

Healthy Texas Women Section 1115 Demonstration Waiver
Quarterly Monitoring Report
February 18, 2020 through March 31, 2020

Purpose and Scope of 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 Demonstration, 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 March 31, 2020. This report provides the quarterly reporting requirements for the Healthy Texas Women (HTW) program, as required by 42 CFR § 431.420. 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 has initiated workgroup meetings to develop and implement the system modifications

needed to align HTW eligibility requirements with Section 1943 of the Social Security Act. It is estimated that after the business rules are developed, automation modifications will take at least six months to complete. Due to the impacts of prioritizing the system changes needed to maintain Medicaid eligibility through the end of the COVID-19 public health emergency, HHSC has not yet determined when the HTW automation modifications will be prioritized.

Reasonable Opportunity

A policy bulletin Medicaid for Employed People with Disabilities (MEPD) and Texas Works Bulletin #20-02) was released and effective on February 18, 2020, to inform staff that reasonable opportunity now applies to the HTW program. This update did not require automation changes. The reasonable opportunity policy for HTW will be incorporated into the Texas Works Handbook in October 2020.

Federal Poverty Level Income Threshold

HHSC continues to work with CMS to convert the current HTW Federal Poverty Level (FPL) threshold (200%) to an equivalent Modified Adjusted Gross Income (MAGI) standard.

COVID-19 Response

In response to the COVID-19 public health emergency, HHSC has added testing and diagnostic codes for COVID-19 to the HTW benefits package. HHSC is using state funds for testing and diagnostic services pending further guidance from CMS on federal funding.

Benefits

Certain evaluation and management services corresponding with psychiatric diagnostic codes are now benefits available for telemedicine, telehealth, and telephone (audio-only) delivery through June 30, 2020. These changes were made in response to the COVID-19 pandemic. Additionally, as required by the STC, HHSC now requires a prescription for the mosquito repellent benefit.

- 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.

HHSC has not identified significant changes during this quarter.

- 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 1 has been the COVID-19 global pandemic. Texas Medicaid and Healthy Texas Women staff have collaborated closely to issue emergency policy guidance on allowability of telemedicine, telehealth, and telephone (audio only) services in Healthy Texas

Women, aligning 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, as directed by State Senate Bill (SB) 750, 86th Legislature, Regular Session, 2019, will be implementing an enhanced, cost-effective, and limited postpartum care services package for women enrolled in the HTW program, including women who enroll in HTW after the Medicaid for Pregnant Women coverage period. The postpartum care services package will be available to eligible women for a period of not more than 12 months after the date of enrollment in the HTW program. HHSC will be seeking a waiver amendment to include benefits related to SB 750 as a part of the 1115 Waiver.

HHSC, as directed by Federal HR 6201 (2020), is sustaining clients’ HTW eligibility until the last day of the month when the COVID-19 public health emergency period ends. Additionally, clients enrolled in Medicaid for Pregnant Women will have their Medicaid sustained and will not be auto-enrolled into HTW until the conclusion of the COVID-19 public health emergency.

- 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 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

	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	Not Available	Not Available	Not Available	Not Available
Quarter 2					
Quarter 3					
Quarter 4					

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

Table 2 data for Quarter 1 (Q1) will be provided with the Quarter 3 (Q3) Quarterly Monitoring Report. 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

	Number of Females Who Utilize Services by Age and Quarter					Percentage of Total Unduplicated Female Enrollment
	14 years old and under	15-20 years old	21-44 years old	45 years and older	Total Female Users *	
Quarter 1		7,030	60,080	29	67,139	
Quarter 2						
Quarter 3						
Quarter 4						
Total Unduplicated**		7,030	60,080	29	67,139	

*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 data: HTW clients served in CY 2020 year to date by quarter and age group include medical claims from January through March 2020 and pharmacy claims from January through February 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 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
Total	Numerator	N/A	N/A	N/A	N/A	N/A
	Denominator	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.

HHSC will provide data in a future quarter following the end of the Demonstration Year for all metrics requiring reporting based on Demonstration Year.

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
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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.

Table 7: Breast Cancer Screening

Screening Activity	Numerator*	Denominator*
Unduplicated number of female beneficiaries who received a Breast Cancer Screening*	N/A	N/A

*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

1. General Outreach and Awareness
 - a. Provide information on the public outreach and education activities conducted this demonstration year.

HHSC continues to direct clients and providers to the HTW website, www.healthytexaswomen.org, for the most up-to-date and helpful information about the program. HHSC updated the HTW website with specific information for providers and clients regarding COVID-19 and in-person outreach that was scheduled for March 2020 was canceled due to the pandemic. Additionally, HHSC utilized social media to promote the HTW program. Examples include posts to Facebook and Twitter regarding cervical cancer prevention and posts to Pinterest regarding HTW. Due to the COVID-19 pandemic, in-person outreach was not completed during Q1.

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

HHSC tracks data on website analytics related to the HTW website. Since the COVID-19 pandemic hit, the HTW website usage has decreased. The reason for decline is unclear.

2. Target Outreach Campaign(s) (if applicable)
 - a. Provide a narrative on the populations targeted for outreach and education campaigns and reasons for targeting.

HHSC, as directed by State Senate Bill 2132, 86th Legislature, Regular Session, 2019, will provide additional information about HTW in the letter sent to women who auto-enroll from Medicaid for Pregnant Women. This includes a description of HTW, why the woman was enrolled in the program, services provided at no cost to the woman, and how to find a provider or see if their current provider accepts HTW. The letter has a planned implementation date of June 6, 2020. This group is targeted for outreach because women within one year of the postpartum period have been identified as specifically vulnerable for maternal mortality and morbidity by the [Texas Maternal Mortality and Morbidity Review Committee 2018 Biennial Report](#).

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

HHSC will track data on the utilization of HTW services by women who auto-enrolled from Medicaid for Pregnant Women prior to and following the updated letter. This data is not available at this time.

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.

There were no program integrity or audit activities for the demonstration during this quarter.

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 did not receive any complaints or grievances through the Office of the Ombudsman or Texas Medicaid and Healthcare Partnership (TMHP) related to beneficiaries, providers, or the public. The only provider feedback received was related to requests for additional HTW benefits related to surgical procedures.

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 is due to be held in July 2020, which is outside the reporting period of the first quarterly monitoring report.

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 May 30, 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 Q1 data, the risk to budget neutrality is very low. Variances will be more accurately identified upon receipt of additional quarters as BN 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 Q1:

HHSC evaluators drafted the HTW 1115 Evaluation Design. The evaluation design will be submitted to CMS in DY1 Q2.

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	5/21/2020		<i>No issues anticipated at this time</i>
Procurement of Independent External Evaluator	TBD	Expected date of procurement will be provided in Evaluation Design	<i>No issues anticipated at this time</i>
Interim Evaluation Report	12/31/2023 <i>(or upon application for renewal)</i>		<i>No issues anticipated at this time</i>
Summative Evaluation Report	6/30/2026		<i>No issues anticipated at this time</i>

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). 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.

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.