

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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TEXAS
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Executive Summary

The Texas Health and Human Services Commission (HHSC) submits this report in compliance with the 2022-23 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 June 2021 through May 2022 remains low, representing only a fraction of one percent of members. For April and May 2022, provider complaints increased due to denials of payment and denials of prior authorization by one managed care organization (MCO).
- The HHSC contract with 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 2021 Quarter 4 through fiscal year 2022 Quarter 3, all programs met the 90 percent standard.
- Following a long period of steady or growing enrollment of therapy providers (February 2017 through December 2021), the number of enrolled providers decreased by about ten percent between January 2021 and June 2022, with nearly all the change among independent therapists.²
- MCOs reported an average of about 46 therapy provider terminations per month from June 2020 through May 2022 (total of 555 terminations). Corresponding to the trend described above for enrolled providers, MCOs

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

² HHSC is investigating the reasons for the recent decline in enrolled providers, which could involve a policy change effective April 2022 allowing independent occupational therapists to enroll as groups, likely leading a number of independent therapists to join group practices; federal public health emergency impacts on workforce leading providers, for example, to move from independent to group practice; one or more MCOs auditing/updating their enrolled provider data; or other reasons.

reported a notable increase in terminations among independent therapists in May 2022. The trend for group and home health therapists remained stable.

- Following a 13 percent drop in active providers from February to April 2020, as utilization declined due to the federal public health emergency (PHE), the number of active providers has rebounded and remained at or above their February 2020 levels.
- 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 (June 2021 through November 2021), waitlist cases increased by 84 percent for December 2021 through May 2022, reaching 1,757 members.
 - ▶ Significantly more providers reported waitlist cases than in the previous six-month reporting period (31 versus 15), though two-thirds of the increase in cases is accounted for by two large therapy group providers reporting a high number of cases.
 - ▶ MCOs report that 41 percent of members on a waitlist subsequently gained services or were referred to a different provider for services, a decline of five percentage points from the previous period.
 - ▶ HHSC's analysis of therapy encounters indicates that a large portion of members reported on a waitlist receive a service within three months (66 percent for the period June 2021 through November 2021).
- 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 received 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, though they have declined by about 10 percent overall during the most recent six-month reporting period (December 2021 through May 2022).
- HHSC continues to strengthen clinical, policy, and operational oversight to ensure Medicaid members have timely access to therapy services.
- The 2020-21 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

In 2015, the 84th Legislature³ 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.

In 2017, the 85th Legislature partially restored rates for therapy services and provided direction on reimbursement rates for therapy assistants,⁴ and also directed HHSC to analyze and report quarterly on data related to pediatric acute care therapy services.⁵ The 2020-21 General Appropriations Act, H.B. 1, 86th Legislature, Regular Session, 2019 (Article II, HHSC, Rider 47) 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.

Given the overlapping and consecutive changes, it is challenging to distinguish how a single event or policy change may or may not impact the provision of therapy services. Through the Biannual Therapy Access Monitoring Report process, HHSC will continue to track and report the best available information on current trends.

³ 2016-17 General Appropriations Act, H.B. 1, 84th Legislature, Regular Session, 2015 (Article II, HHSC, Rider 50(c)).

⁴ 2018-19 General Appropriations Act, S.B. 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 59).

⁵ 2018-19 General Appropriations Act (Article II, HHSC, Rider 57).

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 May 2022. The previous [report](#)⁶ included data through December 2021. Data tables including both substantiated and unsubstantiated complaints and appeals are available in Appendix C Tables S1 and S2.

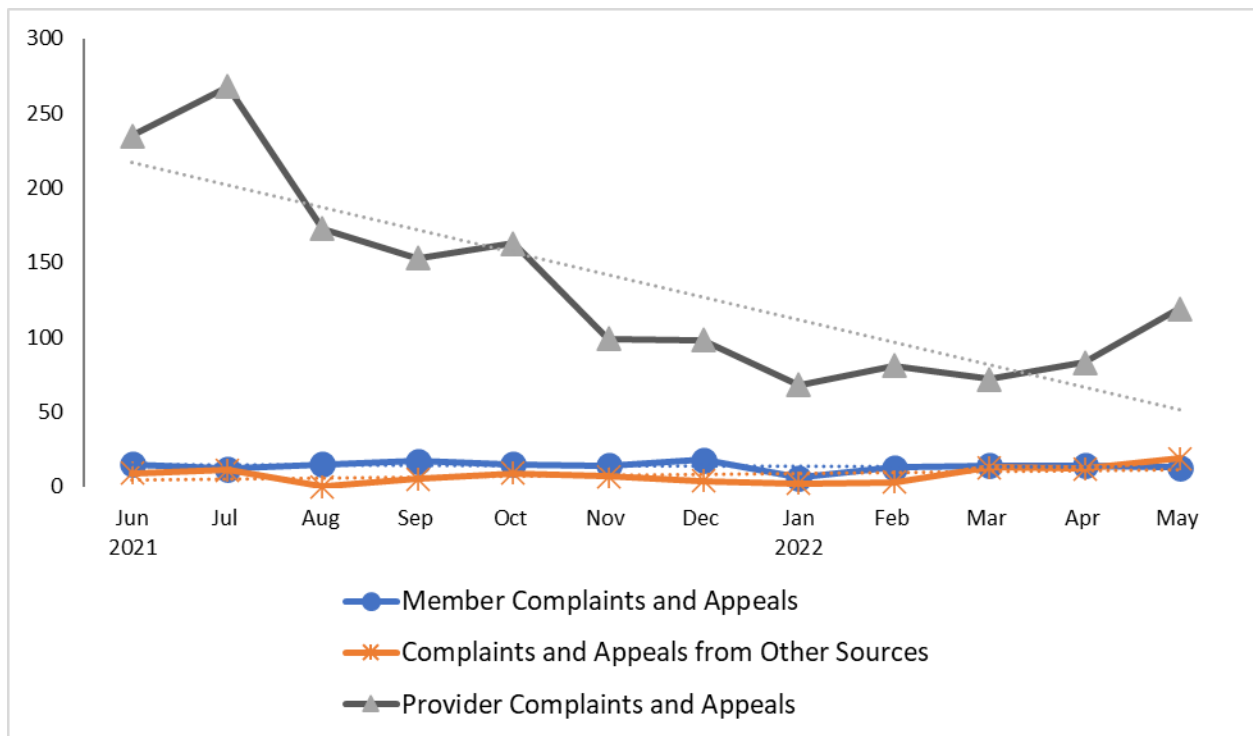
⁶ Biannual Therapy Access Monitoring Report June 2022 (texas.gov)

Figure 1 shows trends in substantiated complaints and appeals relating to pediatric therapy services from June 2021 through May 2022. For this one-year period, an average of 156 complaints and appeals were substantiated per month,⁷ including:

- 134 per month from providers (mostly for payment and prior authorization);
- 14 per month from members or persons representing members; and
- 8 per month from other sources.

These monthly averages, based on one year of data, have risen since the previous report, particularly among providers, due to an increase in complaints in May 2022.

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 0.28 percent of the average number of members receiving pediatric therapy services in a month.

⁷ 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 from members, providers, and other sources. The vast majority (98 percent) of substantiated complaints and appeals relate to authorization of and payment for pediatric therapy services, with less than two percent related to availability and access to pediatric therapy services or other causes.

Table 1. Categories of Substantiated Complaints and Appeals, June 2021-May 2022

Category of Complaints and Appeals	Percent of Total
Authorization Related (Authorization Delays and Denials)	49.6 percent
Availability and Access Related (Travel Distance, Limited Provider Numbers, Wait Times for Providers)	1.8 percent
Claims Payment Related	48.0 percent
Other	0.6 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.⁸

- Members residing in a Metro County: 30 miles or 45 minutes.
- Members residing in a Micro County: 60 miles or 80 minutes.
- 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 June 2021 through May 2022, each program has met the 90 percent performance standard.

⁸ Travel time is calculated annually. For quarterly tracking, Table 2 is based on distance.

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

Program	FY 2021 Quarter 4	FY 2022 Quarter 1	FY 2022 Quarter 2	FY 2022 Quarter 3
STAR (16 MCOs)	90 percent	91 percent	94 percent	94 percent
STAR+PLUS (5 MCOs/4 MCOs as of Q3 FY22)	92 percent	91 percent	95 percent	94 percent
STAR Kids (9 MCOs)	92 percent	92 percent	96 percent	96 percent
STAR Health (1 MCO)	91 percent	90 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 March through May 2022 (fiscal year 2022, Quarter 3) are:

- STAR: 25 total counties: 24 rural counties in MRSA West SDA and one rural county in Jefferson SDA
- STAR+PLUS: 24 total counties: 18 rural counties in MRSA West, one rural county in MRSA Northeast, two rural counties in MRSA Central, one rural county in Jefferson, one rural county in Nueces, and one metro county in Tarrant SDA
- STAR Kids: 17 total counties: 15 rural counties in MRSA West and two rural counties in MRSA Northeast
- STAR Health: 14 rural counties in the MRSA West SDA

Therapy Providers Currently Enrolled vs. Therapy Providers Currently Active

For this biannual report, data on enrolled providers are included through June 2022, and data on active billing providers are included through December 2021. The previous report included enrolled provider data through December 2021 and active provider data through June 2021.

Figure 2 shows the monthly number of therapy providers enrolled in the Medicaid program from March 2016 to June 2022, while Figure 3 shows the number of active therapy providers through December 2021. Active providers have at least one billed

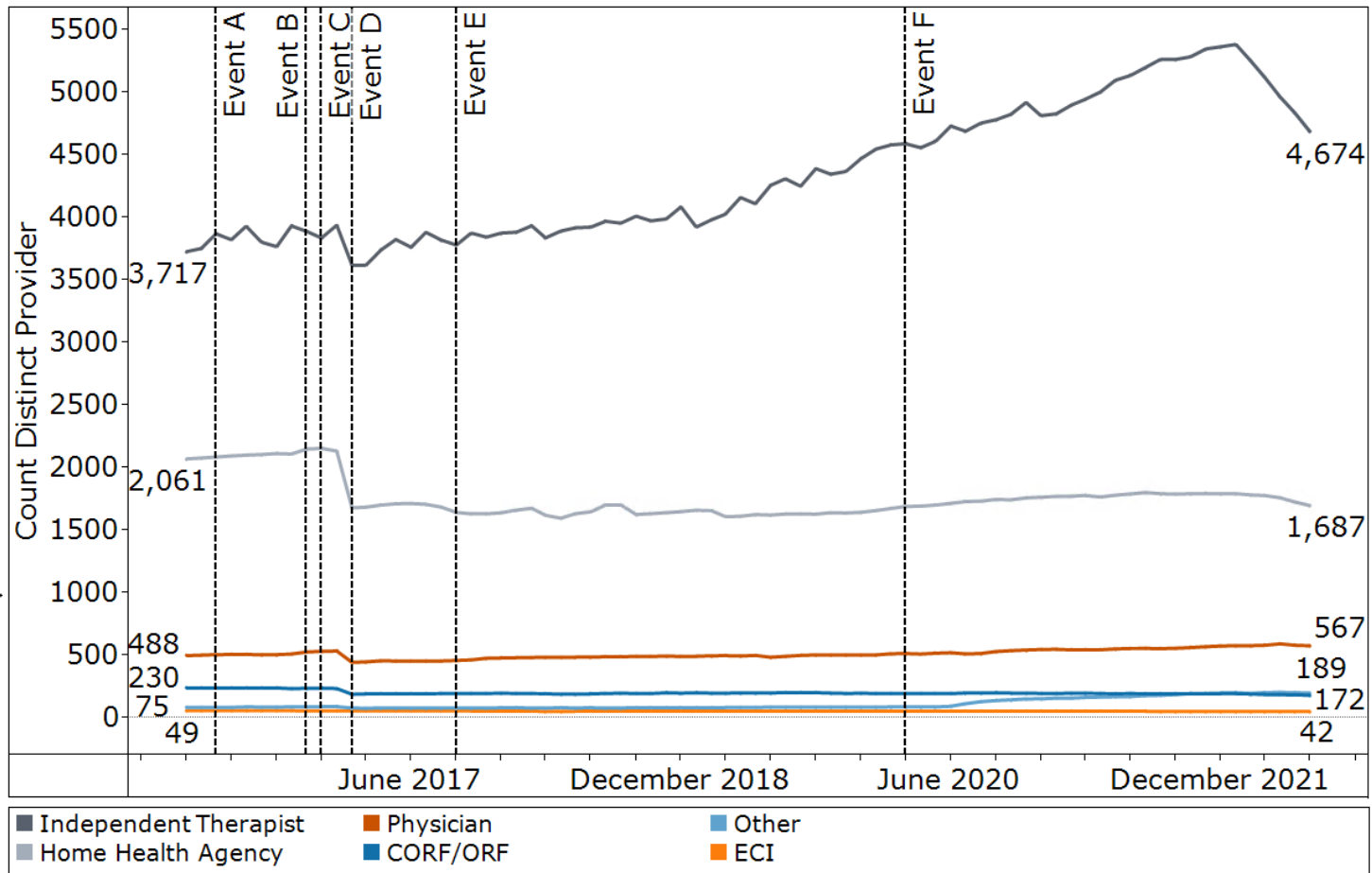
service in a given month for a client younger than 21 years old.⁹ Appendix C Tables S3 through S7 provide detailed monthly breakouts in tabular form for enrolled and active providers. The trends of enrolled and active providers appear to be impacted by different policy changes. The number of enrolled 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 rebounded by December 2021 to about 16 percent above the 2017 peak, before decreasing again by about 10 percent from January 2022 through June 2022. Nearly all the recent decline is among independent therapists.

While the decrease in enrolled providers began with the ACA reenrollment deadline in 2017, the 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. During March and April of 2020, the number of active providers dropped 13 percent but rebounded quickly and, as of December 2021, remains at about the same level as just prior to the federal PHE.

The trend for active providers varies by therapy provider type. This trend mainly reflects the number of active independent therapists. The trends of other provider types are relatively flat from March 2015 through January 2020. From January 2020 through March 2020, at the beginning of the federal PHE, the number of active providers fell across a range of therapy provider types, including a five percent decrease among independent therapists and a 35 percent decrease among hospital providers. However, from April 2020 through December 2021, the number of active providers across the different provider types bounced back to pre-federal PHE levels.

⁹ Due to differences in the availability of monthly data, trend lines for enrolled providers includes six additional months of data compared to active providers.

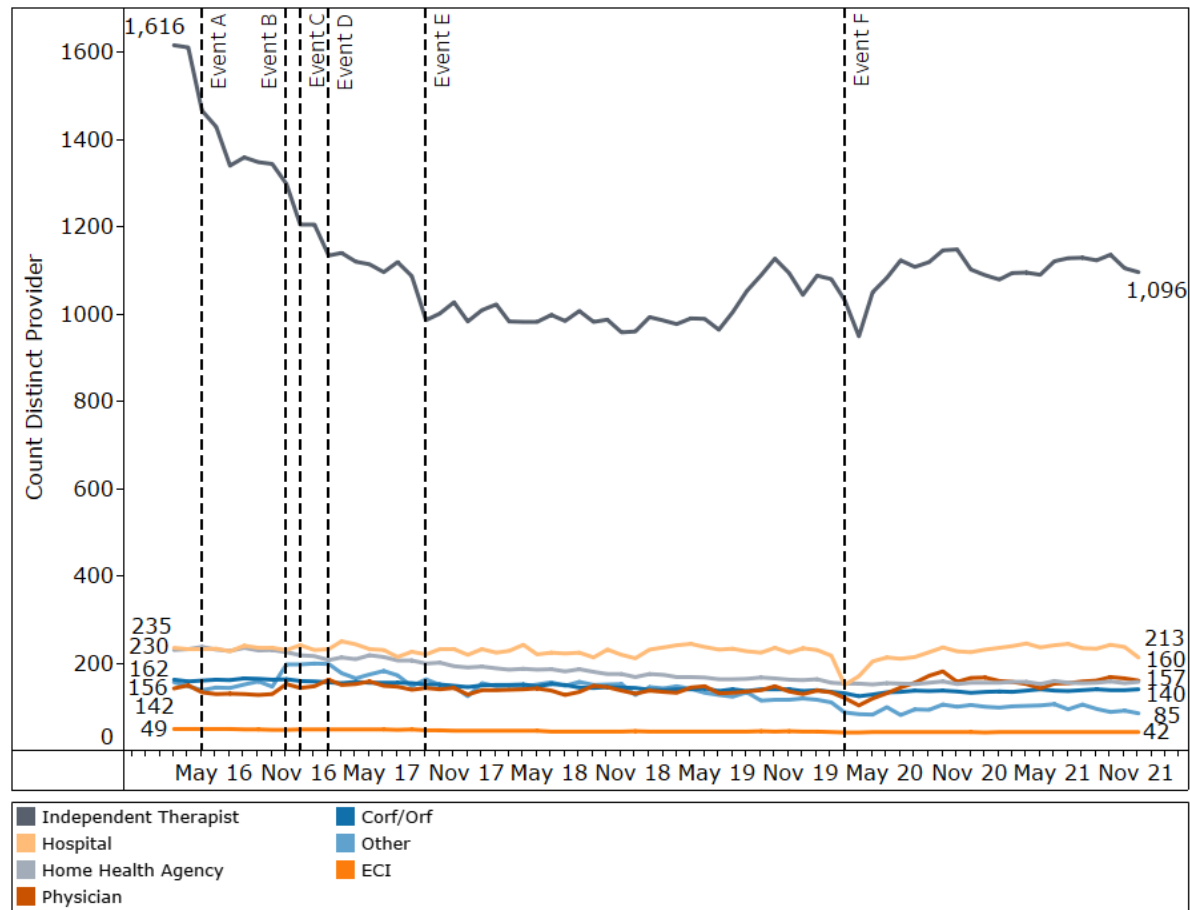
Figure 2: Enrolled Medicaid Therapists by Provider Type, March 2016–June 2022



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 S3.

Figure 3: Active Medicaid Therapists by Provider Type, March 2016–December 2021



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.

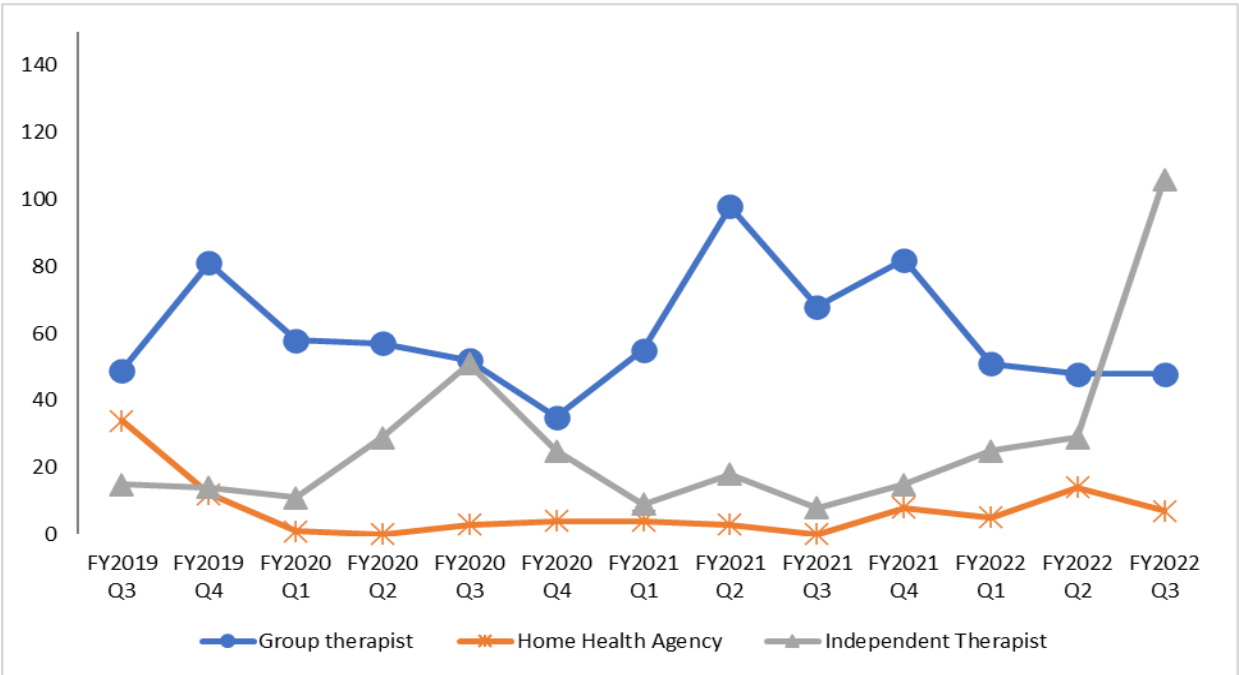
MCO Network Terminations of Therapy Providers

For this biannual report, data on terminated providers are included through May 2022. The previous report included data through November 2021.

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 46 therapy providers per month left or were terminated from an MCO network from June 2020 through May 2022 (a total of 555 terminations for the one-year period). The terminations by provider type consisted of 41 percent for group therapists, 32 percent for independent therapists, 6 percent for therapists providing services through a home health agency, and 21 percent from other providers. As shown in Figure 4, quarterly trends for terminations tend to fluctuate generally, and independent therapist terminations increased significantly in fiscal year 2022 Q3 (due to one MCO reporting a substantial number in May after completing an internal review and update of their data). Staff are exploring the cause for this change with the MCO that saw the largest increase in terminations.

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



The most common reason for the terminations involves individual providers leaving a group practice (50 percent). Other reasons include 23 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), 7 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 May 2022. The previous report included data through November 2021.

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

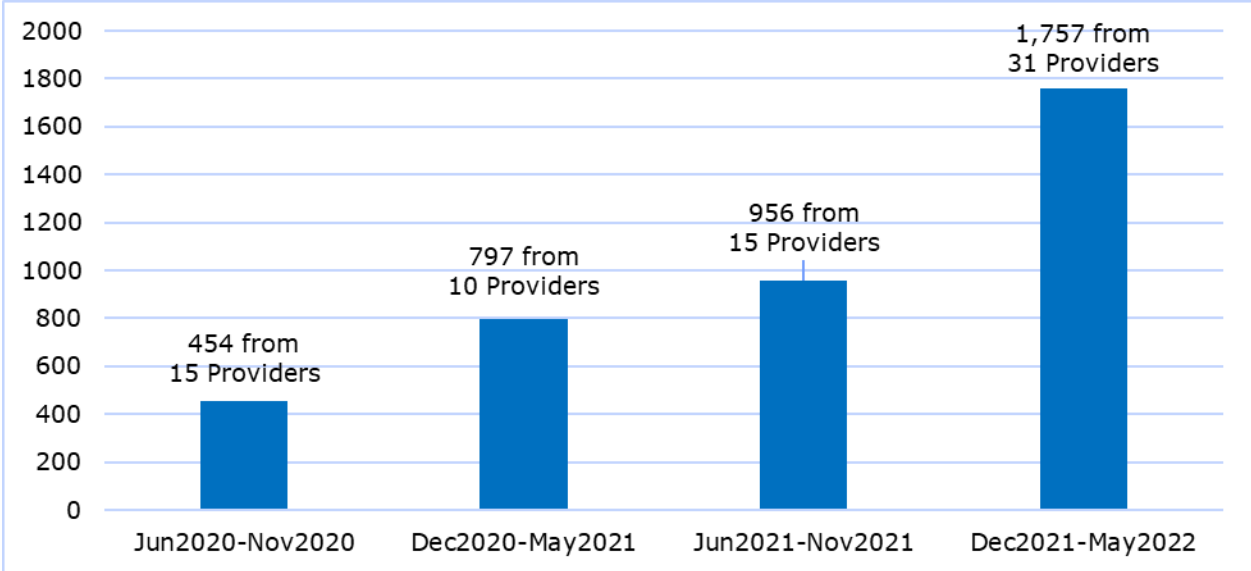


Figure 5 above shows that the number of individuals reported on a waiting list for pediatric therapy services has continued to increase during the federal PHE's continuous coverage period, including an 84 percent jump during the most recent reporting period (December 2021 through May 2022). Twice as many providers reported at least one case for this period compared to the prior 6 months (31 versus 15), and two of these provider groups account for two-thirds of the increase in total cases.

Between December 2021 and May 2022, most enrollees reported on a waiting list were from the Tarrant, Dallas, and Harris SDAs. Compared to previous reporting, the Harris percentage decreased from 27 percent to 22 percent and Tarrant decreased from 35 to 29 percent. The Dallas percentage increased from 11 percent to 20 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: 29 percent
- Harris: 22 percent
- Dallas: 20 percent
- Travis: 13 percent
- Bexar: 7 percent
- MRSA Northeast: 2 percent
- MRSA Central: 2 percent
- Lubbock: 2 percent
- Other: 3 percent

Additional details for the waiting list data include:

- 65 percent of individuals were enrolled in STAR (increase from 54 percent in the previous report)
- 35 percent were enrolled in STAR Kids (down from 45 percent)
- 51 percent of individuals needed speech therapy, 23 percent needed occupational therapy, 15 percent needed physical therapy and 11 percent needed 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. Resolutions reported for this process by MCOs for the most recent quarter include:

- 41 percent were referred to another provider or the member was reported as currently receiving services;
- 5 percent opted to remain on an individual provider's waiting list;
- 4 percent declined services;
- for 28 percent, MCOs could not reach the member or left an unreturned message; and
- MCOs reported continuing efforts to resolve 19 percent of the cases.

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

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

For this biannual report, utilization data on provider waiting lists are for June 2021 through November 2021. The previous report included data from December 2020 through May 2021.

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 June 2021 through November 2021. 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.¹⁰

Results in Table 3 indicate that about two-thirds (65 percent) of individuals newly reported on a waiting list received a therapy service within three months, the same level as for the previous biannual report. Results vary across the state.

¹⁰ 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.

Table 3. Newly Reported Waiting List Clients Receiving a Therapy Service Within Three Months of Report, by SDA, June 2021-November 2021

Service Area	Clients on Waitlist	Number Clients Ineligible or Left MCO**	Quarterly Waitlist Cohort	Number Receiving Services	Percent Receiving Services
Harris	226	7	219	154	70%
Dallas/Tarrant	218	13	205	126	61%
MRSAs*	31	1	30	15	50%
Travis	37	1	36	27	75%
Other	106	6	100	66	66%
Total	618	28	590	388	66%

Note: *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 May 2022. The previous report included data through November 2021.

From December 2021 through May 2022, two MCOs reported that seven therapy providers were not accepting new enrollees. These providers stated that they did not want to accept new Medicaid patients.

Utilization of Therapy Services

For this biannual report, utilization data are through December 2021. The previous report included data through June 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. Please note that data are eight months old to ensure that nearly all encounters are fully adjudicated.

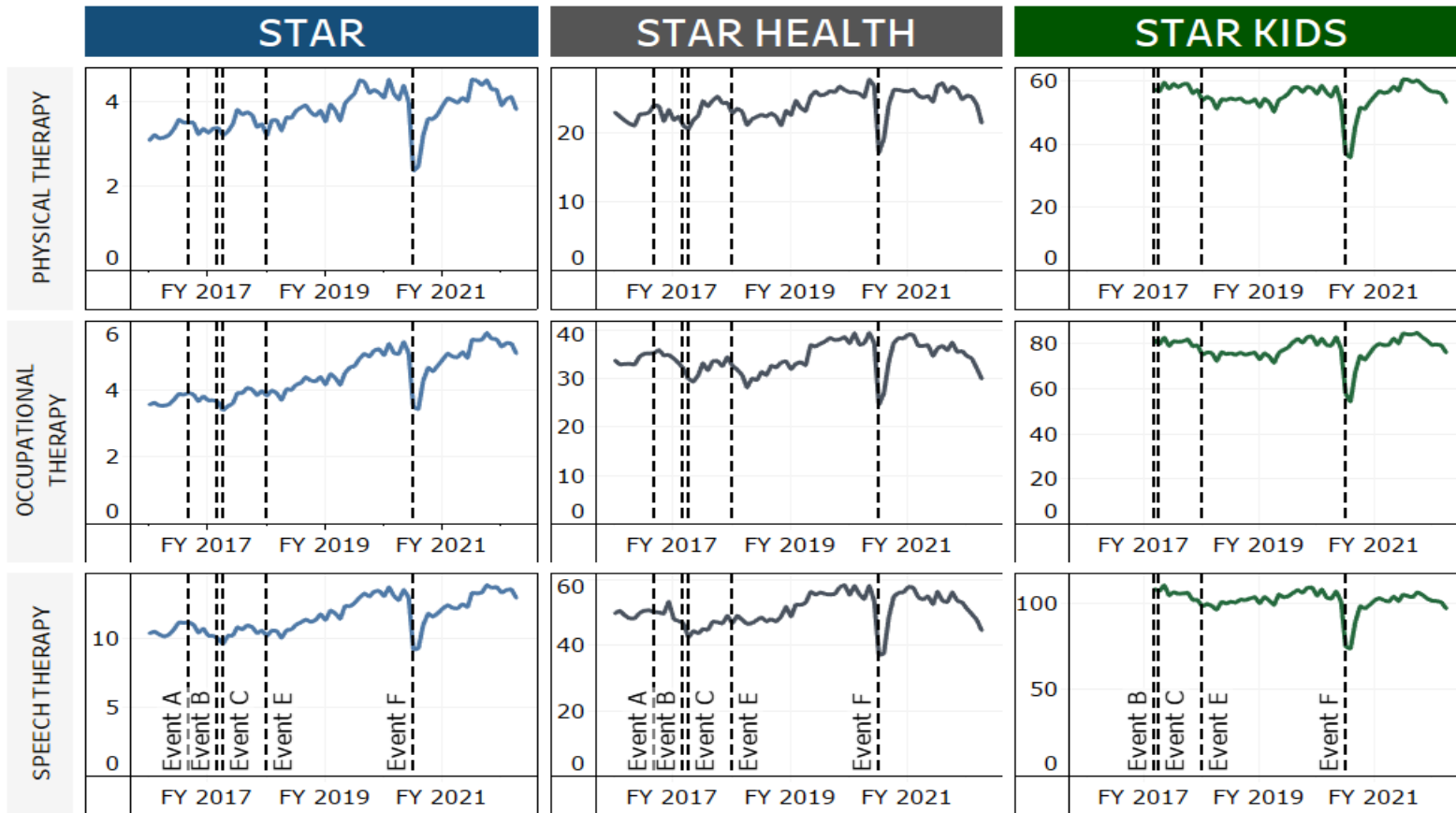
Generally, Figure 6 shows that pediatric therapy utilization rates have fluctuated since 2016 with implementation of therapy policy initiatives and the STAR Kids roll out. Though utilization rates differ across programs, with the STAR Kids program having substantially higher utilization than STAR and 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 have rebounded for all programs and therapy services as of the May 2021.

Most recently, for the six-month period covered by this report, utilization rates for OT, PT, and ST decreased by about 13, 16, and 9 percent, respectively. However, these rates have not yet declined below what may be expected from their long-term averages, and the actual number of children served has not declined (i.e., changes in the rate are due to an increase in the number of children on Medicaid).

Table S3 in Appendix C provides detailed tabular breakouts for average monthly service utilization rate from September 2019 through December 2021 (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:

- An increase in members reported by providers as on a pediatric therapy waiting list (two large providers account for two-thirds of the increase);
- A decrease in the number of independent therapists enrolled in Medicaid, with the number of active providers remaining relatively steady; and
- A decline in pediatric therapy utilization rates, though the number of members receiving services has not declined.

The federal PHE and federal continuous Medicaid enrollment requirements have likely impacted some trends included in this report.

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 fourteenth 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 June 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

In 2015, the 84th Legislature¹¹ 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.

¹¹ 2016-17 General Appropriations Act, H.B. 1, 84th Legislature, Regular Session, 2015 (Article II, HHSC, Rider 50(c))

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
June 2021	235	15	9
July 2021	268	12	11
August 2021	173	15	0
September 2021	153	17	5
October 2021	163	15	9
November 2021	99	14	7
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

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
June 2021	378	72	13
July 2021	400	60	12
August 2021	341	44	0
September 2021	307	37	7
October 2021	301	39	11
November 2021	250	45	9
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

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	7.6	9.5	19.0
Dallas	FY 2020	5.3	6.2	16.1
Dallas	FY 2021	5.7	6.5	15.7
Dallas	FY 2022	5.1	5.9	15.2
El Paso	FY 2020	7.7	10.5	20.2
El Paso	FY 2021	8.2	10.9	21.2
El Paso	FY 2022	8.6	11.3	22.4
Harris	FY 2020	6.0	6.8	13.6
Harris	FY 2021	6.7	7.7	15.3
Harris	FY 2022	5.5	7.0	14.9
Hidalgo	FY 2020	6.7	18.3	30.9
Hidalgo	FY 2021	6.7	17.9	30.6
Hidalgo	FY 2022	6.9	18.0	31.1
Jefferson	FY 2020	4.5	5.7	11.5
Jefferson	FY 2021	5.7	7.0	14.0
Jefferson	FY 2022	5.3	6.8	14.2
Lubbock	FY 2020	8.1	9.2	17.3
Lubbock	FY 2021	8.8	10.0	18.0
Lubbock	FY 2022	8.6	9.6	18.7
MRSA Central	FY 2020	6.4	7.7	13.3
MRSA Central	FY 2021	7.0	8.3	13.3
MRSA Central	FY 2022	6.7	8.2	13.7
MRSA Northeast	FY 2020	5.2	6.3	11.4
MRSA Northeast	FY 2021	6.2	7.1	12.0
MRSA Northeast	FY 2022	5.7	7.3	12.5
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	4.7	10.1
Nueces	FY 2020	6.1	6.6	13.8
Nueces	FY 2021	6.2	6.7	14.9
Nueces	FY 2022	6.2	5.8	13.8
Statewide - STAR Health	FY 2020	24.7	35.5	52.1
Statewide - STAR Health	FY 2021	25.9	36.7	54.9
Statewide - STAR Health	FY 2022	24.1	32.7	48.3
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	5.5	6.7	15.0
Travis	FY 2020	8.3	10.0	18.0
Travis	FY 2021	9.0	10.4	19.0
Travis	FY 2022	8.8	10.0	19.4

Notes:

1. * FY 2022 data is preliminary. It is through December 2021.
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–December 2021* and Enrolled Medicaid Therapy Providers, March 2016–June 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	2,151
December 2016	6,832	2,058
January 2017	6,913	2,042
February 2017	5,999	1,982
March 2017	6,008	1,988
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	1,808
February 2018	6,355	1,807

Date	Enrolled Providers	Actively Billing Providers
March 2018	6,201	1,771
April 2018	6,230	1,793
May 2018	6,294	1,769
June 2018	6,316	1,798
July 2018	6,423	1,755
August 2018	6,410	1,801
September 2018	6,393	1,764
October 2018	6,361	1,780
November 2018	6,394	1,723
December 2018	6,492	1,689
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	1,784
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	1,817
August 2020	7,286	1,823
September 2020	7,348	1,863
October 2020	7,392	1,923
November 2020	7,508	1,881
December 2020	7,411	1,842
January 2021	7,436	1,827
February 2021	7,507	1,816
March 2021	7,560	1,825
April 2021	7,604	1,831
May 2021	7,719	1,810
June 2021	7,776	1,865
July 2021	7,851	1,861
August 2021	7,903	1,861
September 2021	7,902	1,860
October 2021	7,937	1,876
November 2021	8,005	1,836
*December 2021	8,029	1,799
January 2022	8,055	N/A
February 2022	7,901	N/A
March 2022	7,771	N/A
April 2022	7,607	N/A
May 2022	7,427	N/A
June 2022	7,237	N/A

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. *December 2021 data for "Actively Billing Providers" are preliminary since encounters generally require eight months before being considered final.
3. January 2022 through June 2022 results for "Actively Billing Providers" are not available for reporting at the time of publication due to the lag in processing and adjudicating encounters data.
4. 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.
5. 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–June 2022

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

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

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

Month	CORF/ ORF	ECI	Home Health Agency	Independent Therapist	Other	Physician
November 2021	183	42	1,784	5,339	186	560
December 2021	184	42	1,782	5,356	189	565
January 2022	184	42	1,783	5,375	191	568
February 2022	181	42	1,773	5,239	186	568
March 2022	177	41	1,768	5,109	193	571
April 2022	176	41	1,750	4,954	194	582
May 2022	173	42	1,716	4,826	192	571
June 2022	172	42	1,687	4,674	189	567

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–December 2021

Date	CORF/ ORF	ECI	Home Health Agency	Hospital	Independent Therapist	Other	Physician
March 2016	162	49	230	235	1,616	156	142
April 2016	158	49	232	232	1,611	147	149
May 2016	160	49	237	232	1,466	138	133
June 2016	162	49	231	233	1,429	144	129
July 2016	161	49	228	227	1,340	143	130
August 2016	165	48	235	240	1,359	151	129
September 2016	164	48	229	235	1,348	158	127
October 2016	162	47	230	235	1,344	146	129
November 2016	163	47	225	230	1,298	197	152
December 2016	159	48	218	241	1,205	197	143
January 2017	158	48	216	230	1,205	199	147
February 2017	156	48	207	232	1,134	198	162
March 2017	154	48	213	250	1,140	177	150
April 2017	157	48	209	243	1,120	165	152
May 2017	155	48	218	232	1,114	174	158
June 2017	155	48	214	230	1,096	182	148
July 2017	155	47	206	214	1,119	172	146
August 2017	154	48	206	226	1,087	147	139
September 2017	151	46	199	220	986	163	143
October 2017	151	46	201	232	1,001	150	140
November 2017	148	45	193	232	1,027	146	143
December 2017	145	45	190	219	983	124	128

Date	CORF/ ORF	ECI	Home Health Agency	Hospital	Independent Therapist	Other	Physician
January 2018	149	45	192	232	1,009	154	138
February 2018	150	45	188	224	1,022	147	138
March 2018	150	45	185	228	983	148	139
April 2018	151	45	187	242	982	146	140
May 2018	147	45	185	220	982	151	142
June 2018	152	43	186	224	998	156	137
July 2018	150	43	181	222	984	148	127
August 2018	144	43	186	224	1,007	157	134
September 2018	143	43	180	213	982	150	148
October 2018	145	43	175	231	987	151	145
November 2018	144	43	175	219	958	152	137
December 2018	143	44	168	211	960	127	130
January 2019	139	43	175	231	993	145	137
February 2019	138	43	173	236	985	142	134
March 2019	140	43	168	241	977	147	132
April 2019	140	43	168	244	990	141	144
May 2019	142	43	167	237	989	132	147
June 2019	136	43	163	231	964	127	131
July 2019	140	43	163	233	1,004	123	132
August 2019	136	43	164	227	1,053	133	135
September 2019	140	44	167	224	1,089	114	138
October 2019	140	43	165	235	1,127	116	147
November 2019	140	44	162	224	1,094	116	135

Date	CORF/ ORF	ECI	Home Health Agency	Hospital	Independent Therapist	Other	Physician
December 2019	136	43	161	234	1,044	119	129
January 2020	138	43	163	230	1,088	116	137
February 2020	134	42	155	217	1,080	110	133
March 2020	131	41	153	150	1,032	87	120
April 2020	124	41	153	170	949	83	103
May 2020	128	42	151	204	1,050	82	119
June 2020	133	42	154	213	1,083	99	131
July 2020	134	42	153	210	1,123	81	144
August 2020	137	42	152	214	1,108	94	155
September 2020	136	42	155	225	1,119	93	171
October 2020	137	42	158	236	1,146	105	181
November 2020	135	42	152	227	1,148	100	157
December 2020	132	42	155	225	1,102	104	166
January 2021	134	41	155	231	1,089	100	167
February 2021	135	42	155	235	1,079	98	159
March 2021	134	42	157	239	1,094	101	157
April 2021	137	42	157	245	1,095	102	152
May 2021	140	42	152	236	1,090	103	142
June 2021	137	42	159	241	1,121	106	153
July 2021	136	42	155	244	1,128	94	154
August 2021	138	42	154	234	1,129	105	158
September 2021	140	42	155	233	1,123	95	160
October 2021	138	42	158	242	1,136	88	168

Date	CORF/ ORF	ECI	Home Health Agency	Hospital	Independent Therapist	Other	Physician
November 2021	138	42	154	237	1,105	91	165
December 2021	140	42	157	213	1,096	85	160

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. *December 2021 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	302	218
Dallas	374	437	300
El Paso	170	212	119
Harris	496	541	444
Hidalgo	498	493	419
Jefferson	169	180	129
Lubbock	115	142	102
MRSA Central	473	448	312
MRSA Northeast	240	287	240
MRSA West	300	327	281
Nueces	126	135	101
Statewide - STAR Health	655	697	513
Tarrant	350	446	338
Travis	481	445	295

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

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

Date	Group Therapist	Home Health Therapist	Independent Therapist	Other
FY2019 Q3	49	34	15	9
FY2019 Q4	81	12	14	14
FY2020 Q1	58	1	11	50
FY2020 Q2	57	0	29	10
FY2020 Q3	52	3	51	11
FY2020 Q4	35	4	25	11
FY2021 Q1	55	4	9	17
FY2021 Q2	98	3	18	16
FY2021 Q3	68		8	10
FY2021 Q4	82	8	15	13
FY2022 Q1	51	5	25	28
FY2022 Q2	48	14	29	20
FY2022 Q3	48	7	106	57

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	6.3
OT	8.5	8.2	8.0	8.7	8.3	9.0	8.6
ST	16.6	15.6	15.5	17.3	16.2	17.2	17.1

Notes:

1. *FY 2022 includes data through December 2021 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-December 2021

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	6.4	8.4	16.3
October 2018	6.5	8.4	16.5
November 2018	6.3	8.2	16.1
December 2018	6.3	8.2	16.0
January 2019	6.5	8.5	16.3
February 2019	6.7	8.7	16.8
March 2019	7.0	9.0	17.4
April 2019	6.9	9.0	17.4
May 2019	6.9	8.9	17.3
June 2019	6.7	8.8	16.9
July 2019	6.2	8.2	15.8
August 2019	6.4	8.3	16.1
September 2019	6.2	8.1	15.4
October 2019	6.4	8.2	15.6
November 2019	6.4	8.1	15.3
December 2019	6.1	7.7	14.8
January 2020	6.4	8.0	15.6
February 2020	6.5	7.9	15.3
March 2020	6.9	8.3	16.0
April 2020	6.7	8.3	15.8
May 2020	6.8	8.5	16.1
June 2020	6.8	8.5	16.0
July 2020	6.4	8.1	15.4
August 2020	6.5	8.3	15.5
September 2020	5.9	7.7	14.7
October 2020	6.3	7.9	15.2
November 2020	6.3	7.8	15.1
December 2020	5.9	7.4	14.5
January 2021	6.3	7.9	15.3
February 2021	6.3	7.9	15.3
March 2021	6.5	8.1	15.7
April 2021	6.6	8.1	15.8
May 2021	6.7	8.3	16.1
June 2021	6.4	8.2	15.9
July 2021	6.3	8.2	16.1
August 2021	6.5	8.3	16.5
September 2021	6.1	7.9	15.9
October 2021	6.7	8.4	16.8
November 2021	6.5	8.2	16.5

Therapy Type	PT	OT	ST
*December 2021	6.0	8.3	16.5

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. *December 2021 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–December 2021

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	56.5	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	55.0	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	89.0
June 2020	51.6	74.7	98.4
July 2020	51.1	72.7	96.9
August 2020	53.3	75.7	98.9
September 2020	55.1	78.6	101.7
October 2020	56.8	80.0	102.9
November 2020	56.2	79.2	101.6
December 2020	56.5	79.4	100.9
January 2021	58.3	82.4	104.0
February 2021	56.8	80.0	101.0
March 2021	60.5	84.6	105.0
April 2021	60.4	84.1	104.0
May 2021	59.6	84.1	103.5
June 2021	60.3	84.8	106.4
July 2021	58.9	82.9	105.0
August 2021	57.5	81.4	102.7
September 2021	56.6	79.4	101.4
October 2021	56.6	79.7	101.3
November 2021	56.0	79.2	100.6
*December 2021	53.3	76.0	96.9

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. *December 2021 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–December 2021

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	13.7
September 2021	3.9	5.3	13.3
October 2021	4.1	5.4	13.5
November 2021	4.1	5.4	13.6

Date	PT	OT	ST
December 2021	3.8	5.1	13.0

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–December 2021

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	25.4	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	26.2	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	38.3	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	55.1
February 2021	24.5	34.6	52.5
March 2021	26.9	36.3	56.5
April 2021	27.2	36.8	53.6
May 2021	25.9	35.8	53.2
June 2021	26.7	37.5	56.3
July 2021	26.3	35.5	53.7
August 2021	24.8	35.7	53.2
September 2021	25.4	34.6	51.2
October 2021	25.3	34.2	49.6
November 2021	24.1	32.1	47.8

Date	PT	OT	ST
December 2021	21.4	30.0	44.6