Evaluation Plan for Rural Access to Primary and Preventative Services (RAPPS)

As Required by Centers for Medicare and Medicaid Services

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1. Background

The Rural Access to Primary and Preventive Services Program (RAPPS) is a state directed payment program (DPP) for rural health clinics (RHCs) that serve adults and children enrolled in STAR, STAR+PLUS, and STAR Kids. RAPPS incentivizes provision of primary and preventive services for Medicaid-enrolled individuals in rural communities of the state and also focuses on management of chronic conditions.

Two classes of RHCs are eligible to participate: 1) hospital-based RHCs, which include non-state government owned and private RHCs; and 2) free-standing RHCs.

RAPPS includes two components:

- Component 1 is 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.
- Component 2 serves as a uniform percent rate increase for certain services based on achievement of quality metrics focused on preventive care and screening and management of chronic conditions.

RAPPS implementation begins September 1, 2021. CMS requires approved DPPs to be evaluated to test whether the payment arrangement advances at least one of the goals of the State's quality strategy. This evaluation design outlines Texas' plan for conducting the evaluation of RAPPS.

2. Methodology

Evaluation Questions and Hypotheses

RAPPS is designed to advance the following three goals from the Texas Medicaid Quality Strategy: (1) promoting optimal health for Texans; (2) providing the right care in the right place at the right time; and (3) attracting and retaining high-performing Medicaid providers, including medical, behavioral health, dental, and long-term services and supports providers to participate in team based, collaborative, and coordinated care. Texas developed three evaluation questions and five corresponding hypotheses to evaluate the extent to which RAPPS helped advance these goals.

Evaluation Question 1. Does RAPPS promote optimal health for Texans?

> Hypothesis 1.1. RAPPS will improve access to timely and routine preventive and primary care

Evaluation Question 2. Does RAPPS provide the right care in the right place at the right time?

> Hypothesis 2.1. RAPPS will reduce the rate of avoidable hospital admissions and readmissions
>
> Hypothesis 2.2. RAPPS will reduce the rate of avoidable emergency department visits

Evaluation Question 3. Does RAPPS attract and retain high-performing Medicaid providers?

> Hypothesis 3.1. RAPPS will reduce the proportion of the population reporting difficulties accessing care
>
> Hypothesis 3.2. RAPPS will improve the rate of providers that actively monitor patient outcomes and perspectives

Evaluation Design

Texas will use three structure measures and two validated measures to evaluate the extent to which RAPPS meets the intended quality outcomes. The RAPPS evaluation will rely on a one-group post-test only design to assess the impact of RAPPS over time. The performance target for all evaluation measures is to exceed baseline performance and demonstrate improvement from program implementation to program completion. Subsequent sections provide additional information on the evaluation population, evaluation period, evaluation measures, data sources, and analytic methods.

Evaluation Population

The RAPPS program population includes adults and children in the STAR, STAR+PLUS, and STAR Kids Medicaid managed care (MMC) programs that are served by RHCs. The unit of analysis for RAPPS evaluation measures will be the Medicaid member for performance measures and count of RHCs for structure measures. The RAPPS evaluation population will consist of all STAR, STAR+PLUS, and STAR Kids members, including those members who may not have had an encounter with a RAPPS RHC during the study timeframe. Where feasible, the RAPPS evaluation measures will use provider-reported data for analysis at the RHC level.

Evaluation Period

The evaluation includes three years of RAPPS implementation data (calendar years 2021-2023). RAPPS operates on state fiscal years (September 1 – August 31), whereas the evaluation periods operate on calendar years to align with reporting timelines of evaluation measures tracked by the Texas Medicaid External Quality Review Organization (EQRO). The EQRO provides data for a calendar year by November of the following year (e.g., CY2021 data will be available in November 2022). Texas will also provide in the evaluation plan calendar years 2019-2020 data for context as feasible. Table 1 shows timelines for the evaluation data, including EQRO data availability and RHC reporting.

Table 1. RAPPS Evaluation Data Timing (Years 1-3)

Year 1 Interim Evaluation Data (Completed February 2022)

Data Type	Data Available	Measurement Periods Available	Able to Demonstrate a Trend in 2022
EQRO Reported Data	1 Year	CY2020	No
Provider Reported Data	6 Months	Jan – Jun 2021	No
Provider Reported Structures	1 reporting period	Oct 2021	No

Year 1 Final Evaluation Data, Year 2 Interim Evaluation Data (Completed Feb 2023)

Data Type	Data Available	Measurement Periods Available	Able to Demonstrate a Trend in 2023
EQRO Reported Data	2 Years	CY2020 - 2021	No
Provider Reported Data	1.5 Years	CY2021 Jan – Jun 2022	Preliminary
Provider Reported Structures	3 Reporting Periods	Oct 2021 – Oct 2022	Yes

Year 2 Final Evaluation Data, Year 3 Interim Evaluation Data (Completed Feb 2024)

Data Type	Data Available	Measurement Periods Available	Able to Demonstrate a Trend in 2024
EQRO Reported Data	3 Years	2020 - 2022	Yes
Provider Reported Data	2.5 Years	CY2021 CY2022 Jan – Jun 23	Yes
Provider Reported Structures	5 Reporting Periods	Oct 2021 – Oct 2023	Yes

Evaluation Measures

Table 2 provides an overview of the measures, study populations, data sources, and analytic methods by evaluation hypothesis. Table 3 includes the evaluation measures, baseline, and performance targets as required in the preprint, 44.a. Table 8.

Table 2. RAPPS Evaluation Measures

Evaluation Hypothesis	Measures	Study Population	Data Sources	Analytic Methods
Evaluation Question 1. Does RAPPS promote optimal health for Texans?				
1.1. RAPPS will improve the percentage of Medicaid beneficiaries who access timely and routine preventive and primary care.	1.1.1. Primary Care Access and Preventive Care: Flu Vaccination for Adults (FVA) 1.1.2 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing	• Medicaid Members for 1.1.1 • STAR, STAR+PLUS members for 1.1.2	• CAHPS Surveys • Medicaid member-level data	• Descriptive statistics • Descriptive trend analysis
Evaluation Question 2. Does RAPPS provide the right care in the right place at the right time?				
2.1. RAPPS will reduce the rate of avoidable hospital admissions and readmissions	2.1.1 Potentially Preventable Admissions	• STAR, STAR+PLUS, STAR Kids	• Medicaid member-level data	• Descriptive statistics • Descriptive trend analysis
2.2. RAPPS will reduce the rate of avoidable emergency department visits.	2.1.2 Potentially Preventable Emergency Department Visits	• STAR, STAR+PLUS, STAR Kids members	• Medicaid member-level data	• Descriptive statistics • Descriptive trend analysis

Evaluation Hypothesis	Measures	Study Population	Data Sources	Analytic Methods
Evaluation Question 3. Does RAPPS attract and retain high-performing Medicaid providers?				
3.1. RAPPS will reduce the proportion of the population reporting difficulties accessing care	3.1.1 Getting Care Quickly 3.1.2 Getting Needed Care 3.1.3 Care team includes personnel in a care coordination role not requiring clinical licensure 3.1.4 Telehealth to provide virtual medical appointments with a primary care or specialty care provider	• Medicaid members for 3.1.1 and 3.1.2 • RAPPS Participating RHCs for 3.1.3 and 3.1.4	• CAHPS Surveys • Provider-reported data	• Descriptive statistics • Descriptive trend analysis
3.2. RAPPS will improve the rate of providers that actively monitor patient outcomes and perspectives	3.2.1 Use of electronic health record (EHR)	• RAPPS Participating RHCs	• Provider-reported data	• Descriptive statistics • Descriptive trend analysis

Note. STAR = Texas Medicaid Managed Care program for children, newborns, and pregnant women; STAR+PLUS = Texas Medicaid Managed Care program for individuals age 21 and older with disabilities and individuals age 65 or older; STAR Kids = children and adults 20 and younger who have disabilities

Table 3. RAPPS Evaluation Measures, Baseline, and Performance Targets

Measure Name	NQF#	Measure Steward	STAR Baseline	STAR+PLUS Baseline	STAR Kids Baseline	Performance Target	CMS Core Measure	RHC Similar Measure
Potentially Preventable Admissions* *(rate per 1000 member months)*	NA	3M	2020: TBD 2021: TBD {2019: 0.32}	2020: TBD 2021: TBD {2019: 9.30}	2020: TBD 2021: TBD {2019: 2.09}	• Maintain or decrease annually the rate of readmissions that may result from lack of adequate access to care or ambulatory care coordination • *A more specific performance target may be set after collecting performance data for CY 2021 and setting the baseline for RAPPS. The potential impact of COVID on this measure is not yet known.*	No	No
Potentially Preventable Emergency Department Visits* *(rate per 1000 member months)*	NA	3M	2020: TBD 2021: TBD {2019: 9.21}	2020: TBD 2021: TBD {2019: 21.38}	2020: TBD 2021: TBD {2019: 10.27}	• Maintain or decrease annually the rate of ED visits that may result from lack of adequate access to care or ambulatory care coordination • *A more specific performance target may be set after collecting performance data for CY 2021 and setting the baseline for RAPPS. The potential impact of COVID on this measure is not yet known.*	No	No

Measure Name	NQF#	Measure Steward	STAR Baseline	STAR+PLUS Baseline	STAR Kids Baseline	Performance Target	CMS Core Measure	RHC Similar Measure
Ambulatory Care: Emergency Department (ED) Visits* *(rate per 1000 member months)*	NA	NCQA	2020: TBD 2021: TBD {2019: 56.62}	2020: TBD 2021: TBD {2019: 114.44}	2019: 59.06 2020: TBD 2021: TBD {2019: 59.06}	• Maintain or decrease annually the rate of ED visits that may result from lack of adequate access to care or ambulatory care coordination as compared to national trends • *A more specific performance target may be set after collecting performance data for CY 2021 and setting the baseline for RAPPS. The potential impact of COVID on this measure is not yet known.*	Yes	No
Getting Care Quickly*	NA	NCQA	2020: TBD 2021: TBD {2019: Adult - 54.8%; Child - 80.5%}			• Exceed the US Average every year. • Maintain or increase annually the percentage of Medicaid beneficiaries who reported getting care quickly relative to national trends • *A more specific performance target may be set after collecting performance data for CY 2021 and setting the baseline for RAPPS. The potential impact of COVID on this measure is not yet known.*	Yes	No

Measure Name	NQF#	Measure Steward	STAR Baseline	STAR+PLUS Baseline	STAR Kids Baseline	Performance Target	CMS Core Measure	RHC Similar Measure
Getting Needed Care*	NA	NCQA	2020: TBD 2021: TBD {2019: Adult - 54.4%; Child - 68.2%}			• Exceed the US Average every year. • Maintain or increase the percentage of Medicaid beneficiaries who reported getting needed care relative to national trends. • *A more specific performance target may be set after collecting performance data for CY 2021 and setting the baseline for RAPPS. The potential impact of COVID on this measure is not yet known.*	Yes	No
Primary Care Access And Preventive Care: Flu Vaccination for Adults (FVA)*	0039	NCQA	2020: TBD 2021: TBD {2019: 31.8%}			• Increase the percentage of adults that report receipt of a flu vaccine • *A more specific performance target may be set after collecting performance data for CY 2021 and setting the baseline for RAPPS. The potential impact of COVID on this measure is not yet known.*	Yes	Yes

Measure Name	NQF#	Measure Steward	STAR Baseline	STAR+PLUS Baseline	STAR Kids Baseline	Performance Target	CMS Core Measure	RHC Similar Measure
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing	0057	NCQA	2020: TBD 2021: TBD {2019: 88.83%}	2019: 85.85% 2020: TBD 2021: TBD {2019: 85.85%}	NA	• Increase the percentage of adults with diabetes that receive annual diabetes testing as compared to national trends • *A more specific performance target may be set after collecting performance data for CY 2021 and setting the baseline for RAPPS. The potential impact of COVID on this measure is not yet known.*	Yes	Yes

* Measure is a cross-cutting program measure that is included in the goals and evaluation of one or more complementary directed payment programs including Comprehensive Hospital Rate Increase Program (CHIRP), Directed Payment Program for Behavioral Health Services (BHS), and Texas Incentives for Physicians and Professional Services (TIPPS).

Data Sources

The RAPPS evaluation measures leverage data sources used by the EQRO.

- **Medicaid claims data.** Medicaid fee-for-service and MMC claims data contain encounter, procedure, diagnosis, and place of service codes and other member-level information necessary to calculate evaluation measures.
- **Medicaid enrollment data.** Medicaid enrollment files contain member-level demographic information including age, gender, race/ethnicity, county, MMC program, and length of enrollment.
- **RHC operations data.** RHC-level data contain information on usage of electronic health records, telemedicine/telehealth capabilities, and care coordination efforts.

Where feasible, the RAPPS evaluation measures will use provider-reported data for analysis at the RHC level.

Analytic Methods

Advanced techniques for examining changes over time, such as interrupted time series analysis, are not appropriate due to the limited amount of data points available for the RAPPS evaluation. Rather, the evaluation will use descriptive trend analysis (DTA) to determine improvements in RAPPS performance measures over time. DTA plots and analyzes time-series data calculated at equally spaced intervals to explain patterns in selected measures over time. DTA typically focuses on identification and quantification of a trend through the use of correlation coefficients or ordinary least squares regression, if feasible.

The evaluation may also make use of descriptive statistics, such as estimates of central tendency and dispersion, to describe performance on key measures during the evaluation period. To strengthen DTA and other descriptive statistics, the RAPPS evaluation will also leverage benchmarks and subgroup analyses, where feasible, to help substantiate and contextualize observed trends.

Anticipated Limitations

Results from the RAPPS evaluation will need to be interpreted alongside several limitations. The most salient threat to the internal validity of the evaluation is the possibility that factors external to the RAPPS program will influence the evaluation measures. For example, several additional directed payment programs (e.g., the Comprehensive Hospital Increase Reimbursement Program and Texas Incentives for

Physicians and Professional Services) will be implemented at the same time as RAPPS. Accordingly, it is not possible to isolate the impact of RAPPS through these evaluation measures. Additionally, the Delivery System Reform Incentive Program (DSRIP) began a gradual phase-out on October 1, 2019, and final payments will occur in January 2023. DSRIP incentivizes providers to meet access- and outcome-related goals. Although RHCs were not a DSRIP provider type, hospital-based RHCs may have participated in DSRIP as part of a rural hospital system. It may not be possible to isolate the impact of RAPPS from impacts associated with DSRIP ending.

It should also be noted that this evaluation design is being written amidst the COVID-19 pandemic. The outbreak has reordered priorities for both clients and providers in the state. HHSC anticipates the COVID-19 pandemic will have a direct or indirect impact on many of the measures used in this evaluation. At the time of writing, it is unknown how long the most severe effects of the pandemic will last. The RAPPS evaluation will take care to present pertinent findings within the appropriate context.

Third, since the RAPPS evaluation population will consist of all STAR, STAR+PLUS, and STAR Kids members, including those members who may not have had an encounter with a RAPPS RHC during the study timeframe, the evaluation measures may be analyzed at the Medicaid managed care (MMC) program-level but not necessarily at the RHC level. Where feasible, the RAPPS evaluation measures will also use provider-reported data for analysis at the RHC level. To mitigate this limitation in future years, HHSC is pursuing options to develop a member level attribution methodology for standard evaluation at the RHC level.

A final limitation is that RAPPS and the evaluation operate on different calendars. RAPPS will begin on September 1, 2021, and operate on state fiscal years, whereas the evaluation will operate on calendar years to align with the EQRO's reporting timelines of evaluation measures.

Despite these limitations, this evaluation will demonstrate how RAPPS advances select goals identified in the Texas Managed Care Quality Strategy.