

Healthy Texas Women Section 1115 Demonstration Waiver
Report for the period January 1, 2025, through March 31, 2025

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) 6, calendar year (CY) 2025 from January 1, 2025, through March 31, 2025. This report provides the quarterly reporting requirements for the HTW program, as outlined in 42 CFR § 431.428. The STCs require the state to report on various topics including enrollment; operations and policy; utilization monitoring; program outreach and education; program integrity; grievances and appeals; annual post award public forum; budget neutrality; and demonstration evaluation activities and interim findings. The information reflected in this report represents the most current information available at the time it was compiled.

2. Program Updates, Current Trends or Significant Program Changes

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

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

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 Q1.

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

As of March 2025, 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,

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.

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, Sex, 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	28,890	360,256	34,591	415,806
Quarter 4	N/A				

Note: Table 2 provides final data on a two-quarter lag and provides DY5 Q3 data as part of the DY6 Q1 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					Percentage of Total Unduplicated Female Enrollment
	14 years old and under	15-20 years old	21-44 years old	45 years and older	Total Female Users*	
Quarter 1	N/A	3,696	35,037	59	38,792	
Quarter 2	N/A					
Quarter 3	N/A					
Quarter 4	N/A					
Total Unduplicated**	N/A	3,696	35,037	59	38,792	

Note: Table 3 results display HTW clients served in CY 2025 to date by quarter and age group include: pharmacy claims do not reflect data past, February 28, 2025.

*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 2025 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

Effectiveness	Users of Contraceptives
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		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	N/A	N/A	N/A	N/A
	Denominator	N/A	N/A	N/A	N/A	N/A
Long-acting reversible contraceptive (LARC)*	Numerator	N/A	N/A	N/A	N/A	N/A
	Denominator	N/A	N/A	N/A	N/A	N/A
Total	Numerator	N/A	N/A	N/A	N/A	N/A
	Denominator	N/A	N/A	N/A	N/A	N/A

*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. 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	N/A	N/A	N/A	N/A

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*	N/A	N/A	N/A

*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. 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

Medicaid Service Area by County Type	Number of Enrollees (January 2025)	Geographic Distance Standard (Number of Miles)	Performance Standard Percentage	Percent of Enrollees Within Distance Standard of TWO HTW-Active PCPs (January 2025)
Bexar	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
Dallas	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
El Paso	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
Harris	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
Hidalgo	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
Jefferson	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
Lubbock	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
MRSA Central	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
MRSA Northeast	N/A	N/A	N/A	N/A

Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
MRSA West	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
Nueces	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
Tarrant	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
Travis	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
State Total	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A

Table 8 data were submitted with the Q4/Annual DY5 monitoring report. Final and completed data about PCPs enrolled as of January 2025 that had HTW-related claims during CY 2024 will not be finalized until fall 2025 and will be submitted with the Q4/Annual DY6 monitoring report.

Table 8.1 Pharmacy Network Adequacy by Demonstration Year

Medicaid Service Area by County Type	Number of Enrollees (January 2025)	Geographic Access Distance Standard (Number of Miles)	Performance Standard Percentage	Percent of Enrollees Within Distance Standard of ONE HTW-Active Pharmacy (January 2025)
Bexar	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A

Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
Dallas	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
El Paso	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
Harris	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
Hidalgo	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
Jefferson	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
Lubbock	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
MRSA Central	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
MRSA Northeast	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
MRSA West	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A

Nueces	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
Tarrant	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
Travis	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A
State Total	N/A	N/A	N/A	N/A
Metro	N/A	N/A	N/A	N/A
Micro	N/A	N/A	N/A	N/A
Rural	N/A	N/A	N/A	N/A

Table 8.1 data were submitted with the Q4/Annual DY5 monitoring report. Final and completed data about pharmacies enrolled as of January 2025 and that had HTW-related claims during CY 2024 will not be available until July 2025, and the data will be submitted with the Q4/Annual DY6 monitoring report.

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

A summary of pharmacy and PCP network adequacy results was provided in the Q4/Annual DY5 2024 monitoring report. The next summary of pharmacy and PCP network adequacy results will be provided with the Q4/Annual DY6 monitoring report once CY 2024 data is finalized in the fall of 2025.

To address the PCP network adequacy results provided in the Q4/Annual DY 5 2024 monitoring report, HHSC has initiated work with HHSC's provider enrollment vendor under the Texas Medicaid Healthcare Partnership (TMHP) to conduct a network adequacy provider outreach campaign. In two phases, HHSC will use automated phone calls and emails to provide education and recruit Texas Medicaid-enrolled providers to enroll as an HTW provider.

- First phase: TMHP will target Texas Medicaid-enrolled providers eligible for HTW in Tarrant, Lubbock, and MRSA Northeast. HHSC expects the phone calls to be completed by May 31, 2025 and emails to be sent by the end of summer 2025.
- Second phase: TMHP will outreach to providers in all other Medicaid service areas.

HHSC is also exploring an ongoing, long-term HTW provider recruitment strategy.

To address the pharmacy network adequacy results provided in the Q4/Annual DY 5 2024

monitoring report, HHSC will provide education to pharmacies on how to enroll in HTW.

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 Q1, social media posts related to HTW included seven posts on Facebook, seven posts on Facebook Español, eight posts on X (formerly Twitter), eight posts on Instagram, and two posts on LinkedIn. Annual to-date totals for social media posts related to HTW include seven posts on Facebook, seven posts on Facebook Español, eight posts on X, eight posts on Instagram and two posts on LinkedIn. The HHSC Facebook page has 172,958 followers, Facebook Español has 52,285 followers, HHSC X has 17,437 followers, HHSC Instagram has 6,299 followers, and HHSC LinkedIn has 76,485 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 Q1, HHSC did not conduct in-person outreach for the HTW program.

Outreach Materials

HHSC will review and restock HTW outreach materials for DY6 by June 2025. The HTW client fact sheet, HTW bilingual information card, and HTW bilingual poster are currently available on Pinnacle, a public-facing HHSC website where the public and providers can order forms and outreach materials.

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 142,449 unique page views and the Spanish “Find a Doctor” page had 1,697 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 Q1, HHSC continues to promote HTW and HTW Plus via social media posts.

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.

See the Network Adequacy section for more information on provider outreach efforts related to network adequacy.

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 March 2025, there were 3,347 new certified unique HTW Plus specific providers. HTW Plus providers include licensed professional counselors (1,032 providers), psychiatrists (587 providers), and cardiologists (376 providers).

Per CMS' request, HHSC submitted detailed responses to CMS' questions regarding provider outreach and education, along with network adequacy, in the DY5 Q3 2024 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 Q1, HHSC received and resolved 16 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 16 resolved complaints, eight were substantiated, two unsubstantiated, three unable to substantiate, and three were referred. Eight complaints were related to member enrollment, four related to prescription services, two related to access to care, one related to claims/payment, and one related to customer service.

TMHP received one complaint from the contact center related to the HTW program during Q1. The complaint required 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 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.

This update will be provided in the DY6 Q2 monitoring report and in the next Q4/Annual DY6 monitoring report.

G. Budget Neutrality

1. Please complete the budget neutrality workbook

CMS approved a 30-day extension on the BN deliverable due on 5/30 due to the DY6 BN template not being available. CMS is working to update the BN workbook to account for the 6-month temporary extension period.

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 Q1 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 DY6 Q1:

- HHSC attended two meetings with the external evaluator, the University of Texas Health Science Center at Houston (UTHealth):
 - A recurring quarterly meeting with UTHealth on February 14, 2025. The purpose of these quarterly meetings is to discuss progress on the evaluation and provide evaluation or programmatic technical assistance to UTHealth, as needed.
 - An ad-hoc meeting on March 7, 2025, to discuss data transfer to UTHealth.

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	CMS approved the Interim Report on 10/3/2024.	N/A
Summative Evaluation Report	6/30/2026		<i>No issues anticipated at this time</i>

Modifications to the Evaluation Design

No changes to the HTW 1115 evaluation design were requested during DY6 Q1.

Description of Evaluation Findings or Reports

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

HHSC also summarized preliminary survey findings in the Quarterly Monitoring Report for DY5 Q3. A portion of findings from the provider survey suggested that issues with reimbursement and a lack of training on how to handle HTW claims may be barriers for HTW providers. In response to these preliminary findings, CMS requested HHSC detail training plans for HTW providers. HHSC is monitoring evaluation findings for program improvement purposes. However, preliminary survey findings were only based on 181 respondents (out of 1,726 active HTW billing providers between June and November 2022). The external evaluator had also not yet evaluated the representativeness of the survey sample or finalized sample weights to correct for non-response bias, if necessary. As such, it is unclear if the preliminary findings indicate widespread training needs among HTW providers. Provider-reported barriers will be reassessed after the external evaluator provides updated survey findings in the Final Evaluation Report, which will include a second wave of the provider survey, and a summary of the representativeness of the survey sample and implications for key takeaways. If these findings remain consistent, HHSC will plan interventions to address the findings.