

**Healthy Texas Women Section 1115 Demonstration Waiver  
Quarterly Monitoring Report**

Report for the period January 1, 2021 through March 31, 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 January 1, 2021 through March 31, 2021 which is quarter 1 (Q1). 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.

HHSC's eligibility system, the Texas Integrated Eligibility Redesign System, was updated on March 20, 2021 to align HTW eligibility rules with the requirements of modified adjusted gross income (MAGI) Medicaid programs, as required by the terms and conditions of the HTW Medicaid 1115 Demonstration Waiver. The following changes were effective March 20, 2021.

- Household composition for HTW is determined using the woman's tax filing status and tax relationships.
- Only MAGI countable income and allowable deductions are used when determining the woman's financial eligibility for HTW.
  - Adjunctive eligibility is no longer allowed as a method for determining financial eligibility.
- The income threshold for HTW was increased to 204.2% of the Federal Poverty Level (FPL).
- Women can apply for HTW using a Medicaid application, Form H1010, *Texas Works Application for Assistance* (integrated application for benefits) and Form H1205, *Texas Streamlined Application for Healthcare Coverage*, online at [YourTexasBenefits.com](http://YourTexasBenefits.com), or over the phone by calling 2-1-1.
  - The previous HTW application, Form H1867, was retired because it did not collect sufficient data for eligibility determinations using MAGI methodology.
- Women must first be determined ineligible for full coverage Medicaid and the Children's Health Insurance Program (CHIP) before being determined eligible for HTW. Women who do not qualify for Medicaid or CHIP, or who were certified for Medicaid or CHIP and no longer qualify after a reported change or at renewal, will be automatically tested for HTW eligibility without being required to complete a separate application.
- Electronic data sources are used to verify eligibility for HTW, and reasonable compatibility is used when verifying the woman's household income. Applicants and recipients will only be contacted to provide additional information if their eligibility cannot be verified using electronic data sources.
- HTW uses an administrative renewal (ex parte renewal) process. Recipients will only be required to submit a renewal application if HHSC cannot redetermine their eligibility using electronic data sources.
- HTW recipients are able to access their eligibility notices electronically.

A policy bulletin ([Medicaid for the Elderly and People with Disabilities \(MEPD\) and Texas](#)

[Works Bulletin #21-05](#)) was released on March 9, 2021, to inform staff of these policy changes. The new policy was effective on March 20, 2021.

A [provider notification](#) was published on the Texas Medicaid and Healthcare Partnership (TMHP) website, TMHP.com, on March 23, 2021, and sent to the HTW GovDelivery alert list, to inform other stakeholders. HHSC has also updated information on HealthyTexasWomen.org. Additionally, HHSC presented information about these changes to the Texas Women's Healthcare Coalition on February 26, 2021 and April 16, 2021.

### ***Benefits***

Effective for dates of service on and after March 1, 2021, digital breast tomosynthesis is a benefit of Medicaid and HTW.

### ***COVID-19 Response***

In response to the COVID-19 public health emergency (PHE), 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 the Centers for Medicare and Medicaid Services (CMS). HHSC continues to allow telehealth and telemedicine flexibilities for certain HTW procedure codes throughout the PHE. 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.

In accordance with the Food and Drug Administration's issuance of Emergency Use Authorization for the Janssen (i.e. Johnson & Johnson), Pfizer and Moderna COVID-19 vaccines, HHSC added vaccine administration benefits for individuals 18 years of age and older in Medicaid and HTW.

- 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 in which the COVID-19 PHE ends. HHSC continues to communicate with providers and clients about inquiries related to updated enrollment and application processes implemented on March 20, 2021.

- 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 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 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 87th Texas Legislature is considering a bill that would require HHSC to contract with Medicaid managed care organizations to provide HTW program services.

- 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**

	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					

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

Table 2 data for DY1 Q4 and DY2 Q1 will be provided with the following DY2 Q2 and DY2 Q3 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**

	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	5,418	72,122	785	78,325	
Quarter 2						
Quarter 3						
Quarter 4						
Total Unduplicated**						

\*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) 2021 year to date by quarter and age group include: medical and pharmacy claims from January through March 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
<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 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](mailto: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](mailto: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 and the Texas Collaborative for Healthy Mothers and Babies (TCHMB) are creating a women’s health program reference sheet for providers that serve women to educate providers and clients about HHSC’s women’s health programs including Medicaid for Pregnant Women and HTW. The reference sheet is currently being field-tested by TCHMB.

**Social Media**

Social media posts related to HTW included four posts on Facebook, three on Instagram, two on Twitter, and one on LinkedIn. The HHSC Facebook page has 146,314 followers, HHSC Twitter has 14,400 followers, LinkedIn has 32,309 followers and Instagram has 2,400 followers.

**In-Person Outreach**

Due to the COVID-19 PHE, in-person outreach was not completed during Q1. HHSC presented virtually at the TCHMB conference on February 11, 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 55,519 overall page views and 42,594 unique page views. The HTW site 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 15,231 clicks and the TMHP HTW Provider Search had 289 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. HHSC presented at TCHMB Annual Summit about HTW Plus to virtual conference attendees on February 11. HHSC provided responses to questions from the HTW Plus presentation to post on the TCHMB website. HHSC presented for Texas Targeted Opioid Response contractors who work with HTW clients. HHSC spoke with them about HTW Plus and substance use treatment benefits in the program. HHSC participated in the March of Dimes Statewide meeting on February 17.

- 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.

From January 1, 2021 through March 31, 2021, HHSC completed quality assurance reviews for eligibility on 33 HTW cases. Eligibility was correctly determined for 100% of these cases. 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 15 complaints related to the HTW Program through the Office of the Ombudsman. Six complaints were related to client enrollment, four due to prescriptions, four due to claims payments, and one due to access to care. The Office resolved 14 of the complaints, and they could not reach the client again for one of the complaints.

TMHP received four complaints related to the HTW Program during Quarter 1. They received two complaints from HHSC on behalf of the client, one from a client, and one from the Contact

Center. Three of the complaints related to client billing. One complaint related to provider behavior, but the client did not move forward with the complaint when she was contacted again by TMHP. All four 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.

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 Q4/Annual 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 on May 31, 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 Q1 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 Medicaid 1115 Demonstration Waiver evaluation activities during DY2 Q1:

- HHSC evaluators responded to CMS subject matter experts’ questions on the HTW Plus amendment.
- HHSC evaluators updated the state university contact list and reviewed the Project Proposal and Quote Request (PPQR) in preparation for the external evaluator solicitation process. HHSC plans to distribute the PPQR to universities on the contact list during DY2 Q2 to procure an external evaluator by October 1, 2021.

**Progress Toward Key Evaluation Milestones**

The chart below lists evaluation-related deliverables. There are no anticipated issues or challenges.

Type of Evaluation Deliverable	Due Date	State Notes or Comments	Description of Any Anticipated Challenges
Evaluation Design	12/9/2020 <sup>1</sup>	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>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>

Notes. <sup>1</sup> 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.