Healthy Texas Women Section 1115 Demonstration Waiver
Report for the period January 1, 2024, through December 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 from January 1, 2024, through December 31, 2024. Also included are data and activities spanning the period of October 1, 2024, to December 31, 2024, which is quarter four (Q4). This report provides the quarterly and annual 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 alignment with the STAR and CHIP procurement.[1] 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. 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. CMS approved a six month temporary extension of the HTW demonstration on December 12, 2024. The temporary extension expires on June 30, 2025. 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.

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 filed an appeal with the state court of appeals, and the appeal has been abated by the court until July 2, 2025.The appeal will be reinstated on the Court's active docket on July 3, 2025. A joint status report must be filed on or before June 30, 2025, informing the Court about the status of the appeal and requesting any necessary reinstatement and/or dismissal. The Court will also consider an appropriate motion to reinstate the appeal filed by any Appellant or Appellee, or the Court may reinstate the appeal on its own motion.

[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.

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 Q4.

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

As of December 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, 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	27,280	350,177	33,899	404,584
Quarter 3	N/A				
Quarter 4	N/A				

Note: Table 2 provides final data on a two-quarter lag and provides DY5 Q2 data as part of the DY5 Q4 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. 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. Texas used a staggered approach outlined in the state's CMS approved distribution plan. The changes in enrollment reflect eligibility outcomes of HTW members who went through their renewal during the unwinding process.

Table 3: Unduplicated Number of Beneficiaries with any Claim by Age Group and Sex 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	4,768	50,587	391	**55,746**	

Quarter 2	N/A	4,672	46,303	224	**51,199**	
Quarter 3	N/A	5,028	47,264	116	**52,408**	
Quarter 4	N/A	4,666	42,911	82	**47,659**	
Total Unduplicated**	N/A	**13,293**	**122,664**	**686**	**136,643**	

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, November 30, 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**
Most and Moderately Effective*	**Numerator**	N/A	181	17,053	N/A	17,234
	Denominator	N/A	1,733	158,432	N/A	160,165
Long-acting reversible contraceptive (LARC)*	**Numerator**	N/A	31	2,882	N/A	2,913
	Denominator	N/A	1,733	158,432	N/A	160,165
Total	**Numerator**	N/A	212	19,935	N/A	20,147
	Denominator	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.

Note: Contraceptive Utilization by Age Group is an annual measure. Table 4 data represented are from Q3. Contraceptive Utilization results will be finalized during fall 2025 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	Participant Tests		Total Tests	
	Number	Percent of Total	Number	Percent of Total
Unduplicated number of beneficiaries who obtained an STD test	47,869	9.7%	47,869	9.7%

Note: The Beneficiaries Tested for any STD table is an annual measure and results will be finalized during fall 2025 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. 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

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.

Note: Total Number of Female Beneficiaries who obtained a Cervical Cancer Screening is an annual measure. Table 6 data represented are from Q3. Cervical Cancer Screening results will be finalized during fall 2025 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.

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 (DY5)

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	**30,391**	**----**	**90**	**86.1**
Metro	28,600	10	90	85.8
Micro	1,026	20	90	85.1
Rural	765	30	90	97.4
Dallas	**37,329**	**----**	**90**	**82.0**
Metro	36,794	10	90	83.2
Micro	535	20	90	0.0
Rural	***	***	***	***
El Paso	**12,481**	**----**	**90**	**77.2**
Metro	12,474	10	90	77.2
Micro	***	***	***	***

Rural	7	30	90	71.4
Harris	**77,333**	**----**	**90**	**88.3**
Metro	76,022	10	90	88.1
Micro	***	***	***	***
Rural	1,311	30	90	100
Hidalgo	**29,280**	**----**	**90**	**76.4**
Metro	26,623	10	90	78.8
Micro	1,979	20	90	51.6
Rural	678	30	90	54.6
Jefferson	**9,428**	**----**	**90**	**76.4**
Metro	4,884	10	90	82.9
Micro	3,431	20	90	78.8
Rural	1,113	30	90	40.8
Lubbock	**8,381**	**----**	**90**	**63.5**
Metro	6,657	10	90	55.5
Micro	***	***	***	***
Rural	1,724	30	90	94.3
MRSA Central	**16,384**	**----**	**90**	**68.9**
Metro	10,668	10	90	63.3
Micro	1,125	20	90	25.9
Rural	4,591	30	90	92.6
MRSA Northeast	**19,560**	**----**	**90**	**72.8**
Metro	8,591	10	90	56.6
Micro	7,556	20	90	80.1
Rural	3,413	30	90	97.2
MRSA West	**15,306**	**----**	**90**	**87.5**
Metro	6,506	10	90	94.7
Micro	1,732	20	90	76.7
Rural	7,068	30	90	83.5
Nueces	**11,496**	**----**	**90**	**71.3**
Metro	7,408	10	90	63.6
Micro	1,381	20	90	58.1
Rural	2,707	30	90	99.3
Tarrant	**28,320**	**----**	**90**	**60.0**
Metro	27,862	10	90	60.4
Micro	458	20	90	34.9
Rural	***	***	***	***
Travis	**14,562**	**----**	**90**	**82.2**

Metro	13,362	10	90	80.6
Micro	508	20	90	98.0
Rural	692	30	90	100
State Total	**310,251**	**----**	**90**	**79.2**
Metro	266,451	10	90	79.0
Micro	19,731	20	90	69.6
Rural	24,069	30	90	88.8

* For provider geographic access measurement purposes, 96% of HTW enrollees aged 18-44 had highly reliable residential address information on their record.

**HTW-active PCPs are those that were enrolled and HTW-certified as of January 2024 (Q1 DY5) with HTW-related claims during CY 2023.

*** Per the Census of 2020 population count, this service area does not contain this county type.

Table 8.1 Pharmacy Network Adequacy by Demonstration Year (DY5)

Medicaid Service Area by County Type	Number of Enrollees (January 2024)*	Geographic Access Distance Standard (Number of Miles)	Performance Standard Percentage	Percent of Enrollees Within Distance Standard of ONE HTW-Active Pharmacy (January 2024)**
Bexar	**30,391**	**----**	**----**	**88.7**
Metro	28,600	2	80	89.0
Micro	1,026	5	75	72.0
Rural	765	15	90	99.7
Dallas	**37,329**	**----**	**----**	**87.1**
Metro	36,794	2	80	87.2
Micro	535	5	75	74.2
Rural	***	***	***	***
El Paso	**12,481**	**----**	**----**	**84.6**
Metro	12,474	2	80	84.6
Micro	***	***	***	***
Rural	7	15	90	0.0
Harris	**77,333**	**----**	**----**	**91.0**
Metro	76,022	2	80	90.9

Micro	***	***	***	***
Rural	1,311	15	90	99.4
Hidalgo	**29,280**	**----**	**----**	**77.7**
Metro	26,623	2	80	76.6
Micro	1,979	5	75	85.4
Rural	678	15	90	97.8
Jefferson	**9,428**	**----**	**----**	**76.7**
Metro	4,884	2	80	79.3
Micro	3,431	5	75	66.0
Rural	1,113	15	90	98.4
Lubbock	**8,381**	**----**	**----**	**91.3**
Metro	6,657	2	80	89.2
Micro	***	***	***	***
Rural	1,724	15	90	99.5
MRSA Central	**16,384**	**----**	**----**	**86.2**
Metro	10,668	2	80	80.9
Micro	1,125	5	75	86.8
Rural	4,591	15	90	98.4
MRSA Northeast	**19,560**	**----**	**----**	**72.0**
Metro	8,591	2	80	68.3
Micro	7,556	5	75	64.7
Rural	3,413	15	90	97.5
MRSA West	**15,306**	**----**	**----**	**88.0**
Metro	6,506	2	80	81.9
Micro	1,732	5	75	90.8
Rural	7,068	15	90	92.9
Nueces	**11,496**	**----**	**----**	**90.2**
Metro	7,408	2	80	88.8
Micro	1,381	5	75	85.2
Rural	2,707	15	90	96.5
Tarrant	**28,320**	**----**	**----**	**86.1**
Metro	27,862	2	80	86.8
Micro	458	5	75	41.9
Rural	***	***	***	***
Travis	**14,562**	**----**	**----**	**74.8**
Metro	13,362	2	80	74.1
Micro	508	5	75	61.0
Rural	692	15	90	98.0

State Total	**310,251**	**----**	**----**	**85.5**
Metro	266,451	2	80	85.5
Micro	19,196	5	75	74.0
Rural	24,604	15	90	94.4

* For provider geographic access measurement purposes, 96% of HTW enrollees aged 18-44 had highly reliable residential address information on their record.

**HTW-active pharmacies are those that were enrolled as of January 2024 (Q1 DY5) with HTW-related claims during CY 2023.

*** Per the Census of 2020 population count, this service area does not contain this county type.

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

Regarding PCP access, statewide 79.2 percent of enrollees had adequate geographic access to at least two HTW-active PCPs during DY5, a six-percentage point decrease compared to DY4, and close to 11 points lower than the 90 percent or higher benchmark set for this measure.

Assessing geographic access according to county type (metro, micro, rural) across the different geographic service areas, the benchmark percentage was met or exceeded in some instances. Lower performance percentages for PCP access were observed in the Tarrant, Lubbock, and MRSA Northeast (rural northeast) service areas, while higher ones were observed in the Harris, MRSA West (rural west), and Bexar service areas. In general, performance percentages were more likely to be higher for enrollees in rural and metro counties and lower for enrollees in micro counties. The 11 percentage point decrease in active HTW PCPs during CY 2023, compared to CY 2022, may explain the lower performance percentages for this measure in DY5.

Regarding pharmacy access, statewide 85.5 percent of enrollees had adequate geographic access to at least one HTW-active pharmacy during DY5, a 1.6 percentage point decrease compared to DY4. During DY5 lower performance percentages for pharmacy access were observed in the MRSA Northeast (rural northeast), Travis, and Jefferson service areas, while higher ones were observed in the Lubbock, Harris, and Nueces service areas. In general, benchmark percentages were more likely to be met, or exceeded, for enrollees in metro and rural counties and less likely to be met for enrollees in micro counties. The five percentage point decrease in active HTW pharmacies during CY 2023, compared to CY 2022, may explain the lower performance percentages for this measure in DY5.

HHSC is exploring potential targeted outreach efforts aimed at enhancing access to care and network adequacy in response to the annual network adequacy results.

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 Q4, social media posts related to HTW included four posts on Facebook, five posts on Facebook Español, four posts on X (formerly Twitter), four posts on Instagram, and three posts on LinkedIn. Annual to-date totals for social media posts related to HTW include 23 posts on Facebook, 26 posts on Facebook Español, 26 posts on X, 21 posts on Instagram and 13 posts on LinkedIn. The HHSC Facebook page has 171,321 followers, Facebook Español has 52,204 followers, HHSC X has 17,231 followers, HHSC Instagram has 6,150 followers, and HHSC LinkedIn has 72,403 followers.

HHSC established and continues to maintain an HTW social media calendar to 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 Q4, HHSC did not conduct in-person outreach for the HTW program.

Outreach Materials
HHSC plans to annually restock HTW outreach materials. In 2024, 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. 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 132,706 unique page views and the Spanish "Find a Doctor" page had 1,648 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 Q4, 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 December 2024, there were 1,528 new certified unique HTW Plus specific providers. HTW Plus providers include licensed professional counselors (903 providers), psychiatrists (500 providers), and cardiologists (345 providers).

Per CMS' request, HHSC submitted detailed responses to CMS' questions regarding provider outreach and education, along with network adequacy, in the Q3 report submitted to CMS on November 22, 2024.

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 Q4, HHSC received and resolved 40 complaints related to the entire HTW program (includes general revenue funded services for minors, general revenue funded HTW Plus services, and HTW Demonstration). The complaints are reported through the Office of the Ombudsman. Of the 40 resolved complaints, 13 were substantiated, 11 unsubstantiated, four unable to substantiate, and 12 were referred. Twenty-five complaints were related to member enrollment, eight related to prescription services, three related to claims/payment, two related to customer service and two related to non-Medicaid/CHIP services.

TMHP received one complaint from the contact center and one complaint from an HTW client related to the HTW program during Q4. One complaint required no further action from TMHP or HHSC. One complaint was resolved by referring the client to the correct area in HHSC Access and Eligibility Services.

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.

In compliance with STC 29, and as part of the Medical Care Advisory Committee meeting, HHSC hosted a public post award forum with both in-person and virtual attendance options on May 14, 2024. The purpose of the forum was to provide the public with an annual update on progress of the HTW demonstration. The public forum was held at the Winters Building Public Hearing Room, 701 W. 51st Street Austin, TX 78751. The date, time, and location of the public forum were published on HHSC's website 30 days in advance of the meeting. During the May 2024 post award public forum, HHSC provided the public with updates on the following HTW waiver topics: HTW demonstration extension request, amendments update, program updates, and the evaluation design updates. A link to the DY4 2023 annual report was also provided to the public. The presentation and agenda were posted to the HHSC website.

HHSC received written comments from the following stakeholders: Texas Women's Healthcare Coalition, Mom's Meals, and Every Body Texas.

Two commentors expressed support for the HTW program, and one noted HTW's critical role in Texas's healthcare safety net.

Stakeholders shared a common concern expressed by provider networks and members was about the longer Modified Adjusted Gross Income (MAGI) application for HTW. One stakeholder commented that procedural denials had increased between 2019 and 2023 due to missing information and believed the long-form MAGI application delays timely enrollment. Another stakeholder stated a belief that the longer application poses a barrier to enrollment that results in fewer enrolled Texans in the HTW program. Two stakeholders suggested that HHSC explore options to streamline the application and noted other states that have successfully implemented a short form Medicaid Family Planning application. As required by the STCs of the HTW demonstration, HHSC aligned HTW eligibility policy, including the MAGI application with the requirements of Medicaid MAGI eligibility requirements.

Regarding the transition of HTW to a managed care model, two stakeholders commented that managed care organizations (MCOs) should have expedited provider credentialing and a consistent point of contact with each MCO for providers. One stakeholder commented that some areas of Texas lack sufficient providers, hindering women's access to care, and made recommendations around retroactive coverage by MCOs and including women's health stakeholders and providers during transition calls between HHSC and MCOs. A stakeholder commented that as part of MCO readiness activities before implementing HTW into managed care, HHSC should provide opportunities to learn about state and federal family planning requirements including free choice of provider and prior authorization policies. One stakeholder commented that clients who have no previous experience with managed care may need assistance with navigating the managed care system, which may include application assistance

and supportive service coordination.

Another stakeholder commented that support for providers during the transition to managed care is imperative and provided recommendations for supports, including automatic credentialing for providers who are already credentialed with an MCO, amending contracts for providers who already hold managed care contracts to include HTW, and reimbursing at the full rate for services offered to their enrolled clients outside of their service delivery area.

One stakeholder asked HHSC to collect data pre- and post-transition to managed care to ensure metrics of quality are consistent with current levels.

One stakeholder suggested HHSC consider adding Medically Tailored Meals as a benefit in HTW.

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 February 24, 2025 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 Q4 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 Q4:

- HHSC attended a recurring quarterly meeting with the external evaluator, the University of Texas Health Science Center at Houston (UTHealth) on November 8, 2024. The purpose of these meetings is to discuss progress on the evaluation and provide evaluation or programmatic technical assistance to UTHealth, as needed.
- CMS approved the Revised Interim Report (prepared by UTHealth) on October 3, 2024. HHSC posted the Revised Interim Report online on October 30, 2024.
- CMS approved the Evaluation Design for HHSC's 1115(a) demonstration related to COVID-19 tests for women in the HTW 1115 Waiver on October 24, 2024. HHSC posted the Evaluation Design online on November 20, 2024.

HHSC completed the following HTW 1115 Waiver evaluation activities during DY5:

- HHSC held five calls with UT Health during DY5 to discuss progress on the evaluation and provide evaluation or programmatic technical assistance to UT Health, as needed.
- HHSC analysts completed and transferred ad hoc data requests to UT Health, as needed.
- HHSC made progress on several key evaluation deliverables during DY5. More specifically, HHSC obtained CMS approval on the Revised Interim Report for the HTW 1115 Wavier, and the Evaluation Design for 1115(a) demonstration related to COVID-19 tests for women in the HTW 1115 Wavier. HHSC also submitted preliminary survey findings to CMS in the DY5 Q3 monitoring report.

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 (UTHealth) on 3/25/2022.	N/A
Interim Evaluation Report	N/A	HHSC submitted the draft Interim Report on 12/21/2023. CMS approved the Interim Report on 10/3/2024.	N/A
Summative Evaluation Report	6/30/2026		*No issues anticipated at this time*

Modifications to the Evaluation Design

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

Description of Evaluation Findings or Reports

HHSC summarized key takeaways from the Interim Report in the Annual Monitoring Report for DY4. HHSC also summarized preliminary survey findings in the Quarterly Monitoring Report for DY5 Q3. Full evaluation findings will be provided in the Final Evaluation Report submitted to CMS on June 30, 2026.