

**Healthy Texas Women Section 1115 Demonstration Waiver**  
Report for the period July 1, 2024, through September 30, 2024

**Purpose and Scope of Quarterly and Annual Monitoring Reports:**

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

- A. Executive Summary
- B. Utilization Monitoring
- C. Program Outreach and Education
- D. Program Integrity
- E. Grievances and Appeals
- F. Annual Post Award Public Forum
- G. Budget Neutrality
- H. Demonstration Evaluation Activities and Interim Findings

**A. Executive Summary**

**1. Synopsis of the information contained in the report**

According to the STCs of the HTW Demonstration Waiver, the Texas Health and Human Services Commission (HHSC) provides its operational report for demonstration year (DY) 5, calendar year (CY) 2024, quarter three (Q3) from July 1, 2024, through September 30, 2024. This report provides the quarterly reporting requirements for the HTW program, as outlined in 42 CFR § 431.428. The STCs require the state to report on various topics including enrollment; operations and policy; utilization monitoring; program outreach and education; program integrity; grievances and appeals; annual post award public forum; budget neutrality; and demonstration evaluation activities and interim findings. The information reflected in this report represents the most current information available at the time it was compiled.

**2. Program Updates, Current Trends or Significant Program Changes**

**a. Narrative describing the impact of any administrative and operational changes to the demonstration, such as eligibility and enrollment processes, eligibility redetermination processes (including the option to utilize administrative redetermination), systems, health care delivery, benefits, quality of care, anticipated or proposed changes in payment rates, and outreach changes.**

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

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

**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 completed its unwinding efforts. HHSC will continue to monitor changes to HTW enrollment as a result of the activities conducted under the End of Continuous Medicaid Coverage Mitigation Plan.

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

In August 2023, CMS initiated the Texas's COVID-19 Public Health Emergency (PHE) Unwinding Medicaid Beneficiary Eligibility Audit. In July 2024, CMS sent HHSC the draft audit report with two recommendations that do not impact the demonstration.

On October 4, 2024, a state district court granted a temporary injunction stopping HHSC from implementing the new STAR & CHIP managed care procurement. HHSC has filed an appeal.

**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 Q3.

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

As of September 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. On August 20, 2024, CMS requested HHSC provide an updated budget neutrality for the HTW+Plus amendment and indicated they were tentatively considering including the benefit in the HTW extension. On September 11, 2024,

---

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

HHSC sent CMS the updated budget neutrality. 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 to contract with Medicaid managed care organizations to provide HTW program services. This change was included in the HTW demonstration extension request submitted to CMS on March 28, 2024.

**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 DY5**

	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	24,790	360,441	32,922	411,600
Quarter 2	N/A				
Quarter 3	N/A				
Quarter 4	N/A				

*Note:* Table 2 provides final data on a two-quarter lag and provides DY5 Q1 data as part of the DY5 Q3 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.

HHSC has completed its twelve-month unwinding effort as of March 31, 2024. 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.

**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	4,760	50,437	386	<b>55,583</b>	
Quarter 2	N/A	4,630	45,799	223	<b>50,652</b>	
Quarter 3	N/A	3,768	36,189	85	<b>40,042</b>	
Quarter 4	N/A					
<b>Total Unduplicated**</b>	N/A	<b>9,842</b>	<b>95,574</b>	<b>587</b>	<b>106,003</b>	

*Note:* Table 3 results display HTW clients served in CY 2024 to date by quarter and age group include: pharmacy claims do not reflect data past, August 31, 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, 2023**

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	181	17,053	N/A	17,234
	<b>Denominator</b>	N/A	1,733	158,432	N/A	160,165
<b>Long-acting reversible contraceptive (LARC)*</b>	<b>Numerator</b>	N/A	31	2,882	N/A	2,913
	<b>Denominator</b>	N/A	1,733	158,432	N/A	160,165
<b>Total</b>	<b>Numerator</b>	N/A	212	19,935	N/A	20,147
	<b>Denominator</b>	N/A	1733	158,432	N/A	160,165

\*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 results were available in fall 2024 following the measurement year to allow adequate time for claim submissions. At that time, HHSC analyzed the data to ensure there were no errors or issues. Delayed reporting is due to the need for claims to settle so the measure can be calculated according to measure specifications. Contraceptive Utilization preliminary results will not include clients under 14 or over 45 due to eligibility age requirements.

**Table 5: Number of Beneficiaries Tested for any STD by Demonstration Year**

Test	Female Tests		Total Tests	
	Number	Percent of Total	Number	Percent of Total

Unduplicated number of beneficiaries who obtained an STD test	53,994	8.1%	53,994	8.1%
---	--------	------	--------	------

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

**Table 6: Total Number of Female Beneficiaries who obtained a Cervical Cancer Screening 2023**

Screening Activity	Numerator*	Denominator*	Rate
Unduplicated number of female beneficiaries who obtained a cervical cancer screening*	46,945	151,090	31.07%

\*This measure is calculated as per the Medicaid and CHIP Adult Core Set measure for cervical cancer screening and is defined as women ages 21 to 64 who had cervical cytology (Pap test) performed every 3 years or women ages 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years.

Measure specifications can be found at: <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf>

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

Cervical Cancer Screening results were finalized during fall 2024 following the measurement year to allow adequate time for claim submissions. At that time, HHSC analyzed the data to ensure there were 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.

**Table 7: Breast Cancer Screening**

Screening Activity	Numerator*	Denominator*	Percent
Unduplicated number of female beneficiaries who received a Breast Cancer Screening*	N/A	N/A	N/A – The waiver does not serve individuals in this age range.

\*This measure is calculated as per the Medicaid and CHIP Adult Core Set measure for breast cancer screening and is defined as the percentage of women ages 50 to 74 who had a mammogram to screen for breast cancer and is reported for two age groups (as applicable): ages 50 to 64 and ages 65 to 74.

Measure specifications can be found at: <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf>

States needing technical assistance in applying the Core Set specifications to their family

planning demonstration can send an email to [MACqualityTA@cms.hhs.gov](mailto:MACqualityTA@cms.hhs.gov).

## Network Adequacy

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

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

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

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

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



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

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

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

### **Network Adequacy**

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

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

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

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

**C. Program Outreach and Education**

**1. General Outreach and Awareness**

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

*Social Media*

During Q3, social media posts related to HTW included six posts on Facebook, six posts on Facebook Español, six posts on X (formerly Twitter), four posts on Instagram, and four posts on LinkedIn. Annual to-date totals for social media posts related to HTW include 19 posts on Facebook, 21 posts on Facebook Español, 22 posts on X, 17 posts on Instagram and 10 posts on LinkedIn. The HHSC Facebook page has 171,480 followers, Facebook Español has 52,138 followers, HHSC X has 17,463 followers, HHSC Instagram has 5,981 followers, and HHSC LinkedIn has 69,961 followers.

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

*In-Person Outreach*

During Q3, HHSC presented a Healthy Texas Women overview to HHSC Family Health Services HTW Patient Navigators on September 3, 2024. HTW Patient Navigators primarily help women apply for the HTW program and if needed, other HHSC programs.

*Outreach Materials*

During Q3, HHSC restocked 7,500 English and 7,500 Spanish copies of the HTW client fact sheet available on Pinnacle, a public-facing HHSC website where the public and providers can order forms and outreach materials.

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

**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 136,493 unique page views and the Spanish “Find a Doctor” page had 1,813 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 Q3, HHSC continues to promote HTW and HTW Plus via social media posts, updated client mailings, and webpage updates.

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

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

HHSC continues to monitor social media posts and followers as detailed for HTW and HTW Plus in the public outreach and education activities section above.

HHSC continues to track provider enrollment. As of September 2024, there were 2,205 new certified unique HTW Plus specific providers. The majority of the certified HTW Plus providers are licensed professional counselors (854 providers), psychiatrists (443 providers), and cardiologists (299 providers).

HHSC and TMHP tracked effectiveness of the TMHP tiered recruitment campaign completed in September 2023 by assessing the number of providers who were successfully contacted and submitted an HTW attestation. At the completion of the campaign:

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

In the TMHP Network Adequacy outreach campaign conducted between November 2022 and October 2023, HHSC and TMHP did not formally track whether there were limitations or barriers preventing providers from enrolling as HTW providers. Additionally, in this outreach

campaign, HHSC and TMHP did not formally track factors associated with providers completing the HTW provider enrollment process versus factors associated with providers who did not. However, documentation from TMHP indicates the following factors were observed during the outreach campaign:

- TMHP Provider Relations staff were unable to successfully contact some providers due to invalid provider contact information (email and phone).
- Some providers were no longer practicing at the listed location.
- Some providers had a payment denial code on file due to a recently expired license.
- Some providers were recently disenrolled due to their revalidation due date passing, and an enrollment request had not been submitted at the time of the call.

On average, out of all HTW-eligible provider types in all Texas counties who were already Medicaid-enrolled providers in calendar year 2023, 40 percent had completed the HTW provider enrollment process.

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

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

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

#### **D. Program Integrity**

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

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

#### **E. Grievances and Appeals**

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

During Q3, HHSC received 43 complaints related to the HTW program through the Office of the Ombudsman. Twenty-eight complaints were related to member enrollment, eleven related to prescription services, two related to claims/payment, and two related to non-Medicaid/CHIP services. 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 no complaints from the contact center related to the HTW program during Q3. 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.**

The summary of the annual post award public forum was provided in the quarterly report in which the forum was held (Q2) and will be provided in the next annual 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 November 15, 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 Q3 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 Q3:

- HHSC attended a reoccurring meeting with the external evaluator, the University of Texas Health Science Center at Houston (UT Health) on August 9, 2024. The purpose of

these meetings is to discuss progress on the evaluation and provide evaluation or programmatic technical assistance to UT Health, as needed.

- HHSC submitted the revised HTW COVID-19 PHE 1115(a) demonstration evaluation design to CMS on August 22, 2024.

#### *Progress towards Key Evaluation Milestones*

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

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

#### *Modifications to the Evaluation Design*

No changes to the HTW 1115 evaluation design were requested during DY5 Q3.

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

HHSC summarized key takeaways from the Interim Report in the Annual Monitoring Report for DY4. During the Interim Report review, CMS requested findings from the beneficiary and provider surveys. UT Health provided the preliminary survey findings below to HHSC on September 20, 2024. Full evaluation findings will be provided in the Final Evaluation Report submitted to CMS on June 30, 2026.

#### *Primary Data Collection Preliminary Survey Findings [Provided by UT Health]*

##### Wave 1 Beneficiary Survey Preliminary Findings:

These preliminary findings are based on the responses of 1,612 HTW beneficiaries, whose responses were collected from May 18, 2023, through July 27, 2023.

- Two-thirds (66.6 percent) of beneficiaries enrolled in the HTW program online, using HealthyTexasWomen.org or YourTexasBenefits.com. The vast majority of those who enrolled in the program, 94.1 percent, said that enrollment was somewhat or very easy.

- Of those who used their HTW benefits in the past year, one-fourth (25.9 percent) reported having to switch from their usual care provider to one that participates in the HTW program to receive services.
- Slightly less than one-third (30.6 percent) of beneficiaries stated that there were restrictions for someone to enroll in the HTW program. Those who did not use their HTW benefits in the past year were significantly less likely to know that there were eligibility requirements to enroll in the HTW program compared to those who used their HTW benefits (odds ratio = 0.683,  $p = 0.009$ ).
- Beneficiaries identified an average of 4.58 services ( $SD = 3.09$ , range 0-11) that were covered by HTW. Those who had used their HTW benefits in the past year identified an average of 1.41 more services than those who did not use their HTW benefits ( $p < 0.001$ ).
- In the past 12 months: over half (55.0 percent) of beneficiaries reported seeing a primary care provider, over one-tenth (11.8 percent) reported seeing a specialist provider, and one-third (33.7 percent) reported receiving a prescription medication through the HTW program.
- When beneficiaries were seeking information about the HTW program, the most commonly used sources were YourTexasBenefits.com (84.4 percent), the 2-1-1 call line (55.0 percent), and HealthyTexasWomen.org (50.6 percent).
- Nearly two-thirds of HTW benefit users (64.4 percent) were able to get an appointment with an HTW provider within two weeks and 80.3 percent were somewhat or very satisfied with the wait time for an appointment.
- Less than one-fourth (23.2 percent) of HTW benefit users reported difficulty finding a provider. They reported similar levels of difficulty in finding a primary care provider (21.0 percent) and specialist care providers (21.0 percent).
- Only a small minority of benefit users (14.1 percent) missed an appointment in the past 12 months with an HTW provider. Half (50.3 percent) of those who missed an appointment said it was because they were unable to get time off work or school.

#### Wave 1 Provider Survey Preliminary Findings:

These preliminary findings are based on a sample of 181 responses from providers and clinics, which were collected between May 31, 2023, and August 30, 2023.

- The majority of providers (70.6 percent) involved in the clinic's enrollment process found the process to be somewhat or very easy. The most cited factors that influenced enrollment involved patient concerns, such as continuity of care, and helping low-income patients.
- Most providers correctly identified the clinic eligibility requirements for the HTW program, although slightly over one-fifth (27.4 percent) did not correctly identify how often clinics needed to renew their certification for the HTW program.
- About one-quarter of respondents (23.9 percent) correctly identified all services that were



covered by the HTW program. Medical providers (such as RNs, NPs, and physicians) correctly identified, on average, 2.3 more services covered by the HTW program than billing managers (95 percent CI 0.54 – 3.9,  $p = 0.003$ ).

- Three-fourths or more of providers reported seeking or receiving information about HTW on websites (such as the HTW site, TMHP's site, or HHSC's site). Between 24.8 percent to 45.5 percent of providers reported not receiving information from sources such as letters or emails from HHSC, flyers/brochures, through social media, or from outreach events. Less than half of providers sought information from non-internet sources, such as reaching out to HTW or calling 2-1-1.
- Most participants (84.2 percent) reported that their clinic was accepting new HTW patients. All clinics that reported not accepting new HTW patients cited issues with reimbursements.
- The top four most cited barriers to providing care were 1) too many HTW patients in the area (41.4 percent); 2) not enough HTW patients in the area (35.5 percent); 3) lack of training on how to handle HTW claims (29.3 percent); and 4) not enough administrative staff (29.3 percent).