



# 2023 Rural Access to Primary and Preventive Services (RAPPS) Application

The Texas Health and Human Services Commission (HHSC) announces enrollment for the Rural Access to Primary and Preventive Services (RAPPS) program for the eligibility period covering September 1, 2022-August 31, 2023.

RAPPS is a directed payment program (DPP) for rural health clinics (RHCs) that incentivizes the provision of primary and preventive services for Medicaid-enrolled individuals in rural areas of the state and focuses on management of chronic conditions. Targeted beneficiaries of this program are adults and children enrolled in STAR, STAR+PLUS, and STAR Kids.

## Participation

To participate in the RAPPS program, the provider must be an RHC per the meaning assigned by 42 U.S.C. Section 1396d(l)(1).

The eligible RHC must identify as one of the two classes in the DPP:

- 1) a hospital-based RHC, which is a non-state government owned or private RHC that is affiliated with a hospital; or
- 2) a free-standing RHC, which is an RHC that is not affiliated with a hospital.

The RHC must be located in a service delivery area with at least one sponsoring governmental entity and must provide a minimum volume of 30 Medicaid managed care encounters in the prior state fiscal year to be eligible for participation.

All measures must be reported by an RHC as a condition of participation in the program. Detailed information on measures is available at: <https://www.hhs.texas.gov/services/health/medicaid-chip/provider-information/medicaid-chip-directed-payment-programs/rural-access-primary-preventive-services-rapps-program> (<https://www.hhs.texas.gov/services/health/medicaid-chip/provider-information/medicaid-chip-directed-payment-programs/rural-access-primary-preventive-services-rapps-program>).

Reporting is tentatively planned to take place during Reporting Period 1 (October 2022) and Reporting Period 2 (April 2023). Reporting Period 1: RHCs will report progress on structure measures and data for outcome and process measures for January 1, 2022 to June 30, 2022. Reporting Period 2: RHCs will report progress on structure measures and data for outcome and process measures for January 1, 2022 to December 31, 2022.

## Payment Methodology Components:

- 1) Component 1: A uniform dollar increase in the form of prospective, monthly payments to all participating RHCs to enhance structures that promote better access to primary and preventive services (75 percent of total program value).
- 2) Component 2: A uniform percent rate increase for certain services. Providers must report quality metrics focused on preventive care and screening and management of chronic conditions as a condition of participation in the program (25 percent of total program value).

### Apply for RAPPS

The application is comprised of the following sections: (1) Rural Health Clinic Information; (2) Certification and should take about 10 minutes to complete. The application must be submitted by 5:00 PM on March 22, 2022. No extensions beyond the March 22, 2022, due date will be awarded, any application submitted after the due date will not be accepted.

The contact information provided within this application will be used for further communications. Once the application period is complete, the applications will be processed, and follow-up communication will be sent. For questions about RAPPS, please visit the HHSC website. For questions regarding the content of the application, please email the question(s) to: [PFD\\_Hospitals@hhsc.state.tx.us](mailto:PFD_Hospitals@hhsc.state.tx.us) ([mailto:FD\\_Hospitals@hhsc.state.tx.us](mailto:FD_Hospitals@hhsc.state.tx.us)) ([mailto:PFD\\_Hospitals@hhsc.state.tx.us](mailto:PFD_Hospitals@hhsc.state.tx.us)) ([mailto:PFD\\_Hospitals@hhsc.state.tx.us](mailto:PFD_Hospitals@hhsc.state.tx.us)) with "RAPPS Application" in the subject line.

\* Required

## Section 1 - Rural Health Clinic Information

In this section, please enter rural health clinic name and contact information.

A taxonomy code is a unique 10-character code that identifies your provider type and specialization. This application will be limited to providers who bill with the following taxonomy code for Rural Health Clinics: 261QR1300X. Use the taxonomy code to determine your relevant billing National Provider Identifier (NPI).

### 1. Rural Health Clinic (RHC) Name \*

2. Doing Business As (DBA)

3. Billing Rural Health Clinic 10-digit National Provider Identifier (NPI) \*

*Example - 1234567890*

4. Rural Health Clinic 6-digit Medicare Number \*

*Example - 123456*

5. Select the class of Rural Health Clinic for which you are applying. \*

- Hospital-Based RHC
- Free-Standing RHC

6. Primary Contact Name \*

7. Primary Contact Title \*

8. Primary Contact Phone Number \*

*Example - 1234567890*

9. Primary Contact Email Address \*

10. Secondary Contact Name \*

11. Secondary Contact Title \*

12. Secondary Contact Phone Number \*

*Example - 1234567890*

13. Secondary Contact Email Address \*

14. Preparer Contact Name \*

Primary Contact

Secondary Contact

Other

15. Preparer Contact Title \*

16. Preparer Contact Phone Number \*

*Example - 1234567890*

17. Preparer Contact Email Address \*

## Section 2 - Certification

18. By checking this box, I certify that I understand that as a condition of participation in RAPPS I will be required to report on all measures. I understand that if I fail to report on any measures, I will be disenrolled from RAPPS and any funds that I have received for state fiscal year 2023 (program year 2) will be recouped. \*

Certify

19. By checking this box, I certify that I understand that for Component 2 process and outcome measures, providers must report rates stratified by the following payer types: Medicaid Managed Care (STAR, STAR+PLUS, and STAR Kids), Other Medicaid, Uninsured, and All Payer. \*

Certify

20. 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. \*

Certify

21. By checking this box, I certify that I understand that I must serve at least 30 Medicaid managed care clients in each program period in order to be eligible for payment. \*

Certify

22. By checking this box, I certify that no part of any payment made under RAPPS will be used to pay a contingent fee to an entity that bills on behalf of the RHC, nor does the entity's agreement with the RHC use a reimbursement methodology that contains any type of incentive, directly or indirectly, for inappropriately inflating, in any way, claims billed to the Medicaid program, including the RHC's receipt of RAPPS funds. \*

Certify

23. By checking this box, I certify that If the RHC has changed ownership in the past five years in a way that impacts eligibility for RAPPS, the RHC must submit to HHSC, upon demand, copies of contracts it has with third parties with respect to the transfer of ownership or the management of the RHC and which reference the administration of, or payments from, RAPPS. \*

Certify

24. Please check the box below if you believe the information you are providing is confidential.

Confidential

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