

## **Healthy Texas Women Section 1115 Demonstration Waiver**

Report for the period April 1, 2024, through June 30, 2024

### **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 HTW Demonstration Waiver, the Texas Health and Human Services Commission (HHSC) provides its operational report for demonstration year (DY) 5, calendar year (CY) 2024, quarter two (Q2) from April 1, 2024, through June 30, 2024. This report provides the quarterly reporting requirements for the 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.**

On March 28, 2024, HHSC submitted the HTW demonstration extension application to CMS with a request for a 5-year extension from January 1, 2025, through December 31, 2029. The transition to managed care was included in the HTW demonstration extension request. HHSC plans to transition HTW to a managed care model in quarter one of state fiscal year 2026 in

alignment with the STAR and CHIP procurement<sup>1</sup>. The HTW demonstration extension packet was deemed complete by CMS on April 4, 2024. The HTW demonstration was posted for a 30-day federal public comment period. The comment period closed on May 7, 2024. The HTW demonstration extension request is pending with CMS. On July 30, 2024 HHSC sent CMS a request to temporarily extend the HTW demonstration for a 12-month period from January 1, 2025 through December 31, 2025 to ensure Texas women continue to have access to critical women's health and family planning services effective January 1, 2025. Per federal regulations (Title 42 *Code of Federal Regulations* §431.412(c)(4)) existing demonstration projects may be extended on a temporary basis.

HHSC adopted Texas Administrative Code rule amendments for HTW which became effective May 16, 2024. The primary purpose of the adopted rules is to update eligibility and other Medicaid requirements in the HTW program to align with the HTW Section 1115 Demonstration approved by CMS on January 22, 2020. The adopted rule also complies with Texas Health and Safety Code §32.102, added by Senate Bill (S.B.) 750, 86<sup>th</sup> Legislature, Regular Session, 2019, which requires HHSC to provide enhanced postpartum care services (HTW Plus) to eligible clients. This also complies with Texas Health and Safety Code §31.018 (also added by S.B. 750), to include a requirement for women in HTW to receive referrals to the HHSC Primary Health Care Services Program. The adopted rules aim to align eligibility and Medicaid requirements in the HTW program with the HTW 1115 demonstration. Additionally, they enhance flexibility for provider certification and specify covered and non-covered services.

**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.**

To comply with the requirements of the Families First Coronavirus Response Act (FFCRA), HHSC maintained eligibility for individuals who were receiving HTW as of March 18, 2020, and those determined eligible after that date through March 31, 2023. The Consolidated Appropriations Act, 2023, separated the continuous Medicaid coverage requirement of the FFCRA from the federal PHE declaration. The requirement to maintain continuous coverage ended on March 31, 2023. Effective April 1, 2023, HHSC initiated redetermining the eligibility of all Texans receiving Medicaid services, including those receiving HTW, in alignment with Texas' federally approved End of Continuous Medicaid Coverage Mitigation Plan from CMS. HHSC has now completed its twelve month unwinding effort. HHSC will continue to monitor changes to HTW enrollment as a result of the activities conducted under the End of Continuous Medicaid Coverage Mitigation Plan.

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

In August 2023, CMS initiated the Texas's COVID-19 Public Health Emergency (PHE) Unwinding Medicaid Beneficiary Eligibility Audit. . In July 2024, CMS sent HHSC the draft

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<sup>1</sup> The HHSC Procurement Opportunities web page is located here: <https://www.hhs.texas.gov/business/contracting-hhs/procurement-opportunities> and has the most current information regarding the STAR and CHIP procurement.

audit report with two recommendations that do not impact the demonstration.

### **3. Policy Issues and Challenges**

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

HHSC reports no operational challenges or issues for Q2.

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

As of June 2024, HHSC is awaiting approval from CMS for an amendment to the HTW demonstration to receive federal funds for HTW Plus. At the time the amendment was submitted, HHSC requested an effective date of April 1, 2021. Until a response is provided, HHSC is funding HTW Plus services using state general revenue funds.

As previously reported, HHSC is preparing to implement House Bill (H.B.) 133, 87th Texas Legislature, Regular Session, 2021, which requires HHSC to seek federal approval for to contract with Medicaid managed care organizations to provide HTW program services. This change was included in the HTW demonstration extension request submitted to CMS on March 28, 2024.

As a result of H.B. 12, 88th Legislature, Regular Session, 2023, in October 2023, HHSC submitted Medicaid and CHIP state plan amendments to CMS, requesting to extend postpartum coverage for pregnant women to 12 months following the last month of the woman's pregnancy. In January 2024, CMS provided federal approval to implement the 12-month postpartum coverage effective March 1, 2024. Upon the implementation of H.B. 12, HHSC reinstated women who transitioned from Medicaid or CHIP to HTW after their pregnancy ended and who were within their 12-month postpartum period, to full coverage Medicaid or CHIP for the remainder of their postpartum period.

As previously mentioned, HHSC adopted rule amendments to the Texas Administrative Code rules for HTW, with an effective date of May 16, 2024

#### **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 action plans 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 DY4**

	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	3,477	404,095	39,272	443,381
Quarter 2	N/A	5,223	412,120	42,909	456,835
Quarter 3	N/A	10,565	456,441	44,098	506,818
Quarter 4	N/A	21,555	428,067	36,692	480,714

*Note:* Table 2 provides final data on a two-quarter lag and provides DY4 Q4 data as part of the DY5 Q2 Quarterly Monitoring Report. Determining the age of enrollees 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 and then provided with the Q3 (July – September) Quarterly Monitoring Report. Future reporting of unduplicated enrollment will continue with a two-quarter lag.

\* 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 2 through 5.

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

To comply with the requirements of the FFCRA, HHSC maintained eligibility for individuals who were receiving HTW as of March 18, 2020, and those determined eligible after that date through March 31, 2023. The Consolidated Appropriations Act of 2023 separated the continuous Medicaid coverage requirement of the FFCRA from the PHE declaration. The requirement to maintain continuous coverage ended on March 31, 2023, and HHSC is redetermining the eligibility of all Texans receiving Medicaid services, including those receiving HTW, in alignment with Texas' federally approved End of Continuous Medicaid Coverage Mitigation Plan.

**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
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	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	4,554	48,564	373	<b>53,491</b>	
Quarter 2	N/A	3,106	32,728	160	<b>35,994</b>	
Quarter 3	N/A					
Quarter 4	N/A					
<b>Total Unduplicated**</b>	N/A	<b>6,645</b>	<b>68,581</b>	<b>468</b>	<b>75,694</b>	

*Note:* Table 3 results display HTW clients served in CY 2024 to date by quarter and age group include: pharmacy claims do not reflect data past February 29, 2024.

\*Total column is calculated by summing columns 2 through 5.

\*\*Total Unduplicated row cannot be calculated by summing Q1 to Q4. 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.

Each client is counted only in one age group. If a client changes age groups in the quarter, only the first age is counted. Only clients 18 years of age and older are included in this report. At this time, CY 2024 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
<b>Most and Moderately Effective*</b>	<b>Numerator</b>	N/A	N/A	N/A	N/A	N/A
	<b>Denominator</b>	N/A	N/A	N/A	N/A	N/A
<b>Long-acting reversible contraceptive (LARC)*</b>	<b>Numerator</b>	N/A	N/A	N/A	N/A	N/A
	<b>Denominator</b>	N/A	N/A	N/A	N/A	N/A
<b>Total</b>	<b>Numerator</b>	N/A	N/A	N/A	N/A	N/A
	<b>Denominator</b>	N/A	N/A	N/A	N/A	N/A

\*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](mailto:MACqualityTA@cms.hhs.gov).

Contraceptive Utilization preliminary results will be available summer 2024 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. Delayed reporting is due to the need for claims to settle so the measure can be calculated according to measure specifications. Contraceptive Utilization preliminary results will not include clients under 14 or over 45 due to eligibility age requirements.

**Table 5: Number of 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	53,994	8.1%	53,994	8.1%

*Note:* The Beneficiaries Tested for any STD table is an annual measure. This measure is calculated by dividing the total unduplicated count of individuals with a HTW claim by the total number of individuals with HTW eligibility.

**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 five 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](mailto:MACqualityTA@cms.hhs.gov).

Cervical Cancer Screening preliminary results will be available summer 2024 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. Delayed reporting is due to the need for claims to settle so the measure can be calculated according to measure specifications. Delayed reporting may be necessary 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	N/A	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](mailto:MACqualityTA@cms.hhs.gov).

## Network Adequacy

**Table 8: PCP Network Adequacy by Demonstration Year**

Medicaid Service Area by County Type	Number of Enrollees (January 2024)*	Geographic Distance Standard (Number of Miles)	Performance Standard Percentage	Percent of Enrollees Within Distance Standard of TWO HTW-Active PCPs (January 2024)**
<b>Bexar</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>Dallas</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>El Paso</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A

Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>Harris</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>Hidalgo</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>Jefferson</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>Lubbock</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>MRSA Central Texas</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>MRSA Northeast Texas</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>MRSA West Texas</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>Nueces</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>Tarrant</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>Travis</b>	N/A	N/A	N/A	N/A

Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>State Total</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A

Table 8 data were submitted with the Q4/Annual DY4 monitoring report. Final and completed data about PCPs enrolled as of January 2024 that had HTW-related claims during CY 2023 will not be available for analysis until July 2024 and will be submitted with the Q4/Annual DY5 monitoring report.

**Table 8.1 Pharmacy Network Adequacy by Demonstration Year (DY4)**

<b>Medicaid Service Area by County Type</b>	<b>Number of Enrollees (January 2022)*</b>	<b>Geographic Access Distance Standard (Number of Miles)</b>	<b>Performance Standard Percentage</b>	<b>Percent of Enrollees Within Distance Standard of ONE HTW-Active Pharmacy (January 2022)**</b>
<b>Bexar</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>Dallas</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>El Paso</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>Harris</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>Hidalgo</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A

Rural	N/A	N/A	N/A	N/A
<b>Jefferson</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>Lubbock</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>MRSA Central Texas</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>MRSA Northeast Texas</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>MRSA West Texas</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>Nueces</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>Tarrant</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>Travis</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
<b>State Total</b>	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A

Table 8.1 data were submitted with the Q4/Annual DY4 monitoring report. Final and completed data about pharmacies enrolled as of January 2024 that had HTW-related claims during CY 2023 will not be available for analysis until July 2024 and will be submitted with the Q4/Annual DY5 monitoring report.

### **Network Adequacy**

**Provide a summary of pharmacy and PCP network adequacy results and geographical access to an active pharmacy and at least two active PCPs.**

A summary of pharmacy and PCP network adequacy results was provided in the Q4/Annual DY4 2023 monitoring report. The next summary of pharmacy and PCP network adequacy results will be provided with the Q4/Annual DY5 monitoring report once CY 2023 data is finalized in the fall of 2024.

**Provide a summary of pharmacy and PCP network adequacy results and geographical access to an active pharmacy and at least two active PCPs.**

HTW PCP and pharmacy network adequacy data and analyses will be presented in the Q4/Annual DY5 monitoring report. The analyses will focus on the percent of HTW enrollees aged 18-44 as of January 1, 2024, living within the applicable distance standard of at least two different HTW-active PCPs and one HTW-active pharmacy. For the purposes of the analyses, HTW-active PCPs and HTW-active pharmacies are those that were HTW-certified and enrolled as of January 1, 2024, with at least one HTW-related claim during CY 2023.

## **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,**

#### *Social Media*

During Q2, social media posts related to HTW included six posts on Facebook, seven posts on Facebook Español, seven posts on X (formerly Twitter), six posts on Instagram, and one post on LinkedIn. Annual to-date totals for social media posts related to HTW include 13 posts on Facebook, 15 posts on Facebook Español, 16 posts on X, 13 posts on Instagram and six posts on LinkedIn. The HHSC Facebook page has 168,626 followers, and Facebook Español has 52,070 followers, HHSC X has 17,358 followers, HHSC Instagram has 5,721 followers, and HHSC LinkedIn has 67,196 followers.

HHSC has completed an HTW social media calendar for the remainder of calendar year 2024. The goal of this calendar is to establish an HTW content posting frequency each month, improve HTW social media engagement and enhance the quality of HTW online content throughout the HHSC social media accounts on Facebook, X, Instagram, and LinkedIn.

#### *In-Person Outreach*

During Q2, HHSC presented the Healthy Texas Women 1115 Demonstration annual post award public forum to the Medical Care Advisory Committee on May 14, 2024.

### *Outreach Materials*

During Q2, no further updates were made to HTW outreach materials.

Previously, HHSC updated the HTW client fact sheet to include a QR code that takes clients to the enrollment eligibility requirements located on the HTW website, [healthytexaswomen.org](https://healthytexaswomen.org). HHSC updated the website's "Contact Us" and "Provider Resources" pages to include the HTW public-facing mailbox to ensure clients and providers can easily contact HHSC HTW staff. HHSC restocked HTW outreach materials on Pinnacle, a public-facing HHSC website used to order outreach materials, forms, and other publications.

#### **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 125,962 unique page views and the Spanish "Find a Doctor" page had 1,482 unique page views. The HTW website online provider look-up 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,**

In Q2, HHSC continues to promote HTW and HTW Plus via social media posts, updated client mailings, and webpage updates.

Historically, HHSC initiates targeted outreach efforts with the Texas Medicaid and Healthcare Partnership (TMHP) aimed at enhancing access to care and network adequacy in response to an identified need (e.g., in certain areas of the state based on network adequacy monitoring data). This may also include education campaigns related to changes in policy or benefits. Additionally, TMHP may conduct other proactive recruitment outreach when their capacity allows.

#### **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 for HTW and HTW Plus in the public outreach and education activities section above.

HHSC continues to track provider enrollment. As of June 2024, there were 2,000 new certified unique HTW Plus specific providers. The majority of the certified HTW Plus providers are licensed professional counselors (762 providers), psychiatrists (423 providers), and cardiologists (287 providers).

HHSC and TMHP tracked effectiveness of the TMHP tiered recruitment campaign completed in September 2023 by assessing the number of providers who were successfully contacted and

submitted an HTW attestation. At the completion of the campaign:

- TMHP successfully emailed 6,634 providers; of these providers, 3,450 submitted an HTW attestation (52 percent).
- TMHP successfully contacted 2,429 providers via telephone; of these providers, 1,397 submitted an HTW attestation (57 percent).
- TMHP successfully contacted 9,063 providers in total (via email and telephone); of these providers, 4,847 submitted an HTW attestation (53 percent).

In the TMHP tiered recruitment campaign, there was not a set deadline for providers to respond to TMHP following TMHP email or telephonic outreach efforts.

Providers who were not reached by email or phone can contact TMHP through available resources, such as the TMHP contact center or their provider relations representative. These resources were listed in the initial outreach email sent by TMHP.

When capacity allowed, TMHP also reviewed claims data for denied claims for HTW clients to identify non-HTW providers who may be eligible for HTW participation. TMHP's proactive outreach both educates non-HTW providers on identifying HTW clients and helps recruit providers for the HTW program.

#### **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.**

The quarterly quality assurance review found that eligibility was determined correctly in 100 percent of the cases in the sample.

#### **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.**

During Q2, HHSC received 23 complaints related to the HTW program through the Office of the Ombudsman. Seventeen complaints were related to member enrollment, five related to prescription services and one related to claims/payment. All complaints were resolved or referred to the correct area if the Office of Ombudsman was able to contact the senders, so there is no further action required from HHSC.

TMHP received two complaints from the contact center related to the HTW program during Q2. One complaint was regarding claim denial and one complaint was about education. All complaints were resolved. No further action was required from TMHP or HHSC.

#### **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 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.**

In compliance with STC 29, and as part of the Medical Care Advisory Committee meeting, HHSC hosted a public post award forum with both in-person and virtual attendance options on May 14, 2024. The purpose of the forum was to provide the public with an annual update on progress of the HTW demonstration. The public forum was held at the Winters Building Public Hearing Room, 701 W. 51<sup>st</sup> Street Austin, TX 78751. The date, time, and location of the public forum were published on HHSC's website 30 days in advance of the meeting. During the May 2024 post award public forum, HHSC provided the public with updates on the following HTW waiver topics: HTW demonstration extension request, amendments update, program updates, and the evaluation design. A link to the DY 4 2023 annual report was also provided to the public. The presentation and agenda were posted to the HHSC website.

HHSC received written comments from the following stakeholders: Texas Women's Healthcare Coalition, Mom's Meals, and Every Body Texas.

Two commentors expressed support for the HTW program, and one noted HTW's critical role in Texas's healthcare safety net.

Stakeholders commented that a common concern expressed by provider networks and members was about the longer Modified Adjusted Gross Income (MAGI) compliant application for HTW. One stakeholder commented that procedural denials had increased between 2019 and 2023 due to missing information and believed the long-form MAGI application delays timely enrollment. Another stakeholder stated a belief that the longer application poses a barrier to enrollment that results in fewer enrolled Texans in the HTW program. Two stakeholders suggested that HHSC explore options to streamline the application and noted other states that have successfully implemented a short form Medicaid Family Planning application. As required by the STCs of the HTW demonstration, HHSC aligned HTW eligibility policy with the requirements of Medicaid MAGI eligibility requirements.

Regarding the transition of HTW to a managed care model, two stakeholders commented that managed care organizations (MCOs) should have expedited provider credentialing and a consistent point of contact with each MCO for providers. One stakeholder commented that some areas of Texas lack sufficient providers, hindering women's access to care, and made recommendations around retroactive coverage by MCOs and including women's health stakeholders and providers during transition calls between HHSC and MCOs. A stakeholder commented that as part of MCO readiness activities before implementing HTW into managed care, HHSC should provide opportunities to learn about state and federal family planning requirements including free choice of provider and prior authorization policies. One stakeholder commented that clients who have no previous experience with managed care may need assistance with navigating the managed care system, which may include application assistance and supportive service coordination.

Another stakeholder commented that support for providers during the transition to managed care is imperative and provided recommendations for supports, including automatic credentialing for providers who are already credentialed with an MCO, amending contracts for providers who already hold managed care contracts to include HTW, and reimbursing at the full rate for services offered to their enrolled clients outside of their service delivery area.

One stakeholder asked HHSC to collect data pre- and post-transition to managed care to ensure metrics of quality are consistent with current levels.

One stakeholder suggested HHSC consider adding Medically Tailored Meals as a benefit in HTW.

## **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 26, 2024, 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 remains 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.**
- 2. Any challenges encountered and how they are being addressed.**
- 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.**

### *Summary of Evaluation Activities*

HHSC completed the following HTW 1115 Waiver evaluation activities during DY5 Q2:

- HHSC attended two meetings with the external evaluator, the University of Texas Health Science Center at Houston (UTHealth):
  - A meeting on April 26, 2024, to discuss feedback received from CMS on the Interim Report.

- A recurring quarterly meeting on May 10, 2024. The purpose of these meetings is to discuss progress on the evaluation and provide evaluation or programmatic technical assistance to UTHHealth, as needed.
- HHSC submitted the Revised Interim Report, prepared by UTHHealth, to CMS on June 17, 2024.
- HHSC received CMS feedback on the HTW COVID-19 PHE 1115(a) demonstration evaluation design on June 26, 2024. HHSC will submit a revised evaluation design to CMS during DY5 Q3.

#### *Progress towards Key Evaluation Milestones*

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

<b>Type of Evaluation Deliverable</b>	<b>Due Date</b>	<b>State Notes or Comments</b>	<b>Description of Any Anticipated Challenges</b>
Evaluation Design	N/A	CMS approved the Evaluation Design on 12/15/2021.	N/A
Procurement of Independent External Evaluator	N/A	HHSC executed the contract for the External Evaluator (UTHHealth) on 3/25/2022.	N/A
Interim Evaluation Report	N/A	HHSC submitted the Draft Interim Report on 12/21/2023 and the Revised Interim Report on 6/17/2024.	N/A
Summative Evaluation Report	6/30/2026		<i>No issues anticipated at this time</i>

#### *Modifications to the Evaluation Design*

No changes to the HTW 1115 evaluation design were requested during DY5 Q2.

#### *Description of Evaluation Findings or Reports*

HHSC summarized key takeaways from the Interim Report in the Annual Monitoring Report for DY4. As part of the review of the Interim Report, CMS requested findings from the beneficiary and provider surveys. The external evaluator plans to submit preliminary survey findings to HHSC in September 2024. HHSC will share these preliminary survey findings with CMS in an upcoming Quarterly Monitoring Report upon receipt.