Healthy Texas Women Section 1115 Demonstration Waiver Quarterly Monitoring Report

Annual Report for the period February 18, 2020 through December 31, 2020 including the fourth quarter period October 1, 2020 through December 31, 2020

Purpose and Scope of Annual Monitoring Report:

The state must submit annual progress reports in accordance with the Special Terms and Conditions (STC) and 42 CFR 431.420. The intent of these reports is to present the state's analysis of collected data and the status of the various operational areas, reported by month in the demonstration year. The report should also include a discussion of trends and issues over the year, including progress on addressing any issues affecting access, quality, or costs. Each annual monitoring report must include:

A. Executive Summary
B. Utilization Monitoring
C. Program Outreach and Education
D. Program Integrity
E. Grievances and Appeals
F. Annual Post Award Public Forum
G. Budget neutrality
H. Demonstration evaluation activities and interim findings.

A. Executive Summary

1. Synopsis of the information contained in the report

According to the Special Terms and Conditions (STCs) of the Healthy Texas Women (HTW) Demonstration Waiver, the Texas Health and Human Services Commission (HHSC) provides its operational report for Demonstration Year (DY) 1 and Calendar Year (CY) 2020 from February 18, 2020 through December 31, 2020. This report provides the quarterly reporting requirements for the Healthy Texas Women (HTW) program, as required by 42 CFR § 431.428. The STCs require the State to report on various topics including enrollment, operations and policy, utilization monitoring, program outreach and education, program integrity, grievances and appeals, annual post award public forum, budget neutrality, and demonstration evaluation activities and interim findings. The information reflected in this report represents the most current information available at the time it was compiled.

2. Program Updates, Current Trends or Significant Program Changes

a. Narrative describing the impact of any administrative and operational changes to the demonstration, such as eligibility and enrollment processes, eligibility redetermination processes (including the option to utilize administrative redetermination), systems, health care delivery, benefits, quality of care, anticipated or proposed changes in payment rates, and outreach changes.

System and Automation Modifications

HHSC is continuing to develop and implement the system requirements for the modifications needed to align HTW eligibility with Section 1943 of the Social Security Act. The necessary system changes were completed in March 2021.

Benefits

HHSC continues to allow certain evaluation and management services corresponding with office visits and psychiatric diagnostic codes to be delivered via telemedicine, telehealth, and telephone (audio-only) through April 30, 2021, unless the federal public health emergency ends sooner. These changes were made in response to the COVID-19 pandemic.

COVID-19 Response

In response to the COVID-19 public health emergency, on September 30, 2020, HHSC submitted an amendment request to add COVID-19 screening and testing to the HTW Demonstration Waiver, with a requested effective date of February 4, 2020. This amendment is currently pending with CMS. HHSC continues to allow telehealth and telemedicine flexibilities for certain HTW procedure codes throughout the public health emergency. Additionally, as a part of the COVID-19 response, HTW added procedure codes for computed tomography (CT) of the chest to the benefits package. A separate amendment request was not sent for this benefit, as this procedure is considered as a testing-related service.

Effective December 2020, in accordance with the Food and Drug Administration's issuance of Emergency Use Authorization for the Pfizer and Moderna COVID-19 Vaccines, HHSC added vaccine administration benefits for individuals 18 years of age and older in HTW. The vaccine is distributed to providers free of charge by the federal government.

b. Narrative on any demonstration changes, such as changes in enrollment, renewal processes service utilization, and provider participation. Discussion of any action plan if applicable.

Enrollment in the HTW Program continues to increase due to the federal requirement to sustain Medicaid eligibility until the last day of the month when the COVID-19 public health emergency period ends. From October 2020 to December 2020, enrollment in the HTW Program from quarter 1 to quarter 2 decreased by 0.7%.

c. Narrative on the existence of or results of any audits, investigations, or lawsuits that impact the demonstration.

HHSC has not identified any audits, investigations, or lawsuits that impact the demonstration.

3. Policy Issues and Challenges

a. Narrative of any operational challenges or issues the state has experienced.

The key challenge in Quarter 4 (Q4) continues to be the COVID-19 public health emergency. HHSC continues to allow delivery of certain HTW services via telemedicine, telehealth, and telephone (audio only), which align with service delivery options available in the Medicaid State Plan for these same services.

b. Narrative of any policy issues the state is considering, including pertinent legislative/budget activity, and potential demonstration amendments.

HHSC submitted a request to the Centers for Medicare & Medicaid Services (CMS) for an amendment to the HTW waiver under section 1115 of the Social Security Act to obtain CMS approval to receive federal funds for HTW Plus benefits in December 2020.

c. Discussion of any action plans addressing any policy, administrative or budget issues identified, if applicable.

HHSC has not identified policy, administrative, or budget issues.

B. Utilization Monitoring

The state will summarize utilization through a review of claims/encounter data for the demonstration population in the subsequent tables. This includes the following:

Table 1. Summary of Utilization Monitoring MeasuresTopic	**Measure [Reported for each month included in the annual report]**
Utilization Monitoring	Unduplicated Number of Enrollees by Quarter (See table 2 below)
	Unduplicated Number of Beneficiaries with any Claim by Age Group, Gender, and Quarter (See table 3 below)
	Contraceptive Utilization by Age Group (See table 4 below)
	Total Number of Beneficiaries Tested for any Sexually Transmitted Disease (See table 5 below)
	Total Number of Female Beneficiaries who Obtained a Cervical Cancer Screening (See table 6 below)
	Total Number of Female Beneficiaries who Received a Clinical Breast Exam (See table 7 below)

Table 2: Unduplicated Number of Enrollees by Quarter

	Number of Female Enrollees by Quarter				
	14 years old and under	15-20 years old	21-44 years old	45 years and older	Total Unduplicated Female Enrollment*
Quarter 1	N/A	14,993	308,667	21,225	340,145
Quarter 2	N/A	13,319	307,945	21,647	337,876
Quarter 3					
Quarter 4					

*Total column is calculated by summing columns 2-5.

Table 2 data for Q3 and Q4 will be provided with future Quarterly Monitoring Reports. Determining enrollees' ages and duplicate months of enrollment requires client-identifying

details that are not available until the seventh month following the end of each quarter. For example, Q1 data (January – March) will be available in October, at which point it will be provided with the Q3 (July – September) Quarterly Monitoring Report. Future reporting of unduplicated enrollment will continue with a two-quarter lag. Enrollees in the 15-17 age range are not part of the HTW demonstration and are not included in enrollment figures.

Table 3: Unduplicated Number of Beneficiaries with any Claim by Age Group and Gender per Quarter in the Demonstration Year

	Number of Females Who Utilize Services by Age and Quarter					
	14 years old and under	15-20 years old	21-44 years old	45 years and older	Total Female Users *	Percentage of Total Unduplicated Female Enrollment
Quarter 1		8,432	69,992	33	78,457	
Quarter 2		7,474	66,562	105	74,141	
Quarter 3		7,517	75,952	319	83,788	
Quarter 4		5,688	66,714	501	72,903	
Total Unduplicated**		17,078	157,387	742	175,207	

*Total column is calculated by summing columns 2-5.
**Total unduplicated row cannot be calculated by summing quarter 1 – quarter 4. Total unduplicated users must account for users who were counted in multiple quarters and remove the duplication so that each user is only counted once per demonstration year.

Table 3 results display HTW clients served in Calendar Year (CY) 2020 year to date by quarter and age group include: medical and pharmacy claims from January through December 2020 . Each client is counted only in one age group. If a client changed age groups in the quarter, only the first age is counted. At this time, CY 2020 claims are incomplete and considered provisional because of the time allowed for claims to be submitted and adjudicated. HHSC considers claims data to be complete eight months after the date of service.

Table 4: Contraceptive Utilization by Age Group per Demonstration Year

Effectiveness	Users of Contraceptives					
		14 years old and under	**15 – 20 years old**	**21 – 44 years old**	**45 years old and older**	**Total**
Most and	**Numerator**					

Moderately Effective*	**Denominator**					
Long-acting reversible contraceptive (LARC)*	**Numerator**					
	Denominator					
Total	**Numerator**					
	Denominator					

*This measure is calculated as per the Medicaid and CHIP Child and Adult Core Set measure for contraceptive care for all women. Measure specifications can be found at the links below:

- Child Core Set (CCW-CH measure for ages 15-20): https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid- and-chip-child-core-set-manual.pdf
- Adult Core Set (CCW-AD measure for ages 21-44): https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid- adult-core-set-manual.pdf

States needing technical assistance in applying the Core Set specifications to their family planning demonstration can send an email to MACqualityTA@cms.hhs.gov.

Contraceptive Utilization preliminary results will be available early summer 2021 following the measurement year to allow adequate time for claim submissions. At that time, HHSC will analyze the data to ensure there are no errors or issues. Data will be finalized the fall 2021 after the measurement year to ensure data accuracy. Delayed reporting is due to the need for claims to settle so the measure can be calculated according to measure specifications.

Table 5: Number Beneficiaries Tested for any STD by Demonstration Year

Test	Female Tests		Total Tests	
	Number	Percent of Total	Number	Percent of Total
Unduplicated number of beneficiaries who obtained an STD test	73,864	18.9%	73,864	18.9%

Table 6: Total Number of Female Beneficiaries who obtained a Cervical Cancer Screening

Screening Activity	Numerator*	Denominator*	Percent
Unduplicated number of female beneficiaries who obtained a cervical cancer screening*	**N/A**	**N/A**	**N/A**

*This measure is calculated as per the Medicaid and CHIP Adult Core Set measure for cervical cancer screening and is defined as women ages 21 to 64 who had cervical cytology (Pap test) performed every 3 years or women ages 30 to 64

who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Measure specifications can be found at: https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf

States needing technical assistance in applying the Core Set specifications to their family planning demonstration can send an email to MACqualityTA@cms.hhs.gov.

Cervical Cancer Screening preliminary results will be available early summer 2021 following the measurement year to allow adequate time for claim submissions. At that time, HHSC will analyze the data to ensure there are no errors or issues. Data will be finalized the fall 2021 after the measurement year to ensure data accuracy. Delayed reporting is due to the need for claims to settle so the measure can be calculated according to measure specifications.

Table 7: Breast Cancer Screening

Screening Activity	Numerator*	Denominator*	Percent
Unduplicated number of female beneficiaries who received a Breast Cancer Screening*			N/A – The waiver does not serve individuals in this age range.

*This measure is calculated as per the Medicaid and CHIP Adult Core Set measure for breast cancer screening and is defined as the percentage of women ages 50 to 74 who had a mammogram to screen for breast cancer and is reported for two age groups (as applicable): ages 50 to 64 and ages 65 to 74.

Measure specifications can be found at: https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf

States needing technical assistance in applying the Core Set specifications to their family planning demonstration can send an email to MACqualityTA@cms.hhs.gov.

Table 8: Primary Care Provider (PCP) and Pharmacy Network Adequacy

Medicaid Service Area / County Type	Number of Clients for Whom Access Based on Distance was Calculated (99.91% of all Members)	Distance Standard from Two PCPs (County Type Specific)	Distance Standard from a Pharmacy (County Type Specific)	Estimated Percent of Clients Within Distance Standard From Two PCPs	Estimated Percent of Clients Within Distance Standard from a Pharmacy
Bexar	26,182	---	---	89.6	89.6
Metro	24,512	10 Miles	2 Miles	89.3	89.7
Micro	475	20 Miles	5 Miles	80.8	59.2
Rural	1,195	30 Miles	15 Miles	98.2	99.7
Dallas	31,212	---	---	88.4	88.8

Medicaid Service Area / County Type	Number of Clients for Whom Access Based on Distance was Calculated (99.91% of all Members)	Distance Standard from Two PCPs (County Type Specific)	Distance Standard from a Pharmacy (County Type Specific)	Estimated Percent of Clients Within Distance Standard From Two PCPs	Estimated Percent of Clients Within Distance Standard from a Pharmacy
Metro	30,730	10 Miles	2 Miles	88.5	88.6
Micro	Not Applicable**	Not Applicable**	Not Applicable**	Not Applicable**	Not Applicable**
Rural	482	30 Miles	15 Miles	83.4	99.4
El Paso	10,535	---	---	94.3	84.8
Metro	10,500	10 Miles	2 Miles	94.5	85.1
Micro	Not Applicable**	Not Applicable**	Not Applicable**	Not Applicable**	Not Applicable**
Rural	35	30 Miles	15 Miles	43	0
Harris	60,343	---	---	93.1	92.7
Metro	58,649	10 Miles	2 Miles	92.9	92.6
Micro	454	20 Miles	5 Miles	100	80.4
Rural	1,240	30 Miles	15 Miles	100	99.2
Hidalgo	23,035	---	---	89.6	77.9
Metro	20,781	10 Miles	2 Miles	92.9	77.2
Micro	1,430	20 Miles	5 Miles	49.8	84.3
Rural	824	30 Miles	15 Miles	76.5	83.1
Jefferson	8,217	---	---	87.7	83.2
Metro	4,470	10 Miles	2 Miles	89.4	84.3
Micro	2,189	20 Miles	5 Miles	90.9	71.1
Rural	1,558	30 Miles	15 Miles	78.3	96.9
Lubbock	8,321	---	---	95.3	92.5
Metro	6,572	10 Miles	2 Miles	94.9	90.8
Micro	Not Applicable**	Not Applicable**	Not Applicable**	Not Applicable**	Not Applicable**
Rural	1,749	30 Miles	15 Miles	96.8	98.8
Central Texas	15,407	---	---	78.9	87.0
Metro	9,978	10 Miles	2 Miles	74.1	82.0
Micro	882	20 Miles	5 Miles	56.0	85.9
Rural	4,547	30 Miles	15 Miles	93.9	98.0
Northeast Texas	16,602	---	---	66.1	76.5

Medicaid Service Area / County Type	Number of Clients for Whom Access Based on Distance was Calculated (99.91% of all Members)	Distance Standard from Two PCPs (County Type Specific)	Distance Standard from a Pharmacy (County Type Specific)	Estimated Percent of Clients Within Distance Standard From Two PCPs	Estimated Percent of Clients Within Distance Standard from a Pharmacy
Metro	7,406	10 Miles	2 Miles	56.0	72.2
Micro	6,372	20 Miles	5 Miles	65.3	72.6
Rural	2,824	30 Miles	15 Miles	94.6	96.2
West Texas	14,002	---	---	89.8	85.5
Metro	5,522	10 Miles	2 Miles	95.7	81.5
Micro	1,558	20 Miles	5 Miles	76.6	89.0
Rural	6,922	30 Miles	15 Miles	88.1	87.9
Nueces	12,786	---	---	82.2	90.4
Metro	8,009	10 Miles	2 Miles	78.5	88.9
Micro	1,569	20 Miles	5 Miles	67.6	85.4
Rural	3,208	30 Miles	15 Miles	98.7	96.4
Tarrant	22,476	---	---	78.1	89.0
Metro	22,110	10 Miles	2 Miles	78.1	89.4
Micro	366	20 Miles	5 Miles	78.4	65.6
Rural	Not Applicable**	Not Applicable**	Not Applicable**	Not Applicable**	Not Applicable**
Travis	13,572	---	---	86.5	79.2
Metro	11,470	10 Miles	2 Miles	84.1	81.6
Micro	1,440	20 Miles	5 Miles	99.4	53.6
Rural	662	30 Miles	15 Miles	100	94.1
Metro	220,709	2 Miles	2 Miles	87.5	87.2
Micro	16,735	5 Miles	5 Miles	72.7	74.9
Rural	25,246	15 Miles	15 Miles	92.1	94.3
Statewide Summary	**262,690**	---	---	**87.0**	**87.1**

Network Adequacy

Table 8 outlines HTW pharmacy and PCP network adequacy results for DY1 geographical access to an active pharmacy and at least two active PCPs. The network adequacy categories and standards are based on those used in the Texas Medicaid managed care programs. The data is a new addition to this report and will help set benchmarks for future reporting. An active pharmacy or PCP is one that had HTW program claims during calendar year 2019. In DY1 Q1, Texas reported pharmacy and PCP distance measures for a total of 262,690 HTW clients. Statewide, 87.1% of HTW clients are within the distance standard from a pharmacy, and 87% are within the distance standard

of two PCPs. Three service areas had more than 90% of HTW clients with access to a choice of pharmacy within the distance standards: Harris (92.7%), Lubbock (92.5%) and Nueces (90.4%). Three service areas had more than 90 percent of HTW clients with access to a choice of PCPs within the distance standards: Harris (93.1%), El Paso (94.3%), and Lubbock (95.3%). Three service areas had less than 80% of HTW clients with access to a choice of pharmacy within the distance standards: Travis (79.2%), Northeast Texas (76.5%), and Hidalgo (77.9%). Three service areas had less than 80% of HTW clients with access to a choice of PCPs within the distance standards: Tarrant (78.1%), Northeast Texas (66.1%), and Central Texas (78.9%). Texas is working to establish benchmarks for DYs 2-5 for the percentage of waiver participants in each service area who must have access to the required provider types within the specified distance. Once benchmarks are established, if HHSC's annual assessment of provider networks indicates a deficiency in a given service area based on established benchmarks, HHSC will conduct provider outreach in these areas with a goal of increasing provider participation.

C. Program Outreach and Education

1. General Outreach and Awareness

a. Provide information on the public outreach and education activities conducted this demonstration year; and,

Public Education

The Texas Collaborative for Healthy Mothers and Babies (TCHMB), a group which includes representatives from HHSC, is creating a women's health program reference sheet for providers to educate providers and clients about women's health programs and benefits in Texas, including HTW and HTW Plus.

Social Media

Social media posts related to HTW included two posts on Facebook and one post on Twitter.

In-Person Outreach

Due to the COVID-19 public health emergency, in-person outreach was not completed during Q4.

b. Provide a brief assessment on the effectiveness of these outreach and education activities.

The "Find a Doctor" page on the HTW client-facing website had 61,900 overall page views and 47,508 unique page views. The Texas Medicaid and Healthcare Partnership (TMHP) was unable to pull the OPL hits for October through December 2020 due to the tmhp.com website migration and Google analytics installation that happened during this time period. HHSC will provide an update on OPL hits in a future report once the migration is complete. The HTW site OPL shows searches for programs other than HTW, including the Family Planning Program, Breast and Cervical Cancer Services, and Medicaid for Breast and Cervical Cancer.

2. Target Outreach Campaign(s) (if applicable)

a. Provide a narrative on the populations targeted for outreach and education campaigns and reasons for targeting; and,

HHSC continues to promote HTW and HTW Plus social media posts, updated client mailings, webpage updates, and provider digital and paper mailings.

b. Provide a brief assessment on the effectiveness of these targeted outreach and education activities.

On October 27 and October 29, HHSC held webinars to educate stakeholders, providers, and clients on HTW and HTW Plus services. For both webinars combined, 690 individuals registered, 477 individuals joined the live webinars, and participants asked 268 questions. HHSC sent out recordings to all who registered, regardless of whether they participated in the live event.

D. Program Integrity

Provide a summary of program integrity and related audit activities for the demonstration, including an analysis of point-of-service eligibility procedures.

From October 1, 2020 through December 31, 2020, HHSC completed quality assurance reviews for eligibility on 76 HTW cases. Eligibility was correctly determined for 100% of these cases.

HTW eligibility will be maintained through the end of the month when the public health emergency ends for all individuals certified as of March 18, 2020 or later.

E. Grievances and Appeals

Provide a narrative of grievances and appeals made by beneficiaries, providers, or the public, by type and highlighting any patterns. Describe actions being taken to address any significant issues evidenced by patterns of appeals.

HHSC received 7 complaints related to the HTW Program through the Office of the Ombudsman. Six complaints were due to client enrollment and one due to prescriptions. Six complaints were addressed and resolved, and the Office was unable to contact the client for one complaint. Three complaints were substantiated, and four were unable to be substantiated.
The Texas Medicaid Health Partnership (TMHP) received three complaints related to the HTW Program during Quarter 4. Of the three complaints, two were resolved and require no further action from TMHP, and for one complaint TMHP is unable to substantiate without further review.

F. Annual Post Award Public Forum

Provide a summary of the annual post award public forum conducted by the state as required by 42 CFR 431.420(c) that includes a report of any issues raised by the public and how the state is considering such comments in its continued operation of the demonstration.

The first annual post award forum was held in July 2020 and the next annual post award public forum will be held no later than July 2021.

As reported in the Q3 report, The first annual post award forum was held on July 16, 2020 via webinar. Public comment received included questions regarding future funding, continuity of care, eligibility, and application processes. Other comments included inquiries about obtaining a copy of the webinar slide presentation as well as future opportunities for provider engagement and training. HHSC developed responses to the public comments and posted the comments and responses on the HHSC webpage. HHSC also followed up with the commenters to notify them that the responses were posted on the website.

G. Budget Neutrality

1. Please complete the budget neutrality workbook

The quarterly budget neutrality workbook will be uploaded to the 1115 Demonstration Performance Management Database and Analytics System (PMDA) on March 31, 2020, per STCs 29 and 45.

2. Discuss any variance noted to the estimated budget, including reasons for variance in enrollment and/or in total costs, and/or in per enrollee costs. Describe any plans to mitigate any overages in budget neutrality by the end of the demonstration period.

Based on current HTW Q4 data, the risk to budget neutrality is very low. Variances will be more accurately identified upon receipt of additional quarters as budget neutrality limits are annual calculations.

H. Demonstration Evaluation Activities and Interim Findings

Please provide a summary of the progress of evaluation activities, including key milestones accomplished. Include:

1. Status of progress against timelines outlined in the approved Evaluation Design

Summary of Evaluation Activities

HHSC completed the following HTW 1115 Waiver evaluation activities during DY1 Q4:

- HHSC continued discussions with CMS on revisions to the evaluation design during a monthly monitoring call on November 15, 2020 and follow-up emails on November 13, 2020 and November 16, 2020.
- Per CMS guidance, HHSC incorporated evaluation-related modifications associated with an amendment to the HTW 1115 Demonstration into the Revised Evaluation Design. HHSC submitted the amendment to CMS on December 9, 2020.
- Following a 7-day extension granted by CMS on December 3, 2020, HHSC submitted the Revised Evaluation Design to CMS on December 9, 2020.

HHSC completed the following HTW 1115 Waiver evaluation activities during DY1:

- HHSC evaluators submitted the initial and revised versions of the HTW 1115 Evaluation Design. HHSC submitted the Initial Evaluation Design to CMS on May 19, 2020 and received feedback from CMS on September 3, 2020. HHSC submitted the Revised Evaluation Design to CMS on December 9, 2020.
- HHSC evaluators drafted the evaluation narrative for an amendment to the HTW 1115 demonstration submitted to CMS on December 9, 2020. Per CMS guidance, HHSC incorporated evaluation-related modifications associated with the amendment to the HTW 1115 Demonstration into the Revised Evaluation Design.
- HHSC evaluators participated in monthly monitoring calls with CMS and scheduled multiple ad hoc meetings with CMS to discuss the Initial and Revised versions of the HTW 1115 Evaluation Design.

Progress Toward Key Evaluation Milestones

The chart below lists evaluation-related deliverables. There are no anticipated challenges at this time.

Type of Evaluation Deliverable	Due Date	State Notes or Comments	Description of Any Anticipated Challenges

Evaluation Design	12/9/2020[1]	Revised Evaluation Design submitted to CMS on 12/9/2020.	*No issues*
Procurement of Independent External Evaluator	10/1/2021		*No issues anticipated at this time*
Interim Evaluation Report	12/31/2023 *(or upon application for renewal)*		*No issues anticipated at this time*
Summative Evaluation Report	6/30/2026		*No issues anticipated at this time*

Notes.
[1] The revised Evaluation Design was originally due to CMS within 60 calendar days of receipt of CMS feedback (11/2/2020). CMS approved a 30-calendar day extension for the Revised Evaluation Design on 9/18/2020 and an additional 7-calendar day extension on 12/3/2020, extending the state deadline to 12/9/2020.

Description of Evaluation Findings or Reports
Evaluation findings are not available at this time. Evaluation findings will be summarized after the Interim Report is completed in 2023.

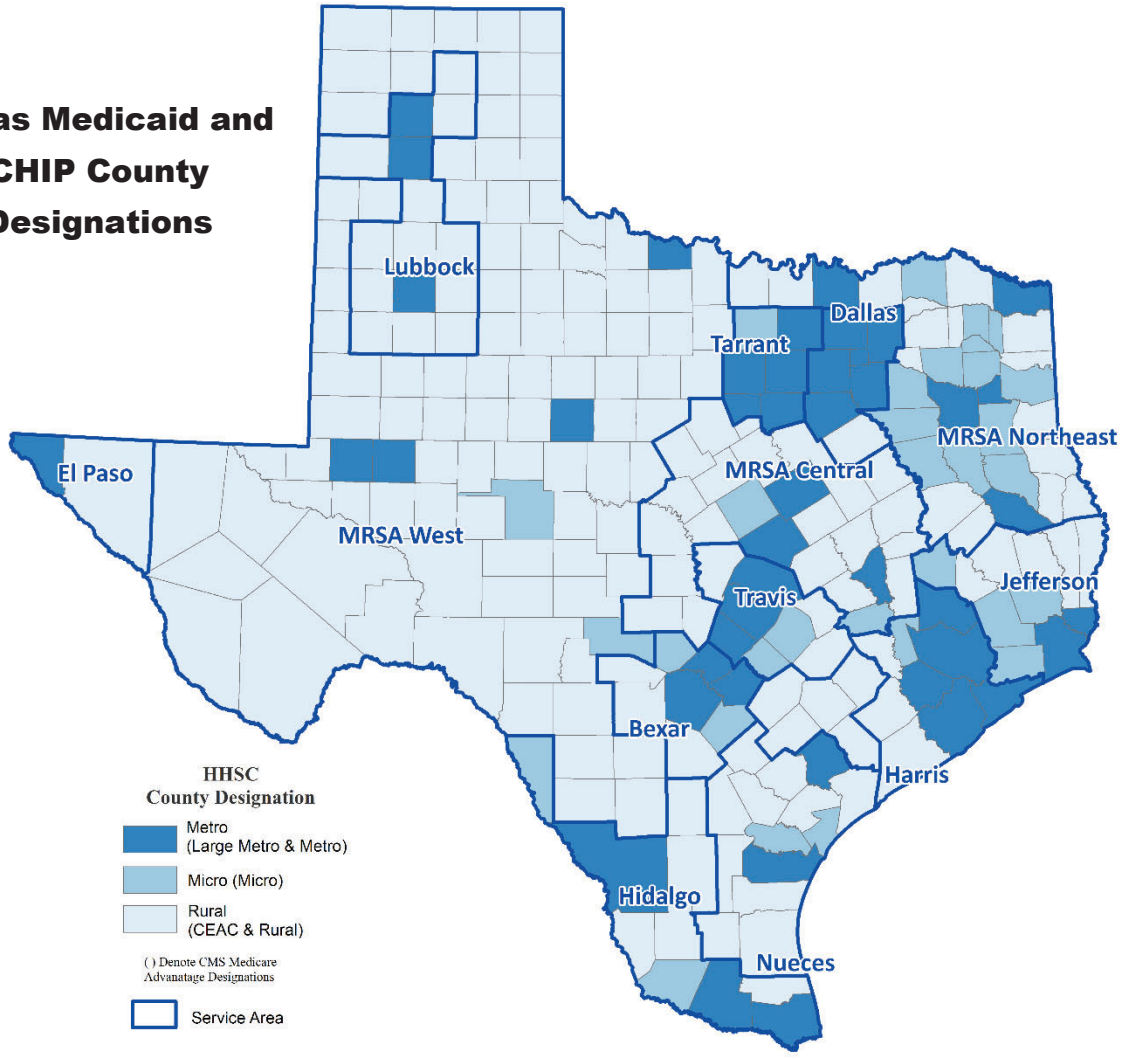
2. Any challenges encountered and how they are being addressed.

There are no anticipated challenges at this time.

3. Status of any evaluation staff recruitment or any RFPs or contracts for evaluation contractual services (if applicable).
4. Description of any interim findings or reports, as they become available. Provide any evaluation reports developed as an attachment to this document. Also discuss any policy or program recommendations based on the evaluation findings.

Evaluation findings are not available at this time. Evaluation findings will be summarized after the Interim Report is completed in 2023.

Texas Medicaid and CHIP County Designations



HHSC County Type	MA County Type	Population	Density
Metro	***Large Metro***	≥ 1,000,000	≥ 1,000/mi²
---	---	500,000 – 999,999	≥ 1,500/mi²
---	---	Any	≥ 5,000/mi²
---	***Metro***	≥ 1,000,000	10 – 999.9/mi²
---	---	500,000 – 999,999	10 – 1,499.9/mi²
---	---	200,000 – 499,999	10 – 4,999.9/mi²
---	---	50,000 – 199,999	100 – 4,999.9/mi²
---	---	10,000 – 49,999	1,000 – 4,999.9/mi²
Micro	***Micro***	50,000 – 199,999	10 – 99.9 /mi²
---	---	10,000 – 49,999	50 – 999.9/mi²
Rural	***Rural***	10,000 – 49,999	10 – 49.9/mi²
---	---	<10,000	10 – 4,999.9/mi²
---	***CEAC***	Any	<10mi²

A county must meet both the population and density thresholds for inclusion in a given designation.
Data Source: CMS Medicare Advantage

Designation	Counties
Metro	Angelina, Bell, Bexar, Bowie, Brazoria, Brazos, Cameron, Collin, Comal, Dallas, Denton, Ector, El Paso, Ellis, Fort Bend, Galveston, Grayson, Gregg, Guadalupe, Harris, Hays, Hidalgo, Hood, Hunt, Jefferson, Johnson, Kaufman, Lubbock, McLennan, Midland, Montgomery, Nueces, Orange, Parker, Potter, Randall, Rockwall, Smith, Tarrant, Taylor, Travis, Victoria, Webb, Wichita, Williamson
Micro	Anderson, Aransas, Bastrop, Caldwell, Camp, Chambers, Cherokee, Coryell, Hardin, Harrison, Henderson, Kendall, Kerr, Lamar, Liberty, Maverick, Morris, Nacogdoches, Rusk, San Patricio, Starr, Titus, Tom Green, Upshur, Van Zandt, Walker, Waller, Washington, Wilson, Wise, Wood
Rural	Andrews, Archer, Armstrong, Atascosa, Austin, Bailey, Bandera, Baylor, Bee, Blanco, Borden, Bosque, Brewster, Briscoe, Brooks, Brown, Burleson, Burnet, Calhoun, Callahan, Carson, Cass, Castro, Childress, Clay, Cochran, Coke, Coleman, Collingsworth, Colorado, Comanche, Concho, Cooke, Cottle, Crane, Crockett, Crosby, Culberson, Dallam, Dawson, Deaf Smith, Delta, DeWitt, Dickens, Dimmit, Donley, Duval, Eastland, Edwards, Erath, Falls, Fannin, Fayette, Fisher, Floyd, Foard, Franklin, Freestone, Frio, Gaines, Garza, Gillespie, Glasscock, Goliad, Gonzales, Gray, Grimes, Hale, Hall, Hamilton, Hansford, Hardeman, Hartley, Haskell, Hemphill, Hill, Hockley, Hopkins, Houston, Howard, Hudspeth, Hutchinson, Irion, Jack, Jackson, Jasper, Jeff Davis, Jim Hogg, Jim Wells, Jones, Karnes, Kenedy, Kent, Kimble, King, Kinney, Kleberg, Knox, La Salle, Lamb, Lampasas, Lavaca, Lee, Leon, Limestone, Lipscomb, Live Oak, Llano, Loving, Lynn, Madison, Marion, Martin, Mason, Matagorda, McCulloch, McMullen, Medina, Menard, Milam, Mills, Mitchell, Montague, Moore, Motley, Navarro, Newton, Nolan, Ochiltree, Oldham, Palo Pinto, Panola, Parmer, Pecos, Polk, Presidio, Rains, Reagan, Real, Red River, Reeves, Refugio, Roberts, Robertson, Runnels, Sabine, San Augustine, San Jacinto, San Saba, Schleicher, Scurry, Shackelford, Shelby, Sherman, Somervell, Stephens, Sterling, Stonewall, Sutton, Swisher, Terrell, Terry, Throckmorton, Trinity, Tyler, Upton, Uvalde, Val Verde, Ward, Wharton, Wheeler, Wilbarger, Willacy, Winkler, Yoakum, Young, Zapata, Zavala

Notes

The County Designations in are for purposes of assessing access to Network Providers. The designations build upon CMS Medicare Advantage (MA) designations. The table above lists the population and density parameters applied to county type designations. A county must meet both thresholds for inclusion in a given designation. In order to facilitate monitoring, HHSC has combined the Large Metro and Metro MA categories into one category for Metro. The categories for Counties with Extreme Access Considerations (CEAC) and Rural counties have been combined to create the Rural category.