

Healthy Texas Women Section 1115 Demonstration Waiver Quarterly Monitoring Report

Report for the period April 1, 2021 through June 30, 2021

Purpose and Scope of Quarterly and Annual Monitoring Reports:

The state must submit three Quarterly Monitoring Reports and one Annual Monitoring Report in accordance with the Healthy Texas Women (HTW) Medicaid 1115 Demonstration Waiver Special Terms and Conditions (STCs) and 42 CFR § 431.428. 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 reports should also include a discussion of trends and issues over the quarter or year, including progress on addressing any issues affecting access, quality, or costs. Each quarterly or 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 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) 2 and Calendar Year (CY) 2021 from April 1, 2021 through June 30, 2021 which is quarter 2 (Q2). This report provides the quarterly reporting requirements for the Healthy Texas Women (HTW) program, as outlined in 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.

COVID-19 Response

The amendment request, submitted in September 2020, to add COVID-19 screening and testing to the HTW Demonstration Waiver is currently pending with the Centers for Medicare and Medicaid Services (CMS). HHSC continues to allow telehealth and telemedicine flexibilities for certain HTW procedure codes during the Public Health Emergency (PHE).

- 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.

In order to continue receiving enhanced federal matching funds during the COVID-19 PHE, Texas has sustained Medicaid eligibility therefore, enrollment in the HTW Program continues to increase.

- 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 state response to the COVID-19 PHE is ongoing. HHSC continues to allow delivery of certain HTW services via telemedicine, telehealth, and telephone (audio only), which aligns with service delivery options available under 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 is awaiting approval from CMS for an amendment to the HTW waiver under section 1115 of the Social Security Act to receive federal funds for HTW Plus.

The Texas Legislature passed House Bill (HB) 133, 87th Legislature, Regular Session, 2021, which requires HHSC to contract with Medicaid managed care organizations to provide HTW program services. HB 133 also directs HHSC to seek federal approval to extend Medicaid postpartum coverage for an additional four months, for which HHSC will seek 1115 waiver authority. When the extended postpartum coverage period is implemented, eligible women will transition to HTW six months after their pregnancy ends and will receive HTW Plus services for six months (total of 12 months of enhanced postpartum coverage). HHSC plans to update the HTW Plus coverage period in the HTW 1115 waiver at the same time it seeks federal approval for the additional months of postpartum Medicaid coverage.

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

HHSC has not identified any policy, administrative, or budget issues that are not already mentioned above.

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 Measures

Topic	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 for DY1

	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	N/A	11,664	325,184	23,929	354,744
Quarter 4	N/A	9,314	341,772	25,594	370,911

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

* Potential duplication across age groups due to some enrollees changing age groups within the quarter

** Total column is the unduplicated quarterly count across all age groups and may not equal the sum of columns B through E

*** HTW Clients ages 15-17 are non-waiver and therefore not included in the enrollment figures

Note: Table 2 data above is for DY1. Table 2 data for DY2 Q1 and DY2 Q2 will be provided with the following DY2 Q3 and DY2 Q4 Quarterly Monitoring Reports, respectively. 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.

Table 3: Unduplicated Number of Beneficiaries with any Claim by Age Group and Gender per Quarter in the Demonstration Year (calendar 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	N/A	5,919	79,151	873	85,943	
Quarter 2	N/A	4,009	64,756	866	69,721	
Quarter 3						
Quarter 4						
Total Unduplicated**		7,641	109,384	1,370	118,395	

*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.

Note: Table 3 results display HTW clients served in Calendar Year (CY) 2021 to date by quarter and age group include: medical and pharmacy claims from January through June 2021. 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 2021 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 Moderately Effective*	Numerator	N/A	N/A	N/A	N/A	N/A
	Denominator	N/A	N/A	N/A	N/A	N/A
Long-acting reversible contraceptive (LARC)*	Numerator	N/A	N/A	N/A	N/A	N/A
	Denominator	N/A	N/A	N/A	N/A	N/A
	Numerator	N/A	N/A	N/A	N/A	N/A

Total	Denominator	N/A	N/A	N/A	N/A	N/A
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*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 in the fall of 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	N/A	N/A	N/A	N/A

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 in the fall of 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.

C. Program Outreach and Education General Outreach and Awareness

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

Public Education

HHSC worked with Texas Collaborative for Healthy Mothers and Babies (TCHMB) on a provider-facing worksheet published in June 2021 regarding HHSC women's health programs.

Social Media

Social media posts related to HTW included three posts on Facebook in English, two posts on

Facebook in Spanish, three on Twitter, two on LinkedIn, and one on Instagram. The HHSC Facebook page has 151,801 followers, HHSC Twitter has 14,700 followers, LinkedIn has 34,562 followers and Instagram has 2,523 followers.

In-Person Outreach

Due to the COVID-19 PHE, in-person outreach was not completed during Q2. HHSC met virtually with representatives from the Texas Women's Healthcare Coalition on April 16, 2021.

- 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 48,523 overall page views and 37,627 unique page views. The HTW website online provider look-up (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. The overall TMHP OPL had 13,666 clicks and the TMHP HTW OPL had 216 clicks.

- 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 via social media posts, updated client mailings, webpage updates, and provider digital and paper mailings. In April and May HHSC and TMHP conducted additional outreach through provider notifications, phone calls, and emails reminding providers about HTW certification processes. HHSC presented to the Texas Women's Healthcare Coalition representatives on April 16 to update them on changes to client eligibility processes in the HTW program.

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

HHSC continues to monitor social media posts and followers as detailed above. No other updates to assessment on effectiveness of targeted outreach and education activities.

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.

HHSC has not identified any program integrity and related audit activities that impact the demonstration.

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 30 complaints related to the HTW Program through the Office of the Ombudsman. Sixteen complaints related to client enrollment, 10 related to prescription services, three related to access to care, and one related to claims payments. All complaints were resolved or referred to the correct area, so there is no further action required from HHSC.

TMHP received two complaints related to the HTW Program during Quarter 2. They received one complaint from a provider and one from the Contact Center. One of the complaints related to filing claims and one related to access to care. All complaints were resolved and require no further action from TMHP.

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.

HHSC held a virtual public forum on June 21, 2021 to present implementation updates and receive public comment on the HTW 1115 Waiver. During the forum, HHSC received three public comments by phone from the Texas Women's Healthcare Coalition (TWHC), Texans Care for Children, and a family planning clinic in Nueces County. After the forum, three written comments were also submitted by email from TWHC, Texans Care for Children, and Every Body Texas. All the comments, provided by phone and email, were related to concerns regarding the elimination of auto enrollment into HTW, removal of adjunctive eligibility, and retirement of the simplified two-page HTW application form (H1867). The federal waiver requires HHSC to implement the changes regarding autoenrollment, adjunctive eligibility, and the application form.

G. Budget Neutrality

1. Please complete the budget neutrality workbook

The quarterly budget neutrality workbook was uploaded to the 1115 Demonstration Performance Management Database and Analytics System on August 25, 2021, 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 Q2 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 DY2 Q2:

- HHSC evaluators distributed the Project Proposal and Quote Request (PPQR) to universities on 4/30/2021. Applications were due from universities on 6/1/2021.
- HHSC evaluators reviewed and scored responses to the PPQR. HHSC expects to select the external evaluator and begin the contracting process during DY2 Q3.

Progress Toward Key Evaluation Milestones

The table 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.	<i>N/A, this deliverable has been completed</i>
Procurement of Independent External Evaluator	10/1/2021	HHSC is still awaiting CMS approval of the evaluation design. HHSC will begin the solicitation process using the Revised Evaluation Design submitted to CMS on 12/9/2020. The CMS-approved version of the evaluation design will be shared with the external evaluator when available.	<i>Forthcoming feedback on the evaluation design, which define the required scope of work for the independent evaluator, may require adjustment of the due date for procurement of the independent external evaluator.</i>
Interim Evaluation Report	12/31/2023 (or upon application for renewal)		<i>No issues anticipated at this time</i>
Summative Evaluation Report	6/30/2026		<i>No issues anticipated at this time</i>

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

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

challenges encountered and how they are being addressed.

There are no anticipated challenges.

3. Status of any evaluation staff recruitment or any RFPs or contracts for evaluation contractual services (if applicable).

HHSC plans to have an update regarding the external evaluator in a future quarter.

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.