



May 25, 2022

Ms. Diona Kristian
Centers for Medicare and Medicaid Services
Center for Medicaid and CHIP Services
Division of State Demonstrations and Waivers
7500 Security Boulevard
Mail Stop S2-25-26
Baltimore, MD 21244-1850

Dear Ms. Kristian:

The Texas Health and Human Services Commission (HHSC) is requesting to amend the Texas Healthcare Transformation Quality Improvement Program (THTQIP-11-W-00278-6), a Medicaid demonstration operating under the authority of Section 1115 of the Social Security Act.

In response to House Bill 133, 87th Legislature, Regular Session, 2021, an amendment to the THTQIP 1115 demonstration is needed to provide an additional four months of Medicaid eligibility to women for postpartum coverage, for a total of six months postpartum coverage.

This extension of postpartum coverage will have long-term benefits of improving continuity of care across a woman's life cycle, increasing access to preventive health care, and positively affecting postpartum health outcomes and the outcomes of future pregnancies. The amendment is consistent with the 1115 demonstration goals of expanding risk-based managed care to new populations and services and improving outcomes. HHSC requests CMS approve the requested changes in this amendment package by September 22, 2022.

Kathi Montalbano, Director of Federal Coordination, Rules and Committees, is the lead staff on this matter and can be contacted by telephone at (512) 438-4299.

Sincerely,

Stephanie Stephens
State Medicaid Director

General Program Requirements

Texas Healthcare Transformation and Quality Improvement Program

Number: 11-W-00278/6

Demonstration Period: January 15, 2021 through September 30, 2030

Amendment Request: Postpartum coverage extension

Submitted: May 25, 2022

Overview

The Health and Human Services Commission (HHSC) is submitting a request to the Centers for Medicare & Medicaid Services (CMS) to amend the Texas Healthcare Transformation and Quality Improvement Program (THTQIP) demonstration under section 1115 of the Social Security Act in compliance with STC 7 and STC 12. The current demonstration is approved through September 2030. The proposed effective date for this amendment is September 22, 2022.

This amendment is being submitted in response to House Bill 133, 87th Legislature, Regular Session, 2021, to provide an additional four months of Medicaid eligibility to women receiving Medicaid at the time they deliver or experience an involuntary miscarriage, for a total of six months of postpartum coverage.

III. General Program Requirements

- 7) Amendment Process. Requests to amend the demonstration must be submitted to CMS for approval no later than 120 days prior to the planned date of implementation of the change and may not be implemented until approved. CMS reserves the right to deny or delay approval of a demonstration amendment based on non-compliance with the STCs, including but not limited to failure by the state to submit required elements of a complete amendment request as described in this STCs, reports or other deliverables required in the approved STCs in a timely fashion according to the deadlines specified herein. Amendment requests must include, but are not limited to, the following:**
 - a) An explanation of the public process used by the state, consistent with the requirements of STC 12. Such explanation must include a summary of any public feedback received and identification of how this feedback was addressed by the state in the final amendment request submitted to CMS.**

Pursuant to STC. 12 Public Notice, Tribal Consultation, and Consultation with Interested Parties, the public notice for public comment about the changes requested in Amendment 21 was

published in the Texas Register on April 8, 2022, (see attachment named TX Reg Public Notice). The Texas Register is published weekly and is the journal of state agency rulemaking for Texas. In addition to activities related to rules, the Texas Register publishes various public notices including attorney general opinions, gubernatorial appointments, state agency requests for proposals and other documents, and it is used regularly by stakeholders. HHSC publishes all Medicaid waiver submissions in the Texas Register in addition to many other notices. The publication is available online and in hard copy at the Texas State Library and Archives Commission, the State Law Library, the Legislative Reference Library located in the State Capitol building, and the University of North Texas libraries. All of these sites are located in Austin, except for the University of North Texas, which is located in Denton. Printed copies of the Texas Register are also available through paid subscription; subscribers include cities, counties and public libraries throughout the state. In accordance with the requirements included in STC 12, letters were sent on April 5, 2022, to Tribal Governments requesting comments, questions, or feedback on the amendment by May 4, 2022, (see attached copy of one Tribal letter and e-mails sent to each Tribe). No comments, questions, or feedback on the project were received from Tribal Governments during the initial Tribal Consultation period. HHSC received written comments from the following stakeholders: Mental Health America, Texas Medical Association and on behalf of American College of Obstetricians and Gynecologists District XI , American College of Physicians Services, Texas Chapter, Texas Academy of Family Physicians, Texas Association of Obstetricians and Gynecologists, and Texas Pediatric Society, Texas Council on Family Violence, Texas Women's Healthcare Coalition, TAHC representing the perspective of the 73 federally qualified health centers (FQHCs) or community health centers, Greater Houston Partnership, Every Texan, Texas Academy of Family Physicians representing more than 9,000 family physicians across the state, Black Doulas for Black Mamas (dba Healing Hands Community Doula Project), La Fe Policy Research and Education Center, Children's Defense Fund–Texas, The Hackett Center for Mental Health Meadows Mental Health Policy Institute, Methodist Healthcare Ministries, Network of Behavioral Health Providers, Young Invincibles, Texans Care for Children, Texas Hospital Association on behalf of our more than 450 member hospitals and health systems, Teaching Hospitals of Texas, and Hand to Hold.

All stakeholders expressed support for the amendment.

Several stakeholders requested the Texas Legislature and HHSC explore additional options for extending postpartum coverage to a full year. Stakeholders provided data from the state's Maternal Mortality and Morbidity Review Committee (MMMRC) and Mathematica to support extending postpartum Medicaid coverage to a full year.

Stakeholders also noted some states have already extended postpartum coverage to a full year and other states are working toward extending coverage for a full year. Also noted was that

some states have been utilizing the State Plan Amendment (SPA) process to obtain approval to extend postpartum coverage for a full year under the authority of the American Rescue Plan Act.

A stakeholder requested the Legislature and HHSC consider expanding Medicaid in addition to extending postpartum coverage.

HHSC will continue to implement legislation as directed by the Texas Legislature. Given the requirement in Texas Human Resources Code Sec. 32.024(1-1) to provide Medicaid coverage for “six months following the date the woman delivers or experiences an involuntary miscarriage,” HHSC determined that an amendment to the Texas Healthcare Transformation and Quality Improvement Program Section 1115 Medicaid Demonstration would be most appropriate avenue for implementation.

Comments related to expanding Medicaid are outside the scope of this 1115 demonstration amendment request.

A stakeholder suggested HHSC consider adding to its waiver request a provision allowing Texas to implement automatic enrollment to transition women who lose pregnancy/postpartum related-Medicaid coverage into the Healthy Texas Women (HTW) program.

Another stakeholder commented HTW Plus is a step forward to improving health care outcomes for moms within one year of giving birth because many women still have limited access to comprehensive services.

Comments related to Healthy Texas Women (HTW) are outside the scope of this 1115 demonstration amendment request.

b) A detailed description of the amendment, including impact on beneficiaries, with sufficient supporting documentation.

The Health and Human Services Commission (HHSC) is submitting a request to the Centers for Medicare & Medicaid Services (CMS) to amend the Texas Healthcare Transformation and Quality Improvement Program (THTQIP) waiver under section 1115 of the Social Security Act. The current waiver is approved through September 2030. The proposed effective date for this amendment is September 22, 2022.

In response to House Bill 133, 87th Legislature, Regular Session, 2021, an amendment to the THTQIP 1115 waiver is needed to provide an additional four months of Medicaid eligibility to women receiving Medicaid at the time they deliver or experience an involuntary miscarriage, for a total of six months postpartum coverage.

This extension of postpartum coverage will have long-term benefits of improving continuity of care across a woman's life cycle, increasing access to preventive health care, and positively affecting postpartum health outcomes and the outcomes of future pregnancies. This is consistent with the 1115 demonstration waiver goals of expanding risk-based managed care to new populations and services and improving outcomes.

Currently, pregnant women who are determined eligible for Medicaid are considered eligible until the end of the month in which their 60-day postpartum period ends. This waiver will not create a new eligibility category but will extend eligibility for certain pregnant women for an additional four months beyond the federally required postpartum period. This additional four months of eligibility will be provided to all women whose pregnancies end in a delivery or an involuntary miscarriage through the last day of the month in which the six-month postpartum period ends. If a woman's pregnancy does not end in a delivery or an involuntary miscarriage, the woman will receive the postpartum coverage required by 42 CFR § 435.170(b) and (c).

List of Proposed Waivers and Expenditure Authorities

Below is a list of proposed waivers necessary to implement this amendment.

§ 1905(n) of the Social Security Act (Act) and 42 CFR § 435.4 to the extent necessary to allow the state to redefine "qualified pregnant woman or child" in the Act and "pregnant woman" in the CFR to change the postpartum period from 60 days to six months following delivery or involuntary miscarriage.

42 CFR § 440.210(a)(3) to the extent necessary to change the postpartum period from 60 days to six months following delivery or involuntary miscarriage.

§ 1902(e)(5) of the Act and 42 CFR § 435.170(b) and (c) to the extent necessary to allow the state to provide six months of extended and continuous eligibility following delivery or involuntary miscarriage.

§ 1902(a)(10)(B) of the Act, 42 CFR § 440.240 and 42 CFR § 440.250(p), related to comparability of services, to the extent necessary, as determined by CMS, to allow the state to provide the additional four months of eligibility only to women whose pregnancies end in a delivery or involuntary miscarriage.

42 CFR § 435.916 (a) to ensure continuity of coverage for newly defined "pregnant woman" until after the extended postpartum period ends. With the additional four months of coverage, some women may receive Medicaid coverage for more than 12 months without an eligibility determination.

HHSC also requests expenditure authority for women who:

- were eligible for and enrolled in Texas Medicaid while pregnant, with a household income at or below 198% of the FPL at the time of enrollment in such group; and
- delivered or experienced an involuntary miscarriage

for the extended 4-month postpartum period of coverage, which are not otherwise included as expenditures under § 1903 of the Act. These expenditures shall, for the demonstration, be regarded as matchable expenditures under the State's Medicaid Title XIX State Plan.

- c) **A data analysis which identifies the specific “with waiver” impact of the proposed amendment on the current budget neutrality agreement. Such analysis must include current total computable “with waiver” and “without waiver” status on both a summary and detailed level through the current approval period using the most recent actual expenditures, as well as summary and detailed projections of the change in the “with waiver” expenditure total as a result of the proposed amendment, which isolates (by Eligibility Group) the impact of the amendment.**

There is not a significant impact to budget neutrality as the result of the additional months of postpartum coverage for certain pregnant women on Medicaid because state plan benefits for this population are already included in the budget neutrality calculations. The additional months of coverage will add member months to the budget neutrality model due to a longer length of stay; however, the budget neutrality model considers the same caseload for both with-waiver (WW) and without-waiver (WOW) calculations.

Please see attached BN workbook for estimated impact to WW and WOW BN expenditures.

- d) **An up-to-date CHIP allotment worksheet, if necessary.**

N/A

- e) **The state must provide updates to existing demonstration reporting and quality and evaluation plans. This includes a description of how the Evaluation Design and annual progress reports will be modified to incorporate the amendment provisions, as well as the oversight, monitoring and measurement of the provisions.**

CMS-Approved Evaluation Design for the THTQIP Extension

The THTQIP evaluation design approved by CMS on May 26, 2022, focusing on DYs 10-19, includes nine evaluation questions and 23 hypotheses spanning three evaluation components. HHSC determined not to include any new evaluation questions, hypotheses, or measures on the postpartum coverage extension amendment in the evaluation design; however, the state may consider modifications to the design based on further discussion with CMS. Beneficiaries currently receive Medicaid coverage until the end of the month in which their 60-day postpartum period ends. This amendment extends this coverage for an additional four months for those beneficiaries who experience a delivery or involuntary miscarriage. It is possible the amendment may impact measures under Hypotheses 3.1, 3.2, and 3.3, as well as “With Waiver” and “Without Wavier” measures under Hypothesis 6.1. The amendment also has the potential to impact other STAR-specific measures or subgroups throughout the Medicaid managed care component of the evaluation. HHSC does not anticipate any meaningful impacts beyond the specific measures identified above, but potential impacts to other measures are unknown. Because Hypotheses 3.1, 3.2, and 3.3 only include beneficiaries impacted by the amendment, and measures under Hypothesis 6.1 reflect the Demonstration as a whole, it is not possible to subset these measures by beneficiaries who were and were not impacted by the amendment. However, the state will direct the external evaluator to interpret and present pertinent findings within the context of this amendment as necessary. HHSC is not proposing changes to the evaluation reports, annual progress reports, or oversight, monitoring, and measurement of the provisions outlined in the STCs for the THTQIP Demonstration.

Appendix

The following is the list of additional documents included in this amendment package:

- Texas Register Acknowledgement of Receipt
- Cover Letter to CMS
- Public Notice of Intent (PNI)
- Tribal Letter and each e mail sent to the tribes
- Budget Neutrality Workbook
- Expenditure Authorities Document
- STCs
- Waiver List Document

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Public Notice

The Health and Human Services Commission (HHSC) is submitting a request to the Centers for Medicare & Medicaid Services (CMS) to amend the Texas Healthcare Transformation and Quality Improvement Program (THTQIP) waiver under section 1115 of the Social Security Act. The current waiver is approved through September 2030. The proposed effective date for this amendment is September 22, 2022.

In response to House Bill 133, 87th Legislature, Regular Session, 2021, an amendment to the THTQIP 1115 waiver is needed to provide an additional four months of Medicaid eligibility to women receiving Medicaid at the time they deliver or experience an involuntary miscarriage, for a total of six months postpartum coverage.

This extension of postpartum coverage will have long-term benefits of improving continuity of care across a woman's life cycle, increasing access to preventive health care, and positively affecting postpartum health outcomes and the outcomes of future pregnancies. This is consistent with the 1115 demonstration waiver goals of expanding risk-based managed care to new populations and services and improving outcomes.

Proposed Changes

Currently, pregnant women who are determined eligible for Medicaid are considered eligible until the end of the month in which their 60-day postpartum period ends. This waiver will not create a new eligibility category but will extend eligibility for pregnant women for an additional four months beyond the federally required postpartum period. This additional four months of eligibility will be provided to all women whose pregnancies end in a delivery or an involuntary miscarriage through the last day of the month in which the six-month postpartum period ends. If a woman's pregnancy does not end in a delivery or an involuntary miscarriage, the woman will receive the postpartum coverage required by 42 CFR § 435.170(b) and (c).

Requested Waivers

HHSC is requesting to waive § 1905(n) of the Social Security Act (Act) and 42 CFR § 435.4 to the extent necessary to allow the state to redefine "qualified pregnant woman or child" in the Act and "pregnant woman" in the CFR to change the postpartum period from 60 days to six months following delivery or involuntary miscarriage.

HHSC is requesting to waive 42 CFR § 440.210(a)(3) to the extent necessary to change the postpartum period from 60 days to six months following delivery or involuntary miscarriage.

HHSC is requesting to waive § 1902(e)(5) of the Act and 42 CFR § 435.170(b) and (c) to the extent necessary to allow the state to provide six months of extended and continuous eligibility following delivery or involuntary miscarriage.

HHSC is requesting to waive § 1902(a)(10)(B) of the Act, 42 CFR § 440.240 and 42 CFR § 440.250(p), related to comparability of services, to the extent necessary, as determined by CMS, allow the state to provide the additional four months of eligibility only to women whose pregnancies end in delivery or involuntary miscarriage.

HHSC is requesting to waive the requirement to conduct a redetermination of eligibility once every 12 months, as required by 42 CFR § 435.916 (a). With the additional four months of coverage, some women may receive Medicaid coverage for more than 12 months without an eligibility determination.

Financial Analysis

There is minimal impact to budget neutrality due to additional months of postpartum coverage for pregnant women on Medicaid, as this population is already included with existing state plan benefits. The additional months of coverage will add member months to the budget neutrality model due to a longer length of stay, however the budget neutrality model uses the same caseload for both the with-waiver and without-waiver calculations.

Evaluation Design

The CMS-approved 1115 evaluation design focusing on demonstration years 7-11 culminates in a Draft Evaluation Report due March 31, 2024, as required by Special Term and Condition (STC) 86. The amendment may influence evaluation measures on overall Demonstration costs, but potential impacts will be negligible. As a result, the overall evaluation findings will not be meaningfully impacted by the amendment.

HHSC decided not to include any evaluation questions, hypotheses, or measures on the postpartum coverage extension amendment in the revised 1115 evaluation design focusing on demonstration years 10-19, as required by STC 82. However, the state will direct the external evaluator to interpret and present pertinent findings within the context of this amendment as necessary.

Enrollment, Cost Sharing, and Service Delivery

Monthly enrollment for Medicaid for Pregnant Women will increase because women will remain eligible for an additional four months. Prior to the public health emergency, the average monthly enrollment for women determined eligible for Medicaid for Pregnant Women was 137,493 (March 2019 – February 2020). This amendment will not impose beneficiary cost sharing.

An individual may obtain a free copy of the proposed waiver amendment, ask questions, obtain additional information, or submit comments regarding this amendment by May 9, 2022, by contacting Basundhara RayChaudhuri by U.S. mail, telephone, fax, or email. The addresses are as follows:

U.S. Mail

Texas Health and Human Services Commission

Attention: Basundhara RayChaudhuri, Waiver Coordinator, Federal Coordination, Rules and Committees

701 W. 51st Street

Mail Code: H310

Austin, Texas 78751

Email:

TX_Medicaid_Waivers@hhs.texas.gov

Telephone

(512) 438-4321

Fax

512-323-1905



April 5, 2022

Myra Sylestine
Health Director
Alabama-Coushatta Tribe of Texas
571 State Park Road, #56
Livingston, Texas 77351

Dear Ms. Sylestine:

The purpose of this letter is to notify members of Alabama-Coushatta Tribe of Texas that the Health and Human Services Commission (HHSC) is submitting a request to the Centers for Medicare & Medicaid Services (CMS) to amend the Texas Healthcare Transformation and Quality Improvement Program (THTQIP) waiver under section 1115 of the Social Security Act. The current waiver is approved through September 2030. The proposed effective date for this amendment is September 22, 2022.

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This extension of postpartum coverage will have long-term benefits of improving continuity of care across a woman's life cycle, increasing access to preventive health care, and positively affecting postpartum health outcomes and the outcomes of future pregnancies. This is consistent with the 1115 demonstration waiver goals of expanding risk-based managed care to new populations and services and improving outcomes.

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Ms. Sylestine
April 5, 2022
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the overall evaluation findings will not be meaningfully impacted by the amendment.

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To obtain a free copy of the proposed waiver amendment, ask questions, or request additional information regarding this amendment, please contact Shaneqwea James by May 4, 2022 by phone at (512) 438-2264, by mail at John H. Winters Building, 701 W. 51st Street, East Tower, Fourth Floor, Austin, TX 78751, or by e-mail at TX_Medicaid_Waivers@hhs.texas.gov

Sincerely,



Kathi Montalbano
Director of Federal Coordination, Rules, and Committees
Medicaid/CHIP Division, HHSC

AN ACT

relating to the provision of certain benefits under Medicaid and the Healthy Texas Women program, including the transition of case management for children and pregnant women program services and Healthy Texas Women program services to a managed care program.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter A, Chapter 533, Government Code, is amended by adding Section 533.002555 to read as follows:

Sec. 533.002555. TRANSITION OF CASE MANAGEMENT FOR CHILDREN AND PREGNANT WOMEN PROGRAM RECIPIENTS TO MANAGED CARE PROGRAM. (a) In this section, "children and pregnant women program" means the benefits program provided under Medicaid and administered by the Department of State Health Services that provides case management services to children who have a health condition or health risk and pregnant women who have a high-risk condition.

(b) The commission shall transition to a Medicaid managed care model all case management services provided to recipients under the children and pregnant women program. In transitioning services under this section, the commission shall ensure a recipient is provided case management services through the managed care plan in which the recipient is enrolled.

(c) In implementing this section, the commission shall ensure:

(1) a seamless transition in case management for

1 recipients receiving benefits under the children and pregnant women
2 program; and

3 (2) case management services provided under the
4 program are not interrupted.

5 SECTION 2. Subchapter F, Chapter 32, Health and Safety
6 Code, is amended by amending Section 32.152 and adding Sections
7 32.156 and 32.157 to read as follows:

8 Sec. 32.152. ~~[ASSESSING]~~ PROVISION OF HEALTHY TEXAS WOMEN
9 PROGRAM SERVICES THROUGH MANAGED CARE. (a) The commission shall
10 contract ~~[assess:~~

11 ~~[(1) the feasibility and cost-effectiveness of~~
12 ~~contracting]~~ with Medicaid managed care organizations to provide
13 Healthy Texas Women program services ~~[through managed care in one~~
14 ~~or more health care service regions in this state if the Healthy~~
15 ~~Texas Women Section 1115 Demonstration Waiver is approved; and~~

16 ~~[(2) the potential impact of that delivery model on~~
17 ~~women receiving services under the program].~~

18 (b) In implementing this section, the commission shall:

19 (1) consult with the state Medicaid managed care
20 advisory committee before contracting with Medicaid managed care
21 organizations to provide Healthy Texas Women program services under
22 this section;

23 (2) identify barriers that prevent women from
24 obtaining Healthy Texas Women program services and seek
25 opportunities to mitigate those barriers; and

26 (3) designate Healthy Texas Women program service
27 providers as significant traditional providers until at least the

1 third anniversary of the date the commission initially contracts
2 with Medicaid managed care organizations to provide program
3 services. [~~This section expires September 1, 2021.~~]

4 Sec. 32.156. INFORMATION ABOUT AVAILABILITY OF SUBSIDIZED
5 HEALTH INSURANCE COVERAGE. (a) The commission and each managed
6 care organization participating in the Healthy Texas Women program
7 shall provide a written notice containing information about
8 eligibility requirements for and enrollment in a health benefit
9 plan for which an enrollee receives a premium subsidy under the
10 Patient Protection and Affordable Care Act (Pub. L. No. 111-148),
11 based on family income, to a woman who:

12 (1) is enrolled in the Healthy Texas Women program;
13 and

14 (2) has a household income that is more than 100
15 percent but not more than 200 percent of the federal poverty level.

16 (b) The commission, in consultation with the Texas
17 Department of Insurance, shall develop the form and content of the
18 notice required under this section. The notice must include:

19 (1) the latest information written in clear and easily
20 understood language on available options for obtaining a subsidized
21 health benefit plan described by Subsection (a); and

22 (2) resources for receiving assistance applying for
23 and enrolling in that health benefit plan.

24 Sec. 32.157. ASSESSING AUTOMATIC ENROLLMENT OF CERTAIN
25 WOMEN IN MANAGED CARE. (a) Not later than January 1, 2023, the
26 commission shall assess the feasibility, cost-effectiveness, and
27 benefits of automatically enrolling in managed care the women who

1 become pregnant while receiving services through the Healthy Texas
2 Women program. The assessment must examine whether automatically
3 enrolling those women leads to the delivery of prenatal care and
4 services earlier in the women's pregnancies.

5 (b) This section expires September 1, 2023.

6 SECTION 3. Section 32.024, Human Resources Code, is amended
7 by adding Subsection (1-1) to read as follows:

8 (1-1) The commission shall continue to provide medical
9 assistance to a woman who is eligible for medical assistance for
10 pregnant women for a period of not less than six months following
11 the date the woman delivers or experiences an involuntary
12 miscarriage.

13 SECTION 4. As soon as practicable after the effective date
14 of this Act, the executive commissioner of the Health and Human
15 Services Commission shall adopt rules necessary to implement the
16 changes in law made by this Act.

17 SECTION 5. If before implementing any provision of this Act
18 a state agency determines that a waiver or authorization from a
19 federal agency is necessary for implementation of that provision,
20 the agency affected by the provision shall request the waiver or
21 authorization and may delay implementing that provision until the
22 waiver or authorization is granted.

23 SECTION 6. The Health and Human Services Commission is
24 required to implement a provision of this Act only if the
25 legislature appropriates money specifically for that purpose. If
26 the legislature does not appropriate money specifically for that
27 purpose, the Health and Human Services Commission may, but is not

1 required to, implement a provision of this Act using other
2 appropriations available for that purpose.

3 SECTION 7. This Act takes effect September 1, 2021.

President of the Senate

Speaker of the House

I certify that H.B. No. 133 was passed by the House on April 15, 2021, by the following vote: Yeas 121, Nays 24, 1 present, not voting; and that the House concurred in Senate amendments to H.B. No. 133 on May 28, 2021, by the following vote: Yeas 135, Nays 9, 2 present, not voting.

Chief Clerk of the House

I certify that H.B. No. 133 was passed by the Senate, with amendments, on May 26, 2021, by the following vote: Yeas 30, Nays 1.

Secretary of the Senate

APPROVED: _____

Date

Governor