

Healthy Texas Women Section 1115 Demonstration Waiver
Report for the period July 1, 2023, through September 30, 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 3 (Q3) from July 1, 2023, through September 30, 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 28, 2023, HHSC resubmitted the amendment request using the template provided by CMS. The amendment was approved by

CMS on September 15, 2023. The amendment was approved retroactively from March 1, 2020, through the end of Texas' unwinding period that is from April 1, 2023, through March 31, 2024. HHSC sent a letter of acceptance to CMS on September 28, 2023.

Pursuant to state law, 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 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. Permanent policy is forthcoming.

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. Effective April 1, 2023, HHSC initiated 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 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.

HHSC reports no operational challenges or issues for Q3.

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

As of September 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 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 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 was 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 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, 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 DY4

	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	3,477	404,095	39,272	443,381
Quarter 2	N/A				
Quarter 3	N/A				
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 DY4 Q1 data as part of the DY4 Q3 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					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	1,008	56,662	2,795	60,465	
Quarter 2	N/A	1,047	52,284	2,645	55,976	
Quarter 3	N/A	1,293	40,748	1,809	43,850	
Quarter 4						

	N/A					
Total Unduplicated**	N/A	2,610	102,519	5,047	110,176	

*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 do not reflect data past September 30, 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.

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	N/A	605	39,600	N/A	40,205
	Denominator	N/A	4,080	346,848	N/A	350,928
Long-acting reversible contraceptive (LARC)*	Numerator	N/A	80	6,519	N/A	6,599
	Denominator	N/A	4,080	346,848	N/A	350,928
Total	Numerator	N/A	685	46,119	N/A	46,804
	Denominator	N/A	4,080	346,848	N/A	350,928

*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 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	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

The Beneficiaries Tested for any STD table is an annual measure and will be updated in March 2024 with provisional 2023 data. Provisional data is subject to change.

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*	104,534	332,255	31.46%

*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.

Delayed reporting may be necessary 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	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 Texas	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 Texas	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 Texas	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
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Table 8 data were submitted with the Q1 DY4 report. 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 and will be submitted with the Q4 DY4 report.

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	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 Texas	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 Texas	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 Texas	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 Q1 DY4 report. 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 and will be submitted with the Q4 DY4 report.

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.

A summary of pharmacy and PCP network adequacy results was provided in the Q2 2023 monitoring report. The next summary of pharmacy and PCP network adequacy results will be provided with the Q4 DY4 monitoring report once CY 2022 data is finalized in the fall of 2023.

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 Q3, social media posts related to HTW included three posts on Facebook, three posts on Facebook Español, five posts on Twitter, one on Instagram, and zero on LinkedIn. Annual to-date totals for social media posts related to HTW include twenty-three posts on Facebook, nine posts on Facebook Español, 51 posts on Twitter, nine on Instagram and five on LinkedIn. The HHSC Facebook page has 164,577 followers, HHSC Facebook en Español has 51,816 followers, HHSC Twitter has 16,741 followers, HHSC Instagram has 4,767 followers, and HHSC LinkedIn has 56,417 followers.

HHSC has started the development of an HTW social media calendar to establish a posting frequency each month, improve HTW social media engagement, and enhance the quality of HTW online content on Facebook, Twitter, Instagram, and LinkedIn.

In-Person Outreach

During Q3, HHSC staff traveled to Amarillo to present information about HTW's eligibility requirements and program overview to the Department of State Health Services (DSHS) Amarillo regional staff. HHSC staff also met with the Texas Association of Community Health Centers to provide updates of the H.B. 133 HTW carve-in and inform providers that they may attend existing forums for future updates.

Outreach Materials

HHSC is working to restock HTW outreach materials on Pinnacle, a public-facing HHSC website used to order outreach materials, forms, and other publications. HHSC is also working to update the HTW client fact sheets to reflect up-to-date information such as household income limits.

Lastly, HHSC is working to update the HTW website to add the HHSC HTW email address to the "Contact Us" section to ensure clients are aware that they can contact HHSC via email.

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 51,442 unique page views and the Spanish "Find a Doctor" page had 599 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.

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 fall 2022, TMHP commenced a campaign to improve HTW and HTW Plus network adequacy in counties with the lowest number of attested HTW providers. In Q3, TMHP continued to perform provider recruitment activities for HTW & HTW Plus. The TMHP provider relations team continued to conduct a tiered recruitment campaign that includes email and phone outreach to increase HTW provider attestations in these counties. As part of this outreach effort, TMHP discussed the benefits of HTW and HTW Plus, addressed questions, and walked providers through the attestation process in the Provider Enrollment and Management System (PEMS). The campaign targeted 9,063 unique national provider identifiers (NPIs) in the Dallas, Tarrant, El Paso, Northeast, Hidalgo, and Jefferson regions. This campaign ended on September 5, 2023.

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 September 2023, there were 1,875 new certified unique HTW Plus specific providers. The majority of the certified HTW Plus providers are licensed professional counselors (699 providers), psychiatrists (441 providers), and cardiologists (273 providers).

HHSC and TMHP tracked effectiveness of the TMHP tiered recruitment campaign by assessing the number of providers who were successfully contacted and submitted an HTW attestation. At the completion of the campaign:

- TMHP successfully emailed 6,634 providers; of these providers, 3,450 submitted an HTW attestation (52 percent).
- TMHP successfully contacted 2,429 providers via telephone; of these providers, 1,397 submitted an HTW attestation (57 percent).
- TMHP successfully contacted 9,063 providers in total (via email and telephone); of these providers, 4,847 submitted an HTW attestation (53 percent).

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 Q3, HHSC received 11 complaints related to the HTW program through the Office of the Ombudsman. Five complaints related to member enrollment, three related to prescription services, one related to customer service, one related to fraud, and one related to obtaining a new Medicare card. 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 from the contact center related to the HTW program during Q3. The complaint was related to provider enrollment/license updating support. 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 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 summary of the annual post award public forum will be provided in the quarterly report during which the forum is held. The summary will also be provided in the annual report.

A. 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 November 14, 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 Q3 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.

G. 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 Q3:

- HHSC attended a recurring quarterly meeting with the external evaluator, the University of Texas Health Science Center at Houston (UTHealth) on August 11, 2023. The purpose of these meetings is to discuss progress on the evaluation and provide evaluation or programmatic technical assistance to UTHealth as needed.
 - HHSC also attended additional meetings with UTHealth on September 1, 2023 to discuss key findings from the Interim Report.
- HHSC received the UTHealth’s initial draft of the Interim Report on September 1, 2023. The interim report is still under review by HHSC. The Interim Report will be submitted to CMS by December 31, 2023.
- HHSC received CMS approval on September 15, 2023, for the state’s 1115(a) demonstration application related to COVID-19 tests for women receiving services under the HTW 1115 demonstration waiver. The evaluation design for the COVID-19 related amendment was submitted to CMS on November 14, 2023.

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	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>	HHSC received UTHHealth's initial draft of the Interim Report on 9/1/2023. UTHHealth collected primary data via beneficiary and client surveys from May to September 2023. UTHHealth will summarize primary data collection activities completed to date in the Interim Report, but findings from the surveys will not be available until the Summative Evaluation Report.	<i>No issues anticipated at this time</i>
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 DY4 Q3.

Description of Evaluation Findings or Reports

Evaluation findings are not available at this time as the Interim Report is still under review. Interim evaluation findings will be summarized after the Interim Report is submitted to CMS in December 2023.