Medicaid Supplemental Payment and Directed Payment Programs

(As of April 16, 2025)

Texas Medicaid is a joint federal and state health insurance program for low-income families, older adults, and persons with disabilities. The federal government matches each state's Medicaid spending at a predetermined rate that varies by state. Healthcare providers (e.g., hospitals, doctors, nursing facilities, etc.) receive payments for the services they provide to persons with Medicaid.

The federal government allows each state to develop its own method to reimburse providers for the healthcare they provide to persons with Medicaid. Generally, states' Medicaid payments fall into three broad categories: base payments, supplemental payments and directed payments.

I. Directed Payment Programs (DPPs)

Directed Payments allow states to set parameters for Medicaid managed care spending to assist states in achieving their overall goal of delivery system and payment reform, as well as improved performance. Specifically, a state is permitted to direct Medicaid Managed Care Organizations (MCO) to make certain payments to healthcare providers, either through an adjustment to the monthly base capitation rates or through a separate payment term.

A. Comprehensive Hospital Increase Reimbursement Program (CHIRP)

The Comprehensive Hospital Increase Reimbursement Program (CHIRP) is a statewide program that increases Medicaid payments to hospitals for inpatient and outpatient services provided to persons with Medicaid. Texas MCOs receive additional funding through their monthly capitation rate from the Texas Health and Human Services Commission (HHSC) and are directed to increase payment rates for participating hospitals. As designed, eligible hospitals receive a percentage increase paid on claims submitted to a Medicaid MCO. CHIRP's purpose is to advance goals and objectives in the state's Medicaid quality strategy by incentivizing improved quality and access for hospitals that serve persons with Medicaid.

B. Rural Access to Primary and Preventive Services (RAPPS)

The Rural Access to Primary and Preventive Services (RAPPS) is a directed payment program that incentivizes primary and preventive services for persons with Medicaid in rural areas of the state enrolled in STAR, STAR+PLUS, and STAR Kids. The program focuses on the management of chronic conditions.

C. Texas Incentives for Physicians and Professional Services (TIPPS)

Texas Incentives for Physicians and Professional Services (TIPPS) is a physician-directed payment program (DPP) for certain physician groups to help cover the cost of healthcare services provided to persons with Medicaid enrolled in STAR, STAR+PLUS, and STAR Kids. Eligible physician groups include Health-Related Institution (HRI) physician groups, Indirect Medical Education (IME) physician groups, and other physician groups. These classifications allow the HHSC to direct reimbursement increases where they are most needed and to align with the program's quality goals. TIPPS also serves as a transition from the Network Access Improvement Program (NAIP) and Delivery System Reform Incentive Payment (DSRIP) program for specific physician groups.

II. Supplemental Payment Programs (SPP)

Supplemental Payments are Medicaid payments to healthcare providers that are separate from and in addition to base payments. Supplemental payments give additional funding to certain healthcare providers, like hospitals. The payments may be made in a lump sum. However, some supplemental payments may be linked to achieving certain goals or to support healthcare providers that see significant numbers of uninsured persons without much money. For example, states may provide supplemental payments to providers to support quality initiatives, residency training for doctors, and certain types of facilities (e.g., rural or safety net providers).

A. Disproportionate Share Hospitals (DSH)

Federal law requires Medicaid programs to make special payments to hospitals that serve a disproportionately large number of Medicaid and low-income patients. These hospitals are called Disproportionate Share hospitals (DSH) and receive DSH funding. DSH funds are different from most Medicaid payments because they are not tied to specific services for Medicaid-eligible patients. DSH payments are the only federally allowed Medicaid payment explicitly for the unpaid costs of care for uninsured patients. It can also be used by states to offset low Medicaid base payments.

B. Uncompensated Care Payments (UC)

Uncompensated Care (UC) payments originated as a way for Texas to continue expanding managed care in Medicaid programs and making supplemental payments to hospitals. Texas UC payments may be used to reduce the actual uncompensated cost of medical services provided to uninsured individuals who meet a provider's charity care policy.

C. Graduate Medical Education (GME)

Graduate Medical Education (GME) supplemental payments support medical residency training for medical school graduates at teaching hospitals. Teaching hospitals typically incur additional costs because they are a training site for medical school graduates to receive hands-on, practical experience in treating patients. In addition to medical residents' salary and benefits, teaching hospitals also incur additional costs for more testing and for treating sicker and more complex patients.

D. Hospital Augmented Reimbursement Program (HARP)

The Hospital Augmented Reimbursement Program (HARP) is a statewide supplemental program providing Medicaid payments to hospitals for inpatient and outpatient services that serve Texas Medicaid fee-for-service (FFS) patients. The program serves as a financial transition for providers historically participating in the Delivery System Reform Incentive Payment (DSRIP) program. HARP will provide additional funding to hospitals to assist in offsetting the cost hospitals incur while providing Medicaid services.

E. Medicaid Managed Care Aligning Technology by Linking Interoperable Systems for Client Health Outcomes Program (ATLIS)

Aligning Technology by Linking Interoperable Systems for Client Health Outcomes Program (ATLIS) are incentive arrangements with MCOs for achieving certain milestones on a semi-annual basis with the intention that the milestones will build on prior accomplishments over a 5-year period. The milestones will center around MCO achievement of necessary actions required to implement the structures, processes, and use of client data transmitted electronically between MCOs and providers in their networks to improve client outcome measures and to implement, evaluate, improve, and mature alternative payment models for Medicaid beneficiaries.

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