

Healthy Texas Women Section 1115 Demonstration Waiver
Report for the period January 1, 2023, through March 31, 2023

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) 4, Calendar Year (CY) 2023, Quarter 1 (Q1) from January 1, 2023, through March 31, 2023. 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.

As previously reported, HHSC submitted an amendment request on September 30, 2020, to add 2019 Novel Coronavirus (COVID-19) screening and testing to the HTW Demonstration, with a requested effective date of February 4, 2020. On April 27, 2023, the Centers for Medicare and Medicaid Services (CMS) verbally indicated they were amenable to approving HHSC’s

amendment request and asked HHSC to submit the request using the COVID-19 Section 1115(a) Demonstration Application Template . On April 28, 2023, HHSC resubmitted the request using the template provided by CMS. The amendment is pending with CMS. Effective July 13, 2022, the first and second dose of the primary series of the Novavax COVID-19 vaccine is a benefit provided to individuals enrolled in HTW who are 18 years of age and older. Effective August 31, 2022, the Pfizer COVID-19 Omicron-specific booster vaccine and Moderna COVID-19 Omicron-specific booster vaccine are benefits in HTW Demonstration for individuals 18 years of age or older.

HHSC analyzed the clinical and cost effectiveness of HTW telemedicine and telehealth related flexibilities implemented during the federal COVID-19 public health emergency (PHE). Effective September 1, 2022, benefit information for the HTW program was updated to identify telemedicine and telehealth services that will remain available through permanent policy processes. These changes allow HTW providers to submit claims for reimbursement for synchronous audio-visual delivery for several benefits and services including, but not limited to behavioral health services and benefits, which included reimbursement for audio-only delivery in many cases and allowing rural health clinics and federally qualified health centers to be reimbursed for telemedicine and telehealth services. Effective March 1, 2020, through May 11, 2023, HHSC authorized HTW providers to bill for telephone (audio-only) medical (physician delivered) evaluation and management services to help ensure continuity of care during the COVID-19 PHE response. Interim guidance was issued to allow audio-only delivery to continue for some medical evaluation and management services until these policies are transitioned into permanent policies outlined in the Texas Medicaid Provider Procedures Manual (TMPPM).

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 comply with the requirements of the Families First Coronavirus Response Act (FFCRA), HHSC maintained eligibility for individuals who were receiving HTW as of March 18, 2020, and those determined eligible after that date. The Consolidated Appropriations Act, 2023, separated the continuous Medicaid coverage requirement of the FFCRA from the federal PHE declaration. The requirement to maintain continuous coverage ended on March 31, 2023, and HHSC has now begun redetermining the eligibility of all Texans receiving Medicaid services, including those receiving HTW, in alignment with Texas' federally approved End of Continuous Medicaid Coverage Mitigation Plan from CMS.

c. Narrative on the existence of or results of any audits, investigations, or lawsuits that impact the demonstration.

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 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.

HHSC continued to allow delivery of certain HTW services via telemedicine, telehealth, and telephone (audio only) throughout 2022 and permanently implemented many of these policies in alignment with service delivery options available under the Medicaid State Plan for these same services. HHSC published final notices to MCOs regarding the COVID-19 flexibilities that ended on May 11, 2023, when the federal PHE ended and the related provider and member notification requirements.

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

As of March 2023, HHSC is awaiting approval from CMS for an amendment to the HTW Demonstration Waiver to receive federal funds for HTW Plus. At the time the amendment was submitted, HHSC requested an effective date of April 1, 2021. Until a response is provided, HHSC is funding HTW Plus using state general revenue funds.

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 Demonstration Waiver.

The second mandate is to extend Medicaid postpartum coverage for an additional four months. The impact to HTW 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). To implement this extension of postpartum coverage, HHSC submitted an amendment to the Texas Healthcare Transformation and Quality Improvement Program 1115 demonstration in May 2022 with a requested effective date of September 2022 and the amendment is pending with CMS.

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 DY3

	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	5,976	391,850	29,630	423,439
Quarter 2	N/A	4,529	396,805	30,470	428,432
Quarter 3	N/A	4,185	399,744	33,240	433, 223
Quarter 4	N/A				

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

** Potential duplication across age groups due to some enrollees changing age groups within the quarter. Therefore, Total Unduplicated Enrollment may not equal the sum of reported clients for each age group.

*** HTW clients ages 15-17 are non-waiver and therefore not included in the enrollment figures.

Note: Table 2 provides final data on a two-quarter lag and provides DY3 Q3 data as part of the DY4 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.

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. 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, and HHSC has now begun redetermining the eligibility of all Texans receiving Medicaid services, including those receiving HTW, in alignment with Texas’ federally approved End of Continuous Medicaid Coverage Mitigation Plan from CMS.

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	882	51,421	2,493	54,796	
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 CY 2023 to date by quarter and age group include: medical and pharmacy claims from January through March 2023.

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 2023 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 FFCRA, HHSC maintained eligibility for individuals who were receiving HTW as of March 18, 2020, and those determined eligible after that date. 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, and HHSC has now begun redetermining the eligibility of all Texans receiving Medicaid services, including those receiving HTW, in alignment with Texas’ federally approved End of Continuous Medicaid Coverage Mitigation Plan from CMS.

Table 4: Contraceptive Utilization by Age Group per Demonstration Year¹

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 for measurement year 2022 will be available summer 2023 to allow adequate time for claim submission. At that time, HHSC will analyze the data to ensure there are no errors or issues. Data will be finalized in the fall of 2023 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 will not include clients under 14 or over 45 due to eligibility age

requirements.

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. 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, and HHSC has now begun redetermining the eligibility of all Texans receiving Medicaid services, including those receiving HTW, in alignment with Texas’ federally approved End of Continuous Medicaid Coverage Mitigation Plan from CMS.

Table 5: Number of 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 Screening²

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 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.

Cervical Cancer Screening preliminary results for measurement year 2022 will be available early summer 2023 . At that time, HHSC will analyze the data to ensure there are no errors or issues. Data will be finalized in the fall of 2023 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.

Table 8: PCP Network Adequacy by Demonstration Year (DY3)

Medicaid Service Area by County Type	Number of Enrollees (January 2022)*	Geographic Distance Standard (Number of Miles)	Performance Standard Percentage	Percent of Enrollees Within Distance Standard of TWO HTW-Active PCPs (January 2022)**
Bexar	36,179	----	90	80.2
Metro	34,250	10	90	79.4
Micro	1,081	20	90	93.1
Rural	848	30	90	97.4
Dallas	44,872	----	90	83.8
Metro	44,379	10	90	84.7
Micro	493	20	90	0
Rural	***	***	***	***
El Paso	13,662	----	90	90.0
Metro	13,660	10	90	90.1
Micro	***	***	***	***
Rural	2	30	90	0
Harris	90,760	----	90	87.8
Metro	89,225	10	90	87.6
Micro	***	***	***	***
Rural	1,535	30	90	100
Hidalgo	28,568	----	90	81.5
Metro	26,271	10	90	83.9
Micro	1,593	20	90	51.7
Rural	704	30	90	60.4
Jefferson	10,984	----	90	78.7
Metro	5,956	10	90	82.7
Micro	3,729	20	90	80.1
Rural	1,299	30	90	56.9
Lubbock	10,890	----	90	88.6
Metro	8,907	10	90	94.3
Micro	***	***	***	***
Rural	1,983	30	90	63.1
MRSA Central Texas	20,895	----	90	93.6
Metro	14,106	10	90	93.0
Micro	1,327	20	90	86.1
Rural	5,462	30	90	97.0
MRSA Northeast Texas	22,436	----	90	70.3

Metro	10,263	10	90	55.5
Micro	8,405	20	90	79.3
Rural	3,768	30	90	90.3
MRSA West Texas	17,969	----	90	75.0
Metro	7,763	10	90	78.9
Micro	2,213	20	90	43.4
Rural	7,993	30	90	79.9
Nueces	17,041	----	90	77.6
Metro	11,151	10	90	71.5
Micro	1,988	20	90	68.5
Rural	3,902	30	90	99.7
Tarrant	34,709	----	90	71.6
Metro	34,177	10	90	72.3
Micro	532	20	90	27.4
Rural	***	***	***	***
Travis	20,272	----	90	78.8
Metro	18,819	10	90	77.2
Micro	648	20	90	100
Rural	805	30	90	100
State Total	369,237	----	90	82.1
Metro	318,927	10	90	82.4
Micro	22,009	20	90	71.5
Rural	28,301	30	90	86.8

*For provider geographic access measurement purposes, 95 percent of HTW enrollees ages 18-44 had highly reliable residential address information on their record.

**HTW-active PCPs are those that were enrolled and HTW-certified as of January 2022 that had one or more HTW-related claims during calendar year 2021.

***Per the Census of 2020 population count, this county type is not contained within this service area.

The analysis presented in Table 8 does not include results regarding geographical access to HTW-active Primary Care Providers (PCPs) among clients enrolled as of January 1, 2023 (Q1 DY4) because final and completed data about PCPs enrolled as of January 2023 that had HTW-related claims during CY 2022 will not be available for analysis until July 2023.

Table 8.1 Pharmacy Network Adequacy by Demonstration Year (DY3)

Medicaid Service Area by County Type	Number of Enrollees (January 2022)*	Geographic Access Distance Standard (Number of Miles)	Performance Standard Percentage	Percent of Enrollees Within Distance Standard of ONE HTW-Active Pharmacy (January 2022)**
Bexar	36,179	----	----	90.0
Metro	34,250	2	80	90.4
Micro	1,081	5	75	71.1
Rural	848	15	90	99.6
Dallas	44,872	----	----	89.7
Metro	44,379	2	80	89.9
Micro	493	5	75	75.7
Rural	***	***	***	***
El Paso	13,662	----	----	85.5
Metro	13,660	10	80	85.5
Micro	***	***	***	***
Rural	2	30	90	0
Harris	90,760	----	----	92.3
Metro	89,225	2	80	92.2
Micro	***	***	***	***
Rural	1,535	15	90	99.2
Hidalgo	28,568	----	----	79.1
Metro	26,271	2	80	78.3
Micro	1,593	5	75	84.6
Rural	704	15	90	96.9
Jefferson	10,984	----	----	79.8
Metro	5,956	2	80	83.2
Micro	3,729	5	75	67.7
Rural	1,299	15	90	98.7
Lubbock	10,890	----	----	92.2
Metro	8,907	2	80	90.7
Micro	***	***	***	***
Rural	1,983	15	90	98.5
MRSA Central Texas	20,895	----	----	86.9
Metro	14,106	2	80	82.4

Micro	1,327	5	75	87.0
Rural	5,462	15	90	98.6
MRSA Northeast Texas	22,436	----	----	75.8
Metro	10,263	2	80	72.0
Micro	8,405	5	75	70.9
Rural	3,768	15	90	97.1
MRSA West Texas	17,969	----	----	89.2
Metro	7,763	2	80	81.7
Micro	2,213	5	75	90.4
Rural	7,993	15	90	96.2
Nueces	17,041	----	----	91.5
Metro	11,151	2	80	89.7
Micro	1,988	5	75	86.4
Rural	3,902	15	90	99.4
Tarrant	34,709	----	----	89.9
Metro	34,177	2	80	90.2
Micro	532	5	75	66.0
Rural	***	***	***	***
Travis	20,272	----	----	79.7
Metro	18,819	2	80	79.5
Micro	648	5	75	67.0
Rural	805	15	90	96.3
State Total	369,237	----	----	87.7
Metro	318,927	2	80	87.6
Micro	22,009	5	75	75.5
Rural	28,301	15	90	97.8

*For provider geographic access measurement purposes, 95 percent of HTW enrollees ages 18-44 had highly reliable residential address information on their record.

**HTW-active pharmacies are those that were enrolled as of January 2022 that had one or more HTW-related claims during calendar year 2021.

***Per the Census of 2020 population count, this county type is not contained within this service area.

The analysis presented in Table 8.1 does not include results regarding geographical access to HTW-active pharmacies among clients enrolled as of January 1, 2023 (Q1 DY4) because final and completed data about pharmacies enrolled as of January 2023 that had HTW-related claims during CY 2022 will not be available for analysis until July 2023.

Network Adequacy

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

The network adequacy analysis consists of a point-in-time ‘snapshot’ of HTW clients’ geographical access to HTW-active primary care providers and pharmacies as of January 1, 2022 (Q1 DY3). For reporting purposes, HTW-active providers are those that were enrolled in January 2022 and had one or more HTW-related claims during CY 2021. Providers that had HTW-related claims during CY 2021, but were not enrolled in January 2022, are not included in the analysis.

The results from the analysis indicate in January of 2022 (Q1 DY3), 82 percent of HTW enrollees ages 18-44 had access to at least two HTW-active Primary Care Providers (PCPs) within the distance standard applicable to them. The distance standard varies according to county type (metro, micro, rural). The 82 percent for Q1 DY3 represents a drop of approximately 7 percentage points compared to Q1 DY2. Among enrollees, the level of geographic access to more than one HTW-active PCP in Q1 DY3 was higher for those residing in rural and metro counties in comparison to those residing in micro counties. HHSC will work with TMHP to recruit HTW-active PCPs and assess changes in enrolled PCPs or change in county designation that may be attributed to the decrease.

The results from the analysis also indicate as of January of 2022 (Q1 DY3), 88 percent of HTW enrollees ages 18-44 had access to one HTW-active pharmacy within the distance standard applicable to them. The distance standard for pharmacy also varies according to county type. The 88 percent observed for Q1 DY3 was unchanged in comparison to Q1 DY2. Among enrollees, the level of geographic access to one HTW-active pharmacy in Q1 DY3 was higher for those residing in rural and metro counties in comparison to those residing in micro counties.

The following in-set describes the population size and population density parameters associated with the different county types:

County Type	Population Size	Population Density
Metro	≥ 1,000,000	≥ 1,000/mi ²
	500,000 – 999,999	≥ 1,500/mi ²
	Any	≥ 5,000/mi ²
	≥ 1,000,000	10 – 999.9/mi ²
	500,000 – 999,999	10 – 1,499.9/mi ²
	200,000 – 499,999	10 – 4,999.9/mi ²
	50,000 – 199,999	100 – 4,999.9/mi ²
	10,000 – 49,999	1,000 – 4,999.9/mi ²
Micro	50,000 – 199,999	10 – 99.9 /mi ²
	10,000 – 49,999	50 – 999.9/mi ²
Rural	10,000 – 49,999	10 – 49.9/mi ²
	<10,000	10 – 4,999.9/mi ²
	Any	<10/mi ²

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 four posts on Facebook, two posts on Facebook Español, four posts on Twitter, three on Instagram, and one on LinkedIn. Annual totals for social media posts related to HTW include eighteen posts on Facebook, five posts on Facebook Español, 42 posts on Twitter, six on Instagram and three on LinkedIn. The HHSC Facebook page has 157,606 followers, HHSC Facebook en Español has 51,122 followers, HHSC Twitter has 16,483 followers, HHSC Instagram has 4,105 followers, and HHSC LinkedIn has 53,160 followers.

In-Person Outreach

No in-person or virtual outreach efforts were conducted during Q1. HHSC will work to enhance social media outreach and in-person outreach efforts over the next quarter.

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 45,334 unique page views and the Spanish “Find a Doctor” page had 751 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

12,797 clicks for Q1. To make it easier for clients to locate providers, the TMHP OPL was discontinued when the HTW website OPL was updated in May 2022.

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 conducts 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 have begun tracking recruitment of provider types resulting from HTW Plus outreach.

In Q1, TMHP performed provider recruitment activities with 1,367 unique national provider identifiers (NPIs) for HTW & HTW Plus. For this outreach effort, TMHP is recruiting for and discussing the benefits of HTW and HTW Plus, addressing questions and walking providers through the attestation in the Provider Enrollment and Management System (PEMS). TMHP recruitment efforts include a proactive outreach email and telephone campaign to recruit HTW eligible providers in underserved Texas areas.

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 began tracking HTW Plus provider enrollment in Q1 of 2022 and continues to track enrollment. As of March 2023, there were 1,472 certified unique HTW Plus specific providers. The majority of the certified HTW Plus providers are licensed professional counselors (539 providers), psychiatrists (363 providers), and cardiologists (217 providers).

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.

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 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.

During Q1, HHSC received 30 complaints related to the HTW program through the Office of the Ombudsman. Thirteen complaints related to client enrollment, twelve related to prescription services, one related to billing, one related to customer service, one related to access to care, one related to non-Medicaid and CHIP services, and one related to other. 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 one complaint by phone related to the HTW program during Q1. The complaint was related to provider enrollment file maintenance. The complaint was closed and resolved. 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.

This update will be provided in the quarterly report in which the forum is held and in the next annual 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) May 24, 2023, 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 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 DY4 Q1:

- HHSC attended a recurring quarterly meeting with the external evaluator, the University of Texas Health Science Center at Houston (UT Health) on 2/10/23. The purpose of this meeting is to discuss progress on the evaluation and provide evaluation or programmatic technical assistance to UT Health as needed.
- HHSC also attended an ad-hoc meeting with UT Health on 3/23/23 to discuss quantitative analysis methodology and the data to be included in the interim report.
- HHSC analysts responded to ad-hoc data inquiries from UT Health.

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 12/15/21.	N/A
Procurement of Independent External Evaluator	N/A	HHSC executed the contract for the External Evaluator (UT Health) on 3/25/22.	N/A
Interim Evaluation Report	12/31/23 <i>(or upon application for renewal)</i>		<i>No issues anticipated at this time</i>
Summative Evaluation Report	6/30/26		<i>No issues anticipated at this time</i>

Modifications to the Evaluation Design

No changes to the HTW 1115 evaluation design were requested during DY4 Q1.

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.