Healthy Texas Women Section 1115 Demonstration Waiver

Annual Report for the period January 1, 2021 through December 31, 2021 including the fourth quarter period October 1, 2021 through December 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 October 1, 2021 through December 30, 2021, which is quarter 4 (Q4). 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. The updated HTW eligibility policy is tentatively scheduled to be incorporated into the Texas Administrative Code (state rule) in October 2022.

COVID-19 Response
As previously reported, HHSC submitted an amendment request on September 30, 2020, to add COVID-19 screening and testing to the HTW Demonstration Waiver, with a requested effective date of February 4, 2020. This amendment is still pending with CMS.

HHSC continues to allow telehealth and telemedicine flexibilities for certain HTW procedure codes throughout the public health emergency. These COVID-19-related flexibilities were extended through April 30, 2022.

Effective October 20, 2021, in accordance with the Food and Drug Administration's amended Emergency Use Authorization, an additional dose of Janssen COVID-19 vaccines are now covered as an HTW benefit for moderately to severely immunocompromised individuals and those who have completed their primary COVID-19 vaccination.

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

To 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.

Effective November 1, 2021, HHSC implemented policy changes to prevent irrelevant provider types (e.g. podiatrists) from enrolling in HTW or 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 January 2022, 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.

As previously reported, HHSC is preparing to implement House Bill (HB) 133, 87th Legislature, Regular Session, 2021, which requires HHSC to seek federal approval for two legislative directives that may require amendments or technical corrections 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 12-month HTW certification period (total of 12 months of enhanced postpartum coverage). This extension of postpartum coverage will also result in an amendment to the 1115 Texas Healthcare Transformation and Quality Improvement Program 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	0	6,053	363,707	27,374	392,545
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 Q3 and DY2 Q4 will be provided with the following DY3 Q1 and DY3 Q2 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	5,940	79,436	876	86,252	
Quarter 2	N/A	5,155	81,637	1,134	87,926	
Quarter 3	N/A	4,272	81,078	1,428	86,778	
Quarter 4	N/A	2,956	68,303	1,479	72,738	
Total Unduplicated**	N/A	10,880	173,773	2,974	187,627	

*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 December 2021 and Pharmacy claims from January to December 2021 are included.

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 2021 claims are incomplete and considered provisional because of the time allowed for claims to be submitted and adjudicated. HHSC considers claims data to be complete eight months after the date of service.

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 aged 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 aged 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	**57,719**	**13.6%**	**57,719**	**13.6%**

*Table 5 data is January through August 2021, full DY data not available.

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.

No data are available due to CMS calculation changes to the 2021 Medicaid and CHIP Adult Core Set measure data. CMS estimates data will be finalized in the first half of 2022.

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.

Table 8: PCP Network Adequacy by Demonstration Year

Medicaid Service Area / County Type	Number of Clients for Whom Access Based on Distance was Calculated (95% of all Clients)	Number of Clients Within Distance Standard From Two PCPs	Distance Standard from Two PCPs (County Type Specific)	Performance Standard Percentage	Estimated Percent of Clients Within Distance Standard From Two PCPs
Bexar	33,405	30,641	---		91.7
Metro	31,642	28,990	10 Miles	85	91.6
Micro	526	436	20 Miles	70	82.9
Rural	1,237	1,215	30 Miles	90	98.2

Central Texas	18,932	17,757	---		93.8
Metro	12,755	12,025	10 Miles	85	94.3
Micro	1,182	996	20 Miles	70	84.3
Rural	4,995	4,736	30 Miles	90	94.8
Dallas	40,491	36,628	---		90.5
Metro	40,021	36,238	10 Miles	85	90.5
Micro	Not Applicable**	Not Applicable**	Not Applicable**	Not Applicable**	Not Applicable**
Rural	470	390	30 Miles	90	83.0
El Paso	12,860	11,948	---		92.9
Metro	12,857	11,948	10 Miles	85	92.9
Micro	Not Applicable**	Not Applicable**	Not Applicable**	Not Applicable**	Not Applicable**
Rural	3	0	30 Miles	90	0
Harris	81,278	74,943	---		92.2
Metro	79,294	73,067	10 Miles	85	92.1
Micro	519	411	20 Miles	70	79.2
Rural	1,465	1,465	30 Miles	90	100
Hidalgo	26,958	24,781	---		91.9
Metro	24,825	23,938	10 Miles	85	96.4
Micro	1,470	400	20 Miles	75	27.2
Rural	663	443	30 Miles	90	66.8
Jefferson	10,011	9,134	---		91.2
Metro	5,645	5,478	10 Miles	85	97.0
Micro	2,607	2,415	20 Miles	70	92.6
Rural	1,759	1,241	30 Miles	90	70.6
Lubbock	10,151	9,719	---		95.7
Metro	8,289	7,940	10 Miles	85	95.8
Micro	Not Applicable**	Not Applicable**	Not Applicable**	Not Applicable**	Not Applicable**
Rural	1,862	1,779	30 Miles	90	95.5
Northeast Texas	20,219	13,458	---		66.6
Metro	9,277	5,183	10 Miles	85	55.9
Micro	7,636	5,323	20 Miles	70	69.7
Rural	3,306	2,952	30 Miles	90	89.3
Nueces	15,912	13,898	---		87.3

Metro	10,360	8,816	10 Miles	85	85.1
Micro	1,874	1,416	20 Miles	70	75.6
Rural	3,678	3,666	30 Miles	90	99.7
Tarrant	29,954	24,898	---		83.1
Metro	29,466	24,555	10 Miles	85	83.3
Micro	488	343	20 Miles	70	70.3
Rural	Not Applicable**	Not Applicable**	Not Applicable**	Not Applicable**	Not Applicable**
Travis	17,754	15,818	---		89.1
Metro	15,255	13,319	10 Miles	85	87.3
Micro	1,749	1,749	20 Miles	70	100
Rural	750	750	30 Miles	90	100
West Texas	16,346	14,964	---		91.5
Metro	7,138	6,776	10 Miles	85	94.9
Micro	2,002	1,559	20 Miles	70	77.9
Rural	7,206	6,629	30 Miles	90	92.0
Statewide Summary	**334,271**	**298,587**	---		**89.3**
Metro	286,824	258,273	2 Miles	85	90.0
Micro	20,053	15,048	5 Miles	70	75.0
Rural	27,394	25,266	15 Miles	90	92.2

*An active PCP is one that had HTW program claims during calendar year 2020

** Not Applicable entries refer to instances where a service area does not contain a particular county type.

Table 8.1 Pharmacy Network Adequacy by Demonstration Year

Medicaid Service Area / County Type	Number of Clients for Whom Access Based on Distance was Calculated (95%% of all Clients)	Number of ClientsWithin Distance Standard from a Pharmacy	Distance Standard from a Pharmacy (County Type Specific)	Performance Standard Percentage	Estimated Percent of ClientsWithin Distance Standard from a Pharmacy
Bexar	33,405	29,937	---		89.6
Metro	31,642	28,389	2 Miles	85	89.7
Micro	526	317	5 Miles	75	60.3
Rural	1,237	1,231	15 Miles	90	99.5

Central Texas	18,932	16,151	---		85.3
Metro	12,755	10,246	2 Miles	85	80.3
Micro	1,182	1,026	5 Miles	75	86.8
Rural	4,995	4,879	15 Miles	90	97.7
Dallas	40,491	35,825	---		88.5
Metro	40,021	35,363	2 Miles	85	88.4
Micro	Not Applicable**	Not Applicable**	Not Applicable**	Not Applicable**	Not Applicable**
Rural	470	462	15 Miles	90	98.3
El Paso	12,860	10,878	---		84.6
Metro	12,857	10,875	2 Miles	85	84.6
Micro	Not Applicable**	Not Applicable**	Not Applicable**	Not Applicable**	Not Applicable**
Rural	3	3	15 Miles	90	100
Harris	81,278	74,593	---		91.8
Metro	79,294	72,760	2 Miles	85	91.8
Micro	519	385	5 Miles	75	74.2
Rural	1,465	1,448	15 Miles	90	98.8
Hidalgo	26,958	21,102	---		78.3
Metro	24,825	19,227	2 Miles	85	77.5
Micro	1,470	1,233	5 Miles	75	83.9
Rural	663	642	15 Miles	90	96.8
Jefferson	10,011	8,220	---		82.1
Metro	5,645	4,679	2 Miles	85	82.9
Micro	2,607	1,839	5 Miles	75	70.5
Rural	1,759	1,702	15 Miles	90	96.8
Lubbock	10,151	9,128	---		89.9
Metro	8,289	7,459	2 Miles	85	90.0
Micro	Not Applicable**	Not Applicable**	Not Applicable**	Not Applicable**	Not Applicable**
Rural	1,862	1,669	15 Miles	90	89.6
Northeast Texas	20,219	17,271	---		85.4
Metro	9,277	6,475	2 Miles	85	69.8
Micro	7,636	7,636	5 Miles	75	100

Rural	3,306	3,160	15 Miles	90	95.6
Nueces	15,912	14,695	---		92.4
Metro	10,360	9,290	2 Miles	85	89.7
Micro	1,874	1,754	5 Miles	75	93.6
Rural	3,678	3,651	15 Miles	90	99.3
Tarrant	29,954	26,570	---		88.7
Metro	29,466	26,277	2 Miles	85	89.2
Micro	488	293	5 Miles	75	60.0
Rural	Not Applicable**	Not Applicable**	Not Applicable**	Not Applicable**	Not Applicable**
Travis	17,754	14,317	---		80.6
Metro	15,255	12,667	2 Miles	85	83.0
Micro	1,749	926	5 Miles	75	52.9
Rural	750	724	15 Miles	90	96.5
West Texas	16,346	14,346	---		87.8
Metro	7,138	5,726	2 Miles	85	80.2
Micro	2,002	1,797	5 Miles	75	89.8
Rural	7,206	6,823	15 Miles	90	94.7
Statewide Summary	**334,271**	**293,033**	---		**87.7**
Metro	286,824	249,433	2 Miles	85	87.0
Micro	20,053	17,206	5 Miles	75	85.8
Rural	27,394	26,394	15 Miles	90	96.3

*An active pharmacy is a VDP-enrolled pharmacy as of January 2021.
*Not Applicable entries refer to instances where a service area does not contain a particular county type.

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.

Tables 8 and 8.1 outline HTW network adequacy results for DY2 Q1 measuring geographical access to at least one enrolled pharmacy and two active primary care providers (PCPs). The network adequacy categories are based on those used in the Texas Medicaid managed care programs. The network adequacy standards are based on DY1 statewide summary data for each county type (Micro, Metro, and Rural). An enrolled pharmacy is a VDP-enrolled pharmacy as of January 2021, and an active PCP is one that had HTW program claims during DY1.

In DY2 Q1, Texas reported pharmacy and PCP distance measures for a total of 334,271 HTW clients (95 percent of all HTW clients). Statewide, 87.7 percent of HTW clients are within the distance standard from a pharmacy, and 89.3 percent are within the distance standard of two PCPs. The percentages for both pharmacies and PCPs have increased slightly compared to DY1. Two service areas had more than 90 percent of HTW clients with access to a choice of pharmacy within the distance standards: Harris (91.8 percent) and Nueces (92.4 percent). The number of service areas with more than 90 percent of HTW clients with access to a choice of PCPs within the distance standards increased from three service areas in DY1 to nine in DY2 Q1. One service area had less than 80 percent of HTW clients with access to a pharmacy within distance standards: Hidalgo (78.3%). One service area had less than 80 percent of HTW clients with access to a choice of PCPs within the distance standards: Northeast Texas (66.6 percent). The number of service areas with less than 80 percent of HTW clients with access to a choice of pharmacy or two PCPs within the distance standards in DY2 improved (decreased) compared to DY1.

As stated in the implementation plan required by STC 25, Texas established benchmarks for the percentage of waiver participants in each service area who must have access to the required provider types within the specified distance. These benchmarks are based on DY1 statewide averages for metro, micro, and rural counties. There are 35 overall service area-county type combinations. HHSC met or exceeded pharmacy distance standards for 22 service area-county types and PCP distance standards for 26 service area-county types. HHSC fell below pharmacy distance standards for 13 service area-county types and PCP distance standards for 9 service area-county types. HHSC will send recruitment letters to providers in service areas that fell below the benchmark standard. HHSC will perform additional outreach in Hidalgo and Northeast Texas service areas, in which two or more county types fell below HTW benchmarks for PCPs. HHSC will also send recruitment letters to areas that have the greatest difference between benchmarks and estimated percent of clients within distance standard from two PCPs, including El Paso rural, Hidalgo micro and rural, Jefferson rural, and Northeast Texas metro counties. ,

Outreach includes surveying Medicaid MCOs in targeted areas to find ways for MCOs to recruit Medicaid providers that would also be eligible to certify as an HTW provider; phone and email outreach through the fee-for-service claims administrator to inactive HTW providers; and distributing outreach materials to provider associations and working with them to target specific areas.

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

During Q4, social media posts related to HTW included eight posts on Facebook, six posts on Twitter and three posts on Instagram. The HHSC Facebook page has 156,864 followers, HHSC Twitter has 15,600 followers, and HHSC Instagram has 2,853 followers.

In-Person Outreach

Due to the COVID-19 PHE, in-person outreach was not completed during Q4.

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 42,832 overall page views and 32,404 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 OPL on the fee-for-service claims administrator, Texas Medicaid and Healthcare Partnership (TMHP) website had 11,250 clicks, and the TMHP HTW OPL had 283 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 continues to work to recruit more providers into HTW and HTW Plus. HHSC and TMHP will conduct HTW Plus provider recruitment through email outreach to providers who are not enrolled in HTW but provide HTW Plus services. HHSC and TMHP will track recruitment of provider types added for HTW Plus in 2022.

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

HHSC began recruitment and tracking of HTW Plus provider enrollment in Q1 of 2022. 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.

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

Texas HHSC is participating in the Office of Inspector General, Office of Audit Services, audit regarding States' Eligibility to Receive the Temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase under section 6008 of the Families First Coronavirus Response Act (FFCRA). HTW cases may be reviewed as part of this audit.

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.

In Q4, HHSC received 18 complaints related to the HTW Program through the Office of the Ombudsman. Four complaints related to client enrollment, 13 related to prescription services, and one related to claims payments. All complaints were resolved or referred to the correct area, so there is no further action required from HHSC.

TMHP received three complaints related to the HTW Program during Q4. They received the complaints by email. Two complaints related to an incorrectly filed claims by providers and one related to records for a patient. All complaints were resolved or referred to the correct area and require no further action 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(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 will be uploaded to the 1115 Demonstration Performance Management Database and Analytics System (PMDA) on March 31, 2022, 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 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.**
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 DY2 Q4:

- HHSC received CMS feedback on the HTW 1115 Evaluation Design on September 8, 2021. HHSC evaluators met with CMS on October 4, 2021 and October 13, 2021 to discuss CMS comments and HHSC proposals for incorporating edits.
    - HHSC submitted the Revised HTW 1115 Evaluation Design to CMS on November 4, 2021.
    - CMS approved the Revised HTW 1115 Evaluation Design on December 15, 2021.
- HHSC held a follow-up call with the selected external evaluator, the University of Texas Health Science Center at Houston, to discuss changes to the evaluation design and status of the contracting process on October 22, 2021.
- HHSC continued the contracting process for the external evaluator during DY2 Q4. HHSC aims to execute the contract with the external evaluator during DY3 Q2.

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

- HHSC secured CMS approval of the HTW 1115 Evaluation Design. HHSC received CMS feedback on the HTW 1115 Evaluation Design on September 8, 2021, and submitted a revised version on November 4, 2021. CMS approved the Revised HTW 1115 Evaluation Design on December 15, 2021.
- HHSC evaluators participated in monthly monitoring calls with CMS and scheduled ad hoc meetings with CMS, as needed, to discuss the HTW 1115 Evaluation Design.

- HHSC began the procurement process for the external evaluator. HHSC distributed the Project Proposal and Quote Request to universities on April 30, 2021. 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 aims to execute the contract with the external evaluation during DY3 Q2.

Progress towards Key Evaluation Milestones

The table below lists evaluation-related deliverables. There was a challenge with meeting the 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 submitted the Revised HTW 1115 Evaluation Design to CMS on 11/4/2021. CMS approved the Evaluation Design on 12/15/2021.	N/A
Procurement of Independent External Evaluator	4/1/2022[1,2]	HHSC is continuing the contracting process for the External Evaluator and expects the contract to be executed in DY3 Q2.	HHSC was still finalizing details of the contract on 2/1/2022. As a result, HHSC adjusted the contract execution date to 4/1/2022. HHSC will modify the contract execution date in a future revision of the HTW 1115 Evaluation Design.
Interim Evaluation Report	12/31/2023 *(or upon application for renewal)*		*No issues anticipated at this time*
Summative Evaluation Report	6/30/2026		*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. [2] HHSC and University of Texas Health Science Center at Houston were still finalizing details of the contract on 2/1/2022. As a result, HHSC adjusted the estimated contract execution date to 4/1/2022.

Modifications to the Evaluation Design

It is possible that the adjusted execution date for the external evaluator contract may result in changes to the timing of primary data collection activities. However, the state cannot determine necessary adjustments until the external evaluator has completed all of the prerequisites for primary data collection (e.g., execution of the external evaluation contract, development and CMS approval of primary data collection tools, and IRB approval). At the time of writing, the state does not believe the adjusted contract execution date limits the external evaluator's ability

to execute the methods, sampling strategies, or number of waves for primary data collection activities proposed in the Revised HTW 1115 Evaluation Design. The external evaluator will include preliminary primary data collection findings, if any, in the Interim Evaluation Report; full results will be available in the Summative Evaluation Report. The state will continue to monitor the execution of the Revised HTW 1115 Evaluation Design; if modifications are necessary, the state will document those in monitoring reports.

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.