

Biannual Therapy Access Monitoring Report

**As Required by
Senate Bill 1, 87th Legislature, Regular
Session, 2021 (Article II, Health and
Human Services Commission, Rider 10)**

**Health and Human Services
Commission**

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Health and Human
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Executive Summary

The Texas Health and Human Services Commission (HHSC) submits this report in compliance with the 2022-2023 General Appropriations Act, Senate Bill 1, 87th Legislature, Regular Session, 2021 (Article II, HHSC, Rider 10). Rider 10 requires HHSC to analyze selected data related to pediatric acute care therapy services (including physical, occupational, and speech therapies) for negative impacts on access to care. HHSC must submit this report to the Legislative Budget Board and the Governor twice a year.

This Rider 10 report addresses the following:

- The volume of substantiated¹ complaints and appeals from providers, members, and other sources for December 2021 through November 2022 declined compared to the previous biannual report and remains low, representing only a fraction of one percent of members.
- The HHSC contract with Medicaid MCOs requires compliance with network adequacy standards for therapy providers by travel time and distance, which vary by county, depending on total population and population density. Since fiscal year 2019, an MCO is considered compliant if it achieved these varied standards for at least 90 percent of members within a county. Overall, for fiscal year 2022 quarter 4 through fiscal year 2023 quarter 1, all programs met the 90 percent standard.
- Previous reporting (February 2022 through June 2022) showed a temporary decline in enrolled providers. However, current reporting shows enrolled providers have reached their highest level on record. The number of enrolled providers has grown by 28 percent since January 2017.
- MCOs reported an average of about 53 therapy provider terminations per month from December 2021 through November 2022 (total of 637 terminations), up from 46 per month during the previous 12-month period.
- Following a 13 percent drop in active providers from February to April 2020, as utilization declined due to the novel coronavirus federal public health emergency (PHE), the number of active providers has rebounded and remained at or above their February 2020 levels.

¹ A complaint or appeal where research clearly indicates HHSC policy was violated or HHSC expectations were not met.

- The number of individuals reported as on a waiting list for pediatric therapy services has increased during the federal PHE’s continuous coverage period:
 - ▶ Compared to the previous six-month reporting period (December 2021 through May 2022), waitlist cases increased by 12 percent for June through November 2022, reaching 1,975 members.
 - ▶ The number of providers reporting waitlist cases declined compared to the previous six-month reporting period (28 currently versus 31 previously).
 - ▶ MCOs report that 35 percent of members on a waitlist subsequently gained services or were referred to a different provider for services, a decline of six percentage points from the previous period.
 - ▶ HHSC’s analysis of therapy encounters indicates that a majority of members reported on a waitlist receive a service within three months (59 percent for the period December 2021 through May 2022).
- Before the federal PHE, therapy utilization rates for children showed periods of fluctuation beginning in 2016 with implementation of therapy policy initiatives and the STAR Kids roll out. Across programs and therapy types, many of these variations appear temporary.
- The federal PHE initially decreased the rate at which children receive a therapy service. From January to March 2020, the physical therapy utilization rate dropped 44 percent, while rates for speech and occupational therapy both fell more than 30 percent. Since March 2020, rates for all therapy types have rebounded to their pre-federal PHE trend. Utilization rates increased for every therapy type during the most recent six-month reporting period (January 2022 through June 2022).
- HHSC continues to strengthen clinical, policy, and operational oversight to ensure Medicaid members have timely access to therapy services.
- The 2020-2021 General Appropriations Act, House Bill 1, 86th Texas Legislature, Regular Session, 2019 (Article II, HHSC, Rider 47) provided funding to increase in-home pediatric therapy rates by 10 percent and to raise reimbursement for therapy assistants across all settings from 70 percent to 80 percent of the licensed therapist rate. The new rates were effective September 1, 2019.

1. Legislation

Per Rider 10, the 87th Legislature directed HHSC to do the following:

Out of funds appropriated in Strategy B.1.1, Medicaid Contracts and Administration, HHSC shall submit, on a biannual basis, the following information related to pediatric acute care therapy services (including physical, occupational and speech therapies) by service delivery area (SDA) and information regarding whether the items below negatively affect access to care:

- a) Provider and member complaints by disposition received by the Office of the Ombudsman and HHSC Health Plan Management;
- b) Provider and member complaints by disposition reported by Medicaid Managed Care Organizations using a standard definition of complaint as defined by HHSC;
- c) Provider and member appeals by disposition received by HHSC Health Plan Management and resolution of the appeals;
- d) The number of pediatric acute care therapy provider terminations and the reason for identified terminations;
- e) The utilization of pediatric acute care therapy services by therapy type and provider type;
- f) The number of members on a waiting list, defined as 1) those who have been referred to a provider or Medicaid Managed Care Organization, but there is not a treating therapist to perform an initial assessment and 2) those who have been assessed, but are unable to access pediatric acute care therapy services due to insufficient network capacity; and
- g) The number of pediatric acute care therapy providers no longer accepting new clients and the reason for identified panel closures.

HHSC shall submit the biannual reports to the Legislative Budget Board and the Governor in a format specified by the Legislative Budget Board. HHSC shall ensure standardized collection of data to obtain all data used in the report. HHSC shall develop a process for pediatric therapy providers to submit data directly to HHSC for items (f) and (g), using feedback obtained from relevant stakeholders.

2. Background

Medicaid Coverage for Pediatric Therapy Services

Medicaid covers medically necessary physical, occupational, and speech therapy for enrolled children.

- Physical therapy (PT) services reduce the incidence or severity of disability or pain to enable, train, or retrain a person to perform the independent skills and activities of daily living. PT services are provided by physical therapists and physical therapy assistants licensed under the Executive Council of Physical Therapy and Occupational Therapy Examiners.
- Occupational therapy (OT) uses purposeful activities to obtain or regain skills needed for activities of daily living (ADL) and functional skills needed for daily life lost through acute medical condition, acute exacerbation of a medical condition, or chronic medical condition related to injury, disease, or other medical causes. OT services are provided by occupational therapists and occupational therapy assistants licensed under the Executive Council of Physical Therapy and Occupational Therapy Examiners. Physicians may also provide OT services.
- Speech-language pathologists treat speech sound and motor speech disorders, stuttering, voice disorders, aphasia and other language impairments, cognitive disorders, social communication disorders, and swallowing (dysphagia) deficits. Speech therapy (ST) may be provided by speech-language pathologists or speech-language pathology assistants licensed under the Texas Department of Licensing and Regulation. Physicians may also provide ST services.
- Children may receive therapy services through Medicaid fee-for-service (FFS) or managed care, including through the STAR, STAR Kids, and STAR Health managed care programs. Medicaid-covered services are the same whether provided through traditional FFS or managed care. Medicaid MCOs must provide covered services in the same amount, duration, and scope as outlined in the Medicaid state plan. Medicaid MCOs may implement practices to promote appropriate utilization of medically necessary services, such as prior authorization.

Policy and Reimbursement Changes to Therapy Services

The 2016-2017 General Appropriations Act, House Bill 1, 84th Legislature, Regular Session, 2015 (Article II, HHSC, Rider 50) directed HHSC to achieve savings related to physical, occupational, and speech therapy services through rate reductions and medical policy initiatives. HHSC implemented reimbursement and policy changes for therapy services over the 2016-17 biennium. These changes were made to help ensure that recipients of therapy services had a medical need for therapy and that the therapy delivered was effective and aligned with current standards of practice.

The 2018-2019 General Appropriations Act, Senate Bill 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 59) partially restored rates for therapy services and provided direction on reimbursement rates for therapy assistants. The 2018-2019 General Appropriations Act also directed HHSC to analyze and report quarterly on data related to pediatric acute care therapy services through Article II, HHSC, Rider 57. Rider 47 (2020-2021 General Appropriations Act) allocated funding to increase in-home pediatric therapy rates by 10 percent and to raise reimbursement for therapy assistants across all settings from 70 percent to 80 percent of the licensed therapist rate. The new rates were effective September 1, 2019.

Other significant policy and programmatic changes since 2015 include:

- In November 2016, approximately 180,000 children transitioned from Medicaid FFS to the new STAR Kids managed care program. Prior authorizations for these children are performed by the MCOs.
- The deadline for provider reenrollment pursuant to the Affordable Care Act (ACA) occurred in February 2017, resulting in a temporary decline in provider enrollment across all provider types in the Medicaid network.

See Appendix A for a full summary of policy changes since 2015.

Through the Biannual Therapy Access Monitoring Report process, HHSC will continue to track and report the best available information on current trends.

3. Therapy Data Trends and Analysis

Data collection and analysis for Rider 10 is intended to detect potential signs of systemic issues with access to pediatric PT, OT, and ST services. To collect data required by Rider 10, HHSC provides a tool to Medicaid MCOs for reporting data on complaints, waiting lists, providers that are not accepting new members, and provider terminations for therapy services. Appendix B shows the timeline for HHSC stakeholder engagement efforts for the development and implementation of the data collection and reporting process. MCOs report this data to HHSC each month. HHSC also obtains complaints data from internal agency sources, including the Office of the Ombudsman and the Medicaid and Children’s Health Insurance Program (CHIP) Services division. Each month, HHSC reviews the data for quality assurance and addresses any identified issues.

HHSC also reviews Medicaid provider enrollment and client utilization data by therapy discipline to help identify trends in the number of therapy providers enrolled and providing services in Medicaid and the number of individuals receiving services. Utilization data includes FFS claims and managed care encounters.

These data types and sources provide different information about access to pediatric acute care therapy services and have unique considerations and limitations. HHSC monitors and analyzes the data holistically to identify trends, assess access to pediatric therapy services, and appropriately address any issues.

Therapy Provider and Member Complaints and Appeals

For this biannual report, data on substantiated complaints and appeals for Figure 1 and Table 1 are through November 2022. The [previous report](#) included data through May 2022. Data tables including both substantiated and unsubstantiated complaints and appeals are available in Appendix C Tables S1 and S2.

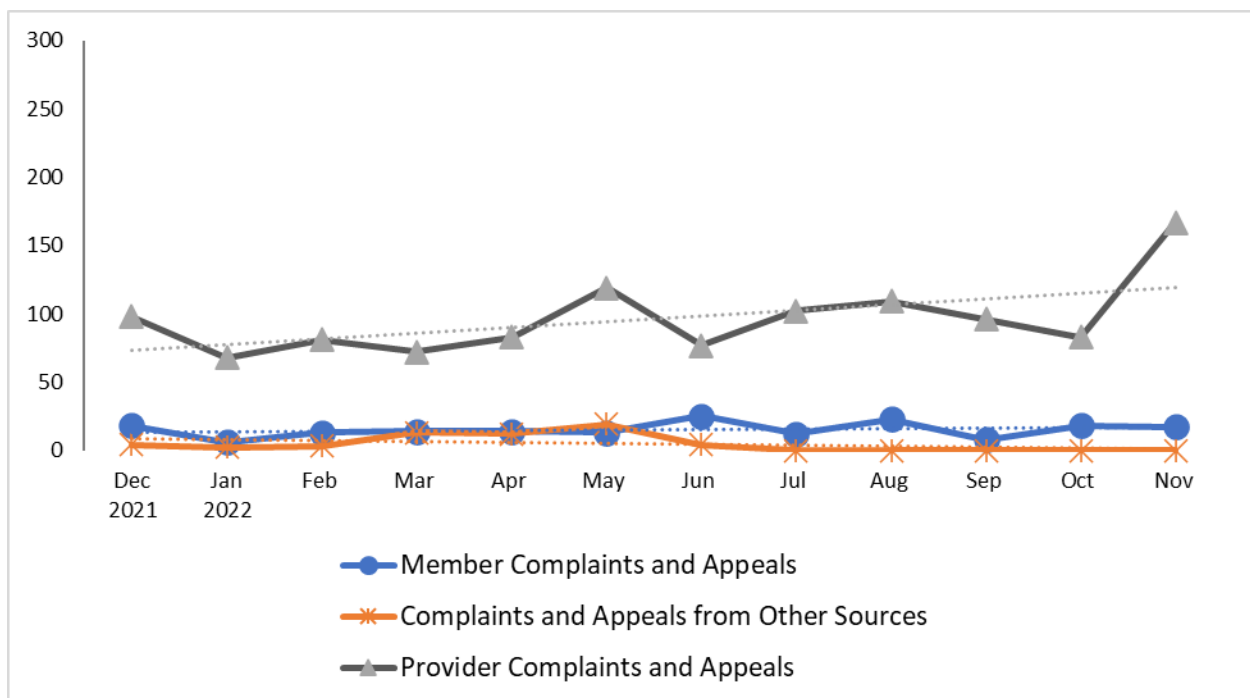
Figure 1 shows trends in substantiated complaints and appeals relating to pediatric therapy services from December 2021 through November 2022. For this one-year

period, an average of 116 complaints and appeals were substantiated per month,² including:

- 96 per month from providers (mostly for payment and prior authorization);
- 15 per month from members or persons representing members; and
- 5 per month from other sources.

These monthly averages, based on one year of data, have declined since the previous report. Please note, the one-month spike in November 2022 for provider complaints and appeals is related to experience at a single MCO.

Figure 1: Substantiated Member and Provider Complaints and Appeals for Pediatric Therapy Services (PT, OT, and ST)



Consistent with the previous biannual monitoring report, the number of complaints and appeals relative to the number of persons served remains low. The total number of substantiated complaints and appeals represents approximately 0.10 percent of the average number of members receiving pediatric therapy services in a month.

² Due to rounding, the number of complaints and appeals may not equal the sum from the different sources.

In addition to data on volume, HHSC monitors data on the reasons for complaints and appeals. The vast majority (96 percent) of substantiated complaints and appeals from all sources combined relate to authorization of and payment for pediatric therapy services, with less than 3 percent related to travel distance, number of providers, and wait times or other causes.

Table 1: Categories of Substantiated Complaints and Appeals, December 2021- November 2022

Category of Complaints and Appeals	Percent of Total Complaints from Providers	Percent of Total Complaints from Members	Percent of Total Complaints from All Sources
Authorization Related (Authorization Delays and Denials)	57.6 percent	74.6 percent	61.6 percent
Availability of Services (Travel Distance, Limited Provider Numbers, Wait Times for Providers)	0.2 percent	18.4 percent	2.6 percent
Claims Payment Related	41.6 percent	0.5 percent	34.4 percent
Other	0.7 percent	6.5 percent	1.4 percent
Total	100 percent	100 percent	100 percent

Therapy Provider Participation in Medicaid

To ensure members have access to an adequate network of therapy providers, HHSC monitors and analyzes data on enrolled and active Medicaid therapy providers, as well as data reported by the MCOs on therapy providers that are no longer participating in an MCO’s network or have a waiting list for services.

Network Adequacy Contract Requirements

The HHSC contract with MCOs requires compliance with network adequacy standards for therapy providers. MCO network adequacy requirements may vary by county, based on total population and population density. For therapy providers, members must have access to at least two network providers within the number of miles or travel time from the member’s residence, as listed below.³

- Members residing in a Metro County: 30 miles or 45 minutes.
- Members residing in a Micro County: 60 miles or 80 minutes.

³ Travel time is calculated annually. For quarterly tracking, Table 2 is based on distance.

- Members residing in a Rural County: 60 miles or 75 minutes.

The performance standard is 90 percent.

Average MCO compliance rates per program for each of the last four fiscal year quarters are shown in Table 2. For the period September 2021 through November 2022, each program has met the 90 percent performance standard.

Table 2: Average MCO Network Adequacy Compliance Rates for PT, OT, and ST Providers by Program

Program	FY 2022 Quarter 2	FY 2022 Quarter 3	FY 2022 Quarter 4	FY 2023 Quarter 1
STAR (16 MCOs)	94 percent	94 percent	94 percent	95 percent
STAR+PLUS (5 MCOs/4 MCOs as of Q3 FY22⁴)	95 percent	94 percent	94 percent	95 percent
STAR Kids (9 MCOs)	96 percent	96 percent	96 percent	96 percent
STAR Health (1 MCO)	94 percent	95 percent	94 percent	95 percent

The evaluation of network adequacy compliance occurs at the county level. An MCO can meet the overall compliance standard yet fall below 90 percent in one or more counties. Most instances of noncompliance are in counties in a Medicaid Rural Service Area (MRSA). The total number of counties, per program and SDA, in which there was noncompliance from September through November 2022 (fiscal year 2023, Quarter 1) are:

- STAR: 21 total counties: 20 rural counties in MRSA West SDA and one rural county in Jefferson SDA
- STAR+PLUS: 24 total counties: 20 rural counties in MRSA West, one rural county in MRSA Northeast, two rural counties in MRSA Central, and one rural county in Jefferson
- STAR Kids: 14 total counties: 12 rural counties in MRSA West and two rural counties in MRSA Northeast
- STAR Health: 14 rural counties in the MRSA West

⁴ Cigna HealthSpring no longer participates in STAR+PLUS as of March 2022.

Therapy Providers Currently Enrolled vs. Therapy Providers Currently Active

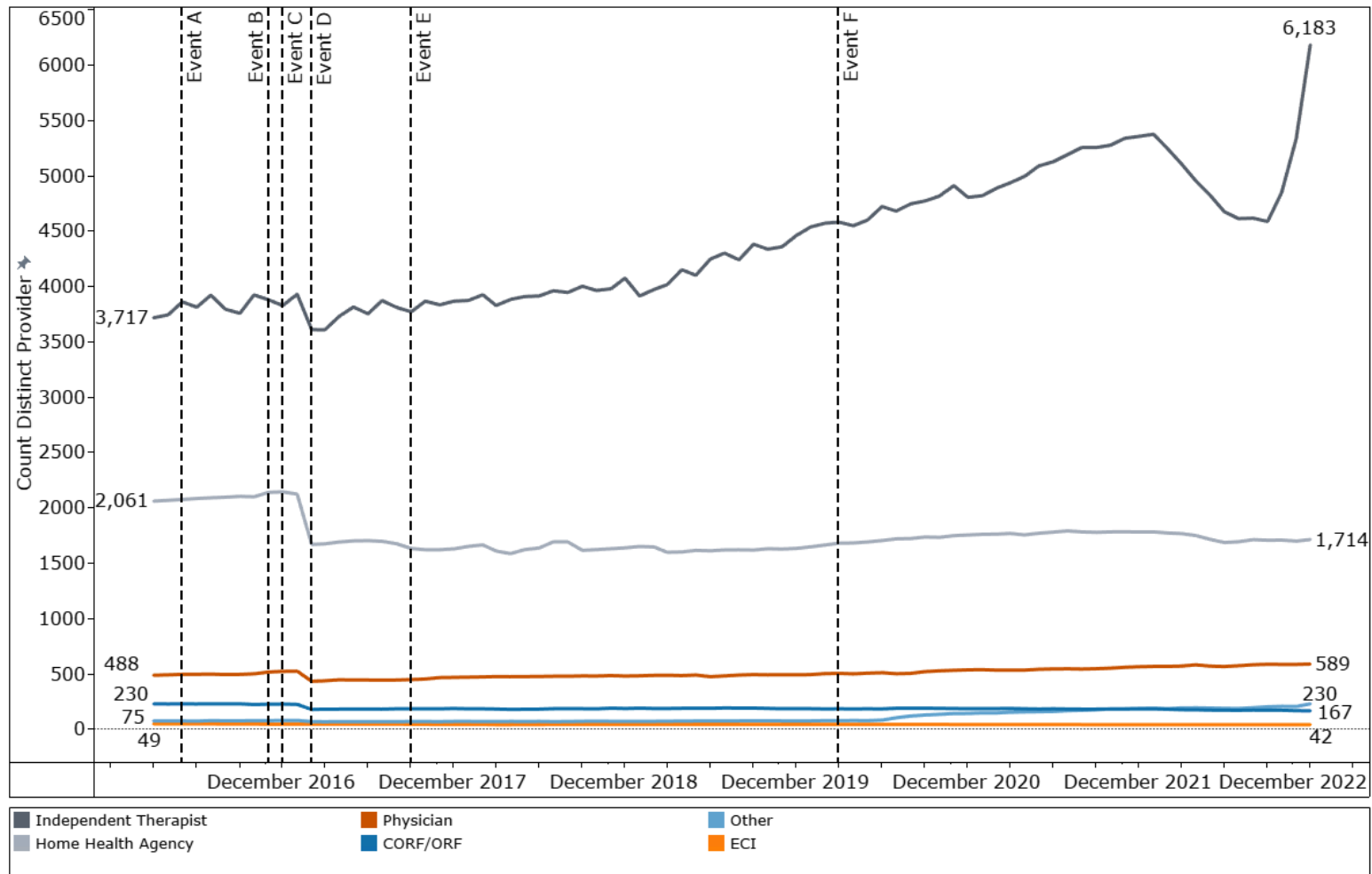
For this biannual report, data on the number of therapy providers enrolled in Medicaid are included through December 2022, and data on active billing providers are included through June 2022. The previous report included enrolled provider data through June 2022 and active provider data through December 2021.

Figure 2 shows the monthly number of therapy providers enrolled in the Medicaid program from March 2016 to December 2022, while Figure 3 shows the number of active therapy providers through June 2022. Active providers have at least one billed service in a given month for a client younger than 21 years old.⁵ Appendix C Tables S3 through S7 provide detailed monthly breakouts in tabular form for enrolled and active providers. The trends of enrolled and active providers appear to be impacted by different policy changes. The number of enrolled providers was relatively stable until the ACA reenrollment requirement in February 2017 led to a 13 percent decrease (see Figure 2). Since then, the number of enrolled therapy providers has generally grown, and as of December 2022 stands 28 percent above the level just before the February 2017 ACA reenrollment. A decline in enrolled providers during the previous reporting period (February 2022 through June 2022) appears to have been a temporary issue.

While a decrease in enrolled providers began with the ACA reenrollment deadline in 2017, a decline in active providers started earlier, in 2016, corresponding to therapy policy changes related to documentation and prior authorization. The number of active providers fell by 30 percent from April 2016 to June 2019 before starting on an upward trend until the onset of the federal PHE. As of June 2022, the number of active providers remains at about the same level as just prior to the federal PHE. The overall trend for active providers mainly reflects changes in the number of independent therapists over time.

⁵ Due to differences in the availability of monthly data, trend lines for enrolled providers includes six additional months of data compared to active providers.

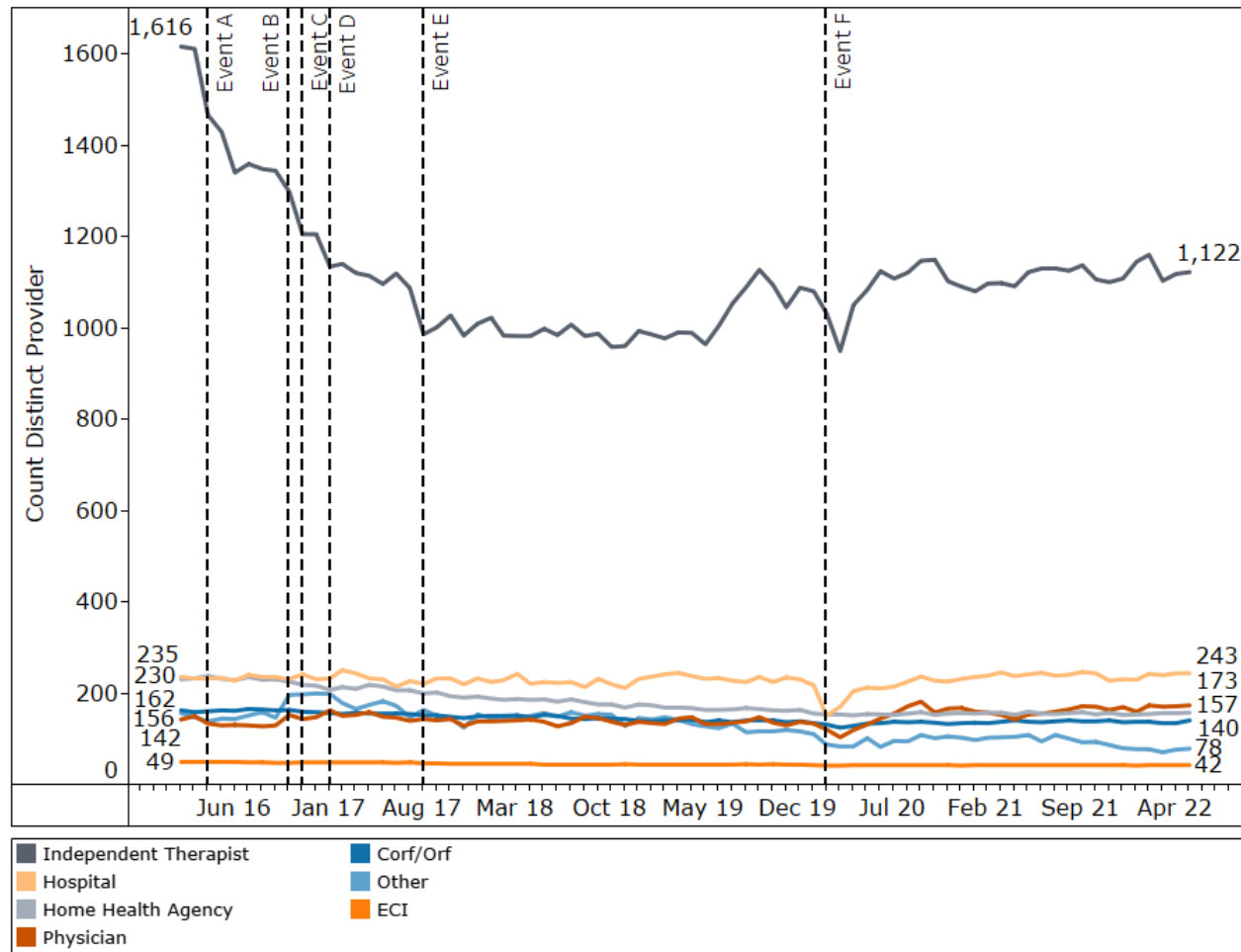
Figure 2: Enrolled Medicaid Therapists by Provider Type, March 2016–December 2022



Reference Lines: Event A - Policy Changes May 2016; Event B - STAR Kids Rollout Nov 2016; Event C - Therapy Rate Changes Dec 2016; Event D - ACA Deadline Feb 2017; Event E - Code Changes Sep 2017; Event F - Coronavirus Declared National Emergency Mar 2020.

Note: Data prepared by DAP/HHSC. Numbers and more details in Appendix B Supplemental Table S3.

Figure 3: Active Medicaid Therapists by Provider Type, March 2016–June 2022



Reference Lines: Event A - Policy Changes May 2016; Event B - STAR Kids Rollout Nov 2016; Event C - Therapy Rate Changes Dec 2016; Event D - ACA Deadline Feb 2017; Event E - Code Changes Sep 2017; Event F - Coronavirus Declared National Emergency Mar 2020.

Note: Data prepared by DAP/HHSC. Numbers and more details in Appendix B Supplemental Table S4. In addition, Supplemental Table S5 shows active Medicaid therapists by SDA. December 2021 data for Active providers are preliminary.

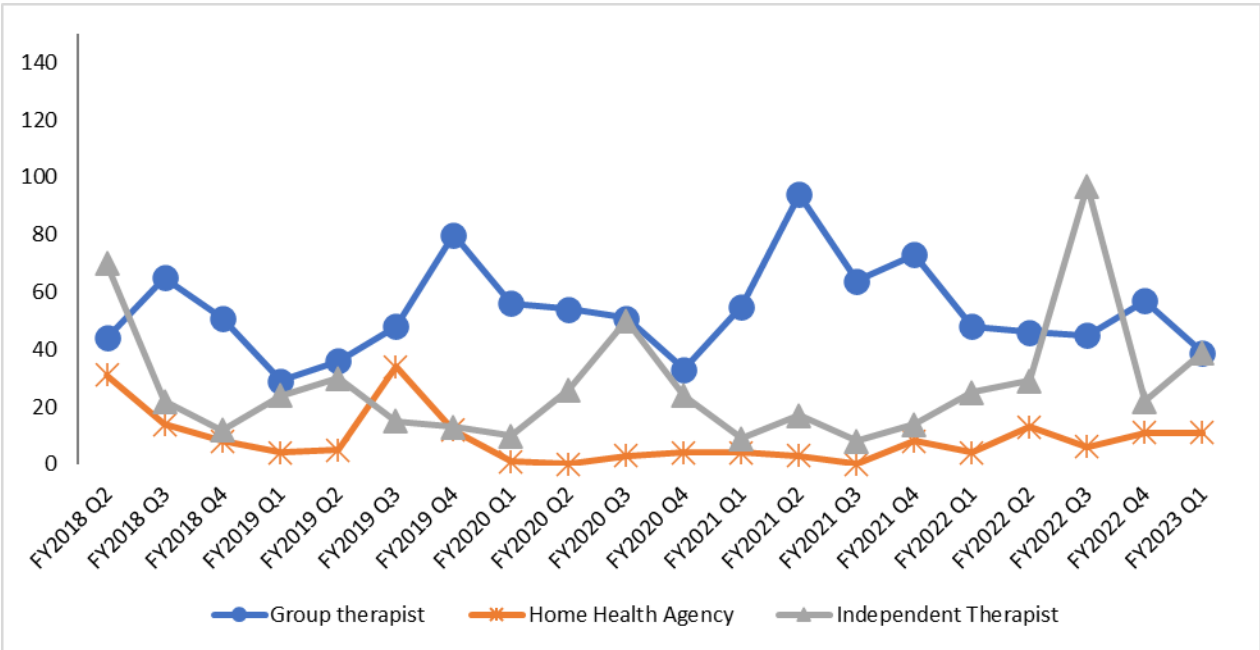
MCO Network Terminations of Therapy Providers

For this biannual report, data on terminated providers are included through November 2022. The previous report included data through May 2022.

Each MCO recruits and contracts with a network of providers. Providers may choose to stop participating in Medicaid or in an MCO network or may be involuntarily terminated by the state or an MCO. If a provider leaves one MCO network, it may still participate as a provider with one or more other MCOs.

MCOs reported that an average of about 53 therapy providers per month left or were terminated from an MCO network from December 2021 through November 2022 (a total of 637 terminations for the one-year period), up from 46 per month during the previous 12-month period. The terminations by provider type consisted of 29 percent for group therapists, 29 percent for independent therapists, 6 percent for therapists providing services through a home health agency, and 35 percent from other providers. As shown in Figure 4, quarterly trends for terminations tend to fluctuate, and independent therapist terminations increased significantly in fiscal year 2022 quarter 3 (due to one MCO completing an internal review and data update). Terminations trends stabilized in the following two fiscal quarters from June 2022 through November 2022.

Figure 4: MCO Network Terminations by Therapy Provider Type, March 2019–November 2022



The most common reason for the terminations involves individual providers leaving a group practice (55 percent). Other reasons include 13 percent for loss of credential or failure to re-credential (either the MCO did not choose to re-credential the provider, or the provider did not respond to requests for re-credentialing), 6 percent due to termination of contract, and 2 percent for failure to maintain an active Texas provider identifier.

Provider Waiting Lists for Therapy Services

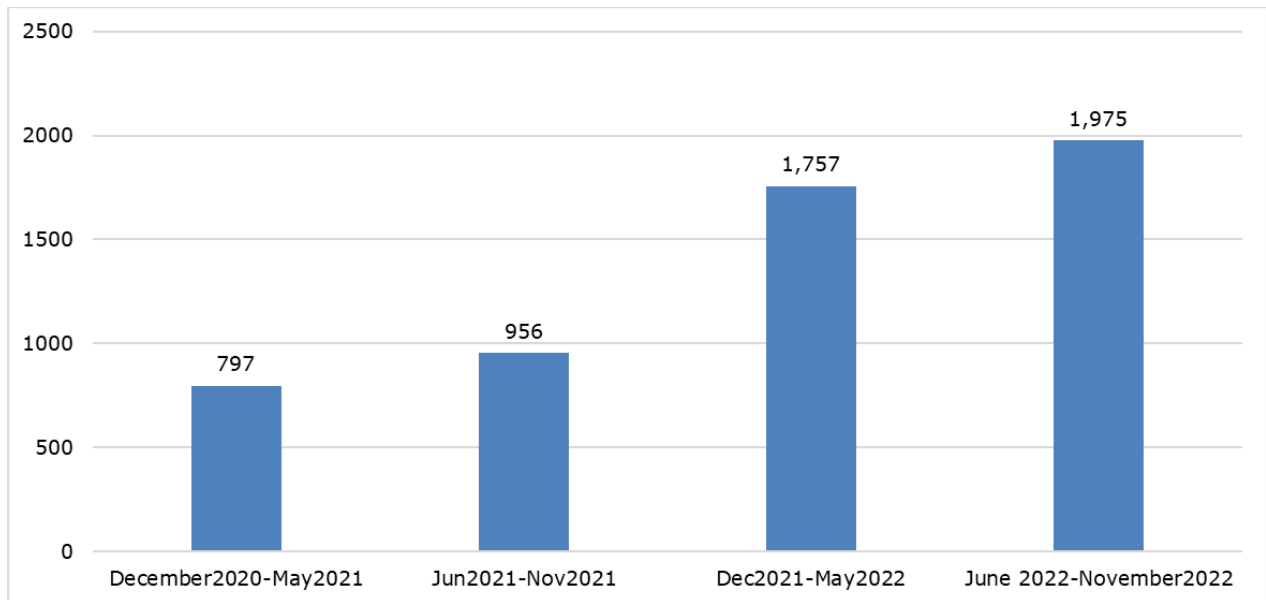
For this biannual report, data on provider waiting lists are through November 2022. The previous report included data through May 2022.

HHSC receives monthly reports on enrollees who are waiting for therapy services. The waiting list data collection process required by Rider 10 specifies that a provider may submit information to either HHSC or an MCO. HHSC sends the waiting list data it receives to MCOs, who combine it with data submitted directly to them by providers. Then, the MCOs review each case and report final data back to HHSC. According to Rider 10, waiting list reports should cover pediatric enrollees who either 1) were referred for therapy services, but no treating therapist was available to perform an initial assessment; or 2) have been assessed but were unable to access acute care therapy services due to insufficient network capacity. For each individual placed on a waiting list, the data collected includes: program type (STAR, STAR Kids, STAR Health), member SDA, provider name and type (PT, OT, or ST), reason for the waiting list placement, whether another provider is available, and how the case was resolved.

Figure 5 below shows that the number of individuals reported on a waiting list for pediatric therapy services continues to increase, though at a much slower rate compared to the previous six-month reporting period (12 percent versus 84 percent previously).⁶ The number of providers reporting cases (28 providers) also declined compared to the previous period (31 providers).

⁶ Feedback from stakeholders indicates that provider awareness of the Rider 10 waitlist reporting process is increasing, likely contributing to this upward trend.

Figure 5: Number of Individuals Reported on a Waiting List, Current Cases



Between June 2022 and November 2022, most enrollees reported on a waiting list were from the Tarrant, Harris, Travis, and Bexar SDAs. Compared to previous reporting, the Harris percentage decreased from 22 percent to 19 percent and Dallas decreased from 20 percent to 8 percent. The Bexar percentage increased from 7 percent to 14 percent, the largest change compared to previous reporting.

By SDA, the percentage of reported enrollees on a waiting list of the statewide total is as follows:

- Tarrant: 27 percent
- Harris: 19 percent
- Travis: 15 percent
- Bexar: 14 percent
- Dallas: 8 percent
- Lubbock: 3 percent
- MRSA Northeast: 2 percent
- MRSA Central: 2 percent
- Other: 9 percent

Additional details for the waiting list data include:

- 63 percent of individuals were enrolled in STAR (decrease from 65 percent in the previous report)
- 32 percent were enrolled in STAR Kids (decrease from 35 percent)
- 52 percent of individuals were requesting speech therapy, 26 percent occupational therapy, 16 percent physical therapy, and 6 percent multiple therapies

When a provider reports through the Rider 10 data collection tool that a member is waiting for services, the MCO reviews the case and helps the member to access care, including by identifying an alternative therapy provider. The MCOs reported the following member outcomes after case reviews:

- 35 percent were referred to another provider or reported currently receiving services;
- 7 percent opted to remain on an individual provider's waiting list;
- 4 percent declined services;
- 26 percent could not reach the member or left an unreturned message; and
- 23 percent of cases had not been resolved.

The percentage of members referred to another provider or currently receiving therapy services decreased six percentage points during the most recent reporting period.

Utilization Analysis of Individuals Reported to be on Waiting Lists for Therapies

Utilization data on provider waiting lists are for December 2021 through May 2022. The previous report included data from June 2021 through November 2022.

To help assess the resolution of waiting list cases, HHSC tracks three months of utilization data after an individual is first reported on a waiting list during a biannual period. Table 3 summarizes these results by SDA for December 2021 through May 2022. Utilization data used for this analysis require additional time to collect, running two quarters behind other waiting list analyses published in this report. The

analysis excludes clients who were not continuously enrolled in Medicaid or with the same MCO over the three-month period.⁷

Results in Table 3 indicate that 59 percent of individuals newly reported on a waiting list received a therapy service within three months, a decline compared to the previous biannual report (65 percent) but still within the historical range of performance for this metric. Results vary across the state.

Table 3: Newly Reported Waiting List Clients Receiving a Therapy Service Within Three Months of Report, by SDA, December 2021-May 2022

Service Area	Clients on Waitlist	Number Clients Ineligible or Left MCO**	Quarterly Waitlist Cohort	Number Receiving Services	Percent Receiving Services
Harris	367	13	356	224	63%
Dallas/ Tarrant	544	21	522	272	52%
MRSAs*	73	5	69	39	57%
Travis	169	3	165	109	66%
Other	186	11	174	111	64%
Total	1,339	53	1,286	755	59%

*Includes Medicaid Rural Services Areas' data for Central, Northeast and West Texas.

**Client was not continuously enrolled in Medicaid or with the health plan during the three-month study period.

Therapy Providers Not Accepting New Enrollees

For this biannual report, data are through November 2022. The previous report included data through May 2022.

From June 2022 through November 2022, one MCO reported that 12 therapy providers were not accepting new enrollees.

Utilization of Therapy Services

For this biannual report, utilization data are through June 2022. The previous report included data through December 2021.

Figure 6 below summarizes, by program and therapy discipline, the six-year utilization trend for individuals under 21 years old. Utilization rates reflect the number of children who received a paid therapy service relative to the counts of persons enrolled in Medicaid. Counts are represented per 1,000-member months.

⁷ This is similar to continuous enrollment criteria used by the Healthcare Effectiveness Data and Information Set (HEDIS) and other industry standard health outcome measure sets.

Data are eight months old to ensure that nearly all encounters are fully adjudicated.

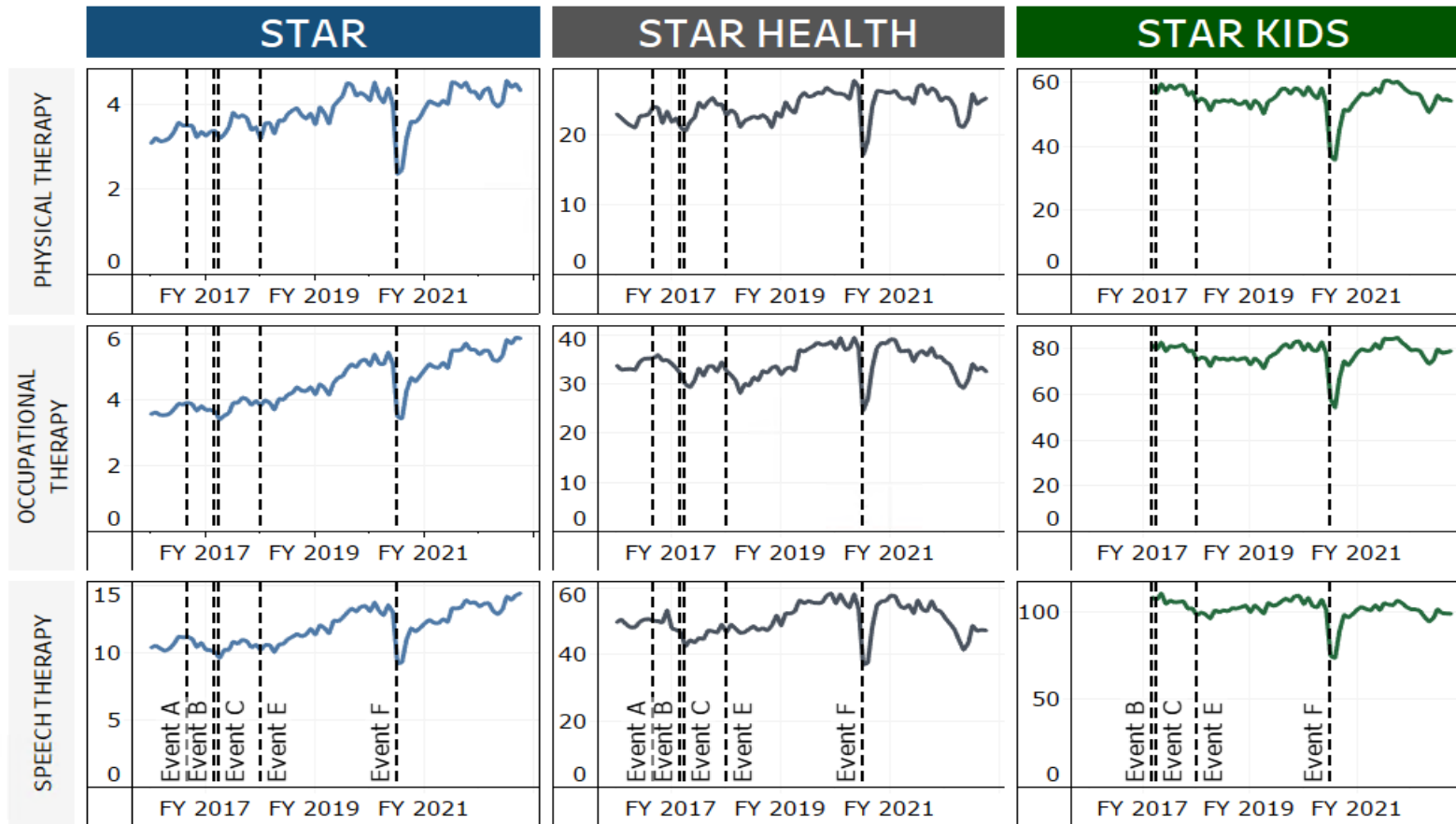
Generally, Figure 6 shows that pediatric therapy utilization rates have fluctuated since 2016 with implementation of therapy policy initiatives and the STAR Kids roll out. Though utilization rates differ across programs, with the STAR Kids program having substantially higher utilization than STAR and STAR Health, the direction of the trend lines appears consistent. Across program and therapy types, many variations appear temporary, with the following notable exceptions:

- STAR Kids therapy utilization rates declined by more than eight percent from June through September 2017 before leveling off. This decline correlates with the end of a policy extending the length of existing prior authorizations for individuals moving into the new program;
- Speech therapy rates were below the long-term trend for most months spanning mid-year 2016 through mid-year 2018, before recovering; and
- Utilization rates for all therapy types for STAR and STAR Health moved above the average long-term trend in early 2019 until the 2020 federal PHE.
- Utilization rates for all therapy types fell sharply due to the federal PHE in March 2020 but had rebounded for all programs and therapy services as of the May 2021.

Most recently, for the six-month period covered by this report (January through June 2022), utilization rates for OT, PT, and ST increased by seven, three, and six percent, respectively. The number of children served also increased.

Table S3 in Appendix C provides detailed tabular breakouts for average monthly service utilization rate from September 2019 through June 2022 (fiscal year 2020 into fiscal year 2022) by therapy type and SDA.

Figure 6: Trend in the Numbers of People <21 who Received Therapy Services per 1,000 People Enrolled in Texas Medicaid, STAR, STAR Health, and STAR Kids



Reference Lines: Event A - Policy Changes May 2016; Event B - STAR Kids Rollout Nov 2016; Event C - Therapy Rate Changes Dec 2016; Event D - ACA Deadline Feb 2017; Event E - Code Changes Sep 2017; Event F - Federal PHE Declared National Emergency Mar 2020. Note: December 2021 data are preliminary. Data include STAR, STAR Health and STAR Kids Medicaid Managed Care clients who are under the age of 21. SHARS data excluded. Data prepared by DAP/HHSC. Numbers and more details in Appendix B Supplemental Table S8. Note: numbers in Appendix B Supplemental Table S8 (STAR KIDS), Table S9 (STAR) and Table S10 (STAR Health).

4. Conclusion

Per Rider 10 requirements, HHSC has implemented comprehensive data collection and reporting for monitoring access to PT, OT, and ST services. The purpose of this process is to detect signals for systemic issues with access to pediatric therapy services. Recent trends identified for this report include:

- A rebound in the number of independent therapists enrolled in Medicaid compared to the previous biannual report.
- An increase in pediatric therapy utilization rates, along with an increase in the number of children who received therapy services; and
- A declining volume of complaints; however,
- The number of members reported by providers as on a pediatric therapy waiting list continues to grow, with increasing awareness of Rider 10 waiting list reporting requirements among providers likely a contributing factor.

Certain aspects of the data collection process for Therapy Access Monitoring, namely waiting list information and providers with closed panels, are challenging. HHSC continues to improve the processes that ensure accuracy of these data. This includes validating information reported by therapy providers to MCOs and HHSC, working directly with MCOs on data they report to HHSC, and crosschecking individuals on waiting lists with utilization data. In this area, additional HHSC actions include:

- Allowing therapy providers to report waiting list information directly to HHSC, in addition to continuing to report it to MCOs; and
- Performing quality checks on MCO reported data and addressing any identified issues.

This is the fifteenth therapy access monitoring report since December 2018. The 87th Legislature directed HHSC to continue pediatric therapy monitoring in the 2022–23 biennium. However, the reporting frequency has changed to semi-annually. The next report is scheduled to publish in December 2023.

List of Acronyms

Acronym	Full Name
ACA	Affordable Care Act
CHIP	Children’s Health Insurance Program
CORF/ORF	Comprehensive Outpatient Rehabilitation Facility/Outpatient Rehabilitation Facilities
DAP	Office of Data, Analytics and Performance
ECI	Early Childhood Intervention
FFS	Fee-for-Service
FY	Fiscal Year
HHSC	Health and Human Services Commission
MCO	Managed Care Organization
MRSA	Medicaid Rural Service Area
NPI	National Provider Identifier
OT	Occupational Therapy
PTOTST	Physical Therapy, Occupational Therapy and Speech Therapy
PHE	Public Health Emergency
PT	Physical Therapy
SDA	Service Delivery Area
SHARS	School Health and Related Services
ST	Speech Therapy
STAR	State of Texas Access Reform
TMHP	Texas Medicaid and Healthcare Partnership

Appendix A. Policy and Reimbursement

Changes to Therapy Services Since 2015

The 2016-17 General Appropriations Act, H.B. 1, 84th Legislature, Regular Session, 2015 (Article II, HHSC, Rider 50) directed HHSC to achieve savings related to physical, occupational, and speech therapy services through rate reductions and medical policy initiatives. HHSC implemented reimbursement and policy changes for therapy services over the 2016-17 biennium.

- Fiscal year 2016 – In May 2016, HHSC instituted policy changes related to required documentation and prior authorization for OT, PT, and ST.
 - ▶ Policy changes:
 - ◇ Added a claim modifier to track treatment provided by therapy assistants
 - ◇ Clarified medical necessity criteria
 - ◇ Defined therapy functional goals
 - ◇ Streamlined prior authorization form
 - ▶ These changes were made to help ensure that recipients of therapy services had a medical need for therapy and that the therapy delivered was effective and aligned with current standards of practice.
- Fiscal year 2017 – In December 2016, HHSC made reimbursement reductions for OT, PT, and ST. MCO capitation rates for fiscal year 2017 were adjusted to reflect the reduction.

In 2017, Rider 59 partially restored rates for therapy services and provided direction on reimbursement rates for therapy assistants, and Rider 57 directed HHSC to analyze and report quarterly on data related to pediatric acute care therapy services. In 2019, Rider 47 increased rates for in-home pediatric therapy and therapy assistants.

- Fiscal year 2018:
 - ▶ In September 2017, HHSC restored approximately 25 percent of the therapy reimbursement reductions. HHSC also made changes to standardize billing practices for therapy treatment across provider types. These changes required most occupational and physical therapy services

- to be billed in 15-minute increments and for all speech therapy services to be billed as an encounter consistent with standardized coding and billing guidelines. The Health Insurance Portability and Accountability Act (HIPAA) requires standard billing and coding practices.
- ▶ In December 2017, HHSC implemented reimbursement reductions for therapy assistants to 85 percent of the rate paid to a licensed therapist.
 - ▶ MCO capitation rates for fiscal year 2018 were adjusted to reflect the restoration of the therapy reimbursement reductions and the implementation of the therapy assistant reimbursement reductions.
- Fiscal year 2019:
 - ▶ In September 2018, HHSC implemented additional reimbursement reductions for therapy assistants to 70 percent of the rate paid to a licensed therapist.
 - ▶ MCO capitation rates for fiscal year 2019 were adjusted to reflect the reimbursement reduction.
 - Fiscal year 2020:
 - ▶ HHSC Rider 47 provided funding to increase in-home pediatric therapy rates by 10 percent and raise reimbursement for therapy assistants across all settings from 70 percent to 80 percent of the licensed therapist rate. The new rates were effective September 1, 2019. HHSC has taken the following actions to implement these rate increases:
 - ◇ Increased fee-for-service rates effective September 1, 2019, for in-home therapy services and therapy assistants.
 - ◇ Increased the MCOs capitation rates effective September 1, 2019, to include the additional funding for increased reimbursements to the appropriate providers.
 - ◇ Amended the contract with the MCOs to include the following language:
 - The Texas Legislature, via House Bill 1 and Senate Bill 500, 86th Legislature, Regular Session appropriated funds for fiscal years 2020 and 2021 for rate increases for the following providers and services:
 - Rural Hospitals,
 - Children’s Hospitals,

- Private Duty Nursing,
- Attendant Wages, and
- Therapy Services.
- In furtherance of this legislative funding directive, HHSC modified the MCOs' capitation rates to include this additional funding effective September 1, 2019. The MCO must make every effort to ensure that this additional funding is reflected in the reimbursement rates paid to these providers and for these services. In addition, HHSC will monitor the MCOs for compliance with this legislative intent.
- ◇ Surveyed the MCOs to ascertain their plans for increasing reimbursements to providers, including therapy providers.

Other program changes occurring since the 2016-17 biennium impacting pediatric therapy services and providers include:

- Fiscal year 2017:
 - ▶ In November 2016, approximately 180,000 children transitioned from Medicaid FFS to the new STAR Kids managed care program. Prior authorizations for these children, previously conducted by the FFS claims administrator, are now performed by the MCOs.
 - ▶ The deadline for provider reenrollment pursuant to the ACA occurred in February 2017, resulting in at least a temporary decline across all provider types in the Medicaid network.

Appendix B. Timeline of Stakeholder Engagement and Education Regarding Data Submission

Month/Year	Activity
July-September 2017	HHSC developed a data collection tool that aligned with Rider 57 requirements through a stakeholder engagement process. HHSC presented and incorporated feedback, as appropriate, on the draft tool from stakeholders, including the STAR Kids Advisory Committee, Policy Council for Children and Families, Texas Autism Council, and therapy provider associations.
November 2017	<ul style="list-style-type: none"> • HHSC conducted 2 webinars for MCOs on the data collection and reporting process. • HHSC provided the final data collection tool to MCOs and stakeholders with direction.
December 2017	MCOs began reporting therapy data monthly to HHSC.
December 2017-ongoing	HHSC provides periodic technical assistance and consults with MCOs, therapy provider associations and other stakeholders on the data collection and reporting process.
March 2018	HHSC met with therapy providers and associations who expressed concerns about aspects of data collection and reporting. In response, HHSC held a third webinar.
July-August 2018	HHSC collected from MCOs and shared with therapy provider associations how to report waiting list data and how to notify MCOs that they are not accepting new patients.
September-October 2018	HHSC worked with therapy providers to establish a process for validating the reporting chain to ensure that when providers report information to MCOs it is also reported by MCOs to HHSC.
November 2018-February 2019	HHSC worked with stakeholders to ensure accurate submission of required data and fielded information requests and general inquiries. HHSC worked with therapy providers to establish a process for validating the reporting chain to ensure that when providers report information to MCOs it is also reported by MCOs to HHSC.
June-July 2019	HHSC communicated to MCOs and therapy provider associations, as well as instructed Texas Medicaid and Healthcare Partnership (TMHP) to post a banner message, on the option for providers to directly report waiting list information to HHSC.

Appendix C. Supplemental Tables

Table S1: Substantiated Member and Provider Complaints and Appeals for Pediatric Therapy Services (PT, OT, and ST)

Date	Provider Complaints and Appeals	Member Complaints and Appeals	Complaints and Appeals from Other Sources
December 2021	98	18	4
January 2022	68	6	2
February 2022	81	13	3
March 2022	72	14	13
April 2022	83	14	12
May 2022	119	13	19
June 2022	77	25	4
July 2022	102	12	0
August 2022	109	23	0
September 2022	96	8	0
October 2022	83	18	0

Table S2: Substantiated and Unsubstantiated Member and Provider Complaints and Appeals for Pediatric Therapy Services (PT, OT, and ST)

Date	Provider Complaints and Appeals	Member Complaints and Appeals	Complaints and Appeals from Other Sources
December 2021	153	45	6
January 2022	117	29	3
February 2022	132	43	6
March 2022	135	47	22
April 2022	143	43	23
May 2022	280	45	30
June 2022	153	59	8
July 2022	201	65	0
August 2022	200	62	0
September 2022	177	38	0
October 2022	138	46	0

Table S3: Average Therapy Services Utilization per 1,000 Member Months by Therapy Type and SDA for state fiscal years 2020, 2021, and 2022*

SDA	Fiscal Year	PT	OT	ST
Bexar	FY 2020	7.3	9.2	17.8
Bexar	FY 2021	7.7	9.7	18.6
Bexar	FY 2022	7.5	9.7	18.9
Dallas	FY 2020	5.3	6.2	16.1
Dallas	FY 2021	5.7	6.5	15.8
Dallas	FY 2022	5.1	6.0	15.3
El Paso	FY 2020	7.7	10.5	20.2
El Paso	FY 2021	8.2	10.9	21.2
El Paso	FY 2022	8.7	11.4	22.8
Harris	FY 2020	6.0	6.8	13.6
Harris	FY 2021	6.7	7.7	15.3
Harris	FY 2022	6.2	7.3	15.2
Hidalgo	FY 2020	6.7	18.3	30.9
Hidalgo	FY 2021	6.7	17.9	30.6
Hidalgo	FY 2022	6.8	17.7	31.2
Jefferson	FY 2020	4.4	5.6	11.5
Jefferson	FY 2021	5.7	7.0	13.9
Jefferson	FY 2022	5.6	7.0	14.4
Lubbock	FY 2020	8.1	9.2	17.3
Lubbock	FY 2021	8.8	10.0	18.0
Lubbock	FY 2022	9.1	10.0	19.1
MRSA Central	FY 2020	6.4	7.7	13.3
MRSA Central	FY 2021	7.0	8.2	13.2
MRSA Central	FY 2022	7.2	8.8	14.0
MRSA Northeast	FY 2020	5.2	6.3	11.4
MRSA Northeast	FY 2021	6.2	7.1	12.0
MRSA Northeast	FY 2022	5.5	7.5	12.6
MRSA West	FY 2020	5.5	4.2	9.6
MRSA West	FY 2021	6.2	5.0	10.3
MRSA West	FY 2022	6.2	4.9	10.4
Nueces	FY 2020	6.1	6.6	13.8
Nueces	FY 2021	6.2	6.7	14.9
Nueces	FY 2022	6.8	6.3	14.4
Statewide - STAR Health	FY 2020	24.7	35.5	52.1
Statewide - STAR Health	FY 2021	25.9	36.7	54.8
Statewide - STAR Health	FY 2022	24.0	32.3	46.8
Tarrant	FY 2020	6.0	6.2	14.1

SDA	Fiscal Year	PT	OT	ST
Tarrant	FY 2021	6.3	6.8	14.7
Tarrant	FY 2022	5.4	6.6	15.2
Travis	FY 2020	8.3	10.0	18.0
Travis	FY 2021	9.0	10.4	19.0
Travis	FY 2022	8.6	10.0	19.2

Notes:

1. * FY 2022 data is preliminary. It is through June 2022.
2. Data include Medicaid Managed Care clients who are under the age of 21. SHARS data excluded.
3. For STAR Health clients, the SDA equals Statewide - STAR Health. Otherwise, the SDA is based on the Medicaid Program (STAR, STAR+PLUS, or STAR Kids).
4. Data sources, DAP/HHSC. Eligibility: Medicaid 8Month Eligibility / DA_Production.Eligibility_since_201101 (Medicaid); CHIP 8Month Eligibility/ DA_Production.CHIP_FOR_UTILIZATION; PTOTST Claims: THERAPY.THERAPY_SRVC.

Table S4: Numbers of Actively Billing Medicaid Providers, March 2016–June 2022* and Enrolled Medicaid Therapy Providers, March 2016–December 2022

Date	Enrolled Providers	Actively Billing Providers
March 2016	6,600	2,468
April 2016	6,637	2,468
May 2016	6,767	2,313
June 2016	6,729	2,261
July 2016	6,850	2,161
August 2016	6,722	2,219
September 2016	6,694	2,187
October 2016	6,857	2,176
November 2016	6,871	2,150
December 2016	6,832	2,058
January 2017	6,913	2,042
February 2017	5,999	1,982
March 2017	6,008	1,989
April 2017	6,159	1,955
May 2017	6,251	1,953
June 2017	6,191	1,931
July 2017	6,303	1,918
August 2017	6,223	1,904
September 2017	6,144	1,805
October 2017	6,234	1,814
November 2017	6,212	1,822
December 2017	6,260	1,738
January 2018	6,289	1,807
February 2018	6,355	1,805

Date	Enrolled Providers	Actively Billing Providers
March 2018	6,201	1,771
April 2018	6,230	1,792
May 2018	6,294	1,768
June 2018	6,316	1,798
July 2018	6,423	1,755
August 2018	6,410	1,802
September 2018	6,393	1,764
October 2018	6,361	1,783
November 2018	6,394	1,723
December 2018	6,492	1,690
January 2019	6,347	1,761
February 2019	6,403	1,757
March 2019	6,401	1,753
April 2019	6,539	1,772
May 2019	6,509	1,767
June 2019	6,638	1,712
July 2019	6,709	1,761
August 2019	6,658	1,810
September 2019	6,802	1,833
October 2019	6,765	1,893
November 2019	6,780	1,842
December 2019	6,887	1,785
January 2020	6,981	1,827
February 2020	7,040	1,787
March 2020	7,068	1,650
April 2020	7,034	1,563

Date	Enrolled Providers	Actively Billing Providers
May 2020	7,100	1,713
June 2020	7,238	1,785
July 2020	7,211	1,818
August 2020	7,286	1,823
September 2020	7,348	1,865
October 2020	7,392	1,925
November 2020	7,508	1,883
December 2020	7,411	1,843
January 2021	7,436	1,829
February 2021	7,507	1,817
March 2021	7,560	1,827
April 2021	7,604	1,834
May 2021	7,719	1,811
June 2021	7,776	1,867
July 2021	7,851	1,863
August 2021	7,903	1,867
September 2021	7,902	1,872
October 2021	7,937	1,885
November 2021	8,005	1,848
December 2021	8,029	1,821
January 2022	8,055	1,840
February 2022	7,901	1,866
March 2022	7,771	1,908
April 2022	7,607	1,840
May 2022	7,427	1,858
*June 2022	7,237	1,876

Date	Enrolled Providers	Actively Billing Providers
July 2022	7,195	
August 2022	7,234	
September 2022	7,210	
October 2022	7,473	
November 2022	7,946	
December 2022	8,828	

Notes:

1. Policy Changes May 2016; STAR Kids Rollout Nov 2016; Therapy Rate Changes Dec 2016; ACA Deadline Feb 2017; Code Changes Sep 2017; Coronavirus Declared National Emergency Mar 2020.
2. *June 2022 data for "Actively Billing Providers" are preliminary since encounters generally require eight months before being considered final.
3. Enrolled providers include count of unique National Provider Identifiers (NPIs) for providers with a Texas physical address, no bad address, no sanctions and no NULL NPI. Data source: TMHP Master Provider File.
4. Active providers include count of unique billing provider NPIs with an associated paid therapy (PTOTST) service for Medicaid clients <21 years of age. SHARS claims are excluded. Data source: THERAPY.THERAPY_SRVC, DAP/HHSC.

Table S5: Numbers of Enrolled Medicaid Therapists by Provider Type, March 2016–December 2022

Month	CORF/ ORF	ECI	Home Health Agency	Independent Therapist	Other	Physician
March 2016	230	49	3,717	2,061	75	488
April 2016	229	49	3,744	2,068	75	492
May 2016	230	49	3,861	2,076	75	496
June 2016	229	49	3,813	2,085	74	497
July 2016	230	49	3,922	2,091	78	498
August 2016	230	48	3,794	2,096	77	495
September 2016	230	48	3,758	2,104	77	496
October 2016	224	48	3,924	2,100	78	501
November 2016	227	46	3,880	2,140	78	517
December 2016	228	46	3,827	2,145	80	523
January 2017	225	47	3,930	2,124	80	525
February 2017	179	47	3,610	1,670	69	434
March 2017	182	47	3,608	1,675	68	438
April 2017	182	47	3,732	1,692	69	447
May 2017	183	47	3,815	1,702	69	445
June 2017	183	47	3,753	1,704	69	445
July 2017	182	47	3,873	1,698	69	444
August 2017	185	47	3,811	1,676	69	445
September 2017	185	45	3,771	1,633	70	449
October 2017	185	45	3,867	1,622	70	454
November 2017	185	44	3,834	1,622	69	467
December 2017	188	44	3,867	1,630	71	469

Month	CORF/ ORF	ECI	Home Health Agency	Independent Therapist	Other	Physician
January 2018	185	44	3,874	1,652	71	471
February 2018	185	44	3,925	1,666	70	473
March 2018	183	42	3,828	1,610	70	476
April 2018	180	42	3,883	1,587	71	475
May 2018	181	43	3,909	1,623	70	476
June 2018	182	43	3,914	1,638	71	477
July 2018	186	44	3,961	1,693	69	479
August 2018	187	44	3,946	1,693	70	479
September 2018	186	44	4,002	1,616	72	482
October 2018	185	44	3,964	1,623	73	481
November 2018	191	44	3,979	1,631	72	485
December 2018	188	44	4,076	1,639	72	481
January 2019	191	44	3,914	1,651	72	483
February 2019	188	44	3,973	1,647	72	487
March 2019	188	44	4,017	1,599	73	488
April 2019	190	44	4,151	1,602	74	485
May 2019	190	44	4,101	1,616	75	490
June 2019	190	44	4,248	1,612	76	475
July 2019	193	44	4,301	1,620	76	482
August 2019	192	44	4,241	1,621	76	490
September 2019	192	44	4,382	1,619	77	494
October 2019	189	44	4,337	1,631	77	492
November 2019	186	44	4,359	1,628	76	493

Month	CORF/ ORF	ECI	Home Health Agency	Independent Therapist	Other	Physician
December 2019	187	44	4,460	1,634	76	492
January 2020	186	44	4,538	1,648	76	494
February 2020	184	44	4,572	1,665	78	503
March 2020	185	44	4,581	1,681	78	505
April 2020	184	44	4,549	1,683	79	501
May 2020	185	44	4,600	1,692	78	507
June 2020	184	44	4,722	1,705	83	511
July 2020	190	44	4,681	1,720	104	502
August 2020	190	44	4,746	1,723	120	505
September 2020	191	44	4,773	1,737	129	521
October 2020	189	44	4,816	1,734	135	528
November 2020	188	43	4,911	1,749	142	533
December 2020	186	43	4,805	1,755	143	537
January 2021	186	43	4,820	1,761	148	539
February 2021	187	43	4,890	1,763	148	534
March 2021	188	43	4,936	1,769	154	534
April 2021	185	43	4,995	1,756	157	535
May 2021	183	43	5,088	1,771	159	542
June 2021	185	43	5,127	1,781	161	545
July 2021	183	43	5,190	1,792	168	546
August 2021	182	42	5,256	1,783	171	544
September 2021	182	42	5,255	1,779	176	547
October 2021	183	42	5,276	1,783	185	552

Month	CORF/ ORF	ECI	Home Health Agency	Independent Therapist	Other	Physician
November 2021	183	42	5,339	1,784	186	560
December 2021	184	42	5,356	1,782	189	565
January 2022	184	42	5,375	1,783	191	568
February 2022	181	42	5,239	1,773	186	568
March 2022	177	41	5,109	1,768	193	571
April 2022	176	41	4,954	1,750	194	582
May 2022	173	42	4,826	1,716	192	571
June 2022	172	42	4,674	1,687	189	567
July 2022	171	42	4,613	1,694	188	574
August 2022	173	42	4,617	1,713	195	583
September 2022	172	42	4,587	1,708	203	587
October 2022	172	42	4,850	1,709	207	586
November 2022	168	41	5,335	1,700	206	586
December 2022	167	42	6,183	1,714	230	589

Notes:

1. Event A - Policy Changes May 2016; Event B - STAR Kids Rollout Nov 2016; Event C - Therapy Rate Changes Dec 2016; Event D - ACA Deadline Feb 2017; Event E - Code Changes Sep 2017; Event F - Federal PHE Declared National Emergency Mar 2020.
2. Enrolled providers include count of unique provider NPIs for providers with a Texas physical address, no bad address, no sanctions and no NULL NPI. Data source: TMHP Master Provider File.

Table S6: Numbers of Active Medicaid Therapists by Provider Type, March 2016–June 2022

Date	CORF/ ORF	ECI	Home Health Agency	Hospital	Independent Therapist	Other	Physician
March 2016	162	49	230	1,616	156	142	162
April 2016	158	49	232	1,611	147	149	158
May 2016	160	49	237	1,466	138	133	160
June 2016	162	49	231	1,429	144	129	162
July 2016	161	49	228	1,340	143	130	161
August 2016	165	48	235	1,359	151	129	165
September 2016	164	48	229	1,348	158	127	164
October 2016	162	47	230	1,344	146	129	162
November 2016	163	47	225	1,298	196	152	163
December 2016	159	48	218	1,205	197	143	159
January 2017	158	48	216	1,205	199	147	158
February 2017	156	48	207	1,134	198	162	156
March 2017	154	48	213	1,140	178	150	154
April 2017	157	48	209	1,120	165	152	157
May 2017	155	48	218	1,114	174	158	155
June 2017	155	48	214	1,096	182	148	155
July 2017	155	47	206	1,119	172	146	155
August 2017	154	48	206	1,087	147	139	154
September 2017	151	46	199	986	163	143	151
October 2017	151	46	201	1,001	150	140	151
November 2017	148	45	193	1,027	146	143	148

Date	CORF/ ORF	ECI	Home Health Agency	Hospital	Independent Therapist	Other	Physician
December 2017	145	45	190	983	124	128	145
January 2018	149	45	192	1,009	153	138	149
February 2018	150	45	188	1,022	145	138	150
March 2018	150	45	185	983	148	139	150
April 2018	151	45	187	982	145	140	151
May 2018	147	45	185	982	150	142	147
June 2018	152	43	186	998	156	137	152
July 2018	150	43	181	984	148	127	150
August 2018	144	43	186	1,007	158	134	144
September 2018	143	43	180	982	150	148	143
October 2018	145	43	175	987	154	145	145
November 2018	144	43	175	958	152	137	144
December 2018	143	44	168	960	128	130	143
January 2019	139	43	175	993	145	137	139
February 2019	138	43	173	985	142	134	138
March 2019	140	43	168	977	147	132	140
April 2019	140	43	168	990	141	144	140
May 2019	142	43	167	989	132	147	142
June 2019	136	43	163	964	127	132	136
July 2019	140	43	163	1,004	123	132	140
August 2019	136	43	164	1,053	133	135	136
September 2019	140	44	167	1,089	114	138	140

Date	CORF/ ORF	ECI	Home Health Agency	Hospital	Independent Therapist	Other	Physician
October 2019	140	43	165	1,127	116	147	140
November 2019	140	44	162	1,094	116	135	140
December 2019	136	43	161	1,045	119	129	136
January 2020	138	43	163	1,088	116	137	138
February 2020	134	42	155	1,080	110	133	134
March 2020	131	41	153	1,032	87	120	131
April 2020	124	41	153	949	83	103	124
May 2020	128	42	151	1,050	83	119	128
June 2020	133	42	154	1,083	101	131	133
July 2020	134	42	153	1,124	82	144	134
August 2020	137	42	152	1,108	95	155	137
September 2020	136	42	155	1,121	94	171	136
October 2020	137	42	158	1,147	108	181	137
November 2020	135	42	152	1,149	101	157	135
December 2020	132	42	155	1,102	105	166	132
January 2021	134	41	156	1,090	102	167	134
February 2021	135	42	155	1,080	97	159	135
March 2021	134	42	157	1,097	102	157	134
April 2021	137	42	157	1,098	103	152	137
May 2021	140	42	152	1,091	104	142	140
June 2021	137	42	159	1,122	108	153	137
July 2021	136	42	155	1,130	94	155	136

Date	CORF/ ORF	ECI	Home Health Agency	Hospital	Independent Therapist	Other	Physician
August 2021	138	42	154	1,130	108	159	138
September 2021	140	42	156	1,125	100	164	140
October 2021	138	42	158	1,137	92	171	138
November 2021	138	42	153	1,106	93	170	138
December 2021	140	42	157	1,100	86	163	140
January 2022	136	42	152	1,108	79	169	136
February 2022	137	41	153	1,145	77	159	137
March 2022	137	42	154	1,160	77	173	137
April 2022	134	42	156	1,103	70	170	134
May 2022	134	42	156	1,118	76	171	134
*June 2022	140	42	157	1,122	78	173	140

Notes:

1. Event A - Policy Changes May 2016; Event B - STAR Kids Rollout Nov 2016; Event C - Therapy Rate Changes Dec 2016; Event D - ACA Deadline Feb 2017; Event E - Code Changes Sep 2017; Event F - Federal PHE Declared National Emergency Mar 2020.
2. Enrolled providers include count of unique provider NPIs for providers with a Texas physical address, no bad address, no sanctions and no NULL NPI. Data source: TMHP Master Provider File.
3. *June 2022 data for Active providers are preliminary.

Table S7: Numbers of Active Medicaid Therapists by SDA, FY 2020 – FY 2022*

Service Area	2020	2021	2022
Bexar	234	306	279
Dallas	374	440	417
El Paso	170	212	154
Harris	495	544	572
Hidalgo	498	494	517
Jefferson	169	180	176
Lubbock	115	142	135
MRSA Central	473	448	433
MRSA Northeast	240	287	298
MRSA West	300	327	377
Nueces	126	135	148
Statewide - STAR Health	655	697	654
Tarrant	351	446	443
Travis	481	446	429

Note: *FY 2022 data is preliminary and through June 2022. Event: Federal PHE Declared National Emergency, Mar 2020.

Table S8: MCO Network Terminations by Therapy Provider Type, March 2019 to November 2022

Date	Group Therapist	Home Health Therapist	Independent Therapist	Other
FY2019 Q3	48	34	15	8
FY2019 Q4	80	12	13	14
FY2020 Q1	56	1	10	50
FY2020 Q2	54		26	10
FY2020 Q3	51	3	50	10
FY2020 Q4	33	4	24	10
FY2021 Q1	55	4	9	15
FY2021 Q2	94	3	17	16
FY2021 Q3	64		8	10
FY2021 Q4	73	8	14	13
FY2022 Q1	48	4	25	26
FY2022 Q2	46	13	29	19
FY2022 Q3	45	6	97	51
FY2022 Q4	57	11	22	49
FY2023 Q1	39	11	39	104

Table S9: Utilization by Therapy Type per State Fiscal Year (per 1,000 individuals enrolled in Medicaid), FY 2016-FY 2022*

Therapy Type	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022*
PT	6.6	6.5	6.3	6.8	6.2	6.8	6.5
OT	8.5	8.2	8.0	8.7	8.3	9.0	8.7
ST	16.6	15.6	15.5	17.3	16.2	17.2	17.2

Notes:

1. *FY 2022 includes data through June 2022 and is preliminary.
2. Data include FFS and Medicaid Managed Care clients who are under the age of 21. SHARS data excluded.
3. Data sources: Eligibility: Medicaid 8Month Eligibility / DA_Production.Eligibility_since_201101 (Medicaid), DAP/HHSC; CHIP 8Month Eligibility/ DA_Production.CHIP_FOR_UTILIZATION; PTOTST Claims: THERAPY.THERAPY_SRVC, DAP/HHSC.

Table S10: Numbers of Persons <21 years old who Received Therapy Services (per 1,000 Individuals in Texas Medicaid), September 2015-June 2022

Therapy Type	PT	OT	ST
September 2015	6.4	8.4	16.3
October 2015	6.5	8.4	16.5
November 2015	6.3	8.2	16.1
December 2015	6.3	8.2	16.0
January 2016	6.5	8.5	16.3
February 2016	6.7	8.7	16.8
March 2016	7.0	9.0	17.4
April 2016	6.9	9.0	17.4
May 2016	6.9	8.9	17.3
June 2016	6.7	8.8	16.9
July 2016	6.2	8.2	15.8
August 2016	6.4	8.3	16.1
September 2016	6.2	8.1	15.4
October 2016	6.4	8.2	15.6
November 2016	6.4	8.1	15.3
December 2016	6.1	7.7	14.8
January 2017	6.4	8.0	15.6
February 2017	6.5	7.9	15.3
March 2017	6.9	8.3	16.0
April 2017	6.7	8.3	15.8
May 2017	6.8	8.5	16.1
June 2017	6.8	8.5	16.0
July 2017	6.3	8.1	15.4
August 2017	6.5	8.3	15.5
September 2017	5.9	7.7	14.7
October 2017	6.3	7.9	15.2
November 2017	6.3	7.8	15.1
December 2017	5.9	7.4	14.5
January 2018	6.3	7.9	15.3
February 2018	6.3	7.9	15.3
March 2018	6.5	8.1	15.7
April 2018	6.6	8.1	15.8
May 2018	6.7	8.3	16.1
June 2018	6.4	8.2	15.9
July 2018	6.3	8.2	16.1
August 2018	6.5	8.3	16.5

Therapy Type	PT	OT	ST
September 2018	6.1	7.9	15.9
October 2018	6.7	8.4	16.8
November 2018	6.5	8.2	16.5
December 2018	6.1	7.9	16.1
January 2019	6.7	8.5	17.2
February 2019	6.9	8.7	17.1
March 2019	7.0	8.8	17.4
April 2019	7.4	9.2	17.9
May 2019	7.4	9.4	18.2
June 2019	7.1	9.2	17.9
July 2019	7.2	9.4	18.3
August 2019	7.1	9.5	18.4
September 2019	6.9	9.1	17.7
October 2019	7.4	9.6	18.6
November 2019	7.0	9.1	17.7
December 2019	6.8	9.1	17.4
January 2020	7.3	9.6	18.3
February 2020	6.6	9.0	17.3
March 2020	4.2	6.4	12.4
April 2020	4.2	6.1	12.3
May 2020	5.4	7.6	14.8
June 2020	6.1	8.3	16.1
July 2020	6.0	8.1	15.8
August 2020	6.2	8.4	16.1
September 2020	6.5	8.7	16.6
October 2020	6.7	8.9	16.8
November 2020	6.6	8.7	16.5
December 2020	6.5	8.6	16.3
January 2021	6.7	8.9	16.8
February 2021	6.5	8.6	16.4
March 2021	7.2	9.3	17.6
April 2021	7.2	9.3	17.5
May 2021	7.0	9.2	17.5
June 2021	7.1	9.5	18.2
July 2021	6.8	9.1	17.8
August 2021	6.7	9.0	17.7
September 2021	6.5	8.8	17.3
October 2021	6.7	8.9	17.5
November 2021	6.7	8.8	17.4

Therapy Type	PT	OT	ST
December 2021	6.2	8.4	16.7
January 2022	6.0	8.2	16.3
February 2022	6.2	8.4	16.7
March 2022	6.8	9.1	17.8
April 2022	6.5	8.7	17.2
May 2022	6.6	8.9	17.5
*June 2022	6.4	8.9	17.7

Notes:

1. Policy Changes, May 2016; STAR Kids Rollout, Nov. 2016; Therapy Rate Changes, Dec. 2016; ACA Deadline, Feb. 2017; Coronavirus Declared National Emergency, Mar 2020.
2. *June 2022 data are preliminary.
3. Data include all FFS and Managed Care clients who are under the age of 21. SHARS Excluded.
4. Data sources: Eligibility: Medicaid 8Month Eligibility / DA_Production.Eligibility_since_201101 (Medicaid), DAP/HHSC; CHIP 8Month Eligibility/ DA_Production.CHIP_FOR_UTILIZATION; PTOTST Claims: THERAPY.THERAPY_SRVC, DAP/HHSC.

Table S11: Numbers of People <21 years old enrolled in STAR Kids who Received Therapy Services, by Therapy Type and Month (per 1,000 Individuals), November 2016–June 2022

Date	PT	OT	ST
November 2016	57.4	81.5	108.1
December 2016	56.6	79.7	106.9
January 2017	59.6	82.8	110.6
February 2017	57.5	78.9	104.4
March 2017	59.1	81.1	106.4
April 2017	58.0	80.8	105.4
May 2017	59.0	81.1	105.6
June 2017	59.1	81.9	106.0
July 2017	56.0	78.8	101.8
August 2017	57.2	79.3	102.0
September 2017	53.8	75.0	98.0
October 2017	55.1	76.2	99.7
November 2017	54.2	75.8	98.4
December 2017	51.1	72.2	96.1
January 2018	54.2	76.3	100.9
February 2018	54.0	75.4	99.8
March 2018	54.5	75.8	100.9
April 2018	54.1	75.0	100.3
May 2018	54.5	76.0	102.1
June 2018	53.3	75.0	101.8
July 2018	53.2	75.6	102.7
August 2018	54.3	76.0	103.6
September 2018	51.7	73.0	99.8
October 2018	54.4	75.8	103.8
November 2018	53.2	74.3	101.5
December 2018	50.2	71.4	98.9
January 2019	54.1	76.0	105.2
February 2019	54.8	77.3	103.4
March 2019	56.0	78.3	104.0
April 2019	58.0	80.7	105.9
May 2019	58.1	82.1	107.6
June 2019	56.4	80.3	106.0
July 2019	58.2	83.0	109.0
August 2019	57.7	83.3	109.1
September 2019	55.9	79.4	104.2
October 2019	58.6	82.3	108.1

Date	PT	OT	ST
November 2019	56.3	79.3	103.2
December 2019	54.9	79.1	102.5
January 2020	58.3	83.0	107.0
February 2020	53.1	77.8	100.9
March 2020	37.0	57.8	74.8
April 2020	35.8	54.2	73.6
May 2020	45.5	67.2	88.9
June 2020	51.6	74.6	98.3
July 2020	51.0	72.6	96.8
August 2020	53.3	75.5	98.8
September 2020	55.0	78.4	101.5
October 2020	56.7	79.9	102.8
November 2020	56.1	79.1	101.5
December 2020	56.4	79.3	100.7
January 2021	58.2	82.2	103.9
February 2021	56.8	79.9	100.9
March 2021	60.5	84.5	104.9
April 2021	60.6	84.2	104.1
May 2021	59.8	84.2	103.7
June 2021	60.3	84.9	106.5
July 2021	59.0	82.7	105.1
August 2021	57.5	81.2	102.7
September 2021	56.7	79.2	101.4
October 2021	56.6	79.6	101.4
November 2021	56.1	79.2	100.6
December 2021	53.3	76.1	97.2
January 2022	50.6	73.3	94.4
February 2022	52.9	75.0	96.3
March 2022	56.1	79.8	101.5
April 2022	54.5	78.1	99.3
May 2022	54.8	78.5	99.0
*June 2022	54.2	79.0	98.9

Notes:

1. Notes for S11 below apply to table S12 and table S13.
2. STAR Kids Rollout, Nov. 2016; Therapy Rate Changes, Dec. 2016; ACA Deadline, Feb. 2017; *COVID-19 Federal PHE Declared National Emergency, Mar 2020.*

3. *June 2022 data are preliminary.
4. Data include STAR Kids clients only. SHARS data excluded.
5. Data sources: Eligibility: Medicaid 8Month Eligibility /
DA_Production.Eligibility_since_201101 (Medicaid), DAP/HHSC; PTOTST
Claims: THERAPY.THERAPY_SRVC, DAP/HHSC.

Table S12: Numbers of Persons <21 years old enrolled in STAR who Received Therapy Services, by Therapy Type and Month (per 1,000 Individuals), September 2015–June 2022

Date	PT	OT	ST
September 2015	3.1	3.6	10.4
October 2015	3.2	3.6	10.5
November 2015	3.1	3.5	10.3
December 2015	3.1	3.5	10.1
January 2016	3.2	3.6	10.3
February 2016	3.3	3.7	10.7
March 2016	3.6	3.9	11.2
April 2016	3.5	3.9	11.1
May 2016	3.5	3.9	11.2
June 2016	3.5	3.9	11.0
July 2016	3.2	3.7	10.4
August 2016	3.4	3.8	10.7
September 2016	3.3	3.7	10.2
October 2016	3.4	3.7	10.2
November 2016	3.4	3.6	10.0
December 2016	3.2	3.4	9.6
January 2017	3.3	3.5	10.2
February 2017	3.5	3.6	10.2
March 2017	3.8	3.9	10.8
April 2017	3.7	3.9	10.7
May 2017	3.7	4.1	11.0
June 2017	3.7	4.0	10.8
July 2017	3.4	3.8	10.4
August 2017	3.5	4.0	10.6
September 2017	3.2	3.8	10.2
October 2017	3.5	4.0	10.6
November 2017	3.6	3.9	10.6
December 2017	3.3	3.7	10.0
January 2018	3.6	4.0	10.6
February 2018	3.6	4.0	10.7
March 2018	3.8	4.2	11.0
April 2018	3.9	4.2	11.2
May 2018	3.9	4.4	11.4
June 2018	3.7	4.3	11.2
July 2018	3.7	4.3	11.3
August 2018	3.8	4.4	11.8

Date	PT	OT	ST
September 2018	3.5	4.2	11.3
October 2018	3.9	4.5	12.0
November 2018	3.8	4.4	11.8
December 2018	3.5	4.2	11.4
January 2019	4.0	4.5	12.4
February 2019	4.1	4.7	12.3
March 2019	4.2	4.7	12.6
April 2019	4.5	4.9	13.0
May 2019	4.5	5.1	13.3
June 2019	4.2	5.0	13.0
July 2019	4.3	5.2	13.4
August 2019	4.2	5.2	13.5
September 2019	4.1	5.0	13.1
October 2019	4.5	5.4	13.7
November 2019	4.2	5.1	13.1
December 2019	4.0	5.1	12.8
January 2020	4.4	5.4	13.5
February 2020	4.0	5.1	13.0
March 2020	2.4	3.5	9.2
April 2020	2.5	3.4	9.3
May 2020	3.2	4.3	11.0
June 2020	3.6	4.7	11.8
July 2020	3.6	4.6	11.6
August 2020	3.7	4.7	11.8
September 2020	3.9	4.9	12.2
October 2020	4.1	5.1	12.4
November 2020	4.0	5.0	12.2
December 2020	4.0	5.0	12.2
January 2021	4.1	5.1	12.5
February 2021	4.0	5.0	12.3
March 2021	4.5	5.5	13.3
April 2021	4.5	5.5	13.3
May 2021	4.4	5.5	13.3
June 2021	4.5	5.7	13.9
July 2021	4.3	5.5	13.7
August 2021	4.3	5.5	13.8
September 2021	4.1	5.4	13.4
October 2021	4.3	5.5	13.6
November 2021	4.4	5.5	13.7

Date	PT	OT	ST
December 2021	4.0	5.2	13.1
January 2022	3.9	5.2	12.8
February 2022	4.0	5.3	13.2
March 2022	4.6	5.8	14.2
April 2022	4.4	5.7	13.9
May 2022	4.5	5.9	14.3
*June 2022	4.3	5.9	14.4

Table S13: Numbers of People <21 years old enrolled in STAR Health who Received Therapy Services, by Therapy Type and Month (per 1,000 Individuals), September 2015–June 2022

Date	PT	OT	ST
September 2015	23.0	33.7	49.8
October 2015	22.4	32.9	50.6
November 2015	21.8	33.0	49.2
December 2015	21.3	33.1	48.2
January 2016	21.0	32.9	48.3
February 2016	22.7	34.6	49.9
March 2016	22.8	35.2	50.6
April 2016	23.0	35.2	50.7
May 2016	24.1	35.3	50.2
June 2016	23.9	35.9	50.1
July 2016	21.7	34.8	49.7
August 2016	23.4	34.9	53.4
September 2016	21.9	34.1	48.0
October 2016	22.4	33.2	47.5
November 2016	21.0	32.0	46.7
December 2016	20.5	29.9	42.5
January 2017	21.9	29.3	44.4
February 2017	22.5	30.8	43.7
March 2017	24.7	33.2	45.0
April 2017	23.8	31.7	44.7
May 2017	24.7	33.6	47.3
June 2017	25.3	33.7	47.1
July 2017	24.3	32.5	46.6
August 2017	24.4	34.5	49.1
September 2017	22.8	32.6	46.8
October 2017	23.5	31.9	49.1
November 2017	23.1	30.7	47.9
December 2017	21.1	28.1	46.6
January 2018	22.0	30.0	46.8
February 2018	22.4	29.7	47.8
March 2018	22.6	31.4	48.6
April 2018	22.4	30.7	47.3
May 2018	22.9	32.7	48.0
June 2018	22.4	32.3	47.3
July 2018	21.0	33.3	48.8
August 2018	23.3	33.6	51.9

Date	PT	OT	ST
September 2018	22.5	31.9	48.8
October 2018	24.7	33.1	52.5
November 2018	23.6	33.4	52.4
December 2018	23.1	32.7	53.0
January 2019	25.3	36.9	56.4
February 2019	26.0	36.6	55.5
March 2019	25.5	37.2	56.2
April 2019	25.6	37.6	55.7
May 2019	26.1	38.4	55.6
June 2019	25.9	37.9	55.7
July 2019	26.8	38.1	57.8
August 2019	26.3	38.6	58.5
September 2019	25.9	37.2	55.4
October 2019	25.9	39.4	58.3
November 2019	25.7	37.0	55.6
December 2019	25.1	37.2	54.1
January 2020	27.8	39.4	58.3
February 2020	26.8	37.3	53.6
March 2020	17.1	24.6	37.0
April 2020	19.1	26.9	37.5
May 2020	24.1	33.4	48.4
June 2020	26.3	37.4	54.9
July 2020	26.3	38.4	56.1
August 2020	26.1	38.2	56.2
September 2020	26.0	39.1	57.9
October 2020	26.4	39.0	57.7
November 2020	25.4	36.7	54.7
December 2020	25.1	36.7	54.0
January 2021	25.4	36.9	55.0
February 2021	24.5	34.6	52.4
March 2021	26.9	36.2	56.5
April 2021	27.2	36.7	53.6
May 2021	25.9	35.8	53.1
June 2021	26.7	37.4	56.2
July 2021	26.3	35.4	53.5
August 2021	24.9	35.6	53.0
September 2021	25.4	34.5	51.0
October 2021	25.2	34.0	49.4
November 2021	24.0	32.0	47.6

Date	PT	OT	ST
December 2021	21.3	29.8	44.4
January 2022	21.1	29.2	41.4
February 2022	22.3	30.9	43.5
March 2022	25.9	34.1	48.8
April 2022	24.4	32.8	47.2
May 2022	24.9	33.4	47.5
*June 2022	25.2	32.5	47.3