



Comprehensive Hospital Increase Reimbursement Program (CHIRP) Enrollment Application

Please answer the questions below to enroll in CHIRP for the program year beginning September 1, 2021, and indicate whether your hospital will participate in the optional program component. Individual hospitals may choose to participate in the program even if other hospitals in their class do not wish to participate. Please submit one response for each acute hospital TPI/CCN and do not submit a form for each sub-provider.

This enrollment application will close Monday, April 5, 2021, at 5pm. The information collected below will be used to calculate maximum CHIRP payments and suggested intergovernmental-transfer (IGT) responsibilities. The calculation will be sent to all participating providers before sponsoring governmental entities must submit their IGT declaration of intent.

Additional Information on the UHRIP Component:

If you would like to participate in the Uniform Hospital Rate Increase Payment (UHRIP) component, answer yes to question 8. If you answer no, you will not be included in either CHIRP component.

Additional Information on the Average Commercial Incentive Award (ACIA) Component:

ACIA is an optional program component. If you decide to participate in the ACIA component, you will be required to submit certain necessary data for the Texas Health and Human Services Commission (HHSC) – Provider Finance Division to calculate the Average Commercial Reimbursement (ACR) gap. 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. To determine the difference between ACR and current Medicaid program rates, a Medicare UPL-like demonstration will be created using ACR data in place of Medicare data. This ACR UPL-like demonstration will not be shared in the calculation referenced above sent to participating 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 5 years from the date of the application.

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 2019.
- All information is for services covered by commercial insurance only.
- Do not include information for services paid by a combination of commercial insurance and other payors (Medicaid, Medicare, VA, Champus, etc.).

- Exclude claims where payment was \$0 or was totally denied.
- Include only payments and charges 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 co-pays and deductibles if they are combined with commercial insurance, but not for persons who are wholly self-pay.
- Commercial insurance data should not include settlements such as motor vehicle or workers compensation, government plans (Medicare, Medicaid, etc.), self-pay/uninsured, or international coverage linked to other countries or provider to provider contracts.

HHSC understands that you may believe that certain information you are providing falls within the exception to the Texas Public Information Act at Texas Government Code Section 552.110, Exception: Confidentiality of Trade Secrets; Confidentiality of Certain Commercial or Financial Information. If you believe the information you are providing contains trade secrets or commercial or financial information covered by Section 552.110, please check the box at the end of the survey.

Form last edited on March 15, 2021

* Required

1. Hospital name *

Hospital Information

2. Contact name *

Hospital Information

3. Contact phone number *

Hospital Information

4. Contact email address *

Hospital Information

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

Hospital Information

6. Hospital 6-digit Medicare Number *

Hospital Information

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

Hospital Information

8. Do you want to participate in CHIRP from September 1, 2021 to August 31, 2022 (SFY 2022)? *

By selecting yes, you will be included in the UHRIP component of the program.

Yes

No

9. By checking this box, I certify that I understand that as a condition of participation in the program I will be required to report on all measures for which I am eligible to report. I understand that failure to report on any measures will make me ineligible to participate in the program and any funds that I have received may be subject to recoupment. For more information on the CHIRP requirements, see <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/policies-rules/Waivers/medicaid-1115-waiver/chirp-requirements.pdf> (<https://hhs.texas.gov/sites/default/files/documents/laws-regulations/policies-rules/Waivers/medicaid-1115-waiver/chirp-requirements.pdf>) and for the directed payment program specifications, see <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/policies-rules/Waivers/medicaid-1115-waiver/measure-specifications-chirp-tipps-rapps-dpp-bhs.xlsx> (<https://hhs.texas.gov/sites/default/files/documents/laws-regulations/policies-rules/Waivers/medicaid-1115-waiver/measure-specifications-chirp-tipps-rapps-dpp-bhs.xlsx>). *

Certify

10. By checking this box, I certify that I understand that I must serve at least one Medicaid managed care client in each reporting period in order to be eligible for payment. *

Certify

11. By checking this box, I certify that I understand that information I provide may be published at the provider level in interim or final reports to 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 UPL. *

Certify

12. 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 and that the agreement with the hospital does not use a reimbursement methodology that contains 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

13. Are you a sponsoring governmental entity? *

Yes

No

14. 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

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

Yes

No

16. Total hospital inpatient charges related to services paid by commercial insurance companies. *

Inpatient ACR Information

The value must be a number

17. Total hospital inpatient payments related to services paid by commercial insurance companies. *

Inpatient ACR Information

The value must be a number

18. Total hospital inpatient days related to services paid by commercial insurance companies. *

Inpatient ACR Information

The value must be a number

19. Total number of inpatient stays related to services paid by commercial insurance companies. *

Inpatient ACR Information

The value must be a number

20. Total hospital outpatient charges related to services paid by commercial insurance companies. *

Outpatient ACR Information

The value must be a number

21. Total hospital outpatient payments related to services paid by commercial insurance companies. *

Outpatient ACR Information

The value must be a number

22. Total number of outpatient claims for to services paid by commercial insurance companies. *

Outpatient ACR Information

The value must be a number

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

Confidential