

Texas HHSC Medicaid Supplemental and Directed Payment Programs

Texas Medicaid is a partnership between the state and federal governments that provides health coverage to low-income families, older adults, and people with disabilities. The federal government shares in the cost of the program by matching state Medicaid spending, and providers are paid for the care they deliver to Medicaid patients. Federal rules allow states to determine how providers are paid, and Medicaid payments generally fall into three categories: base payments, supplemental payments, and directed payments. Base Payments are made for specific services (e.g., surgery, x-rays, diagnostic tests) provided to persons with Medicaid. These payments can be made through a fee-for-service (FFS) method or through a managed care service delivery system.

1. **Supplemental Payment Programs.** Supplemental Payments are Medicaid payments that supplement base reimbursement and provide additional funding to selected providers, including hospitals. Payments may be made as lump sums or structured to support quality goals, graduate medical education, or providers that serve large numbers of uninsured or low-income patients, such as rural and safety-net providers.

A. Key Programs:

- 1) **Disproportionate Share Hospital (DSH):** These payments provide additional funding to hospitals that serve a large share of Medicaid and low-income patients. DSH payments help offset uncompensated care costs for Medicaid and uninsured patients and are capped at a hospital's allowable uncompensated costs. Eligible providers: Hospitals serving a high proportion of Medicaid or indigent patients.
- 2) **Uncompensated Care (UC):** This Program was initially created to support Texas's expansion of Medicaid managed care while preserving supplemental payments to hospitals. UC payments help reduce uncompensated costs for qualifying medical services provided to uninsured individuals under a provider's charity care policy and must meet the federal definition of "medical assistance." Eligible providers: Public and private hospitals, public ambulance providers, government dental providers, and physician practice groups.
- 3) **Graduate Medical Education (GME):** These supplemental payments support medical residency training at teaching hospitals, which face higher costs related to resident compensation, increased testing, and the care of more complex patients. Eligible providers: State-owned teaching hospitals and government-operated teaching hospitals.
- 4) **Hospital Augmented Reimbursement Program (HARP):** Provides Medicaid payments to hospitals for inpatient and

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outpatient services provided to Texas Medicaid patients under the fee-for-service model, serving as a financial transition for former DSRIP providers and helping offset the cost of delivering Medicaid services.

- 5) ****Aligning Technology by Linking Interoperable Systems for Client Health Outcomes (ATLIS):** To enhance electronic health information exchange among Medicaid Managed Care Organizations (MCOs) to improve client health outcomes and advance alternative payment models.
- 6) ***Public Health Providers-Charity Care Program (PHP-CCP):** Reimburses qualifying providers for the cost of delivering certain health care services that are not reimbursed by another source. Health care services include behavioral health services, immunizations, public health services, and other preventative services. Eligible providers: Publicly owned and operated community mental health clinics, local behavioral health authorities or local mental health authorities, local health departments, and Public Health Districts.
- 7) ***Ambulance Services Supplemental Payment Program:** Program for publicly owned ground emergency ambulance providers participating in Medicaid fee-for-service that provides additional payments aligned with average commercial insurance rates for the same services.

2. **Directed Payment Programs.** State-guided Medicaid managed care spending to support delivery system reform and improved performance by requiring Medicaid managed care organizations to make certain payments to providers, either through capitation rate adjustments or separate payment arrangements.

A. Key Programs:

- 1) **Comprehensive Hospital Increase Reimbursement Program (CHIRP):** Provides enhanced Medicaid payments for inpatient and outpatient services delivered to STAR and STAR+PLUS enrollees. Eligible providers include: (1) hospital-based rural health clinics (RHCs), including non-state government-owned and private RHCs, and (2) free-standing RHCs.
- 2) **Network Access Improvement Program (NAIP):** Pass-through payment program aimed at strengthening access to effective primary care for Medicaid recipients by incentivizing health-related institutions and public hospitals to provide high-quality, coordinated, and continuous care.
- 3) **Rural Access to Primary and Preventive Services (RAPPS):** Provides incentives for rural health clinics (RHCs) to deliver primary and preventive care to STAR, STAR+PLUS, and STAR Kids

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enrollees in rural areas of the state. Eligible providers include (1) hospital-based RHCs, including non-state government-owned and private RHCs, and (2) free-standing RHCs.

- 4) **The Texas Incentives for Physicians and Professional Services (TIPPS):** Provides enhanced Medicaid payments for health care services delivered by eligible physician groups to STAR, STAR+PLUS, and STAR Kids enrollees. Eligible providers include: (1) health-related institution (HRI) physician groups; (2) physician groups affiliated with hospitals receiving indirect medical education (IME) funding; and (3) other physician groups.
- 5) ***The Directed Payment Program for Behavioral Health Services (DPP BHS):** Enhances access to behavioral health services, care coordination, and care transitions for STAR, STAR+PLUS, and STAR Kids enrollees. Eligible providers include Community Mental Health Centers (CMHCs) and Local Behavioral Health Authorities (LBHAs) with Certified Community Behavioral Health Clinic (CCBHC) certification.
- 6) ***Quality Incentive Payment Program (QIPP):** A performance-based payment program that incentivizes nursing facilities to improve care quality and foster innovation.

* NCHD does not participate in this Program.

** HHSC terminated this program for the state fiscal year 2026.

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