HHSC – Provider Finance Department to calculate the average commercial reimbursement (ACR) gap.** The ACR information is due at the time of application and is required for participation in the program by the Centers for Medicare and Medicaid Services (CMS). If ACR data is NOT received by the deadline for submission of the application, your hospital's application will not be considered, and your hospital will be ineligible to participate in CHIRP for the program period beginning September 1, 2024. The ACR gap is the difference between what an average commercial payor is estimated to pay for services and what Medicaid actually paid for the same services. A Medicare Upper Payment Limit (UPL)-like demonstration will be created using ACR data in place of Medicare data to determine the difference between ACR and current Medicaid program rates. This ACR UPL-like demonstration will not be shared in any calculation sent to providers. A hospital is required to maintain all supporting documentation at the hospital for any information provided for the calculation of the ACR gap for a period of no less than five years from the date of application.

Yes

No

16. Are you an Urban or Children's hospital that wants to participate in the Alternate Participating Hospital Reimbursement for Improving Quality Award (APHRIQA)? *

APHRIQA is an optional pay-for-performance (P4P) component that will be paid to hospitals based on the amount determined to be necessary and appropriate by HHSC to continue to advance the quality goals and strategies in Medicaid. Urban and Children's hospitals are the only class of providers eligible to participate in the APHRIQA component for the program period beginning September 1, 2024.

Yes

No

17. Do you want to opt into interim payments? *

In accordance with 1 Tex. Admin. Code §353.1306(h)(2)(D), a provider participating in APHRIQA may, under certain circumstances, elect to receive two interim payments, each of which will be equal in amount to 20% of the total estimated value of the provider's potential APHRIQA payment. If a hospital's final payment is calculated to be less than the amount that the hospital was paid on an interim basis, the interim payments are subject to recoupment. Interim payments made are not an indication of presumed measurement achievement by a provider.

Yes

No

18. Are you a non-public hospital? *

A non-public hospital is defined as a hospital that is owned by any entity other than a unit of the local, state, or federal government.

Yes

No

19. As a non-public hospital, I certify that I understand that I will be removed from CHIRP if I do not submit the application fee by the deadline. *

Certify

20. By checking this box, I certify that I understand that as a condition of participation in CHIRP, I will be required to report on all quality metrics for which my hospital is eligible based on class. I understand that failure to report on any quality metrics will result in my removal from CHIRP, and any funds that I have been paid for the program period beginning on September 1, 2024 will be subject to recoupment. Detailed information on the proposed CHIRP measures and requirements is available at <https://www.hhs.texas.gov/services/health/medicaid-chip/provider-information/medicaid-chip-directed-payment-programs/comprehensive-hospital-increase-reimbursement-program-chirp>. *

Certify

21. By checking this box, I certify that I understand that for process and outcome measures, providers must report rates stratified by the following payer types: Medicaid Managed Care (STAR and STAR+PLUS), Other Medicaid, Uninsured, and All Payer. *

Certify

22. By checking this box, I certify that I understand that I must serve at least one Medicaid Managed Care recipient in each reporting period to be eligible for payment. *

Certify

23. By checking this box, I certify that I understand the information I provide may be published at the provider level in interim or final reports to the Centers for Medicare and Medicaid Services (CMS) or provided to the public as required by the Texas Public Information Act. This information may include the Average Commercial Reimbursement (ACR) gap or the ACR Upper Payment Limit (UPL). *

Certify

24. By checking this box, I certify, as the entity that owns the hospital, that no part of any payment made under CHIRP will be used to pay a contingent fee. I also certify that the entity's agreement with the hospital does not use a reimbursement methodology containing any type of incentive, directly or indirectly, for inappropriately inflating, in any way, claims billed to the Medicaid program, including the hospitals' receipt of CHIRP funds. *

Certify

25. Are you a sponsoring governmental entity? *

Yes

No

26. As a sponsoring governmental entity, which class or classes of hospitals do you wish to support through IGTs of public funds? This information will be used to calculate suggested IGT responsibilities.

- Children's Hospitals
- Rural Hospitals
- State-Owned Non-IMD Hospitals
- Urban Hospitals
- Non-State-Owned IMDs
- State-Owned IMDs

Section 3 - Commercial Insurance Data

Commercial Insurance Criteria:

- Commercial insurance should include data from group health plans, self-insured plans, and managed care organizations (non-governmental plans).
- Commercial insurance data should include inpatient discharges and outpatient services provided during the hospital fiscal year ending in calendar year 2022. All providers participating in CHIRP must submit commercial insurance data, regardless of whether they choose to participate in the optional ACIA component of CHIRP.
- All information provided must relate only to services covered by commercial insurance.
- Do not include information for services paid by a combination of commercial insurance and other payors (Medicaid, Medicare, Champus,etc.)
- Exclude claims where the payment was \$0 or entirely denied.
- Include payments and charges only for encounters that have been fully adjudicated; exclude payments and charges for encounters that are going through the adjudication process.
- Include payments and charges associated with copays and deductibles associated with commercial insurance, but not for persons who are wholly self-pay.
- Commercial insurance data should not include settlements, such as motor vehicle or worker's compensation, government plans (Medicare, Medicaid, etc.), self-pay/uninsured, or international coverage linked to other countries or provider-to-provider contracts.

27. The total hospital inpatient charges related to services paid by commercial insurance companies. *

Inpatient ACR Information for the hospital fiscal year ending in calendar year 2022

The value must be a number

28. The total hospital inpatient payments related to services paid by commercial insurance companies. *

Inpatient ACR Information for the hospital fiscal year ending in calendar year 2022

The value must be a number

29. The total hospital inpatient days related to services paid by commercial insurance companies. *

Inpatient ACR Information for the hospital fiscal year ending in calendar year 2022

The value must be a number

30. The total number of inpatient stays related to services paid by commercial insurance companies. *

Inpatient ACR Information for the hospital fiscal year ending in calendar year 2022

The value must be a number

31. The total hospital outpatient charges related to services paid by commercial insurance companies. *

Outpatient ACR Information for the hospital fiscal year ending in calendar year 2022

The value must be a number

32. The total hospital outpatient payments related to services paid by commercial insurance companies. *

Outpatient ACR Information for the hospital fiscal year ending in calendar year 2022

The value must be a number

33. The total number of outpatient claims for services paid by commercial insurance companies. *

Outpatient ACR Information for the hospital fiscal year ending in calendar year 2022

The value must be a number

34. Please check the box below if you believe the information you are providing is confidential. *

HHSC understands that certain information provided on this form may fall within the exception to the Texas Public Information Act described by Section 552.110, Government Code (Exception: Confidentiality of Trade Secrets; Confidentiality of Certain Commercial or Financial Information). If the information provided on this form may contain trade secrets or commercial or financial information covered by Section 552.110, Government Code, please check this box.

Confidential

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