

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-25-26  
Baltimore, Maryland 21244-1850



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## State Demonstrations Group

October 24, 2024

Emily Zalkovsky  
State Medicaid Director  
Texas Health and Human Services Commission  
4601 W Guadalupe St  
MC H100  
Austin, TX 78751

Dear Director Zalkovsky:

The Centers for Medicare & Medicaid Services (CMS) approved the Evaluation Design for the Healthy Texas Women COVID-19 Public Health Emergency (PHE) section 1115 demonstration amendment to the “Healthy Texas Women” section 1115(a) demonstration (Project No: 11-W-00326/6). We sincerely appreciate the state’s commitment to meeting the requirement for an Evaluation Design as was stipulated in the amendment approval letter dated September 15, 2023.

In accordance with 42 CFR 431.424(e), the approved Evaluation Design may now be posted to the state’s Medicaid website within 30 days. CMS will also post the approved Evaluation Design on Medicaid.gov.

Consistent with the approved Evaluation Design, the draft Final Report will be due to CMS one year after the expiration of the amendment approval period.

We sincerely appreciate the state’s commitment to evaluating the Healthy Texas Women COVID-19 PHE amendment. We look forward to our continued partnership on the Healthy Texas Women demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

Danielle Daly  
-S

Digitally signed by  
Danielle Daly -S  
Date: 2024.10.24  
08:39:00 -04'00'

Danielle Daly  
Director  
Division of Demonstration Monitoring and Evaluation

cc: Ford Blunt, State Monitoring Lead, Medicaid and CHIP Operations Group



**Evaluation Design:  
Healthy Texas Women  
COVID-19 Public Health  
Emergency 1115(a)  
Demonstration**

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**As Required by  
Centers for Medicare & Medicaid  
Services**

**Texas Health and Human Services  
August 2024**



**TEXAS**  
Health and Human  
Services

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# General Background Information

## **COVID-19 Public Health Emergency Section 1115(a) Opportunity for States**

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constituted a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act) as amended (42 U.S.C. 1320b-5). The Secretary of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), due to the consequences of the COVID-19 pandemic. Waivers or modifications to titles XVIII, XIX, and XXI of the Act ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs, and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. The authority ends upon termination of the public health emergency (PHE), including any extensions.

In an effort to assist states with addressing the COVID-19 pandemic, CMS created an 1115(a) demonstration opportunity to waive or modify requirements of title XIX of the Act. The 1115(a) demonstration opportunity allows states flexibility and assistance enrolling and covering Medicaid beneficiaries during the COVID-19 pandemic. CMS announced the new 1115(a) demonstration opportunity on March 22, 2020; all approved demonstrations have a retroactive effective date of March 1, 2020.

## **Texas Request for Healthy Texas Women COVID-19 PHE Section 1115(a) Demonstration**

HHSC originally submitted a request to amend the Healthy Texas Women (HTW) Demonstration to CMS on July 15, 2020. CMS informed HHSC they needed to resubmit the request through the COVID-19 public health emergency (PHE) section 1115(a) demonstration opportunity outlined in State Medicaid Director Letter #20-002. HHSC resubmitted the request to CMS on April 28, 2023.

HHSC requested authority to provide COVID-19 testing to women enrolled in the HTW Demonstration. CMS determined that the COVID-19 PHE 1115(a) demonstration was necessary to assist HHSC in delivering the most effective care to its beneficiaries in light of the COVID-19 PHE and approved the state's COVID-19 PHE 1115(a) demonstration on September 15, 2023. This approval was authorized retroactively from March 1, 2020, through the end of HHSC's unwinding period, which lasted from April 1, 2023 through March 31, 2024.

CMS requires all states to conduct an evaluation of approved COVID-19 PHE 1115(a) demonstrations. The purpose of these evaluations is to detail the challenges presented by the COVID-19 PHE to the Medicaid program, how the flexibilities of the demonstration assisted in meeting these challenges, and any lessons that may be applicable when responding to a similar PHE in the future. In addition, states are required to track administrative costs and health services expenditures for demonstration beneficiaries and assess how these expenses affected the state's response to the PHE.

CMS informed HHSC during a call on May 5, 2023, that an internal department within HHSC may conduct the required evaluation. HHSC's Office of Data, Analytics, and Performance (DAP) will conduct the evaluation of the COVID-19 PHE 1115(a) demonstration.<sup>1</sup> DAP is an independent division within HHSC, separate from the Medicaid and CHIP Services division. DAP has no role or responsibility in administration or implementation of the COVID-19 PHE 1115(a) demonstration. DAP is staffed by masters and doctoral-level researchers with extensive backgrounds in health and social science research methods. This evaluation design outlines DAP's plan for conducting the evaluation of the COVID-19 PHE 1115(a) demonstration.

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<sup>1</sup> CMS also provided written approval for DAP to conduct the evaluation for another 1115(a) demonstration on extended spell of illness limitations during the COVID-19 pandemic under the Texas Healthcare Transformation and Quality Improvement Program 1115 waiver.

# Evaluation Questions and Hypotheses

DAP developed four evaluation questions and five corresponding hypotheses to assess how the HTW COVID-19 PHE 1115(a) demonstration affected the state's response to the PHE.

## **Evaluation Question 1. What challenges to accessing COVID-19 testing did women in HTW experience during the PHE?**

Hypothesis 1.1. Women in HTW experienced several challenges accessing COVID-19 testing during the PHE.

## **Evaluation Question 2. How did the COVID-19 PHE 1115(a) demonstration increase access to COVID-19 testing?**

Hypothesis 2.1. The COVID-19 PHE 1115(a) demonstration supported access to COVID-19 testing among women in HTW.

Hypothesis 2.2. The state's implementation of the COVID-19 PHE 1115(a) demonstration encouraged HTW clients and providers to leverage approved flexibilities related to COVID-19 testing.

## **Evaluation Question 3. Which groups of women in HTW were principally affected by the 1115(a) demonstration?**

Hypothesis 3.1. The COVID-19 PHE 1115(a) demonstration served a diverse and vulnerable population.

## **Evaluation Question 4. What were the costs of implementing the 1115(a) COVID-19 PHE demonstration?**

Hypothesis 4.1. The COVID-PHE 1115(a) demonstration provided financial support towards the state's response to the PHE.

## Evaluation Methods

DAP will use a descriptive case study design, integrating both quantitative and qualitative data, to provide a comprehensive understanding of how the COVID-19 PHE 1115(a) demonstration affected Texas' response to the PHE. Where appropriate, DAP will also leverage previously published materials, including population surveillance data, to provide necessary contextual information on the need for and importance of the COVID-19 PHE 1115(a) demonstration. The remainder of this section provides additional details on the study populations, data sources, and analytic methods used in this evaluation.

### Study Population

The evaluation primarily focuses on women enrolled in the existing HTW Demonstration between March 1, 2020 and March 31, 2024 (the duration of the COVID-19 PHE 1115(a) demonstration).<sup>2</sup> This population reflects women ages 18 through 44 who meet all other eligibility requirements of the state-funded HTW program.<sup>3</sup>

In addition to women enrolled in HTW, the evaluation will identify Medicaid administrators to participate in semi-structured interviews based on their knowledge and familiarity with the HTW Demonstration. Lastly, DAP will rely on population-level rates across the state of Texas, as applicable, to contextualize findings of the evaluation.

### Data Sources

The evaluation will leverage both administrative and primary data sources to evaluate the COVID-19 PHE 1115(a) demonstration amendment. Specifically, the evaluation will utilize fee-for-service (FFS) claims data, client enrollment files, and semi-structured interviews, as described below.

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<sup>2</sup> Texas has until May 31, 2024 to process all Medicaid renewals initiated from April 1, 2023 through March 31, 2024. However, the study time-period will capture the majority of women in HTW across the demonstration.

<sup>3</sup> Women older than 44 may have remained eligible for HTW during the PHE due to Medicaid maintenance of eligibility as a result of the Families First Coronavirus Response Act. The evaluation will include these women as they may have still been eligible to obtain a COVID-19 test covered under the 1115(a) demonstration.

- **FFS claims data.** FFS claims data contain information on diagnosis codes, procedures, and costs. These data are housed by Texas Medicaid and Health Partnership (TMHP), and subject to an approximate eight-month lag.
- **Client enrollment files.** The enrollment files will be used to obtain information about the client's age, sex, race/ethnicity, and county of residence. Enrollment data will be accessed using an HHSC Structured Query Language database that is finalized on an eight-month lag.
- **Semi-structured interviews.** DAP will interview select Medicaid administrators via phone or videoconferencing software. Each interview will last approximately 30-45 minutes and will include one interviewer and one or two note takers.

In addition to the data sources listed above, this study will leverage surveillance data (e.g., case counts, testing trends) from the Texas Department of State Health Services (DSHS) and published literature (e.g., journal articles, reports, official letters) to enhance interpretation of evaluation findings. These sources will provide further insight into challenges posed by COVID-19, the role of COVID-19 testing as a containment strategy, and the development and availability of COVID-19 testing. These data will also help situate findings for the HTW population within the context of COVID-19 case rates and/or testing behaviors across the state of Texas.

## Analytic Methods

Hypotheses will be tested using an array of analytic methods, as described below. Analytic methods will also incorporate subgroup analyses (e.g., by age, race/ethnicity, region), and benchmarks where feasible, to strengthen the validity of observed outcomes.

- **Descriptive statistics.** Descriptive statistics, such as estimates of central tendency and dispersion, will be used to describe utilization and costs of COVID-19-tests, as well as the demographic profile of women who received a COVID-19 test through the COVID-19 PHE 1115(a) demonstration.
- **Descriptive trend analysis.** Descriptive trend analysis will be used to explore changes in COVID-19 testing (e.g., counts, types, and costs) over the course of the PHE.

- **Thematic analysis.** Hypotheses that rely on semi-structured interviews will be examined using thematic analysis. This qualitative method involves the identification of patterns and themes within interview data and is well-suited to analyzing the diverse and nuanced information collected from study participants.

## Evaluation Measures

DAP selected nine measures to address the four evaluation questions. Table 1 on page 7 provides an overview of the evaluation measures, study populations, data sources, and analytic methods by evaluation hypothesis. Additional details for each measure are provided in the Detailed Tables section starting on page 12.

**Table 1. HTW 1115(a) Demonstration Evaluation Overview**

<b>Evaluation Hypothesis</b>	<b>Measure(s)</b>	<b>Study Population(s)</b>	<b>Data Source(s)</b>	<b>Analytic Method(s)</b>
<b>Hypothesis 1.1. Women in HTW experienced several challenges accessing COVID-19 testing during the PHE.</b>	1.1.1. Challenges experienced by women in HTW during PHE, including access to COVID-19 testing	Medicaid Administrators	Interviews	Thematic analysis
<b>Hypothesis 2.1. The 1115(a) demonstration supported access to COVID-19 testing among women in HTW.</b>	2.1.1. Barriers to COVID-19 testing addressed by the COVID-19 PHE 1115(a) demonstration 2.1.2. Utilization of COVID-19 testing	Medicaid Administrators Women in HTW	Interviews Client enrollment files FFS claims	Descriptive statistics Descriptive trend analysis Thematic analysis
<b>Hypothesis 2.2. The state's implementation of the COVID-19 PHE 1115(a) demonstration encouraged HTW clients and providers to leverage approved flexibilities related to COVID-19 testing.</b>	2.2.1. Development of the new COVID-19 testing benefit 2.2.2. Outreach efforts to notify HTW providers and clients of new COVID-19 testing benefit 2.2.3. Perceived challenges and successes implementing new COVID-19 testing benefit	Medicaid Administrators	Interviews	Thematic analysis

<b>Evaluation Hypothesis</b>	<b>Measure(s)</b>	<b>Study Population(s)</b>	<b>Data Source(s)</b>	<b>Analytic Method(s)</b>
<b>Hypothesis 3.1. The 1115(a) demonstration served a diverse and vulnerable population.</b>	3.1.1. Demographic profile of women in HTW who obtained COVID-19 test <sup>a</sup>	Women in HTW	Client enrollment files FFS claims	Descriptive statistics Descriptive trend analysis, if applicable
<b>Hypothesis 4.1. The 1115(a) demonstration provided financial support towards the state's response to the PHE.</b>	4.1.1. Costs of COVID-19 tests 4.1.2. Administrative/program costs associated with COVID-19 PHE 1115(a) demonstration	Women in HTW Medicaid Administrators	Client enrollment files FFS claims Interviews	Descriptive statistics Thematic analysis

*Notes.* <sup>a</sup> The demographic profile of women enrolled in HTW likely changed during the PHE due to Medicaid maintenance of eligibility requirements linked to the Families First Coronavirus Response Act (Public Law 116-127), as well as economic impacts of the PHE that changed the pool of women eligible for HTW. Changes in the demographic profile of women in HTW who obtained a COVID-19 test will be interpreted alongside changes in the overall HTW population as necessary.

## Anticipated Limitations

The results of this evaluation will need to be interpreted alongside several key limitations. Most notably, Texas cannot test the causal impact of the COVID-19 PHE 1115(a) demonstration on the state's response to the PHE. Texas began offering COVID-19 testing through HTW during the PHE and the COVID-19 PHE 1115(a) demonstration was retroactively effective on March 1, 2020 (the beginning of the PHE), so there is no counterfactual in which Texas was responding to the COVID-19 pandemic without the COVID-19 PHE 1115(a) demonstration. Furthermore, COVID-19 testing was not necessary nor available prior to the PHE so no pre-PHE data exists. As a result, findings from this evaluation will primarily be descriptive in nature, consistent with CMS guidance for COVID-19 PHE 1115(a) demonstration evaluations.

This evaluation also relies on Medicaid administrative data, which were designed and collected for billing purposes rather than research. The reliance on Medicaid administrative data limits the measures available for this evaluation due to feasibility, data availability, and other data limitations. For example, women in HTW may have accessed COVID-19 tests through other sources, such as non-HTW covered providers or self-paid at home tests, which became increasingly available as the PHE progressed. However, analyses of COVID-19 testing utilization in this evaluation reflect only HTW-paid COVID-19 tests, as data availability is limited to Medicaid administrative data. Furthermore, Medicaid administrative data does not include test results themselves, so it is not possible for the evaluation to determine COVID-19 positivity rates among women who obtained a COVID-19 test.

This evaluation additionally draws on interviews with Medicaid Administrators at HHSC. While Medicaid Administrators are subject matter experts in policy and programmatic activities related to the HTW program, they are not HTW recipients. HTW recipients are thus only directly represented in this study through claims and enrollment data.

Lastly, the PHE presented significant changes to the entire Medicaid system, including an influx of new women becoming eligible for HTW due to economic impacts of the PHE, as well as Medicaid maintenance of eligibility policies tied to the Families First Coronavirus Response Act. Collectively, this resulted in an increase in the number of women enrolled in HTW over the course of the PHE, as well as changes in the demographic composition of those enrolled. Given that need and desire for COVID-19 testing were likely to vary by demographic characteristics,

changes in the demographic composition of women enrolled in HTW may have influenced overall COVID-19 testing rates. Additionally, the need and desire for COVID-19 testing was likely influenced by geographic factors, such as region-specific COVID-19 surges, as well as evolving isolation recommendations and treatment options, including the development of vaccines. Evaluation findings will need to be interpreted alongside these key population and environmental changes over the duration of the PHE.

Despite these limitations, this evaluation will provide broad insight into Texas' response to the PHE in light of the COVID-19 flexibilities granted under this COVID-19 PHE 1115(a) demonstration.

## Evaluation Timeline

HHSC will follow the evaluation timeline shown in Table 2.

**Table 2. Evaluation Timeline**

Date	Milestone/Deliverable
March 1, 2020	Effective date of Texas' COVID-19 PHE 1115(a) Demonstration
September 15, 2023	Texas' COVID-19 PHE 1115(a) Demonstration Amendment Approved
November 14, 2023	Texas' COVID-19 PHE 1115(a) Demonstration Evaluation Design Due to CMS
March 31, 2024	End date of Texas' COVID-19 PHE 1115(a) Demonstration
March 31, 2025	Final Report Due to CMS

## Detailed Tables

**Evaluation Question 1. What challenges to accessing COVID-19 testing did women in HTW experience during the PHE?**

***Hypothesis 1.1. Women in HTW experienced several challenges accessing COVID-19 testing during the PHE.***

Measure 1.1.1	Challenges experienced by women in HTW during PHE
<b>Definition</b>	Summary of challenges presented by the COVID-19 pandemic and corresponding PHE to accessing COVID-19 testing, and how those challenges may have been heightened for women in HTW.
<b>Study Population</b>	Medicaid administrators
<b>Technical Specifications</b>	<p>Medicaid administrators will be asked to describe the challenges women in HTW faced accessing COVID-19 testing.</p> <p>Interview questions may include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• What challenges did COVID-19 pose to women in the HTW Demonstration? <ul style="list-style-type: none"> <li>◦ Were any of these challenges unique to the HTW population, and how so?</li> </ul> </li> <li>• What challenges to following COVID-19 recommendations (such as obtaining COVID-19 tests, isolating, and accessing treatments) did women in the HTW Demonstration face? <ul style="list-style-type: none"> <li>◦ Were any of these challenges unique to the HTW population, and how so?</li> </ul> </li> </ul>
<b>Exclusion Criteria</b>	None
<b>Data Source(s)/Data Collection Method(s)</b>	Semi-structured interviews
<b>Comparison Group(s)</b>	None
<b>Subgroup(s)</b>	None
<b>Analytic Methods</b>	Thematic analysis
<b>Benchmark/Contextual Reference</b>	Published materials may provide insight into the vulnerable nature of the HTW population and unique challenges posed by COVID-19.

*Notes.* PHE = Public Health Emergency; HTW = Healthy Texas Women.

**Evaluation Question 2. How did the COVID-19 PHE 1115(a) demonstration increase access to COVID-19 testing?**

***Hypothesis 2.1. The COVID-19 PHE 1115(a) demonstration supported access to COVID-19 testing among women in HTW.***

<b>Measure 2.1.1</b>	<b>Barriers to COVID-19 testing addressed by the COVID-19 PHE 1115(a) demonstration</b>
<b>Definition</b>	Summary of potential barriers to obtaining COVID-19 tests addressed by the COVID-19 PHE 1115(a) demonstration, such as cost, availability of tests, and administration of tests by existing service providers.
<b>Study Population</b>	Medicaid administrators
<b>Technical Specifications</b>	<p>Medicaid administrators will be asked to describe the challenges addressed by including COVID-19 testing as an HTW benefit.</p> <p>Interview questions may include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• How did the inclusion of COVID-19 testing in the HTW Demonstration benefit women? <ul style="list-style-type: none"> <li>◦ Did the inclusion of COVID-19 testing in the HTW Demonstration make it easier for women to get tested? If so, how?</li> </ul> </li> <li>• Were any other challenges specific to the HTW population addressed by the inclusion of COVID-19 testing in the HTW Demonstration?</li> </ul>
<b>Exclusion Criteria</b>	None
<b>Data Source(s)/Data Collection Method(s)</b>	Semi-structured interviews
<b>Comparison Group(s)</b>	None
<b>Subgroup(s)</b>	None
<b>Analytic Methods</b>	Thematic analysis
<b>Benchmark/Contextual Reference</b>	None

*Notes.* PHE = Public Health Emergency; HTW = Healthy Texas Women.

<b>Measure 2.1.2</b>	<b>Utilization of COVID-19 testing</b>
<b>Definition</b>	The unique count of women in HTW who utilized a COVID-19 test, as well as the total number of COVID-19 tests utilized.
<b>Study Population</b>	Women in HTW
<b>Technical Specifications</b>	Total number of unduplicated clients with an HTW-paid COVID-19 test per month.  Total number of HTW-paid COVID-19 tests per month.
<b>Exclusion Criteria</b>	None
<b>Data Source(s)/Data Collection Method(s)</b>	Client enrollment files FFS claims
<b>Comparison Group(s)</b>	None
<b>Subgroup(s)</b>	Type of COVID-19 test
<b>Analytic Methods</b>	Descriptive statistics Descriptive trend analysis
<b>Benchmark/Contextual Reference</b>	Surveillance data (e.g., case counts, testing trends, vaccination doses) from DSHS, if feasible.

*Notes.* HTW = Healthy Texas Women; DSHS = Department of State Health Services.

***Hypothesis 2.2. The state’s implementation of the COVID-19 PHE 1115(a) demonstration encouraged HTW clients and providers to leverage approved flexibilities related to COVID-19 testing.***

<b>Measure 2.2.1</b>	<b>Development of the new COVID-19 testing benefit</b>
<b>Definition</b>	Summary of the HHSC’s process for adding COVID-19 testing as a billable procedure under the HTW program.
<b>Study Population</b>	Medicaid administrators
<b>Technical Specifications</b>	<p>Medicaid administrators will be asked to describe the development of the new COVID-19 testing benefit.</p> <p>Interview questions may include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• What was the process for adding COVID-19 testing as a billable procedure under the HTW program? <ul style="list-style-type: none"> <li>○ How long did the process take?</li> <li>○ When was HTW COVID-19 testing officially added to existing Medicaid billing systems?</li> </ul> </li> <li>• How did HHSC update Medicaid billing systems to account for new types of COVID-19 tests?</li> </ul>
<b>Exclusion Criteria</b>	None
<b>Data Source(s)/Data Collection Method(s)</b>	Semi-structured interviews
<b>Comparison Group(s)</b>	None
<b>Subgroup(s)</b>	None
<b>Analytic Methods</b>	Thematic analysis
<b>Benchmark/Contextual Reference</b>	Surveillance data (e.g., case counts, testing trends, vaccination doses) from DSHS, if feasible, as well as published literature on the development and distribution of COVID-19 testing.

*Notes.* HTW = Healthy Texas Women; DSHS = Department of State Health Services.

<b>Measure 2.2.2</b>	<b>Outreach efforts to notify HTW providers and clients of new COVID-19 testing benefit</b>
<b>Definition</b>	Summary of when and how HHSC informed HTW providers and beneficiaries of the new COVID-19 testing benefit.
<b>Study Population</b>	Medicaid administrators
<b>Technical Specifications</b>	<p>Medicaid administrators will be asked to describe outreach efforts to HTW providers and clients about the new COVID-19 testing benefit.</p> <p>Interview questions may include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Were providers notified of the new COVID-19 testing benefit under HTW? If so, when and how were providers notified?</li> <li>• Were beneficiaries notified of the new COVID-19 testing benefit under HTW? If so, when and how were beneficiaries notified?</li> </ul>
<b>Exclusion Criteria</b>	None
<b>Data Source(s)/Data Collection Method(s)</b>	Semi-structured interviews
<b>Comparison Group(s)</b>	None
<b>Subgroup(s)</b>	None
<b>Analytic Methods</b>	Thematic analysis
<b>Benchmark/Contextual Reference</b>	None

Notes. HTW = Healthy Texas Women.

<b>Measure 2.2.3</b>	<b>Perceived challenges and successes implementing new COVID-19 testing benefit</b>
<b>Definition</b>	HHSC's perceived challenges and successes implementing the new COVID-19 testing benefit.
<b>Study Population</b>	Medicaid administrators
<b>Technical Specifications</b>	<p>Medicaid administrators will be asked to describe their perceptions of challenges and successes related to implementation of the new COVID-19 testing benefit.</p> <p>Interview questions may include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Did HHSC experience any challenges implementing the new COVID-19 testing benefit under HTW? If so, what kind of challenges? <ul style="list-style-type: none"> <li>◦ How did HHSC address these challenges?</li> </ul> </li> <li>• What successes did HHSC experience implementing the new COVID-19 testing benefit under HTW?</li> </ul>
<b>Exclusion Criteria</b>	None
<b>Data Source(s)/Data Collection Method(s)</b>	Semi-structured interviews
<b>Comparison Group(s)</b>	None
<b>Subgroup(s)</b>	None
<b>Analytic Methods</b>	Thematic analysis
<b>Benchmark/Contextual Reference</b>	None

Notes. HTW = Healthy Texas Women.

**Evaluation Question 3. Which groups of women in HTW were principally affected by the COVID-19 PHE 1115(a) demonstration?**

***Hypothesis 3.1. The COVID-19 PHE 1115(a) demonstration served a diverse and vulnerable population.***

<b>Measure 3.1.1</b>	<b>Demographic profile of women in HTW who obtained COVID-19 test</b>
<b>Definition</b>	Demographic characteristics of women in HTW who utilized a COVID-19 test.
<b>Study Population</b>	Women in HTW
<b>Technical Specifications</b>	<p>Unduplicated count of women with at least one HTW-paid COVID-19 test between March 1, 2020 and March 31, 2024, stratified by key demographics, which include age, race, ethnicity, health status, Medicaid Managed Care service area,<sup>a</sup> and county type (metropolitan, micropolitan, or rural). Other demographic characteristics may be reported as applicable.</p> <p>The demographic profile of women enrolled in HTW likely Changed during the PHE due to Medicaid maintenance of eligibility requirements related to the Families First Coronavirus Response Act, as well as economic impacts of the PHE which may have increased the population of women eligible for HTW. Changes in the demographic profile of women in HTW who utilized a COVID-19 test over the course of the PHE will be examined as necessary.</p>
<b>Exclusion Criteria</b>	None
<b>Data Source(s)/Data Collection Method(s)</b>	Client enrollment files FFS claims
<b>Comparison Group(s)</b>	Full HTW Population
<b>Subgroup(s)</b>	None
<b>Analytic Methods</b>	Descriptive statistics Descriptive trend analysis, if applicable
<b>Benchmark/Contextual Reference</b>	Published literature on changes to the Texas Medicaid population during the COVID-19 PHE, if appropriate and feasible.

*Notes.* <sup>a</sup> Medicaid Managed Care service areas will be used to observe geographic trends of women in HTW who received a COVID-19 test. However, these service areas do not reflect program administration as HTW is a fee-for-service program offered statewide. HTW = Healthy Texas Women; PHE = Public Health Emergency.

**Evaluation Question 4. What were the costs of implementing the COVID-19 PHE 1115(a) demonstration?**

***Hypothesis 4.1. The COVID-19 PHE 1115(a) demonstration provided financial support towards the state’s response to the PHE.***

<b>Measure 4.1.1</b>	<b>Costs of COVID-19 tests</b>
<b>Definition</b>	Costs of COVID-19 tests provided to women in HTW.
<b>Study Population</b>	Women in HTW
<b>Technical Specifications</b>	Total costs for HTW-paid COVID-19 test per month
<b>Exclusion Criteria</b>	None
<b>Data Source(s)/Data Collection Method(s)</b>	Client enrollment files FFS claims
<b>Comparison Group(s)</b>	None
<b>Subgroup(s)</b>	Type of COVID-19 test Client characteristics (e.g., age, race/ethnicity, Medicaid managed care service area, provider type, etc.), where applicable
<b>Analytic Methods</b>	Descriptive statistics Descriptive trend analysis
<b>Benchmark/Contextual Reference</b>	Surveillance data (e.g., case counts, testing trends, vaccination doses) from DSHS, if feasible.

*Notes.* HTW = Healthy Texas Women; DSHS = Department of State Health Services.

<b>Measure 4.1.2</b>	<b>Administrative/program costs associated with demonstration</b>
<b>Definition</b>	Summary of administrative and/or programmatic costs associated with implementing the 1115(a) demonstration, if any.
<b>Study Population</b>	Medicaid administrators
<b>Technical Specifications</b>	<p>Medicaid administrators will be asked to describe administrative and program costs associated with adding COVID-19 testing to the HTW benefit package.</p> <p>Interview questions may include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• What administrative or programmatic costs, if any, were associated with the inclusion of COVID-19 testing in the HTW Demonstration?</li> <li>• Were there any other financial impacts as a result of the COVID-19 PHE 1115(a) demonstration?</li> </ul>
<b>Exclusion Criteria</b>	None
<b>Data Source(s)/Data Collection Method(s)</b>	Semi-structured interviews
<b>Comparison Group(s)</b>	None
<b>Subgroup(s)</b>	None
<b>Analytic Methods</b>	Thematic analysis
<b>Benchmark/Contextual Reference</b>	None

*Notes.* HTW = Healthy Texas Women; PHE = Public Health Emergency.