

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

Report for the period July 1, 2021 through September 30, 2021

Purpose and Scope of Quarterly and Annual Monitoring Reports:

The state must submit three Quarterly Monitoring Reports and one Annual Monitoring Report in accordance with the Healthy Texas Women (HTW) Medicaid 1115 Demonstration Waiver Special Terms and Conditions (STCs) and 42 CFR § 431.428. The intent of these reports is to present the state’s analysis of collected data and the status of the various operational areas, reported by month in the demonstration year. The reports should also include a discussion of trends and issues over the quarter or year, including progress on addressing any issues affecting access, quality, or costs. Each quarterly or annual monitoring report must include:

- A. Executive Summary
- B. Utilization Monitoring
- C. Program Outreach and Education
- D. Program Integrity
- E. Grievances and Appeals
- F. Annual Post Award Public Forum
- G. Budget neutrality
- H. Demonstration evaluation activities and interim findings.

A. Executive Summary

- 1. Synopsis of the information contained in the report

According to the STCs of the Healthy Texas Women (HTW) Demonstration Waiver, the Texas Health and Human Services Commission (HHSC) provides its operational report for Demonstration Year (DY) 2 and Calendar Year (CY) 2021 from July 1, 2021 through September 30, 2021 which is quarter 3 (Q3). 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.

The updated HTW eligibility policy was incorporated in the Texas Works Handbook on July 1, 2021. These changes are tentatively scheduled to be incorporated into the Texas Administrative Code (state rule) in May 2022.

COVID-19 Response

Effective on or after August 12, 2021, in accordance with the Food and Drug Administration's amended Emergency Use Authorization, an additional dose of Pfizer-BioNTech and Moderna COVID-19 vaccines are now covered as an HTW benefit for moderately to severely immunocompromised individuals.

- b.** Narrative on any demonstration changes, such as changes in enrollment, renewal processes service utilization, and provider participation. Discussion of any action plan if applicable.

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

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

HHSC has not identified any audits, investigations, or lawsuits that impact the demonstration.

3. Policy Issues and Challenges

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

The state response to the COVID-19 PHE is ongoing. HHSC continues to allow delivery of certain HTW services via telemedicine, telehealth, and telephone (audio only), which aligns with service delivery options available under the Medicaid State Plan for these same services.

HHSC made policy changes to prevent irrelevant provider types (e.g. podiatrists) from billing for HTW services.

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

As of October 2021, 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. At the time the amendment was submitted, HHSC requested an effective date of April 1, 2021.

HHSC is preparing to implement House Bill (HB) 133, 87th Legislature, Regular Session, 2021, which requires HHSC seek federal approval for two legislative directives that may require amendments to the HTW 1115 demonstration. The first directive is to contract with Medicaid managed care organizations to provide HTW program services. The second directive is to extend

Medicaid postpartum coverage for an additional four months, which means 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 HTW 12 month certification period. (total of 12 months of enhanced postpartum coverage). This extension of postpartum coverage will also result in an amendment to the 1115 transformation waiver.

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

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

B. Utilization Monitoring

The state will summarize utilization through a review of claims/encounter data for the demonstration population in the subsequent tables. This includes the following:

Table 1. Summary of Utilization Monitoring Measures

Topic	Measure [Reported for each month included in the annual report]
Utilization Monitoring	Unduplicated Number of Enrollees by Quarter (See table 2 below)
	Unduplicated Number of Beneficiaries with any Claim by Age Group, Gender, and Quarter (See table 3 below)
	Contraceptive Utilization by Age Group (See table 4 below)
	Total Number of Beneficiaries Tested for any Sexually Transmitted Disease (See table 5 below)
	Total Number of Female Beneficiaries who Obtained a Cervical Cancer Screening (See table 6 below)
	Total Number of Female Beneficiaries who Received a Clinical Breast Exam (See table 7 below)

Table 2: Unduplicated Number of Enrollees by Quarter for DY1

	Number of Female Enrollees by Quarter*				
	14 years old and under	15-20 years Old***	21-44 years old	45 years and older	Total Unduplicated Female Enrollment**
Quarter 1	0	7,143	350,109	26,628	378,647
Quarter 2					
Quarter 3					
Quarter 4					

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

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

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

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

Note: Table 2 data for DY2 Q2 and DY2 Q3 will be provided with the following DY2 Q4 and DY3 Q1 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. To comply with the requirements of the Families First Coronavirus Response Act (H.R. 6201), HHSC is maintaining eligibility for individuals who were receiving HTW as of March 18, 2020, and those determined eligible after this date, through the end of the month when the public health emergency ends.. Because of this requirement, women age 45 and older will continue to remain enrolled in HTW until their eligibility is redetermined after the PHE ends.

Table 3: Unduplicated Number of Beneficiaries with any Claim by Age Group and Gender per Quarter in the Demonstration Year (calendar year)

	Number of Females Who Utilize Services by Age and Quarter					
	14 years old and under	15-20 years old	21-44 years old	45 years and older	Total Female Users *	Percentage of Total Unduplicated Female Enrollment
Quarter 1	N/A	5,939	79,401	874	86,214	
Quarter 2	N/A	5143	81,133	1124	87,400	
Quarter 3	N/A	3,364	62,837	1,084	67,285	
Quarter 4						
Total Unduplicated**	N/A	9,400	142,655	2,092	154,147	

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

**Total unduplicated row cannot be calculated by summing quarter 1 – quarter 4. Total unduplicated users must account for users who were counted in multiple quarters and remove the duplication so that each user is only counted once per demonstration year.

Note: Table 3 results display HTW clients served in Calendar Year (CY) 2021 to date by quarter and age group include: medical claims from January through September 2021 and Pharmacy claims from January to August 2021 are included as the pharmacy data for September 2021 are not available at the time of this report. Each client is counted only in one age group. If a client changed 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 2021 claims are incomplete and considered provisional because of the time allowed for claims to be submitted and adjudicated however, claims data has become more complete and totals for Quarter 1 and Quarter above have been updated. HHSC considers claims data to be complete eight months after the date of service. To comply with the requirements of

the Families First Coronavirus Response Act (H.R. 6201), HHSC is maintaining eligibility for individuals who were receiving HTW as of March 18, 2020, and those determined eligible after this date, through the end of the month when the public health emergency ends.. Because of this requirement, women age 45 and older will continue to remain enrolled in HTW until their eligibility is redetermined after the PHE ends.

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	3,751	49,621	N/A	53,372
	Denominator	N/A	10,609	228,276	N/A	238,885
Long-acting reversible contraceptive (LARC)*	Numerator	N/A	608	8,534	N/A	9,142
	Denominator	N/A	10,609	228,276	N/A	238,885
Total	Numerator	N/A	4,359	58,155	N/A	62,514
	Denominator	N/A	10,609	228,276	N/A	238,885

*This measure is calculated as per the Medicaid and CHIP Child and Adult Core Set measure for contraceptive care for all women. Measure specifications can be found at the links below:

- Child Core Set (CCW-CH measure for ages 15-20): <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-and-chip-child-core-set-manual.pdf>
- Adult Core Set (CCW-AD measure for ages 21-44): <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf>

States needing technical assistance in applying the Core Set specifications to their family planning demonstration can send an email to MACqualityTA@cms.hhs.gov.

Contraceptive Utilization preliminary results we will not include under 14 or over 45 due to eligibility age requirements.

Note: To comply with the requirements of the Families First Coronavirus Response Act (H.R. 6201), HHSC is maintaining eligibility for individuals who were receiving HTW as of March 18, 2020, and those determined eligible after this date, through the end of the month when the public health emergency ends.. Because of this requirement, women age 45 and older will continue to remain enrolled in HTW until their eligibility is redetermined after the PHE ends.

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*	101,547	199,022	51.02%

*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 *	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.

C. Program Outreach and Education General Outreach and Awareness

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

Social Media

Social media posts related to HTW included three posts on Facebook and two posts on Twitter. The HHSC Facebook page has 153,730 followers, HHSC Twitter has 15,300 followers.

In-Person Outreach

Due to the COVID-19 PHE, in-person outreach was not completed during Q3.

- 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 49,359 overall page views and 37,752 unique page views. The HTW website online provider look-up (OPL) shows searches for programs other than HTW, including the Family Planning Program, Breast and Cervical Cancer Services and Medicaid for Breast and Cervical Cancer. The overall TMHP OPL had 14,930 clicks and the TMHP HTW OPL had 278 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 and TMHP conducted additional outreach through provider notifications, phone calls, and emails reminding providers about HTW certification processes. HHSC continues to work on recruiting more providers into HTW and HTW Plus.

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

HHSC saw the number of certified HTW providers increase every month after outreach that was conducted through August. HHSC continues to monitor social media posts and followers as detailed above.

D. Program Integrity

Provide a summary of program integrity and related audit activities for the demonstration, including an analysis of point-of-service eligibility procedures.

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

E. Grievances and Appeals

Provide a narrative of grievances and appeals made by beneficiaries, providers, or the public, by type and highlighting any patterns. Describe actions being taken to address any significant issues evidenced by patterns of appeals.

HHSC received 19 complaints related to the HTW Program through the Office of the Ombudsman. Five complaints related to client enrollment, 11 related to prescription services, two related to claims payments, and one related to access to care. Eighteen complaints were resolved or referred to the correct area, so there is no further action required from HHSC. One of the complaints related to claims payments is still open and HHSC is currently working on resolving it.

TMHP received one complaint related to the HTW Program during Q3. They received the complaint by email. The complaint related to an incorrectly filed claim by the provider. It was resolved and requires no further action from TMHP.

F. Annual Post Award Public Forum

Provide a summary of the annual post award public forum conducted by the state as required by 42 CFR 431.420(c) that includes a report of any issues raised by the public and how the state is considering such comments in its continued operation of the demonstration.

HHSC held a virtual public forum on June 21, 2021 to present implementation updates and

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

G. Budget Neutrality

1. Please complete the budget neutrality workbook

The quarterly budget neutrality workbook was uploaded to the 1115 Demonstration Performance Management Database and Analytics System (PMDA) on November 22, 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 Q3 data, the risk to budget neutrality is very low. Variances will be more accurately identified upon receipt of additional quarters as budget neutrality limits are annual calculations.

H. Demonstration Evaluation Activities and Interim

Findings Please provide a summary of the progress of evaluation activities, including key milestones accomplished. Include:

1. Status of progress against timelines outlined in the approved Evaluation Design

Summary of Evaluation Activities

HHSC completed the following HTW 1115 Waiver evaluation activities during DY2 Q3:

- HHSC selected the University of Texas Health Science Center at Houston as the external evaluator for the HTW 1115 Waiver on July 1, 2021.
- HHSC aimed to begin the contracting process immediately after the external evaluator was selected. However, the contracting process was postponed due to the pending response from CMS on the Evaluation Design Plan submitted to CMS on December 9, 2020. In September 2021, HHSC determined that further contracting delays would result in risks to the evaluator’s ability to carry out components of the Evaluation Design Plan and may jeopardize delivery of Interim Evaluation Reports, as required by the STCs. As a result, HHSC resumed the contracting process without an approved Evaluation Design or final scope of work. HHSC aims to execute the external evaluation contract in February 2022 and address any changes to the scope of work following CMS approval of the Evaluation Design through future contract amendments.

- HHSC discussed issues facing the procurement process due to delays in receiving CMS feedback and/or approval of the Evaluation Design Plan via emails sent to CMS in March and May and during HTW monthly monitoring calls in July and September.
- HHSC held a kickoff meeting with the external evaluator on September 9, 2021.
- HHSC received CMS feedback to the HTW 1115 Evaluation Design on September 8, 2021. HHSC evaluators met with CMS three times in September to discuss CMS comments and proposals for incorporating edits. HHSC evaluators also began revising the Evaluation Design based on CMS feedback. HHSC submitted the revised Evaluation Design to CMS in DY2 Q4.

Progress towards Key Evaluation Milestones

The table below lists evaluation-related deliverables. There was a challenge with meeting the original due date for the procurement of the independent evaluator as outlined in the table below; the due date of this deliverable has been updated accordingly.

Type of Evaluation Deliverable	Due Date	State Notes or Comments	Description of Any Anticipated Challenges
Evaluation Design	11/7/2021	HHSC received CMS feedback to the Evaluation Design on 9/8/2021.	HHSC was still in discussions with CMS about the feedback received at the end of DY2 Q3.
Procurement of Independent External Evaluator	2/1/2022 ¹	HHSC is still awaiting CMS approval of the Evaluation Design. HHSC has begun the contracting process using the Revised Evaluation Design submitted to CMS on 12/9/2020, and feedback received from CMS on 9/8/2021. The CMS-approved version of the evaluation design will be shared with the external evaluator when available.	The due date for the procurement of the independent external evaluator has been postponed due to delays in receiving CMS feedback on the evaluation design, which defines the required scope of work and budget for the independent evaluator. CMS indicated the deadline to procure the independent evaluator could be postponed during the HTW monthly monitoring call on 7/9/2021.
Interim Evaluation Report	12/31/2023 (or upon application for renewal)		No issues anticipated at this time

Notes. ¹ The procurement of the external evaluator was originally slated to be completed by 10/1/2021. However, due to delays in receiving CMS feedback on the Evaluation Design Plan, HHSC postponed this date to 2/1/2022.

Description of Evaluation Findings or Reports

Evaluation findings are not available at this time. Evaluation findings will be summarized after the Interim Evaluation Report is completed in 2023 and any challenges encountered and how they are being addressed.

2. Any challenges encountered and how they are being addressed.

HHSC discussed issues facing the procurement process due to delays in receiving CMS feedback and/or approval of the Evaluation Design Plan.

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

HHSC selected the University of Texas Health Science Center at Houston as the external evaluator for the HTW 1115 Waiver on July 1, 2021.

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.