



<b>Program</b>	Rural Access to Primary and Preventive Services (RAPPS)
<b>Target Beneficiaries</b>	Adults and children enrolled in STAR, STAR+PLUS, and STAR Kids
<b>Intended Quality Outcomes</b>	
1. Providing the right care, in the right place, at the right time for Medicaid enrollees in rural communities. 2. Improving primary and preventive care access and chronic care management for Medicaid enrollees in rural areas.	
<b>Program Overview</b>	
<ul style="list-style-type: none"><li>• (RAPPS) is a directed payment program (DPP) that incentivizes provision of primary and preventive services for Medicaid-enrolled individuals in rural areas of the state. The program also focuses on management of chronic conditions.</li><li>• Two classes of Rural Health Clinics (RHCs) would be eligible for the DPP: (1) hospital-based RHCs, which include non-state government owned and private RHCs, and (2) free-standing RHCs.</li><li>• RHCs would apply for the program and must have provided at least 30 Medicaid managed care encounters in the prior state fiscal year to be eligible for participation.</li><li>• Component 1 would provide a uniform dollar increase in the form of prospective, monthly payments to all qualifying RHCs to enhance structures that promote better access to primary and preventive services. The structure measures would include reporting on electronic health record (EHR) use, telemedicine/telehealth capabilities, and care coordination.</li><li>• Component 2 would be a uniform percent rate increase for certain services.</li></ul>	
<b>Reporting Requirements</b>	
<ul style="list-style-type: none"><li>• Component 1 includes structure measures and requires semi-annual reporting of status/progress as a condition of participation in the program on all Component 1 measures.</li><li>• Component 2 includes two process measures identified as Improvement Over Self (IOS). Providers will report baselines for IOS measures as a condition of participation in the program.</li><li>• Reporting is tentatively planned to take place during Quarter 1 (Sep-Nov 2021) and Quarter 3 (Mar-May 2022).<ul style="list-style-type: none"><li>○ Quarter 1: report progress on Component 1 measures and report data for all Component 2 measures for January to June 2021.</li><li>○ Quarter 3: report progress on Component 1 measures and report data for all Component 2 measures for January to December 2021.</li></ul></li><li>• RHCs must report Component 2 measure rates stratified by Medicaid, Uninsured, and Other payer types.</li></ul>	
<b>Achievement Requirements</b>	

- All measures must be reported by an RHC as a condition of participation in the program.
- For a structure measure, a provider must submit responses to qualitative reporting questions that summarize provider’s progress toward implementation. The provider is not required to implement the quality improvement activity identified in the structure measure.
- For process measures, a provider must submit specified numerator and denominator rates as specified by HHSC and submit responses to associated qualitative reporting questions.

To align with program goals to incentivize the right care in the right place at the right time, 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

Program Component	Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
R1 - Dollar Increase	R1-101	Telehealth to provide virtual medical appointments with a primary care or specialty care provider	Structure	NA	NA
	R1-102	Use of electronic health record (EHR)	Structure	NA	NA
	R1-103	Care team includes personnel in a care coordination role not requiring clinical licensure	Structure	NA	NA
R2 – Percent Increase	R2-104	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing	Process	0057	NCQA
	R2-105	Preventive Care and Screening: Influenza Immunization	Process	0041	PCPI