



2025 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 program period beginning September 1, 2024, and ending August 31, 2025.

This enrollment application will open on Thursday, February 1, 2024, at 8:00 a.m. (CST) and close on Tuesday, February 21, 2024, at 11:59 p.m.

RAPPS is a directed payment program 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 the management of chronic conditions. The 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 addition to other eligibility criteria described by 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 freestanding 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 have provided at least 30 Medicaid managed care encounters in the prior state fiscal year.

Payment Methodology

A uniform dollar increase in the form of prospective monthly payments, based on a monthly scorecard issued by HHSC, will be paid to qualifying RHCs via managed care organizations (MCO) to enhance structures that promote better access to primary and preventive services.

Apply for RAPPS

The application is comprised of 22 questions and should take about 10 minutes to complete.

The application must be submitted by 11:59 p.m. (CST) on February 21, 2024. 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 in this application may be used for further communication. Once the application period is complete, HHSC will process the applications and send follow-up communication via Gov Delivery. For questions regarding the content of the application, please email the question(s) to: PFD_Hospitals@hhsc.state.tx.us with "RAPPS Application" in the subject line.

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

* Required

Section 1 - Rural Health Clinic Information

In this section, please enter the 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 that 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

Number must be between 1 ~ 9999999999

4. Rural Health Clinic 6-digit Medicare Number (CCN) *

Example - 123456

Number must be between 1 ~ 999999

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

Hospital-Based RHC

Freestanding RHC

6. Primary Contact Name *

7. Primary Contact Title *

8. Primary Contact Phone Number *

Example - 1234567890

Number must be between 1 ~ 9999999999

9. Primary Contact Email Address *

10. Secondary Contact Name *

11. Secondary Contact Title *

12. Secondary Contact Phone Number *

Example - 1234567890

Number must be between 1 ~ 9999999999

13. Secondary Contact Email Address *

14. Preparer Contact Name *

Indicate "Primary Contact" if the preparer is the same as the "Primary Contact" or "Secondary Contact" if the preparer is the same as the "Secondary Contact." If the preparer is another person, click the bubble for "Other" and type the name in the form field. Additional questions will branch in order to fill in the contact information.

Primary Contact

Secondary Contact

Other

15. Preparer Contact Title *

16. Preparer Contact Phone Number *

Example - 1234567890

Number must be between 1 ~ 9999999999

17. Preparer Contact Email Address *

Section 2 - Certification

All quality data 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>.

18. By checking this box, I certify that I understand that as a condition of participation in RAPPS I will be required to report quality data described in 1 Tex. Admin. Code § 353.1317. I understand that if I fail to report any required quality data, I will be removed from RAPPS and any funds that I have been paid for the program period beginning September 1, 2024, (program year 4) will be subject to recoupment. *

Reporting is tentatively planned to take place during Reporting Period 1 (October 2024) and Reporting Period 2 (April 2025).

- Reporting Period 1: RHCs will report progress on structure measures.
- Reporting Period 2: RHCs will report data for outcome and process measures for January 1, 2024 – December 31, 2024.

Certify

19. By checking this box, I certify that I understand that the 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

20. 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

21. 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

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

Confidential

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