



# 2024 Rural Access to Primary and Preventive Services (RAPPS) Enrollment 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, 2023-August 31, 2024.

This enrollment application will close Wednesday, February 21, 2023, at 11:59 p.m.

RAPPS is a directed payment program (DPP) for rural health clinics (RHCs) that incentivizes the provision of primary and preventive services for Medicaid recipients 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 be eligible to participate in RAPPS, in accordance with 1 Tex. Admin. Code §353.1315, a provider must be an RHC as defined by 42 U.S.C. §1396d(l)(1).

An eligible RHC must be one of the following two classes of RHCs:

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

To be eligible for participation, an RHC must be located in a service delivery area with at least one sponsoring governmental entity and must have provided at least 30 Medicaid managed care encounters in the prior state fiscal year.

All measures must be reported by an RHC as a condition of participation in the program.

Detailed information on the proposed measures and requirements 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>

Reporting is tentatively planned to take place during Reporting Period 1 (October 2023) and Reporting Period 2 (April 2024).

- Reporting Period 1: RHCs will report progress on structure measures and data for outcome and process measures for January 1, 2023 – June 30, 2023.
- Reporting Period 2: RHCs will report data for outcome and process measures for January 1, 2023 – December 31, 2023.

## **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 11:59 PM on February 21, 2023. No extensions beyond that due date will be awarded, and any application submitted after that 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, HHSC will process the applications and send follow-up communication. 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) with "RAPPS Application" in the subject line.

**A confirmation email will NOT be sent when the survey is completed and submitted. After submitting the survey, please print the confirmation page for your records.**

## 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

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 2024 (program year 3) 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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