



# State Fiscal Year 2025 QIPP (Year 8) Enrollment Application: Web-based Portal Instructions

## A few things to note:

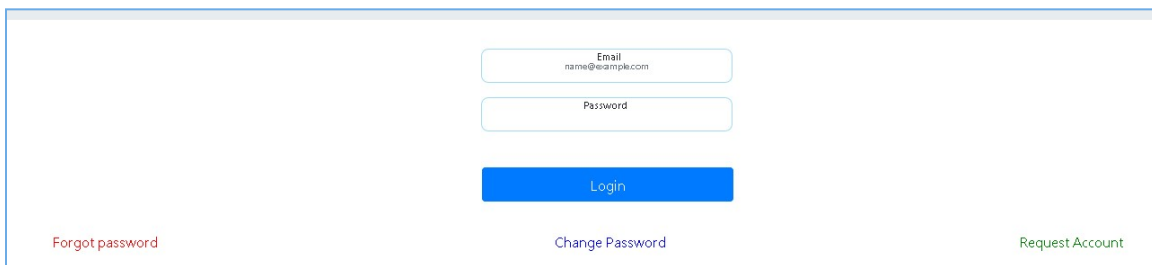
- There is a two-step process for the Quality Incentive Payment Program (QIPP) application to enable a preparer to input information and save, and a certifier to verify and provide attestations.
  - ▶ The Preparer will fill out the facility information, the license owner information, and their information.
  - ▶ The Certifier will verify the information, attest to the validity of statements, and provide their information.
  - ▶ **The Certifier must be a person legally authorized to sign for the entity.** The Certifier may also act as the Preparer.
- Each party involved in filling out the application must request a login for the Long-term Services and Supports (LTSS) dashboard. This login will provide a date and time stamp with the person's name upon submission.
- The username will be your email address, and a password will be emailed to you.
- The online application is supported by Google Chrome, Firefox, and Safari.

**Note: The enrollment period is from March 15, 2024 to April 15, 2024 at 5:00 p.m. (CDT).**

# Steps to apply

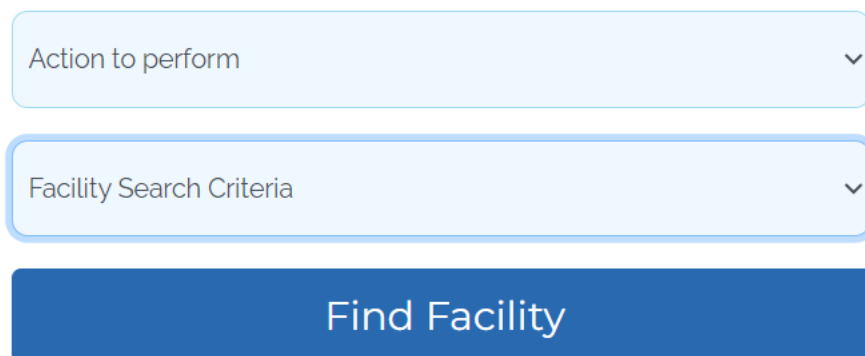
## Request an Account

1. Begin by visiting the [LTSS QIPP Enrollment Portal](https://rad-apps.hhsc.texas.gov/qipp_enrollment/qipp_app/login.aspx) ([https://rad-apps.hhsc.texas.gov/qipp\\_enrollment/qipp\\_app/login.aspx](https://rad-apps.hhsc.texas.gov/qipp_enrollment/qipp_app/login.aspx))
2. Click on "Request Account" in the bottom right corner of the screen. Enter your information and hit Submit.



The screenshot shows a login form with two input fields: "Email name@example.com" and "Password". Below the fields is a blue "Login" button. At the bottom of the form, there are three links: "Forgot password" on the left, "Change Password" in the center, and "Request Account" on the right.

3. You will receive an email with a password from [costinformationpfd@hhs.texas.gov](mailto:costinformationpfd@hhs.texas.gov). You may keep this password or choose your own by selecting "Change Password." If you forget your password, use the "Forgot Password" option, and you will receive a new code in your email.
4. Once logged in, use the "Action to perform" drop-down box and select "Apply for QIPP."



The screenshot shows a search form with two dropdown menus: "Action to perform" and "Facility Search Criteria". Below the dropdowns is a large blue button labeled "Find Facility".

5. There are three search criteria options to find a facility:
  - A. **Facility Identification Number:** This 3- to 6-digit number is assigned to your facility.
  - B. **Medicaid Contract Number:** This option may not be available for all facilities.

- C. **Provider Name:** This option allows partial text that will provide a list of all nursing facilities (NFs) that contain the combination. Below is an example of searching for a partial word, "reha," which displays all facilities with the given letter combination.

Action to perform

Facility Search Criteria

Facility Search Criteria

Facility Identification Number

Medicaid Contract Number



Provider Name

Apply for QIPP

Provider Name

reha

Find Facility

6. Choose the appropriate facility by clicking on the blue facility identification number.
7. Note the status below. After each step is complete, a green checkmark  will appear. Two red x marks  indicate that the application has not been started or completed.
8. Click on "Apply for QIPP."

Quality Incentive Payment Program (QIPP) Enrollment

 Apply For QIPP

 Certify QIPP Enrollment

## Section 1: Facility Information

9. Information on the application may be prefilled. **It is important to check every entry for accuracy.** You may edit the data if information needs to be corrected or updated. Please note that this application is for QIPP only. To address contracting discrepancies, please email [CAPM NF ICF Contracts](#).

## Section 1: Facility Information

NOTE: Information in this section may have been pre-filled for convenience. Please verify the information and make corrections as necessary.

## Section 2: License Owner Information

10. Under the section for License Owner Information, there will be additional questions based on your selection of "Non-State Government-Owned (NSGO)" or "Privately Owned."

Section 2: License Owner Information

**Provider Ownership Type**

Non-State Government-Owned (NSGO)

Privately Owned

11. Section 2 asks for NF ownership information. This information is used to validate the location of the owner of the NF applying for the QIPP program. There will be an additional question asking if any fields with pre-filled information need to be updated. If so, select yes and update the fields.

### For Private Facilities Applications Only

12. To be eligible for QIPP as a privately-owned NF, the NF must have a percentage of Medicaid NF days of service that is greater than or equal to 65 percent. The "Yes" or "No" will be prepopulated, if incorrect select the correct choice. If a private facility selects "No", they will not be eligible to participate in QIPP and should contact HHSC.

Does the facility have a Medicaid percentage greater than or equal to 65% :

Yes

No

### For NSGO Nursing Facilities Applications Only

13. The Facility County information section is to determine whether the facility is in the State of Texas and the same county or in a contiguous county as the NSGO taking ownership of the facility. The applicant must certify that the

information is correct. If the information is not correct, the applicant must provide a detailed explanation.

14. The Facility Contract Information section is to be populated with the facility contract start date. The applicant must certify that the information is accurate. If not, the applicant must provide a detailed explanation.
15. If the NSGO Nursing Facility is eligible to participate in QIPP based on an active partnership between the nursing facility and the non-state governmental entity that holds the license and is party to the facility's Medicaid contract, the Applicant must be able to provide documentation of activities that demonstrate an active partnership occurred in the prior two months before application as well as a detailed plan for maintaining the partnership in the months following the application date through the end of the program period. The Applicant will select "Yes" or "No" to certify that the Active Partnership eligibility criteria is accurate. In addition, the Applicant must email a list of documents required, pursuant to the eligibility criteria, in the acceptable format.

### For All Applications

16. In the Registered Nurse/Telehealth Certification section, the applicant will certify if they are or are not eligible for RN/Telehealth. For criteria, please see Title 1 of the Texas Admin. Code Section 353.1302(g)(5)(B) and [QIPP SFY2025 Non-Disbursed Funds Measure \(texas.gov\)](#).

## Section 3: Preparer Information

17. Preparer Information is the last section before certification.

Section 3: Preparer Information

Preparer Name:

Preparer Business Name:

Preparer Title:

Preparer Email:

Preparer Telephone:


[Click here if you are you are both the Preparer and Certifier for this facility](#)

18. When ready to submit, go to the top of the screen and select "Submit to Enable Certification Step." If you check the box saying you are the Preparer and Certifier, additional steps will open. Otherwise, you will be given the option to print or return to the portal (**do not use the back button**).

registration.hhsc.state.tx.us/qipp enrollment 2020/qipp\_app/LtssApplication-QIPP

Return to Portal      Submit to Enable Certification Step

License Owner Business Name:

19. Once the preparer has completed the application, a green arrow  will appear next to "Apply for QIPP."
20. The certifier will now click "Certify QIPP Enrollment" (if you check the box saying you are the preparer and certifier, the application will remain open).

Quality Incentive Payment Program (QIPP) Enrollment

Apply For QIPP

Certify QIPP Enrollment

21. The certifier will review the application completed by the preparer.

## Section 4: Attestations and Certifier Information

The certifier is responsible for Section 4. There may be different certification options based on provider type and questions answered in Section 2.

Attestations and Certifier Information Section

The following statements must be certified by a person legally authorized to sign for the entity.

**For NSGO NF Only:** By checking the boxes next to each statement, you are certifying:

- The NF listed in the application is a non-state government-owned NF where a non-state governmental entity holds the license and is party to the facility's Medicaid contract; and all funds transferred to HHSC via an intergovernmental transfer (IGT) for use as the state share of payments are public funds.
- Since you met the Participation Criteria for NSGO Providers, you are also certifying that you can demonstrate an active partnership between the NF and the non-state governmental entity that owns the NF.

**For All NF:** By checking the boxes next to each statement, you are certifying:

- That no part of any payment made under QIPP will be used to pay a contingent fee, consulting fee, or legal fee associated with the NF's receipt of QIPP funds.

I attest that I have examined the information contained in this application, prepared for the above named provider. To the best of my knowledge and belief, it is a true, correct and complete statement prepared from the records of the provider in accordance with applicable instructions. After submission of this application, if I become aware of additional information that is relevant to this application, I will notify HHSC.

Application Attestation

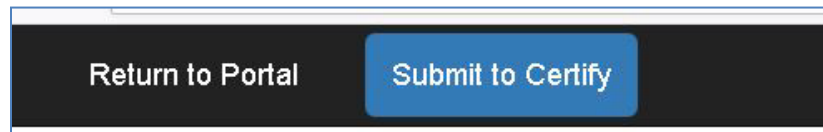
Certifier's Name:

Certifier's Title:

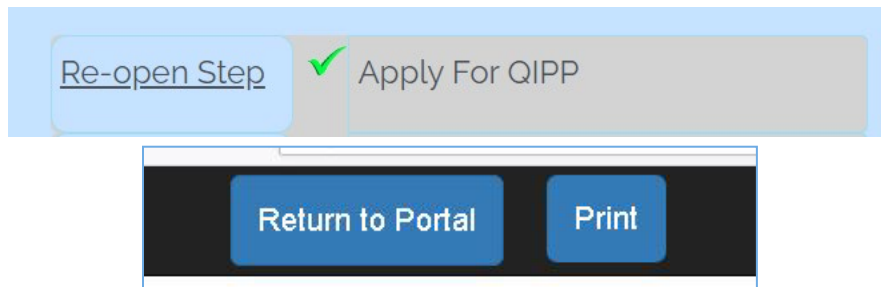
Certifier's Email:

Certifier's Phone:

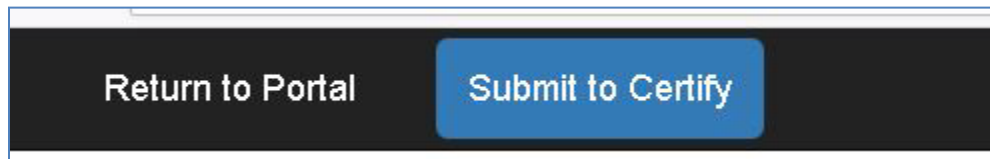
22. When ready to submit the final product, go to the top of the screen and select "Submit to Certify."




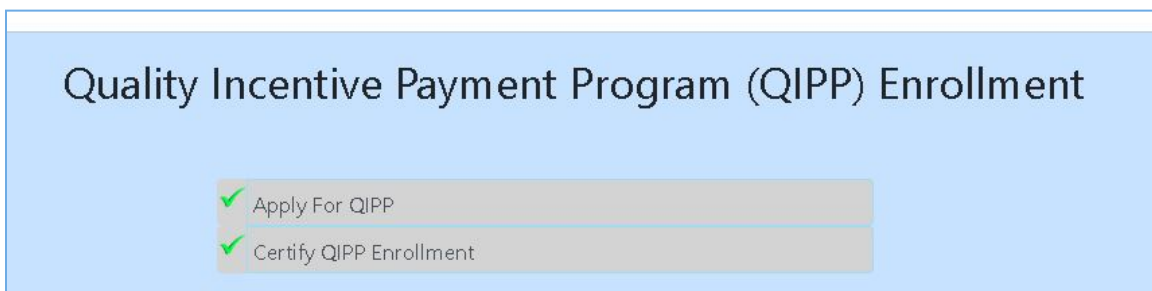
23. You may print or return to the portal. Please note that information can only be changed if you reopen the step.



24. Use "Return to Portal" instead of the back button to view other facilities.



25. Once you have certified the application, the portal will reflect two green checkmarks .



26. If there are errors in the application, email the [Provider Finance Department \(PFD\)](#) with the facility ID and a request to have the applicable step reopened.

**The application fee from participating private NFs is due when you submit the enrollment application, no later than April 15, 2024.**

**If you have questions, please contact [PFD](#) and include your facility ID in the subject line.**