

Healthy Texas Women Section 1115 Demonstration Waiver
Report for the period January 1, 2024, through March 31, 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 one (Q1) from January 1, 2024, through March 31, 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 procurement¹. 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.

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 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 February 2024, CMS stated a draft report of findings from the audit was in progress.

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 Q1.

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

As of March 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 two legislative mandates that may require amendments or may impact the HTW 1115 demonstration. The first mandate is to contract with Medicaid managed care organizations to provide HTW

¹ 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.

program services. This change was included in the HTW demonstration extension request submitted to CMS on March 28, 2024.

The second mandate was to extend Medicaid postpartum coverage for an additional four months. The impact to HTW is that 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 the first six months of their 12-month HTW certification period (total of 12 months of enhanced postpartum coverage). To implement this extension of postpartum coverage, HHSC submitted an amendment to the Texas Healthcare Transformation and Quality Improvement Program (THTQIP) 1115 demonstration in May 2022 with a requested effective date of September 2022 and the amendment is pending with CMS. 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. Due to the state plan amendment approval, and at the request of CMS, on April 4, 2024, HHSC submitted a technical correction to the 1115 THTQIP demonstration STCs and withdrawal of the postpartum amendment submitted to CMS in May 2022.

HHSC adopted rule amendments to the Texas Administrative Code rules for HTW, with a proposed effective date of May 19, 2024. 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.

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				

Note: Table 2 provides final data on a two-quarter lag and provides DY4 Q3 data as part of the DY5 Q1 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					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	N/A	3,633	39,191	313	43,137	
Quarter 2						

	N/A					
Quarter 3	N/A					
Quarter 4	N/A					
Total Unduplicated**	N/A	3,633	39,191	313	43,137	

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
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.

Contraceptive Utilization 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	N/A	N/A	N/A	N/A

Note: The Beneficiaries Tested for any STD table is an annual measure and was provided in March of 2024 in the Q4/Annual monitoring report with provisional data. Provisional data is subject to change and will be finalized in May 2024.

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.

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.

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)**
Bexar	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
Dallas	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
El Paso	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
Harris	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
Hidalgo	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
Jefferson	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
Lubbock	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
MRSA Central Texas	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
MRSA Northeast Texas	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
MRSA West Texas	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
Nueces	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
Tarrant	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
Travis	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
State Total	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)

Medicaid Service Area by County Type	Number of Enrollees (January 2022)*	Geographic Access Distance Standard (Number of Miles)	Performance Standard Percentage	Percent of Enrollees Within Distance Standard of ONE HTW-Active Pharmacy (January 2022)**
Bexar	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
Dallas	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
El Paso	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
Harris	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
Hidalgo	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
Jefferson	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
Lubbock	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
MRSA Central Texas	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
MRSA Northeast Texas	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
MRSA West Texas	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
Nueces	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
Tarrant	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
Travis	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
State Total	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 Q1, social media posts related to HTW included seven posts on Facebook, eight posts on Facebook Español, nine posts on Twitter/X, seven posts on Instagram, and five posts on LinkedIn. Annual to-date totals for social media posts related to HTW include seven posts on Facebook, eight posts on Facebook Español, nine posts on Twitter/X, seven posts on Instagram and five posts on LinkedIn. The HHSC Facebook page has 168,013 followers, and Facebook Español has 52,345 followers, HHSC Twitter/X has 17,139 followers, HHSC Instagram has 5,324 followers, and HHSC LinkedIn has 63,072 followers.

HHSC has continued the development of an HTW social media calendar to establish a posting frequency each month, improve HTW social media engagement, and enhance the quality of HTW online content on Facebook, Twitter, Instagram, and LinkedIn.

In-Person Outreach

During Q1, HHSC did not conduct any in-person outreach.

Outreach Materials

HHSC has 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://www.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 97,082 unique page views and the Spanish “Find a Doctor” page had 1,065 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 Q1, HHSC continues to promote HTW and HTW Plus via social media posts, updated client mailings, and webpage updates. HHSC is also in the process of developing a new provider recruitment and engagement campaign.

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 March 2024, there were 1,758 new certified unique HTW Plus specific providers. The majority of the certified HTW Plus providers are licensed professional counselors (681 providers), psychiatrists (372 providers), and cardiologists (241 providers).

HHSC and Texas Medicaid and Healthcare Partnership (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).

HHSC is reviewing the effectiveness of the TMHP tiered recruitment campaign to inform the development of future provider recruitment or outreach 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.

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 Q1, HHSC received 24 complaints related to the HTW program through the Office of the Ombudsman. Seventeen complaints were related to member enrollment, three related to prescription services, two related to claims/payment, one related to quality of care, and one related to customer service. 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 three complaints from the contact center related to the HTW program during Q1. Two complaints were regarding claim denials and one complaint was about provider enrollment. 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.

This update will be provided in the DY5 Q2 monitoring report and in the next Q4/Annual DY5 monitoring report.

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 May 20, 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 Q1 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 Q1:

- HHSC attended two meetings with the external evaluator, the University of Texas Health Science Center at Houston (UTHealth):
 - A meeting on January 26, 2024, to discuss potential refinements to analytic methods of the evaluation design for the Final Report (due to CMS by June 30, 2026).
 - A recurring quarterly meeting on February 9, 2024. The purpose of these meetings is to discuss progress of the evaluation and provide evaluation or programmatic technical assistance to UTHealth, as needed.

Progress towards 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	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 (UT Health) on 3/25/2022.	N/A
Interim Evaluation Report	N/A	HHSC submitted the Draft Interim Report on 12/21/2023.	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 Q1.

Description of Evaluation Findings or Reports

The Draft Interim Report was submitted to CMS on December 21, 2023. Key takeaways from the Interim Report were described in the Q4/Annual monitoring report. Additional evaluation findings will be summarized after the Final Report is submitted to CMS on June 30, 2026.