

Healthy Texas Women Section 1115 Demonstration Waiver
Report for the period January 1, 2022 through March 31, 2022

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) 3 and Calendar Year (CY) 2022 from January 1, 2022 through March 31, 2022, which is quarter 1 (Q1). 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 is scheduled to be incorporated into the Texas Administrative Code (state rule) in early 2023.

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.

Effective January 3, 2022, COVID-19 vaccine administration codes are a benefit of Healthy Texas Women (HTW) for the administration of the first, second, third (additional), and booster doses, respectively, of the tris-sucrose formulation of the Pfizer-BioNTech COVID-19 vaccine for individuals 12 years of age and older.

Beginning February 1, 2022, the Texas Health and Human Services Commission (HHSC) made permanent the benefits allowed during the COVID-19 public health emergency (PHE) for synchronous audio-visual telemedicine and telehealth for the Healthy Texas Women (HTW) program. The telemedicine and telehealth policies in HTW align with Texas Medicaid's fee-for-service program.

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.

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.

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 is analyzing which flexibilities allowed during the COVID-19 PHE will transition to permanent policy and continue to be allowed post-PHE. HHSC continues to allow delivery of certain HTW services via telemedicine, telehealth, and telephone (audio only) and has permanently implemented these policies, which aligns with service delivery options available under 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.

As of December 2020, HHSC is awaiting approval from CMS for an amendment to the HTW 1115 demonstration 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 mandates that may require amendments or may impact the HTW 1115 demonstration. The first mandate is to contract with Medicaid managed care organizations to provide HTW program services. This mandate will result in an amendment to the HTW 1115 demonstration.

The second mandate is to extend Medicaid postpartum coverage for an additional four months. The impact to HTW of the extended postpartum coverage is 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 Texas Healthcare Transformation and Quality Improvement Program 1115 demonstration. The public notice of intent (PNI) for the amendment was posted in the Texas Register on April 8, 2022, and HHSC plans to submit the amendment in May of 2022 with a requested effective date of September 2022.

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 DY2

	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	7,143	350,109	26,628	378,647
Quarter 2	N/A	6,053	363,707	27,374	392,545
Quarter 3	N/A	5,918	376,054	28,231	404,962
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 provides Final data on a 2 Quarter Lag and provides DY2 data through DY2 Q3 submitted as part of the DY3 Q1 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 (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	2,407	66,744	1,769	70,920	
Quarter 2	N/A					
Quarter 3	N/A					
Quarter 4	N/A					
Total Unduplicated**	N/A					

*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) 2022 to date by quarter and age group include: medical and pharmacy claims from January through March 2022.

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 2022 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	Not Available	Not Available	Not Available	Not Available	Not Available
	Denominator	Not Available	Not Available	Not Available	Not Available	Not Available
Long-acting reversible contraceptive (LARC)*	Numerator	Not Available	Not Available	Not Available	Not Available	Not Available
	Denominator	Not Available	Not Available	Not Available	Not Available	Not Available
Total	Numerator	Not Available	Not Available	Not Available	Not Available	Not Available
	Denominator	Not Available	Not Available	Not Available	Not Available	Not Available

*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 will be available summer 2022 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. Data will be finalized in the fall of 2022 after the measurement year to ensure data accuracy. 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 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	Not Available	Not Available	Not Available	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*	Not Available	Not Available	Not Available

*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.

Cervical Cancer Screening preliminary results will be available early summer 2022 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. Data will be finalized in the fall of 2022 after the measurement year to ensure data accuracy. 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.

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 Q1, social media posts related to HTW include six posts on Facebook, six posts on Twitter, two on Instagram, and one on LinkedIn. The HHSC Facebook page has 156,000 followers, HHSC Twitter has 15,900 followers, HHSC Instagram has 3,090 followers, and HHSC LinkedIn has 41,475 followers.

In-Person Outreach

Due to the COVID-19 PHE, in-person outreach was not completed during Q1.

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 44,891 overall page views and 33,205 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 OPL for all Medicaid providers and programs, including HTW providers, on the fee-for-service claims administrator, Texas Medicaid and Healthcare Partnership (TMHP), website had 12,529 clicks, and the TMHP HTW OPL had 281 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 conducted HTW Plus provider recruitment through email outreach to providers who are not enrolled in HTW but provide HTW Plus services to Medicaid beneficiaries. HHSC and TMHP will track recruitment of provider types added for HTW Plus in 2022. HHSC sent an HTW Plus provider recruitment flyer to the Texas Women’s Healthcare Coalition to distribute to their members.

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

HHSC began tracking HTW Plus provider enrollment in Q1 of 2022. As of March 2022, there were 1,334 certified HTW Plus specific provider types. The majority of the certified HTW Plus providers are licensed professional counselors (493 providers), psychiatrists (330 providers), and cardiologists (208 providers). HHSC continues to monitor social media posts and followers as detailed above. HHSC plans to reach out to more provider associations to distribute the HTW Plus recruitment flyer in Q2 of 2022.

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 Q1, HHSC received 23 complaints related to the HTW Program through the Office of the Ombudsman. Four complaints related to client enrollment, 17 related to prescription services, one related to claims payments, and one related to access to care. All complaints were resolved

or referred to the correct area if the Office of Ombudsman was able to contact the senders, so there is no further action required from HHSC.

TMHP received six complaints related to the HTW Program during Q1. They received the complaints by email and phone. Five complaints related to incorrectly filed claims by providers or billing issues from clients and one related to provider behavior. All complaints were closed because TMHP was unable to contact the sender or were resolved, and no further action was required 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 will be holding a hybrid (in-person and virtual) public forum on June 9, 2022 and will provide the full update in the next quarterly report.

G. Budget Neutrality

1. Please complete the budget neutrality workbook

The quarterly budget neutrality workbook was uploaded to the 1115 Demonstration Performance Management Database and Analytics System (PMDA) on May 23, 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 Q1 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 DY3 Q1:

- HHSC held a call with the selected external evaluator, the University of Texas Health Science Center at Houston (UT Health), to discuss the contracting process on March 14, 2022.
- HHSC executed the contract designating UT Health as the external evaluator on March 25, 2022.
- HHSC scheduled a kickoff meeting with UT Health to officially begin the HTW 1115 Waiver evaluation. The meeting will take place in the beginning of DY3 Q2.

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	4/1/2022 ^{1,2}	HHSC executed the contract for the External Evaluator (UT Health) on 3/25/2022	N/A
Interim Evaluation Report	12/31/2023 <i>(or upon application for renewal)</i>		<i>No issues anticipated at this time</i>
Summative Evaluation Report	6/30/2026		<i>No issues anticipated at this time</i>

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.

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.