

Biannual Therapy Access Monitoring Report

**As Required by
House Bill 1, 88th Legislature, Regular
Session, 2023 (Article II, Health and
Human Services Commission, Rider 10)**

**Health and Human Services
Commission**

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TEXAS
Health and Human
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Executive Summary

The Texas Health and Human Services Commission (HHSC) submits this report in compliance with the 2024-2025 General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023 (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 2022 through May 2023 increased compared to the previous biannual report but 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 every quarter during the period June 2022 (fiscal year 2022 quarter 4) through May 2023 (fiscal year 2023 quarter 3), all programs met the 90 percent standard.
- Previous reporting (July 2022 through December 2022) showed an increase in enrolled providers. Current reporting shows enrolled providers reached their highest level on record in April 2023 before decreasing slightly by June 2023. The number of enrolled providers has grown by 46 percent since January 2017.
- MCOs reported an average of about 52 therapy provider terminations per month from June 2022 through May 2023 (total of 629 terminations), about the same as the 53 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

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

emergency (PHE), the number of active providers has rebounded and remained at or above their February 2020 levels.

- Compared to the previous six-month reporting period (June 2022 through November 2022), the number of individuals reported as on a waiting list for pediatric therapy services grew during the current reporting period (December 2022 through May 2023) with increasing awareness of Rider 10 reporting requirements likely a contributing factor:
 - ▶ Waitlist cases increased from 1,975 to 4,179, up 112 percent. The majority of the increase is related to reporting from two providers, one reporting for the first time and the other with minimal previous reporting.
 - ▶ The number of providers reporting waitlist cases also increased (32 currently versus 28 previously).
 - ▶ MCOs report that 40 percent of members on a waitlist subsequently gained services or were referred to a different provider for services, an increase of five percentage points.
- HHSC's analysis of therapy encounters indicates that a majority of members reported on a waitlist receive a service within three months (62 percent using the most recent data available, June 2022 through November 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 received a therapy service. From January to March 2020, the physical therapy utilization rate dropped 44 percent, and rates for speech and occupational therapy both fell more than 30 percent. By May 2021, rates for all therapy types had rebounded to their pre-federal PHE trend. For the most recent six-month reporting period (July 2022 through December 2022), utilization rates decreased across all therapy types but remain near their historical averages since 2015.
- 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 88th 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.

The 2020-2021 General Appropriations Act, House Bill 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.

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

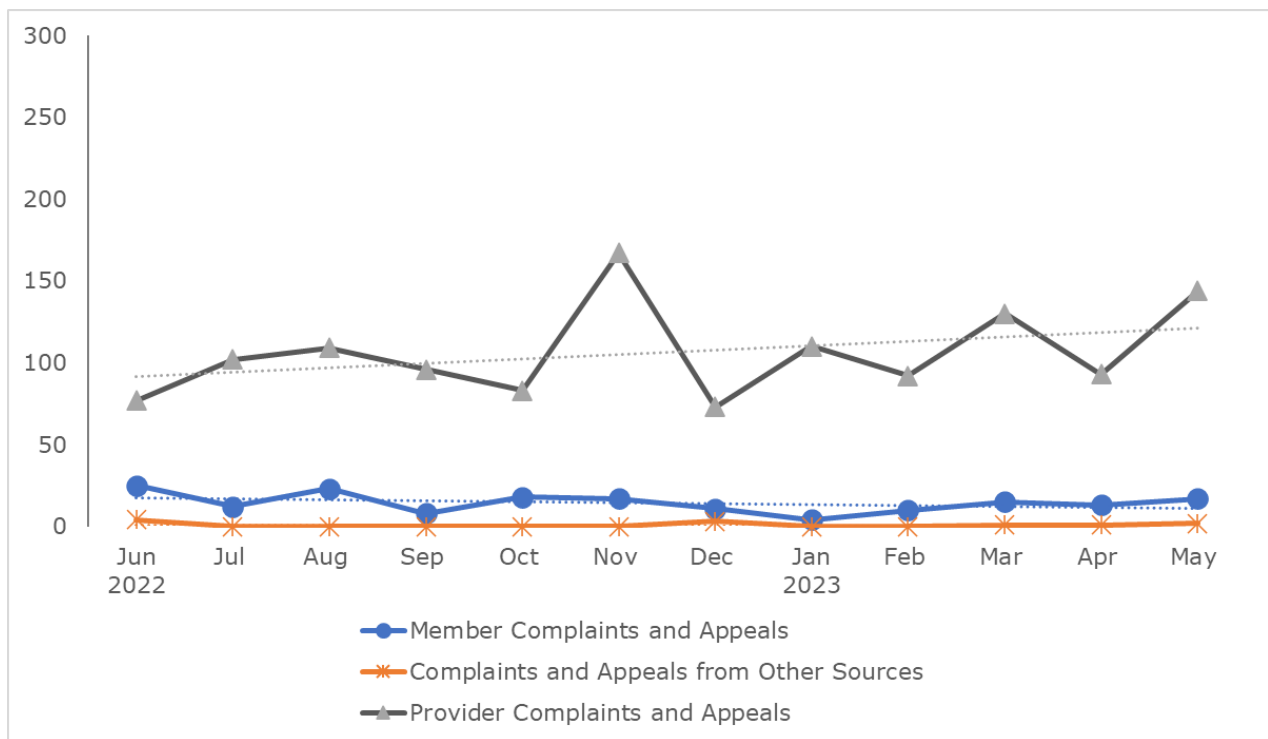
For this biannual report, data on substantiated complaints and appeals for Figure 1 and Table 1 are for June 2022 through May 2023. The [previous report](#) included data from December 2021 through November 2022. Data tables including both substantiated and unsubstantiated complaints and appeals are available in Appendix C Tables S1 and S2.

Figure 1 shows trends in substantiated complaints and appeals relating to pediatric therapy services from June 2022 through May 2023. For this one-year period, an average of 122 complaints and appeals were substantiated per month,² including:

- 106 per month from providers (mostly for payment and prior authorization);
- 14 per month from members or persons representing members; and
- 1 per month that could not be classified.

This monthly average, based on one year of data, increased slightly from 116 since the previous report, mainly due to an increase from providers. 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 0.09

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

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

In addition to data on volume, HHSC monitors data on the reasons for complaints and appeals. The vast majority (98 percent) of substantiated complaints and appeals from all sources combined relate to authorization of and payment for pediatric therapy services, with one percent related to travel distance, number of providers, and wait times or other causes.

Table 1: Categories of Substantiated Complaints and Appeals, June 2022-May 2023³

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)	65.5 percent	81.4 percent	67.3 percent
Availability of Services (Travel Distance, Limited Provider Numbers, Wait Times for Providers)	0.2 percent	14.1 percent	1.8 percent
Claims Payment Related	33.5 percent	0.6 percent	29.7 percent
Other	0.8 percent	4.0 percent	1.2 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.⁴

³ Some totals may not add to 100 percent due to rounding.

⁴ Travel time is calculated annually. For quarterly tracking, Table 2 is based on distance.

- 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 every quarter during the period June 2022 through May 2023, 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 4	FY 2023 Quarter 1	FY 2023 Quarter 2	FY 2023 Quarter 3
STAR (16 MCOs)	94 percent	95 percent	95 percent	94 percent
STAR+PLUS (4 MCOs)	94 percent	95 percent	95 percent	94 percent
STAR Kids (9 MCOs)	96 percent	96 percent	97 percent	96 percent
STAR Health (1 MCO)	95 percent	95 percent	96 percent	96 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 2023 (fiscal year 2023, Quarter 3) are:

- STAR: 28 total counties: 25 rural counties in MRSA West SDA, one rural county in Jefferson, one rural county in Hidalgo, and one metro county in the Dallas SDA
- STAR+PLUS: 27 total counties: 24 rural counties in MRSA West, one rural county in MRSA Northeast, and two rural counties in MRSA Central
- STAR Kids: 16 total counties: 15 rural counties in MRSA West and one rural county in MRSA Northeast
- STAR Health: 11 rural counties in the MRSA West SDA

Therapy Providers Currently Enrolled vs. Therapy Providers Currently Active

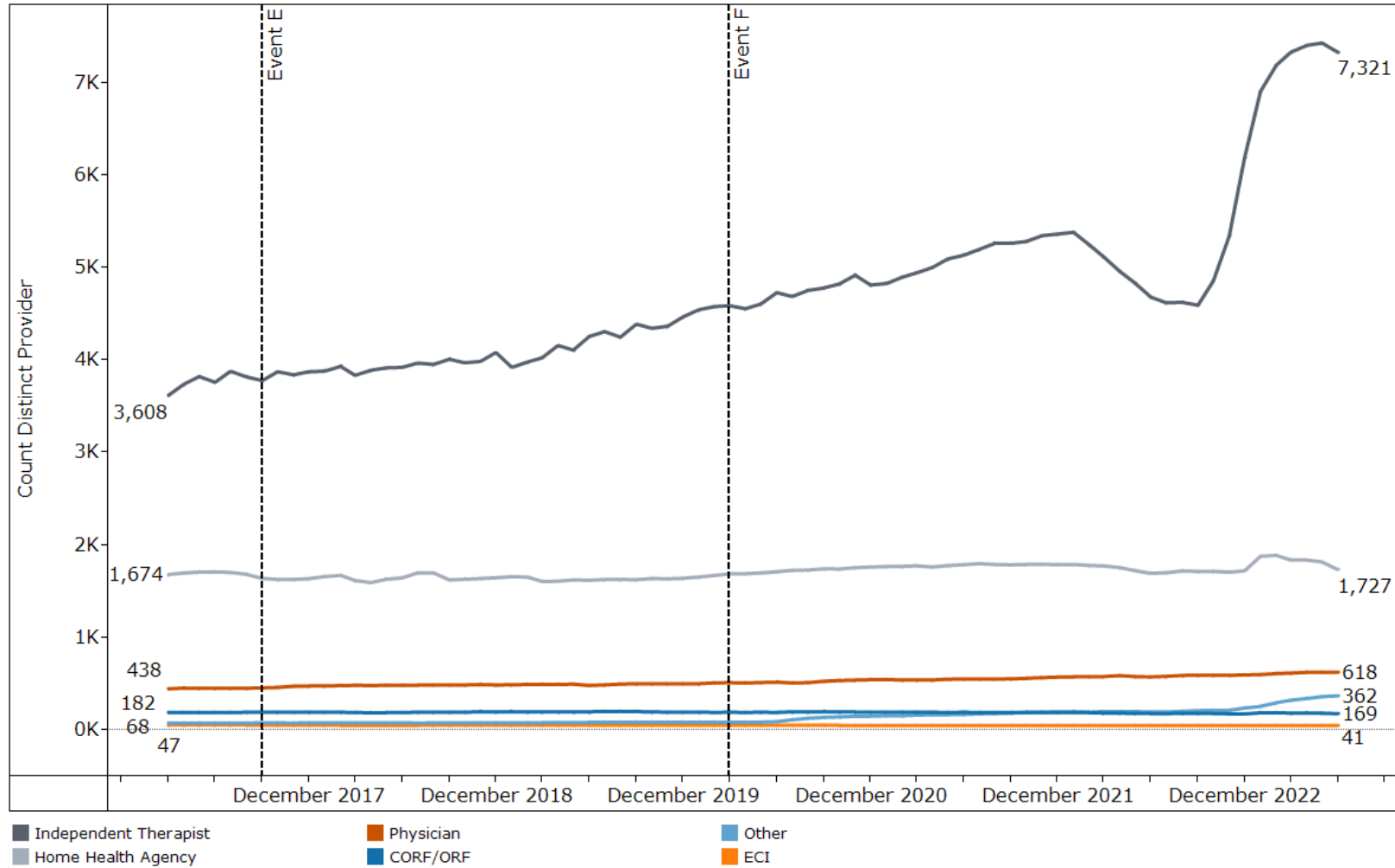
For this biannual report, data on the number of therapy providers enrolled in Medicaid are included through June 2023, and data on active billing providers are included through December 2022. The previous report included enrolled provider data through December 2022 and active provider data through June 2022.

Figure 2 shows the monthly number of therapy providers enrolled in the Medicaid program from March 2017 to June 2023, while Figure 3 shows the number of active therapy providers through December 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 June 2023 stands 46 percent above the level just before the February 2017 ACA reenrollment. A decline in enrolled providers from 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 December 2022, the number of active providers remains at about seven percent higher than 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.

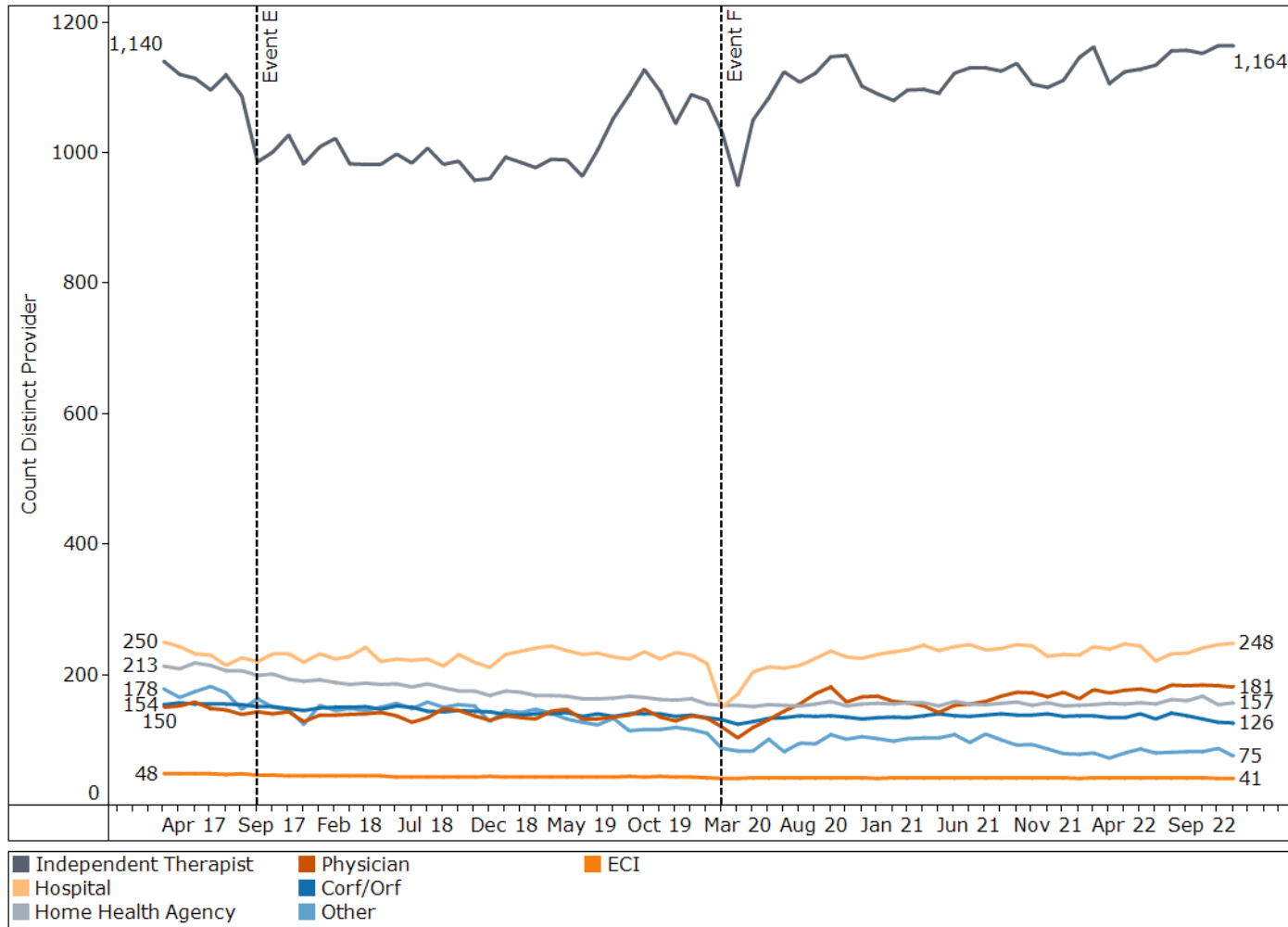
Figure 2: Enrolled Medicaid Therapists by Provider Type, March 2017–June 2023



Reference Lines: 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 2017–December 2022



Reference Lines: 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.

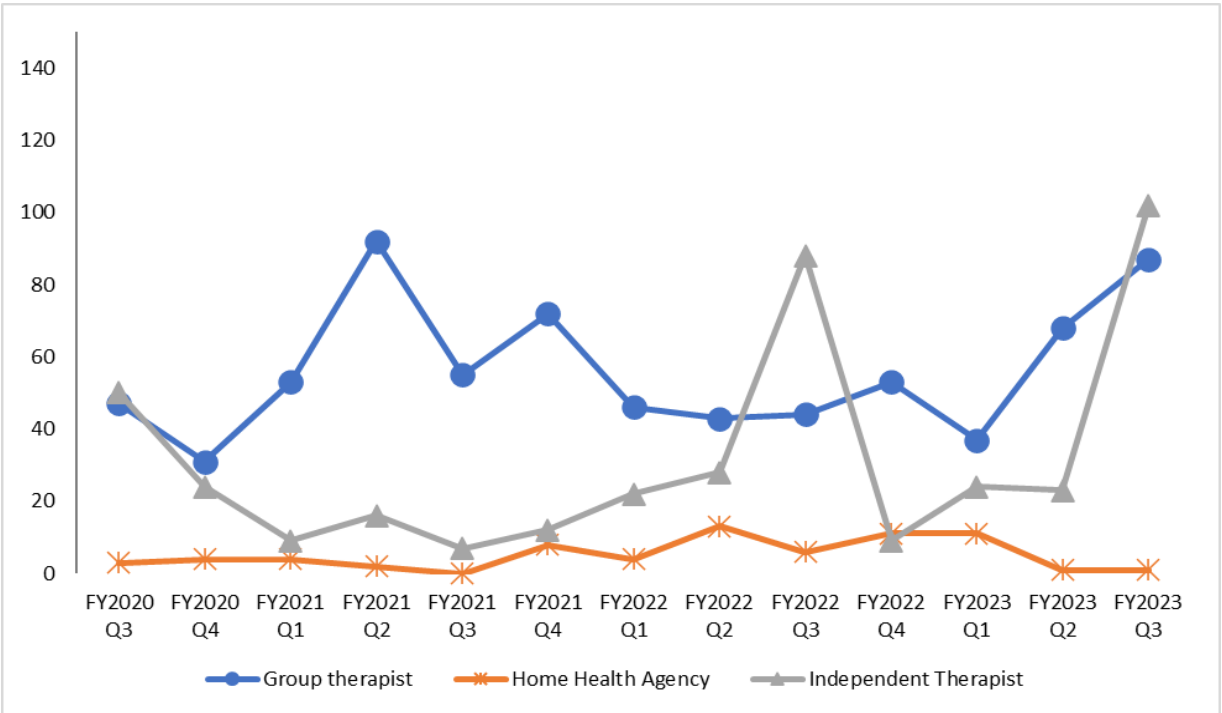
MCO Network Terminations of Therapy Providers

For this biannual report, data on terminated providers are included through May 2023. The previous report included data through November 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 52 therapy providers per month left or were terminated from an MCO network from June 2022 through May 2023 (a total of 629 terminations for the one-year period), down from 53 per month during the previous 12-month period. The terminations by provider type consisted of 39 percent for group therapists, 25 percent for independent therapists, 4 percent for therapists providing services through a home health agency, and 32 percent from other providers. As shown in Figure 4, quarterly trends for terminations tend to fluctuate. Group and independent therapist terminations increased in fiscal year 2023 quarter 3, the last available quarter of data. One MCO drives most of the increase for each respective provider type. HHSC will monitor if this is a persistent change or a short-term fluctuation.

Figure 4: MCO Network Terminations by Therapy Provider Type, March 2019–May 2023



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

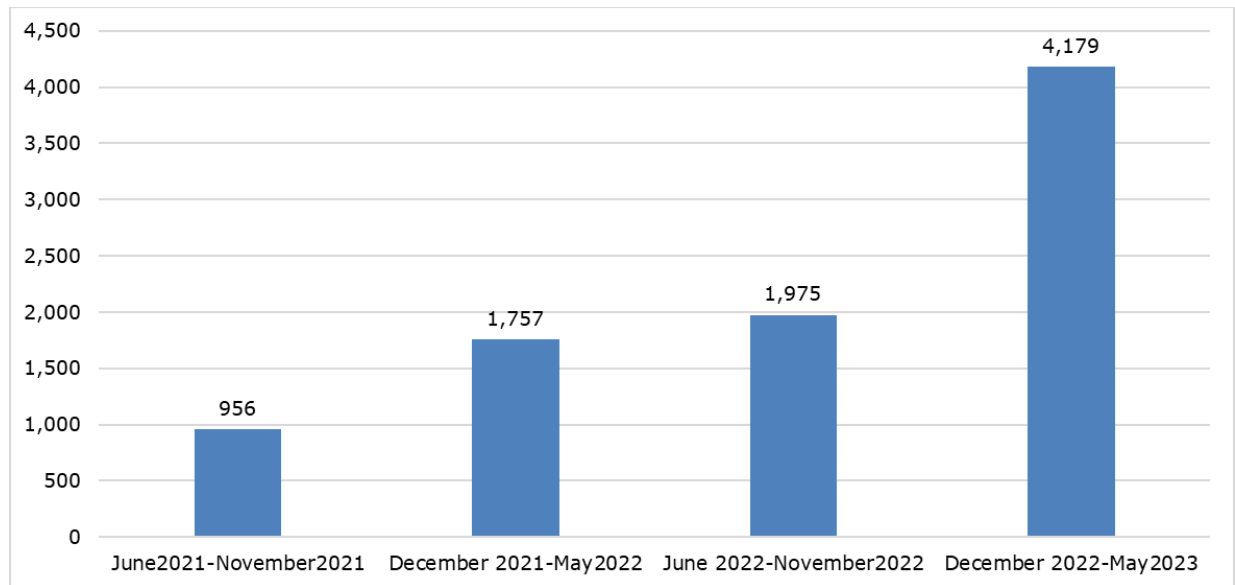
For this biannual report, data on provider waiting lists are through May 2023. The previous report included data through November 2022.

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, and at a higher rate compared to the previous six-month reporting period (112 percent versus 12 percent previously).⁶ Sixty percent of the increase from the previous period is attributed to two providers. One had previously reported only 51 cases in the last three years. The other reported waitlist cases to HHSC for the first time during this period. The number of providers reporting cases (32 providers) also increased compared to the previous period (28 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 December 2022 and May 2023, most enrollees reported on a waiting list were from the Harris, Tarrant, Dallas, Bexar, and Travis SDAs. Compared to previous reporting, the Tarrant percentage decreased from 27 percent to 17 percent and Dallas increased from 8 percent to 16 percent. The Harris percentage increased from 19 percent to 36 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:

- Harris: 36 percent
- Tarrant: 17 percent
- Dallas: 16 percent
- Bexar: 11 percent
- Travis: 10 percent
- Lubbock: 2 percent
- MRSA Northeast: 2 percent
- Other: 7 percent

Additional details for the waiting list data include:

- 74 percent of individuals were enrolled in STAR (increase from 63 percent in the previous report)
- 23 percent were enrolled in STAR Kids (decrease from 32 percent)
- 57 percent of individuals were requesting speech therapy, 21 percent occupational therapy, 13 percent physical therapy, and 9 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:

- 40 percent were referred to another provider or reported currently receiving services;
- 5 percent opted to remain on an individual provider's waiting list;
- 6 percent declined services;
- 33 percent could not reach the member or left an unreturned message; and
- 14 percent of cases had not been resolved.

Even with the greater number of waitlist cases, the percentage of members MCOs referred to another provider or reported as currently receiving therapy services increased five percentage points during the most recent period.

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

Utilization data on provider waiting lists are for June 2022 through December 2022. The previous report included data from December 2021 through May 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 June 2022 through December 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 62 percent of individuals newly reported on a waiting list received a therapy service within three months, an increase compared to the previous biannual report (59 percent). Results vary across the state.

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

Service Area	Clients on Waitlist	Number Clients that Left MCO**	Quarterly Waitlist Cohort	Number Receiving Services	Percent Receiving Services
Harris	363	6	357	215	60.2%
Dallas/ Tarrant	194	9	185	112	60.5%
MRSAs*	89	3	86	49	57.0%
Travis	166	2	164	107	65.2%
Statewide (STAR Health)	96	3	93	60	64.5%
Other	314	8	306	195	63.7%
Total	1,222	31	1,191	738	62.0%

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

**Client was not continuously enrolled with the same MCO during the three-month study period.

Therapy Providers Not Accepting New Enrollees

For this biannual report, data are through May 2023. The previous report included data through November 2022.

From December 2022 through May 2023, two MCOs reported that 14 therapy providers total were not accepting new enrollees.

Utilization of Therapy Services

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

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.

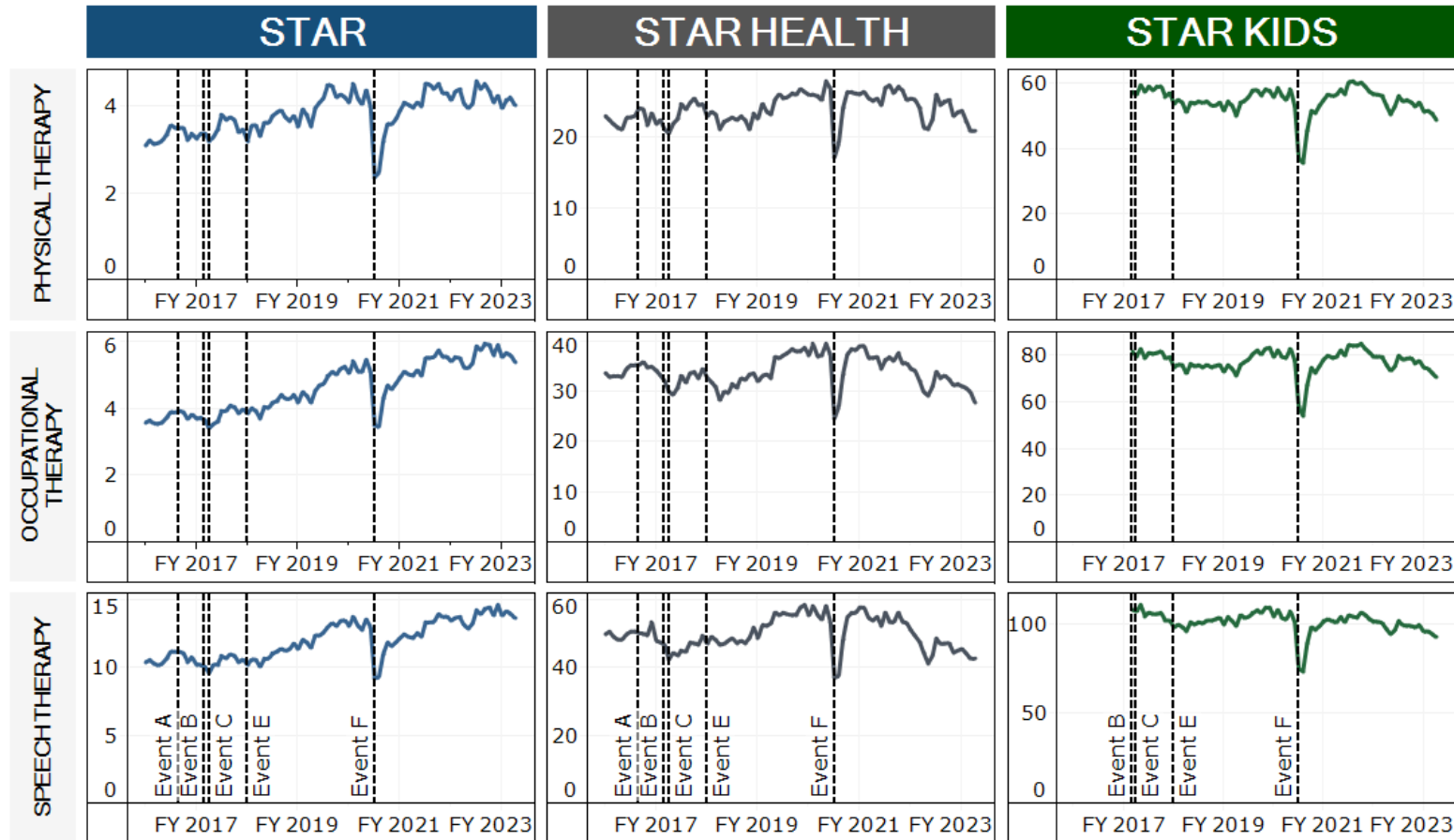
Data are eight months old to ensure that nearly all encounters are fully adjudicated.

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.
- 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 and programs fell sharply due to the federal PHE in March 2020 but had rebounded as of May 2021.
- Most recently, for the six-month period covered by this report (July through December 2022), utilization rates for OT, PT, and ST decreased by ten, nine, and five percent, respectively. The number of children served also decreased during this time. However, therapy rates remain near their respective historical averages since 2015. HHSC will monitor utilization rates for any continuation in this downward trend between the publication of this report (December 2023) and the next report in June 2024.

Table S3 in Appendix C provides detailed tabular breakouts for average monthly service utilization rate from September 2019 through December 2022 (fiscal year 2020 into fiscal year 2023) 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 the number of independent therapists enrolled in Medicaid compared to the previous biannual report.
- A decrease in pediatric therapy utilization rates, though rates remain near historical averages. HHSC will monitor this trend for evidence of further decline during the period between the publication of this report and the June 2024 report.
- Relative stability in the volume of complaints and appeals, though a slight uptick is noted among providers.
- The number of members reported by providers as on a pediatric therapy waiting list continues to grow, with increasing awareness of Rider 10 reporting requirements likely a contributing factor. Data from two providers, one reporting for the first time and the other with minimal previous reporting, contributed to a substantial increase in waitlist cases during the current measurement period.

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 sixteenth therapy access monitoring report since December 2018. The 88th Legislature directed HHSC to continue pediatric therapy monitoring in the 2024–25 biennium. The next report is scheduled to publish in June 2024.

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
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
November 2022	167	17	0
December 2022	73	11	3
January 2023	110	4	0
February 2023	92	10	0
March 2023	130	15	1
April 2023	93	13	1
May 2023	144	17	2

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 2022	153	59	8
July 2022	201	65	0
August 2022	200	62	0
September 2022	177	38	0
October 2022	138	46	0
November 2022	328	61	1
December 2022	177	45	3
January 2023	220	32	0
February 2023	221	45	0
March 2023	230	56	3
April 2023	186	52	4
May 2023	256	60	3

Table S3: Average Therapy Services Utilization per 1,000 Member Months by Therapy Type and SDA for state fiscal years 2021, 2022, and 2023*

SDA	Fiscal Year	PT	OT	ST
Bexar	FY 2021	7.7	9.7	18.6
Bexar	FY 2022	7.5	9.7	18.9
Bexar	FY 2023	6.8	8.8	17.7
Dallas	FY 2021	5.7	6.5	15.8
Dallas	FY 2022	5.1	6.0	15.4
Dallas	FY 2023	4.5	5.5	15.1
El Paso	FY 2021	8.2	10.9	21.2
El Paso	FY 2022	8.7	11.4	23.0
El Paso	FY 2023	8.4	11.0	23.0
Harris	FY 2021	6.7	7.7	15.3
Harris	FY 2022	6.2	7.3	15.3
Harris	FY 2023	6.0	7.2	15.2
Hidalgo	FY 2021	6.7	17.9	30.6
Hidalgo	FY 2022	6.7	17.8	31.4
Hidalgo	FY 2023	6.2	17.3	31.8
Jefferson	FY 2021	5.7	7.0	14.0
Jefferson	FY 2022	5.6	7.0	14.5
Jefferson	FY 2023	5.4	7.2	15.1
Lubbock	FY 2021	8.8	10.0	18.0
Lubbock	FY 2022	9.0	9.9	18.9
Lubbock	FY 2023	7.8	8.6	17.2
MRSA Central	FY 2021	7.0	8.2	13.2
MRSA Central	FY 2022	7.2	8.9	14.1
MRSA Central	FY 2023	6.8	8.9	14.4
MRSA Northeast	FY 2021	6.2	7.1	12.0
MRSA Northeast	FY 2022	5.5	7.5	12.7
MRSA Northeast	FY 2023	5.2	7.1	12.2
MRSA West	FY 2021	6.2	5.0	10.3
MRSA West	FY 2022	6.2	4.9	10.3
MRSA West	FY 2023	5.8	4.6	10.1
Nueces	FY 2021	6.2	6.7	14.9
Nueces	FY 2022	6.7	6.3	14.5
Nueces	FY 2023	6.3	6.5	15.1
Statewide - STAR Health	FY 2021	26.0	36.7	54.9
Statewide - STAR Health	FY 2022	23.9	32.1	46.4
Statewide - STAR Health	FY 2023	21.9	29.9	43.8
Tarrant	FY 2021	6.3	6.8	14.6

SDA	Fiscal Year	PT	OT	ST
Tarrant	FY 2022	5.4	6.7	15.2
Tarrant	FY 2023	5.0	6.3	15.0
Travis	FY 2021	9.0	10.4	19.0
Travis	FY 2022	8.4	9.9	19.3
Travis	FY 2023	7.4	8.6	18.0

Notes:

1. * FY 2023 data is preliminary. It is through December 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 Enrolled Medicaid Providers, March 2016– June 2023 and Actively Billing Medicaid Therapy Providers, March 2016–December 2022*

Date	Enrolled Providers	Actively Billing Providers
March 2017	6,007	1,989
April 2017	6,158	1,955
May 2017	6,250	1,953
June 2017	6,190	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
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

Date	Enrolled Providers	Actively Billing Providers
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	1,828
February 2020	7,040	1,787
March 2020	7,068	1,650
April 2020	7,034	1,563
May 2020	7,100	1,713
June 2020	7,238	1,786
July 2020	7,211	1,818
August 2020	7,286	1,823
September 2020	7,348	1,866
October 2020	7,392	1,926
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	1,826
April 2021	7,604	1,833
May 2021	7,719	1,810

Date	Enrolled Providers	Actively Billing Providers
June 2021	7,776	1,869
July 2021	7,851	1,865
August 2021	7,903	1,867
September 2021	7,902	1,876
October 2021	7,937	1,887
November 2021	8,005	1,850
December 2021	8,029	1,825
January 2022	8,055	1,848
February 2022	7,901	1,871
March 2022	7,771	1,916
April 2022	7,607	1,846
May 2022	7,427	1,873
June 2022	7,237	1,891
July 2022	7,195	1,854
August 2022	7,234	1,918
September 2022	7,210	1,917
October 2022	7,473	1,924
November 2022	7,946	1,921
*December 2022	8,828	1,920
January 2023	9,740	
February 2023	10,067	
March 2023	10,182	
April 2023	10,268	
May 2023	10,286	
June 2023	10,097	

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 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–June 2023

Month	Independent Therapist	Home Health Agency	Physician	CORF/ORF	Other	ECI
March 2016	3,717	2,061	488	230	75	49
April 2016	3,744	2,068	492	229	75	49
May 2016	3,861	2,076	496	230	75	49
June 2016	3,813	2,085	497	229	74	49
July 2016	3,922	2,091	498	230	78	49
August 2016	3,794	2,096	495	230	77	48
September 2016	3,758	2,104	496	230	77	48
October 2016	3,924	2,100	501	224	78	48
November 2016	3,880	2,140	517	227	78	46
December 2016	3,827	2,145	523	228	80	46
January 2017	3,930	2,124	525	225	80	47
February 2017	3,610	1,670	434	179	69	47
March 2017	3,608	1,675	438	182	68	47
April 2017	3,732	1,692	447	182	69	47
May 2017	3,815	1,702	445	183	69	47
June 2017	3,753	1,704	445	183	69	47
July 2017	3,873	1,698	444	182	69	47
August 2017	3,811	1,676	445	185	69	47
September 2017	3,771	1,633	449	185	70	45
October 2017	3,867	1,622	454	185	70	45
November 2017	3,834	1,622	467	185	69	44
December 2017	3,867	1,630	469	188	71	44
January 2018	3,874	1,652	471	185	71	44
February 2018	3,925	1,666	473	185	70	44
March 2018	3,828	1,610	476	183	70	42

Month	Independent Therapist	Home Health Agency	Physician	CORF/ORF	Other	ECI
April 2018	3,883	1,587	475	180	71	42
May 2018	3,909	1,623	476	181	70	43
June 2018	3,914	1,638	477	182	71	43
July 2018	3,961	1,693	479	186	69	44
August 2018	3,946	1,693	479	187	70	44
September 2018	4,002	1,616	482	186	72	44
October 2018	3,964	1,623	481	185	73	44
November 2018	3,979	1,631	485	191	72	44
December 2018	4,076	1,639	481	188	72	44
January 2019	3,914	1,651	483	191	72	44
February 2019	3,973	1,647	487	188	72	44
March 2019	4,017	1,599	488	188	73	44
April 2019	4,151	1,602	485	190	74	44
May 2019	4,101	1,616	490	190	75	44
June 2019	4,248	1,612	475	190	76	44
July 2019	4,301	1,620	482	193	76	44
August 2019	4,241	1,621	490	192	76	44
September 2019	4,382	1,619	494	192	77	44
October 2019	4,337	1,631	492	189	77	44
November 2019	4,359	1,628	493	186	76	44
December 2019	4,460	1,634	492	187	76	44
January 2020	4,538	1,648	494	186	76	44
February 2020	4,572	1,665	503	184	78	44
March 2020	4,581	1,681	505	185	78	44
April 2020	4,549	1,683	501	184	79	44
May 2020	4,600	1,692	507	185	78	44
June 2020	4,722	1,705	511	184	83	44

Month	Independent Therapist	Home Health Agency	Physician	CORF/ORF	Other	ECI
July 2020	4,681	1,720	502	190	104	44
August 2020	4,746	1,723	505	190	120	44
September 2020	4,773	1,737	521	191	129	44
October 2020	4,816	1,734	528	189	135	44
November 2020	4,911	1,749	533	188	142	43
December 2020	4,805	1,755	537	186	143	43
January 2021	4,820	1,761	539	186	148	43
February 2021	4,890	1,763	534	187	148	43
March 2021	4,936	1,769	534	188	154	43
April 2021	4,995	1,756	535	185	157	43
May 2021	5,088	1,771	542	183	159	43
June 2021	5,127	1,781	545	185	161	43
July 2021	5,190	1,792	546	183	168	43
August 2021	5,256	1,783	544	182	171	42
September 2021	5,255	1,779	547	182	176	42
October 2021	5,276	1,783	552	183	185	42
November 2021	5,339	1,784	560	183	186	42
December 2021	5,356	1,782	565	184	189	42
January 2022	5,375	1,783	568	184	191	42
February 2022	5,239	1,773	568	181	186	42
March 2022	5,109	1,768	571	177	193	41
April 2022	4,954	1,750	582	176	194	41
May 2022	4,826	1,716	571	173	192	42
June 2022	4,674	1,687	567	172	189	42
July 2022	4,613	1,694	574	171	188	42
August 2022	4,617	1,713	583	173	195	42

Month	Independent Therapist	Home Health Agency	Physician	CORF/ORF	Other	ECI
September 2022	4,587	1,708	587	172	203	42
October 2022	4,850	1,709	586	172	207	42
November 2022	5,335	1,700	586	168	206	41
December 2022	6,183	1,714	589	167	230	42
January 2023	6,899	1,872	593	180	249	41
February 2023	7,182	1,881	603	180	288	41
March 2023	7,322	1,831	609	177	316	41
April 2023	7,395	1,831	617	178	333	41
May 2023	7,422	1,811	618	176	355	41
June 2023	7,321	1,727	618	169	362	41

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 2017–December 2022

Date	Independent Therapist	Hospital	Home Health Agency	Physician	CORF/ ORF	Other	ECI
March 2017	1,140	250	213	150	154	178	48
April 2017	1,120	243	209	152	157	165	48
May 2017	1,114	232	218	158	155	174	48
June 2017	1,096	230	214	148	155	182	48
July 2017	1,119	214	206	146	155	172	47
August 2017	1,087	226	206	139	154	147	48
September 2017	986	220	199	143	151	163	46
October 2017	1,001	232	201	140	151	150	46
November 2017	1,027	232	193	143	148	146	45
December 2017	983	219	190	128	145	124	45
January 2018	1,009	232	192	138	149	153	45
February 2018	1,022	224	188	138	150	145	45
March 2018	983	228	185	139	150	148	45
April 2018	982	242	187	140	151	145	45
May 2018	982	220	185	142	147	150	45
June 2018	998	224	186	137	152	156	43
July 2018	984	222	181	127	150	148	43
August 2018	1,007	224	186	134	144	158	43
September 2018	982	213	180	148	143	150	43
October 2018	987	231	175	145	145	154	43
November 2018	958	219	175	137	144	152	43
December 2018	960	211	168	130	143	128	44
January 2019	993	231	175	137	139	145	43
February 2019	985	236	173	134	138	142	43
March 2019	977	241	168	132	140	147	43
April 2019	990	244	168	144	140	141	43
May 2019	989	237	167	147	142	132	43
June 2019	964	231	163	132	136	127	43
July 2019	1,004	233	163	132	140	123	43
August 2019	1,053	227	164	135	136	133	43

Date	Independent Therapist	Hospital	Home Health Agency	Physician	CORF/ ORF	Other	ECI
September 2019	1,089	224	167	138	140	114	44
October 2019	1,127	235	165	147	140	116	43
November 2019	1,094	224	162	135	140	116	44
December 2019	1,045	234	161	129	136	119	43
January 2020	1,089	230	163	137	138	116	43
February 2020	1,080	217	155	133	134	110	42
March 2020	1,032	150	153	120	131	87	41
April 2020	949	170	153	103	124	83	41
May 2020	1,050	204	151	119	128	83	42
June 2020	1,084	212	154	131	133	101	42
July 2020	1,124	210	153	144	134	82	42
August 2020	1,108	214	152	155	137	95	42
September 2020	1,122	225	155	171	136	94	42
October 2020	1,147	236	159	181	137	108	42
November 2020	1,149	227	152	158	135	101	42
December 2020	1,102	225	155	166	132	105	42
January 2021	1,090	231	156	167	134	102	41
February 2021	1,080	235	155	159	135	98	42
March 2021	1,096	238	157	157	134	102	42
April 2021	1,097	245	157	152	137	103	42
May 2021	1,091	237	152	142	140	103	42
June 2021	1,122	243	159	153	137	108	42
July 2021	1,130	246	155	155	136	96	42
August 2021	1,130	238	154	159	138	109	42
September 2021	1,125	240	156	167	140	100	42
October 2021	1,137	246	158	173	138	92	42
November 2021	1,105	244	153	172	138	93	42
December 2021	1,100	228	157	166	140	86	42
January 2022	1,111	231	152	173	136	79	42
February 2022	1,146	230	153	163	137	78	41
March 2022	1,162	243	154	177	137	80	42

Date	Independent Therapist	Hospital	Home Health Agency	Physician	CORF/ ORF	Other	ECI
April 2022	1,106	239	156	172	134	72	42
May 2022	1,124	247	155	176	134	80	42
June 2022	1,128	244	157	178	140	86	42
July 2022	1,134	221	155	174	132	80	42
August 2022	1,156	232	162	184	141	81	42
September 2022	1,157	233	160	183	137	82	42
October 2022	1,152	241	167	184	132	82	42
November 2022	1,164	246	154	183	127	87	41
*December 2022	1,164	248	157	181	126	75	41

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 2022 data for Active providers are preliminary.

Table S7: Numbers of Active Medicaid Therapists by SDA, FY 2021 – FY 2023*

Service Area	2021	2022	2023
Bexar	306	307	215
Dallas	441	440	348
El Paso	212	165	108
Harris	545	612	477
Hidalgo	494	547	434
Jefferson	180	194	158
Lubbock	142	141	110
MRSA Central	448	464	369
MRSA Northeast	287	324	223
MRSA West	327	399	291
Nueces	135	163	106
Statewide - STAR Health	697	677	521
Tarrant	447	477	370
Travis	446	460	325

Note: *FY 2023 data is preliminary and through December 2022.

Table S8: MCO Network Terminations by Therapy Provider Type, March 2020 to May 2023

Date	Group Therapist	Home Health Therapist	Independent Therapist	Other
FY2020 Q3	47	3	50	10
FY2020 Q4	31	4	24	10
FY2021 Q1	53	4	9	14
FY2021 Q2	92	2	16	15
FY2021 Q3	55	0	7	10
FY2021 Q4	72	8	12	12
FY2022 Q1	46	4	22	25
FY2022 Q2	43	13	28	18
FY2022 Q3	44	6	88	48
FY2022 Q4	53	11	9	49
FY2023 Q1	37	11	24	99
FY2023 Q2	68	1	23	28
FY2023 Q3	87	1	102	27

Table S9: Utilization by Therapy Type per State Fiscal Year (per 1,000 individuals enrolled in Medicaid), FY 2016-FY 2023*

Therapy Type	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023*
PT	6.6	6.5	6.3	6.8	6.2	6.8	6.5	6.0
OT	8.5	8.2	8.0	8.7	8.3	9.0	8.7	8.3
ST	16.6	15.6	15.5	17.3	16.2	17.2	17.2	17.0

Notes:

1. *FY 2023 includes data through December 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-December 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	6.4	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	6.4	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	9.3	17.5
June 2021	7.2	9.5	18.2
July 2021	6.9	9.2	17.8
August 2021	6.8	9.0	17.7
September 2021	6.6	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	8.8	17.2
May 2022	6.6	8.9	17.6
June 2022	6.4	8.9	17.7
July 2022	6.1	8.5	17.1
August 2022	6.3	8.8	17.8
September 2022	5.9	8.4	16.9
October 2022	6.1	8.4	17.3
November 2022	6.1	8.4	17.1
*December 2022	5.9	8.1	16.7

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. *December 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–December 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	89.0
June 2020	51.6	74.7	98.4
July 2020	51.1	72.7	96.8
August 2020	53.3	75.6	98.8
September 2020	55.1	78.5	101.5
October 2020	56.7	79.9	102.8
November 2020	56.1	79.1	101.5
December 2020	56.5	79.3	100.7
January 2021	58.2	82.3	103.8
February 2021	56.8	79.9	100.9
March 2021	60.5	84.6	104.9
April 2021	60.7	84.2	104.1
May 2021	59.8	84.2	103.7
June 2021	60.3	85.0	106.5
July 2021	59.1	82.8	105.1
August 2021	57.5	81.3	102.7
September 2021	56.7	79.3	101.4
October 2021	56.7	79.7	101.3
November 2021	56.2	79.3	100.6
December 2021	53.3	76.1	97.1
January 2022	50.6	73.4	94.4
February 2022	53.0	75.1	96.3
March 2022	56.2	79.9	101.5
April 2022	54.6	78.2	99.2
May 2022	54.9	78.6	99.1
June 2022	54.4	79.1	99.0
July 2022	53.0	76.7	98.0
August 2022	54.3	77.8	99.3
September 2022	51.4	74.8	95.5
October 2022	51.7	74.5	96.1
November 2022	50.8	72.5	94.4
*December 2022	49.0	70.7	92.5

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 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–December 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	13.4
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	13.7
November 2021	4.4	5.5	13.7

Date	PT	OT	ST
December 2021	4.1	5.2	13.1
January 2022	3.9	5.2	12.9
February 2022	4.1	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
July 2022	4.1	5.6	13.8
August 2022	4.2	5.9	14.6
September 2022	3.9	5.5	13.8
October 2022	4.1	5.6	14.2
November 2022	4.2	5.6	14.0
*December 2022	4.0	5.4	13.6

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 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	24.8	33.6	47.4
June 2017	25.5	33.8	47.3
July 2017	24.5	32.6	46.8
August 2017	24.6	34.6	49.5
September 2017	22.9	32.7	47.0
October 2017	23.6	31.9	49.3
November 2017	23.2	30.9	48.2
December 2017	21.1	28.2	46.8
January 2018	22.1	30.0	47.0
February 2018	22.5	29.7	48.1
March 2018	22.7	31.5	48.7
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	56.3
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	56.4
April 2021	27.3	36.7	53.6
May 2021	26.1	36.1	53.3
June 2021	27.0	37.6	56.4
July 2021	26.6	35.6	53.7
August 2021	25.1	35.6	53.2
September 2021	25.4	34.5	51.0
October 2021	25.2	34.1	49.4
November 2021	24.1	32.1	47.6

Date	PT	OT	ST
December 2021	21.3	29.8	44.4
January 2022	21.2	29.2	41.4
February 2022	22.4	30.8	43.4
March 2022	26.0	34.0	48.6
April 2022	24.5	32.7	47.0
May 2022	24.9	33.2	47.2
June 2022	25.2	32.4	47.3
July 2022	22.9	31.2	44.5
August 2022	23.4	31.4	45.0
September 2022	23.7	31.1	45.6
October 2022	22.3	30.6	44.2
November 2022	20.8	29.9	42.7
*December 2022	20.9	27.9	42.7