

**Healthy Texas Women Section 1115 Demonstration Waiver**  
**Quarterly Monitoring Report**  
July 1, 2020 through September 30, 2020

**Purpose and Scope of Monitoring Report:**

The state must submit annual progress reports in accordance with the Special Terms and Conditions (STC) 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 report should also include a discussion of trends and issues over the year, including progress on addressing any issues affecting access, quality, or costs. Each 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 Special Terms and Conditions (STCs) of the HTW Demonstration Waiver, the Texas Health and Human Services Commission (HHSC) provides its operational report for Demonstration Year (DY) 1 and Calendar Year (CY) 2020 from July 1, 2020 through September 30, 2020. This report provides the quarterly reporting requirements for the Healthy Texas Women (HTW) program, as required by 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.

***System and Automation Modifications***

HHSC is continuing to develop and implement the system requirements for the modifications needed to align HTW eligibility with Section 1943 of the Social Security

Act. HHSC anticipates the necessary system changes will be completed in March 2021.

### ***Benefits***

Certain evaluation and management services corresponding with office visits and psychiatric diagnostic codes have been extended as benefits available for telemedicine, telehealth, and telephone (audio-only) delivery through October 31, 2020. These changes were made in response to the COVID-19 pandemic.

### ***COVID-19 Response***

In response to the COVID-19 public health emergency, on September 30, 2020, HHSC has submitted an amendment request to add COVID-19 screening and testing to the HTW Demonstration Waiver, with a requested effective date of February 4, 2020. HHSC continues to allow telehealth and telemedicine flexibilities for certain HTW procedure codes throughout the Public Health Emergency. Additionally, as a part of the COVID-19 response, HTW added procedure codes for computed tomography (CT) of the chest to the benefits package as this service is already allowable under the HTW Demonstration Waiver.

- 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.

Enrollment in the HTW Program continues to increase due to the federal requirement to sustain Medicaid eligibility until the last day of the month when the COVID-19 public health emergency period ends. From July 2020 to September 2020, enrollment in the HTW Program increased by 2.9%.

- 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 key challenge in Quarter 3 (Q3) continues to be the COVID-19 public health emergency. HHSC continues to allow delivery of certain HTW services via telemedicine, telehealth, and telephone (audio only), which align with service delivery options available in the Medicaid State Plan for these same services.

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

Texas Health and Safety Code, Section 32.102, as added by Senate Bill (S.B.) 750, 86<sup>th</sup> Legislature, Regular Session, 2019. Section 32.102 requires HHSC to evaluate postpartum care services provided to women enrolled in the HTW program after the first 60 days of the postpartum period, and based on the evaluation, develop enhanced, cost-effective, and limited

postpartum care services for women enrolled in the HTW program. HHSC launched the enhanced postpartum care services package, referred to as HTW Plus, for eligible women enrolled in the HTW Program on or after September 1, 2020 using state general revenue funding.

HHSC plans to submit a request to the Centers for Medicare & Medicaid Services (CMS) for an amendment to the HTW waiver under section 1115 of the Social Security Act to obtain CMS approval to receive federal funds for HTW Plus.

- c. Discussion of any action plans addressing any policy, administrative or budget issues identified, if applicable.

HHSC has not identified policy, administrative, or budget issues.

## 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**

	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	15,233	308,667	21,225	340,385
Quarter 2	N/A	Not Available	Not Available	Not Available	Not Available
Quarter 3	N/A	Not Available	Not Available	Not Available	Not Available
Quarter 4					

\*Total column is calculated by summing columns 2-5.

Table 2 data for Q2 and Q3 will be provided with the following Q4 Quarterly Monitoring

Report. 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 (February – 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. Enrollees in the 15-17 age range are not part of the HTW demonstration and are not included in enrollment figures.

**Table 3: Unduplicated Number of Beneficiaries with any Claim by Age Group and Gender per Quarter in the Demonstration 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		8,433	69,966	33	78,432	
Quarter 2		7,455	66,009	104	73,568	
Quarter 3		6,245	62,872	248	69,365	
Quarter 4						
Total Unduplicated**		14,535	127,714	332	141, 259	

\*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.

Table 3 data: HTW clients served in Calendar Year (CY) 2020 year to date by quarter and age group include: medical claims from January through September 2020 and pharmacy claims from January through August 2020. Each client is counted only in one age group. If a client changed age groups in the quarter, only the first age is counted. At this time, CY 2020 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					
		14 years old and under	15 – 20 years old	21 – 44 years old	45 years old and older	Total
<b>Most and Moderately Effective*</b>	<b>Numerator</b>					
	<b>Denominator</b>					
<b>Long-acting</b>	<b>Numerator</b>					

reversible contraceptive (LARC)*	Denominator					
Total	Numerator					
	Denominator					

\*This measure is calculated as per the Medicaid and CHIP Child and Adult Core Set measure for contraceptive care for all women. Measure specifications can be found at the links below:

- Child Core Set (CCW-CH measure for ages 15-20): <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-and-chip-child-core-set-manual.pdf>
- Adult Core Set (CCW-AD measure for ages 21-44): <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf>

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

HHSC will provide data in a future quarter following the end of the Demonstration Year for all metrics requiring reporting based on Demonstration Year.

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

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

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

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

[manual.pdf](#)

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

**Table 7: Breast Cancer Screening**

Screening Activity	Numerator*	Denominator*
Unduplicated number of female beneficiaries who received a Breast Cancer Screening*	N/A	N/A

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

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

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

### **C. Program Outreach and Education**

1. General Outreach and Awareness
  - a. Provide information on the public outreach and education activities conducted this demonstration year.

#### ***Public Education***

To ensure the most up-to-date provider information, HHCS partnered with the Texas Medicaid Healthcare Partnership (TMHP), the HTW claims administrator, to provide a supplementary online provider look-up using TMHP.com. The HTW website will continue to be the place to find the most active HTW providers; however, users will have the option to view the entire network of providers via the TMHP website. The Online Provider Look-up (OPL) includes all certified providers, and users can now filter results by provider specialty. Users can also search for HTW providers by name.

#### ***Social Media***

Social media posts related to HTW included four Facebook posts, one Instagram post, five Twitter posts, and one LinkedIn post.

#### ***In-Person Outreach***

Due to the COVID-19 public health emergency, in-person outreach was not completed during Q3.

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

HHSC will be able to track the effectiveness of the modified OPL strategy and HTW Plus outreach next quarter, three months after implementation, through website clicks and preliminary claims data. This data is not currently available.

2. Target Outreach Campaign(s) (if applicable)
  - a. Provide a narrative on the populations targeted for outreach and education campaigns and reasons for targeting.

To promote and communicate the HTW Plus benefits for postpartum women, HHSC released a press release, social media posts, updated client mailings, webpage updates, and provider digital and paper mailings.

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

On October 27 and October 29, HHSC held webinars to educate stakeholders, providers, and clients on HTW and HTW Plus services. For both webinars combined, 690 individuals registered, 477 individuals joined the live webinars, and participants asked 268 questions. HHSC sent out recordings to all who registered, regardless of whether they participated in the live event.

#### **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.

From July 1, 2020 through September 30, 2020, HHSC completed quality assurance reviews for eligibility on 856 HTW cases. Eligibility was correctly determined for 99.635% of these cases. The three cases with inaccurate eligibility determinations were corrected as part of the quality assurance review process. The quality assurance review process did not cause individuals to be disenrolled after being certified for HTW. To meet the requirements of H.R. 6201, HTW eligibility will be maintained through the end of the month when the public health emergency ends for all individuals certified as of March 18, 2020 or later.

#### **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.

HHSC received 13 complaints related to the HTW Program through the Office of the Ombudsman. All complaints were addressed and resolved. Three complaints were substantiated, seven were unable to be substantiated due to missing information, two were unsubstantiated, and one is pending. Below is a breakdown of the complaints.

<b>General Complaint Category</b>	<b>Complaint Sub-Category</b>	<b>Disposition</b>	<b>Resolution</b>
Member Enrollment	Application/Case Denied	Case reopened/completed	Substantiated
Member Enrollment	Benefits Not Issued/Not Received	Benefits issued/restored	Substantiated
Prescriptions	PS - Other Insurance	Obtained Prescription	Substantiated
Access to Care	Access to PCP/Change PCP	Referred to HTW Toll Free Number	Unable to Substantiate
Customer Service	Staff Behavior	Unable to Contact/Client Unresponsive	Unable to Substantiate
Member Enrollment	Case Information Error	Case was updated/corrected	Unable to Substantiate
Member Enrollment	Application Not Completed	Benefits issued/restored	Unable to Substantiate
Prescriptions	PS - Other	Obtained Prescription	Unable to Substantiate
Prescriptions	PS - Member Not Showing Active	Provided Information/Education	Unable to Substantiate
Prescriptions	PS - Member not showing active	Unable to Contact/Client Unresponsive	Unable to Substantiate
Member Enrollment	Benefits Not Issued/Not Received	Benefits explained	Unsubstantiated
Prescriptions	PS - Member Not Showing Active	Provided Information/Education	Unsubstantiated
Member Enrollment	Application/Case Denied	Pending	Pending

The Texas Medicaid Health Partnership (TMHP) received six complaints related to the HTW Program. Three were from clients related to eligibility, provider behavior, and balance billing. Three were from providers, with two related to enrollment and one related to the contact center. Of the 13 complaints, 12 were addressed and resolved during the reporting period, and one is pending resolution.

#### **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.

The first annual post award forum was held on July 16, 2020 via webinar. Public comment received included questions regarding future funding, continuity of care, eligibility, and application processes. Other comments included inquiries about obtaining a copy of the webinar slide presentation as well as future opportunities for provider engagement and training. HHSC developed responses to the public comments and posted the comments and responses on the HHSC webpage. HHSC also followed up with the commenters to notify them that the responses were posted on the website.

#### **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 November 29, 2020, 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 Q2 data, the risk to budget neutrality is very low. Variances will be more accurately identified upon receipt of additional quarters as BN 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.

#### **Summary of Evaluation Activities**

HHSC completed the following HTW 1115 Waiver evaluation activities during DY1 Q3:

- HHSC received CMS feedback to the HTW 1115 Evaluation Design on 9/3/2020.
- HHSC evaluators met with CMS on 9/18/2020 to discuss CMS comments and proposals for incorporating edits.
- HHSC evaluators began revising the Evaluation Design based on CMS feedback. HHSC will submit the revised Evaluation Design to CMS in DY1 Q4.
- HHSC evaluators began drafting the evaluation narrative for the HTW Plus amendment to the HTW 1115 demonstration. HHSC plans to submit the amendment to CMS in DY1

Q4.

## Progress Toward Key Evaluation Milestones

The table below lists evaluation-related deliverables.

Type of Evaluation Deliverable	Due Date	State Notes or Comments	Description of Any Anticipated Challenges
Evaluation Design	12/2/2020 <sup>1</sup>	Draft Submitted on 5/19/2020 CMS Feedback Received 9/3/2020	<i>No issues</i>
Procurement of Independent External Evaluator	TBD	Expected date of procurement will be provided in Final Evaluation Design	<i>No issues anticipated at this time</i>
Interim Evaluation Report	12/31/2023 (or upon application for renewal)		<i>No issues anticipated at this time</i>
Summative Evaluation Report	6/30/2026		<i>No issues anticipated at this time</i>

Notes. <sup>1</sup> The revised Evaluation Design was originally due to CMS within 60-days of receipt of CMS feedback (11/2/2020). CMS approved a 30-day extension for the revised Evaluation Design on 9/18/2020 (revised Evaluation Design due to CMS 12/2/2020).

### 2. Any challenges encountered and how they are being addressed.

There are no anticipated challenges at this time.

### 3. Status of any evaluation staff recruitment or any RFPs or contracts for evaluation contractual services (if applicable).

HHSC plans to have an update regarding the external evaluator in a future quarter.

### 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.

Evaluation findings are not available at this time. Evaluation findings will be summarized after the Interim Report is completed in 2023.