Stakeholder Feedback on Proposed Changes to CHIRP Quality Measures
SFY 2027 (Y6) Measures and Requirements

Submitted via electronic form to HHSC on 9/5/2025

Component 1 C1-105: Health Information Exchange (HIE) Participation structure measure: HHSC is proposing to remove the HIE Participation structure measure from Component 1 for SFY 2027.

THA supports this SFY2027 proposed change and does not anticipate any negative or foreseeable impact.

Component 1 C1-163: Non-Medical Drivers of Health (NMDOH) Screening and Follow-up Plan Best Practices structure measure: HHSC is proposing that hospitals participating in Component 3 will not report the NMDOH Screening and Follow-up Plan Best Practices structure measure because they are reporting a similar process measure in Component 3 (C3-170:Food Insecurity Screening and Follow-up Plan).
Hospitals that are not participating in Component 3 in SFY 2027 will report this structure measure.

THA supports this SFY2027 proposed change as it intends to reduce redundancy and does not anticipate any negative or foreseeable impact.

Component 2 C2-128: AIM Collaborative Participation structure measure: HHSC is proposing to remove the AIM Collaborative Participation structure measure from the Component 2 maternal care module for SFY 2027.

THA supports this SFY2027 proposed change and does not anticipate any negative or foreseeable impact.

Component 2 C2-165: Trauma Informed Care Training structure measure: HHSC is proposing to remove the Trauma Informed Care Training structure measure from the Component 2 pediatric module for SFY 2027.

THA supports this SFY2027 proposed change and does not anticipate any negative or foreseeable impact.

Component 2 C2-142: Written transition procedures that include formal MCO relationship or EDEN notification/ ADT Feed for non-psychiatric patients structure measure: HHSC is proposing to remove the non-psychiatric patients care transitions structure measure from Component 2and thereby removing the care transitions module for SFY 2027.

THA supports this SFY2027 proposed change and does not anticipate any negative or foreseeable impact.

HHSC proposes to: (1) Eliminate the separate October reporting period for structure measures. Hospitals will report structure measures in March 2027 concurrently with process and outcome measures. (2) Add a reporting certification for October 2026 where hospitals will submit an Intent to Report certification.

Proposed SFY 2027 Reporting Periods *** Baseline Reporting (March and May 2026):** Hospitals participating in Component 3 will report baselines for January 1, 2025, to December 31, 2025. For hospitals participating in Component 3 in SFY 2026 and SFY 2027, data reported in the second reporting period for SFY 2026 (March 2026) will be used for SFY 2027 baselines. Hospitals newly participating in Component 3 will report baselines in May 2026. *** Reporting Certification (October 2026):** Hospitals will submit an Intent to Report certification. *** Performance Reporting (March 2027):** Hospitals will report progress on structure measures as of August 31, 2026, as well as data for outcome and process measures for January 1, 2026, to December 31, 2026.Do you agree or disagree with the SFY Reporting Periods? If not, what do you propose instead?

THA agrees with the SFY Reporting Periods.

Is there any additional feedback you'd like to share on the SFY 2027 CHIRP quality requirements not addressed by other questions in this survey?

On behalf of 460 member hospitals and health systems, the Texas Hospital Association appreciates the opportunity to contribute via public comment on the SFY 2027 CHIRP quality requirements, summarized as follows:

- As some system CHIRP Participating Providers include Urban birthing; Urban non-birthing; and Rural hospital classifications, THA recommends allowing multiple selections in future Medicaid 1115 Waiver Surveys.

- Regarding the specification for measure C-170, THA recommends accepting food insecurity screening of the mother as screening for newborns (born in the hospital).

- Component 3's pay-for-performance scoring methodology can unintentionally penalize high-performing hospitals. Those with consistently high baseline metrics have limited opportunity to demonstrate further improvement, creating a paradox where maintaining excellence above national benchmarks becomes financially risky. Even minor fluctuations or a lack of measurable improvement can lead to partial achievement. Although provisions like the "equal to" concession for baseline achievement and risk distribution across measures offer some relief, precise measurement often limits their effectiveness, leaving top performers vulnerable to point reduction and penalties despite sustained excellence in quality.