

Attachment J – RAPPs Preprint Question 43.

43. Describe how this payment arrangement is expected to advance the goal(s) and objective(s) identified in Table 7. If this is part of a multi-year effort, describe this both in terms of this year's payment arrangement and in terms of that of the multi-year payment arrangement.

RAPPs is a directed payment program (DPP) that incentivizes the provision of primary and preventive services for Medicaid-enrolled individuals in rural areas of the state. As a condition of participation in the program, a provider must report data for all measures for which it is eligible. The program also focuses on the management of chronic conditions. In Component 1, RAPPs will provide a uniform dollar increase in the form of prospective, monthly payments to all participating RHCs to enhance structures that promotes better access to primary and preventive services. Component 1 includes structure measures. The structure measures include reporting on electronic health record (EHR) use, telemedicine/telehealth capabilities, and care coordination. In Component 2, RAPPs promotes will be a uniform percent rate increase for certain services. For Component 2, providers will report on quality metrics focused on preventive care and screening and management of chronic conditions that will be used in the evaluation of the program. Component 2 includes a process measure reporting on influenza immunizations and an outcome measure reporting on Hemoglobin A1c control for patients with diabetes.

~~Component 1 includes structure measures and requires semi-annual reporting of status/progress for all Component 1 measures. Component 2 includes process measures based on Improvement Over Self (IOS). In the first year of the program, the enrolled providers will submit baseline data for IOS measures. For a structure measure, a provider must submit responses to qualitative reporting questions that summarize a provider's progress towards implementing a structure measure. Providers are not required to implement structure measures as a condition of reporting or program participation. For outcome and process measures, a provider must submit specified numerator and denominator rates as specified by HHSC and submit responses to associated qualitative reporting questions that summarize a provider's improvement efforts tied to a measure. Payments are not tied to reporting or demonstrating achievement of the measures; measures will be used to track provider progress and for purposes of the program evaluation. The process, outcome, and structure measures that will be used to evaluate the RAPPs program and advance the goals and objectives identified in Table 7 are included in the "DPP Evaluation Plan".~~

~~All measures must be reported by an RHC for the RHC to be eligible for payment.~~