



2023 Comprehensive Hospital Increase Reimbursement Program (CHIRP) Enrollment Application

Instructions

Please answer the questions below to enroll in CHIRP for the program year beginning September 1, 2022, 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 NPI/CCN and do not submit a form for each sub-provider.

This enrollment application will close Tuesday, March 22, 2022, 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 are required to submit their IGT declaration of intent.

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 2020. All providers participating in CHIRP must submit commercial insurance data, regardless of whether they choose to participate in Average Commercial Incentive Award (ACIA).
- 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 entirely 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 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.

Form last edited on February 28, 2022.

* 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; if you have multiple billing NPIs, please separate values with a comma.

The value must be a number

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

Hospital Information

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

Hospital Information

8. Do you want to participate in CHIRP from September 1, 2022 to August 31, 2023 (SFY 2023)? *

HHSC will be collecting an application fee of \$8,500 for FY2023 for CHIRP to defray the cost of administering the program. This application fee will apply to all non-public hospitals who choose to participate in the program. As outlined in Title 1 of the Texas Administrative Code, §353.1301(l), "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."

As CHIRP is not yet approved, no payment is due at the time of the submission of the application. Upon the approval of CHIRP, HHSC will notify providers of the deadline to submit the application fee. If no payment is received by the deadline for submission of the application fee, your hospital will be removed from CHIRP and will be ineligible for payment

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

9. Are you a non-public hospital? *

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

Yes

No

10. 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

11. 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 I am eligible to report. I understand that failure to report on any of these measures will make me ineligible to participate in the program, and any funds that I have received for state fiscal year 2023 may be subject to recoupment. For more information on the proposed CHIRP requirements, see <https://www.hhs.texas.gov/sites/default/files/documents/chirp-requirements-sfy23-year-2-v1.pdf> (<https://www.hhs.texas.gov/sites/default/files/documents/chirp-requirements-sfy23-year-2-v1.pdf>) and for the directed payment program specifications, see <https://www.hhs.texas.gov/sites/default/files/documents/dpp-measure-specifications-sfy23-v1-chirp.xlsm> (<https://www.hhs.texas.gov/sites/default/files/documents/dpp-measure-specifications-sfy23-v1-chirp.xlsm>).

*

Certify

12. 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

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

Certify

14. 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 Upper Payment Limit (UPL). *

Certify

15. 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 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

16. Are you a sponsoring governmental entity? *

Yes

No

17. 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

18. 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 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. A Medicare 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 5 years from the date of the application.

- Yes
- No

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

Inpatient ACR Information for hospital fiscal year ending in calendar year 2020

The value must be a number

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

Inpatient ACR Information for hospital fiscal year ending in calendar year 2020

The value must be a number

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

Inpatient ACR Information for hospital fiscal year ending in calendar year 2020

The value must be a number

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

Inpatient ACR Information for hospital fiscal year ending in calendar year 2020

The value must be a number

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

Outpatient ACR Information for hospital fiscal year ending in calendar year 2020

The value must be a number

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

Outpatient ACR Information for hospital fiscal year ending in calendar year 2020

The value must be a number

25. Total number of outpatient claims for services paid by commercial insurance companies.

*

Outpatient ACR Information for hospital fiscal year ending in calendar year 2020

The value must be a number

26. 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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