



Program	Rural Access to Primary and Preventive Services (RAPPS) Year 3 (State Fiscal Year 2024) Requirements
Target Beneficiaries	Adults and children enrolled in STAR, STAR+PLUS, and STAR Kids
Quality Goals	
<ol style="list-style-type: none">1. Promote optimal health for Texans at every stage of life through prevention and by engaging individuals, families, communities, and the healthcare system to address root causes of poor health.2. Provide the right care in the right place at the right time to ensure people can easily navigate the health system to receive timely services in the least intensive or restrictive setting appropriate.3. Promote effective practices for people with chronic, complex and serious conditions to improve people’s quality of life and independence, reduce mortality rates, and better manage the leading drivers of health care costs.4. Attract and retain 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.	
Program Overview	
<ul style="list-style-type: none">• RAPPS is a directed payment program that incentivizes the provision of primary and preventive services for individuals enrolled in Medicaid managed care in rural areas of the state. The program also focuses on management of chronic conditions.• Two classes of Rural Health Clinics (RHCs) are eligible for RAPPS:<ul style="list-style-type: none">○ Hospital-based RHCs, which include non-state government owned and private RHCs, and○ Freestanding RHCs.	

- RHCs apply to participate in the program and must have provided at least 30 Medicaid managed care encounters in the prior state fiscal year to be eligible for participation.
- RAPPS includes two components:
 - Component 1 provides a uniform dollar increase in the form of prospective, monthly payments to all qualifying RHCs.
 - Component 2 is a uniform percent rate increase for certain services to incentivize preventive care and services to manage individuals' chronic conditions. Component 2 rate enhancements will be applied to the following codes: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99244, 99381, 99382, 99383, 99384, 99385, 99386, 99391, 99392, 99393, 99394, 99395, 99396, 99429, G0444, T1015.

Reporting Requirements

- Component 1 includes structure measures and Component 2 includes data-based outcome and process measures.
- RHCs must report data for structure measures annually and outcome and process measures semiannually as a condition of participation in the program. RHCs that fail to submit the required data by the deadlines communicated by HHSC will be removed from the program and will have all funds they were previously paid during the program period recouped.
- Reporting is planned to take place during Reporting Period 1 (October 2023) and Reporting Period 2 (April 2024).
 - Reporting Period 1 (October 2023): RHCs will report progress on structure measures and data for outcome and process measures for January 1, 2023 to June 30, 2023.
 - Reporting Period 2 (April 2024): RHCs will report data for outcome and process measures for January 1, 2023 to December 31, 2023.
- For structure measures, RHCs must submit responses to qualitative reporting questions that summarize their progress towards implementing the structure measure. RHCs are not required to implement structure measures as a condition of reporting or program participation.
- For outcome and process measures, RHCs must submit specified numerator and denominator rates and respond to qualitative reporting questions as specified by HHSC. RHCs must report measure rates stratified by the following payer types: Medicaid Managed Care, Other Medicaid, Uninsured, and All Payer.

- Reported qualitative and numeric data will be used to monitor RHC-level progress toward state quality objectives.

RAPPS Measures by Program Component

Program Component	Draft Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
R1 - Dollar Increase	R1-105	Health Information Exchange (HIE) Participation	Structure	NA	NA
	R1-163	Non-Medical Drivers of Health (NMDOH) Screening and Follow-up Plan Best Practices	Structure	NA	NA
	R1-166	Depression Screening and Follow-up Best Practices	Structure	NA	NA
R2 – Percent Increase	R2-103	Preventive Care and Screening: Influenza Immunization	Process	0041e	NCQA
	R2-119	Controlling High Blood Pressure	Outcome	0018	NCQA