



QIPP Year 7 Enrollment Application: Web-based Portal Instructions

A few things to note:

- The online application is supported by Google Chrome, Firefox, and Safari.
- There is a two-step process for the Quality Incentive Payment Program (QIPP) application to provide the ability for a preparer to input information and save, and a certifier to verify and provide attestations.
 - ▶ Preparer will fill out the facility information, the license owner information, and their information.
 - ▶ 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.

Note: The enrollment period is from March 1, 2023 – March 31, 2023.

Steps to apply

Request an Account

1. Begin by visiting the [LTSS 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)
2. Click on "Request Account" in the bottom right corner of the screen.



The image shows a login interface. At the top center, there are two input fields: the first is labeled 'Email name@example.com' and the second is labeled 'Password'. Below these fields is a blue button labeled 'Login'. 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. 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, under "Action to perform" drop-down box, choose "Apply for QIPP".

The image shows a facility search interface. It features two light blue dropdown menus. The first is labeled 'Action to perform' and the second is labeled 'Facility Search Criteria'. Below these dropdowns is a prominent blue button labeled 'Find Facility'.

5. There are three search criteria options to find a facility:
 - A. **Facility Identification Number:** This is a 3- to 6-digit number 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 will then display all facilities with the given letter combination.

The image shows a facility search interface with a specific search example. It features two light blue dropdown menus. The first is labeled 'Apply for QIPP' and the second is labeled 'Provider Name'. Below these dropdowns is a text input field containing the text 'reha'. Below the text input field is a prominent blue button labeled '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".



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, 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 primary and alternate contacts. Texas Health and Human Services Commission (HHSC) will distribute important notifications regarding QIPP to these contacts. HHSC advises having different contacts listed as primary and secondary to ensure you receive notifications.

Section 3: Preparer Information

12. 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

13. 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:

14. Once the preparer has completed the application, a green arrow  will appear next to "Apply for QIPP".

15. 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

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

Section 4: Attestations and Certifier Information

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

Section 4: Attestations and Certifier Information

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 government intergovernmental transfer (IGT) for use as the state share of payments are public funds.

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 other fee.

I attest that I have examined the information contained in this application, prepared for the above named provider in accordance with applicable instructions. After submission of this application, if I become aware of any material change in the information provided, I will promptly notify the state.

Application Attestation

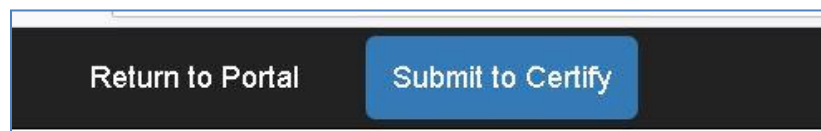
Certifier's Name:

Certifier's Title:

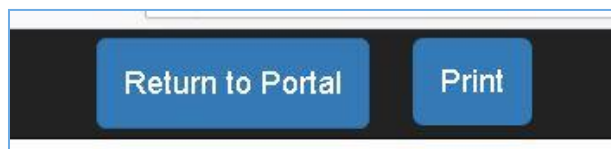
Certifier's Email:

Certifier's Phone:

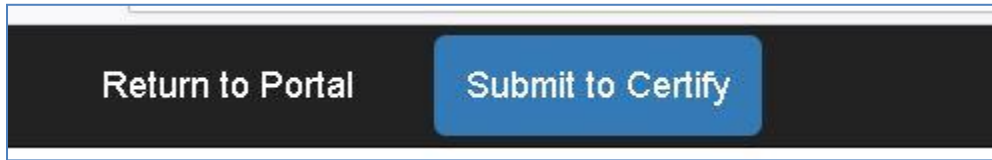
18. When ready to submit the final product, go to the top of the screen and select "Submit to Certify".




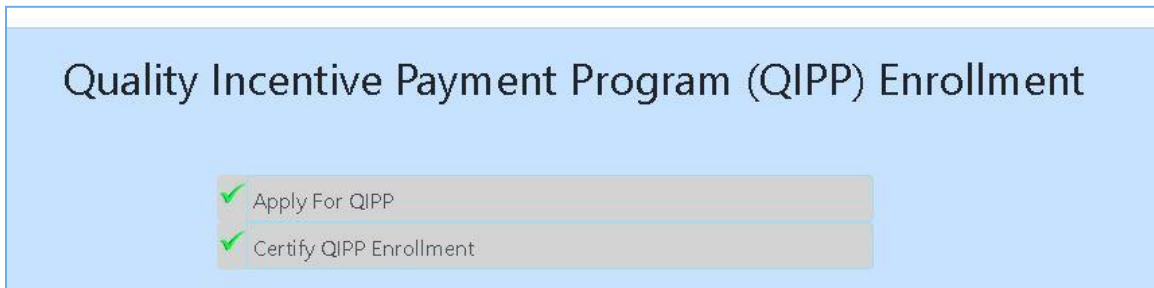
19. You may print or return to the portal. Please note, information can be changed only if you reopen the step, but the application will be available to be printed later.



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



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



22. 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 re-opened.

The application fee from participating private NFs is due when you submit the enrollment application, no later than March 31, 2023.

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