

Attachment D – QIPP FY 2023 Preprint Question 23

23. For payment arrangements that are intended to require plans to make a payment in addition to the negotiated rates (as noted in option c in Question 22), please provide an analysis in Table 2 showing the impact of the state directed payment on payment levels for each provider class. This provider payment analysis should be completed distinctly for each service type (e.g., inpatient hospital services, outpatient hospital services, etc.).

This should include an estimate of the base reimbursement rate the managed care plans pay to these providers as a percent of Medicare, or some other standardized measure, and the effect the increase from the state directed payment will have on total payment. Ex: The average base payment level from plans to providers is 80% of Medicare and this SDP is expected to increase the total payment level from 80% to 100% of Medicare.

Texas incorporates a minimum fee schedule paid by the MCO plans to providers. The base payment for other state directed payments for all facilities, from plans to providers, is approximately 76.52% of Medicare, and QIPP increases the total payment level to 93.27% of Medicare. The provider class breakdown is displayed in Table 2.