



# **Healthy Texas Women Cost Reimbursement Manual**

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**Effective September 1, 2021**



**TEXAS**  
Health and Human  
Services

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## **SECTION 1000, CONTACT INFORMATION & PURPOSE**

### **1100 Contact Information**

For questions about the Healthy Texas Women Cost Reimbursement Manual:

**Email:** [HTWContracts@hhs.texas.gov](mailto:HTWContracts@hhs.texas.gov)

**Call:** 512-776-7796

**Toll Free:** 866-933-9972

**Program Administrator/Contractor Portal**

<https://txhhs.sharepoint.com/sites/hhsc/hsosm/hdis/hds/psh/cp/SitePages/Home.aspx>

For technical or accessibility issues with this handbook, email [Editorial\\_Services@hhsc.state.tx.us](mailto:Editorial_Services@hhsc.state.tx.us).

### **1200 Purpose**

This policy manual has been structured to provide contractor staff with information needed to comply with cost reimbursement requirements. The manual applies only to Healthy Texas Women cost reimbursement (HTW CR) and not to the HTW fee-for-service (FFS) component.

Federal and state laws related to reporting abuse, operation of health facilities, professional practice, coverage, and similar topics also impact women's health and family planning services. Contractors are required to be aware of and comply with current laws as well as the policies put forth in the [Texas Medicaid Provider Procedures Manual \(TMPPM\)](#).

## **SECTION 2000, AUTHORIZATION, SERVICES & DEFINITIONS**

### **2100 HTW Cost Reimbursement**

Improving the health of women, mothers, and children is critical to the future of Texas. The Health and Human Services Commission (HHSC) provides a continuum of care through an array of women's health and family planning-related services, including Healthy Texas Women (HTW). Through HTW cost reimbursement, HHSC provides reimbursement for support services important to maintaining the HTW program and enhancing HTW direct care services.

### **2200 HTW Fee-for-Service (FFS)**

Claims for direct clinical care services provided to clients are reimbursed using the fee-for service reimbursement method.

Fee-for-service claims are not funded under HTW CR. The HTW fee-for-service component is managed through the HHSC Medicaid and CHIP Services Division (MCS). Information on this process, as well as general program policies and procedures, are located in the Healthy Texas Women (HTW) Handbook, which is included in the [TMPPM](#). Contractors should refer to the TMPPM for more information on the HTW Fee-for-Service Program and provider requirements including, but not limited to, the following areas:

- Client Rights and Access
- Client Eligibility
- Covered Fee-for-Service Procedures and Codes
- Fee-for-Service Billing Requirements
- Consent Requirements
- Abuse and Neglect Reporting
- Provider Certification and Requirements

## **2300 Guidance on Services for Minors**

Provider responsibilities and guidance concerning the treatment of minors under HTW, including requirements for confidentiality and consent, is available on the HHS website.

## **2400 Authorization**

### **Rules**

State rules for HTW services can be found in the [Texas Administrative Code \(TAC\), Title 1, Part 15, Chapter 382, Subchapter A](#).\*

\*The current TAC does not reflect recent changes to the HTW program, as covered in the TMPPM, and is in the process of being updated.

## **2500 Definitions**

The following words and terms, when used in this manual, have the following meanings, which are exclusive to HTW CR:

**Anticipated Eligibility** – When a client’s HTW application has not yet been processed and approved by HHSC, HTW CR contractors may provide services (up to 90 days) to clients who have been screened using the [Prescreening Tool](#) on [YourTexasBenefits.com](#), or the “[Am I Eligible?](#)” tool on the [Healthy Texas Women website](#), and who are anticipated to be eligible based on that screening. HTW CR contractors may use a portion of their cost reimbursement funds to provide services for a limited time to a person who is anticipated to be eligible for HTW if the application for HTW is ultimately denied. If a client’s HTW application is ultimately approved, cost reimbursement funds may not be used to support services for that client as those costs must be billed to the HTW program through Texas Medicaid and Healthcare Partnership. Specific billing requirements are outlined in Section [3000](#). Services for anticipated eligible clients must follow the TMPPM guidelines. Anticipated eligibility as used in this manual is distinct from [Medicaid presumptive eligibility](#).<sup>1</sup>

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<sup>1</sup> Before federal approval of the 1115 Medicaid waiver, HTW cost reimbursement contracts and policy guidance historically referred to allowability and reimbursement for *presumptive eligibility* in HTW.

**Class D (Clinic) Pharmacy License** – A pharmacy license issued to a pharmacy to dispense limited types of drugs or devices under a prescription drug order. Information to apply for a Class D Pharmacy License may be found on the Texas State Board of Pharmacy’s [website](#).

**Client** – A person who is eligible to receive medical care, treatment, or services. The term client and patient may be used interchangeably in other sources.

**Contraceptive methods** – A broad range of birth control options, approved by the United States Food and Drug Administration, except for emergency contraception.

**Contractor** – An entity that HHSC has contracted with for HTW cost reimbursement activities. The contractor is the responsible party even if there is a subcontractor involved who provides the services. The terms contractor and contract may be used interchangeably with grantee and grant in other sources.

**Family Planning Services** – Educational or comprehensive medical activities that enable clients to freely determine the number and spacing of their children and select the means by which this may be achieved.

**Fee-for-Service** – Payment mechanism for services that are reimbursed on a set rate per unit of service (also known as unit rate).

**Fiscal Year (FY)** – State fiscal year, September 1 – August 31.

**Health and Human Services Commission (HHSC)** – Provides support for the Health and Human Services agencies, administers the state’s Medicaid and other client service programs, sets policies, defines covered benefits, and determines client eligibility for major programs.

**Healthy Texas Women (HTW)** – HTW is a program administered by HHSC to provide uninsured women with women’s health and family planning services such as women’s health exams, health screenings, and birth control. HTW providers must provide client services on a fee-for-service basis, and may also, but are not required to, contract with HHSC to provide support services that enhance the HTW fee-for-service client delivery on a cost reimbursement basis.

**HTW Cost Reimbursement** – The funding mechanism for qualified agencies that supports the overall outcomes of client services provided through the HTW fee-for-

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service program. These funds may be used for support services that enhance HTW fee-for-service client service delivery.

**HTW Fee-for-Service** – Women’s health and family planning client services provided through the HTW program on a fee-for-service basis through the Texas Medicaid and Healthcare Partnership system. General program policies and procedures are included in the Healthy Texas Women (HTW) Handbook, which is included in the [Texas Medicaid Provider Procedures Manual \(TMPPM\)](#).

**HTW Provider** – A Medicaid-enrolled health care provider that performs covered HTW services. An HTW provider’s agency may be contracted with HHSC to receive additional funding through a cost reimbursement contract to support the HTW fee-for-service program.

**Indirect Costs** – Costs incurred for a common or joint purpose benefiting more than one project or cost objective of a contractor’s organization and not readily identified with a project or cost objective. More information on indirect cost rates is available [online here](#).

**Long-Acting Reversible Contraceptives (LARCs)** – Methods of birth control that provide highly effective contraception for an extended period without requiring user action. LARCs include intrauterine devices (IUDs) and subdermal contraceptive implants.

**Medicaid** – The Texas Medical Assistance Program, a joint federal and state program provided in [Texas Human Resources Code Chapter 32](#), and subject to [Title XIX of the Social Security Act, 42 U.S.C. §1396](#) et seq.

**Minor** – In accordance with the [Texas Family Code](#), a person under 18 years of age who is not and has not been married or who has not had the disabilities of minority removed for general purposes (i.e. emancipated).

**Outreach** – Activities that are conducted with the purpose of informing and educating the community about HTW services and reaching eligible clients.

**Program Income** – Money collected directly by the contractor, subcontractor, or provider for activities covered under the cost reimbursement contract award and revenue from HTW fee-for-service.

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**Service** – Any client encounter at a facility that results in the client having a medical or health-related need met.

**Texas Medicaid and Healthcare Partnership (TMHP)** – The Texas Medicaid Claims administrator. HHSC contracts with TMHP to process claims for providers.



## SECTION 3000, COST REIMBURSEMENT ADMINISTRATIVE POLICIES

### 3100 HTW CR Services

HTW CR provides funds to agencies that support the overall outcomes of clients served through HTW fee-for-service. These funds may be used for support services that enhance HTW fee-for-service client service delivery. Cost reimbursement awards may be used to fund personnel, fringe benefits, staff travel, contractual services, equipment, supplies, other direct costs, and indirect costs per state and federal requirements and must be reasonable, allowable, and already allocated. Additional information on what is reimbursable under HTW CR can be found in [4130 HTW CR Reimbursement](#).

### 3200 HTW CR Anticipated Eligibility

HTW emphasizes the importance of proper family planning and women's health preventive care. The goal of HTW is for women to have access to women's health services and not rely upon episodic, acute care. To ensure prompt access to such care, HTW CR contractors can receive reimbursement for services provided to clients awaiting approval of an HTW application if said application is ultimately denied. HTW CR contractors may use a portion of their cost reimbursement funds for this purpose. If a client's HTW application is ultimately approved, cost reimbursement funds may not be used to support services for that client as those costs must be billed to the HTW program through TMHP.

HTW CR contractors are expected to have systems implemented to verify if a client has been approved for HTW. HTW CR contractors are expected to screen clients using the [Prescreening Tool](#) on [YourTexasBenefits.com](#), or the "[Am I Eligible?](#)" tool on the [Healthy Texas Women website](#). Both tools are acceptable methods for screening for HTW eligibility. If a client is anticipated to be eligible for HTW based on that screening, the contractor may request reimbursement from HHSC from their HTW CR contract for services provided within 90 days from the date the client is first seen by the medical provider. The request for reimbursement cannot be submitted until 45 days after the HTW application was submitted, to ensure adequate time for HTW application processing and eligibility determination. HTW CR

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contractors cannot bill for a client's services based on anticipated eligibility status more than once in a 12-month period. All services provided must follow the [HTW guidelines in the TMPPM](#).

Clients seen on an anticipated eligibility basis should be recorded for reporting purposes on the monthly HTW CR voucher. For more information on vouchers and required reports, see [4200 Data Collection and Reporting](#).

NOTE: Anticipated eligibility as used in this manual is distinct from [Medicaid presumptive eligibility](#).<sup>2</sup>

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<sup>2</sup> Before federal approval of the 1115 Medicaid waiver, HTW cost reimbursement contracts and policy guidance historically referred to allowability and reimbursement for *presumptive eligibility* in HTW.

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## SECTION 4000, REIMBURSEMENT, DATA COLLECTION, & REPORTING

**Purpose:** Section II provides policy requirements for submitting reimbursement, data collection, and required reports.

### 4100 HTW CR Reimbursement Guidance

#### 4110 HTW CR Provider Reimbursement Criteria

To be reimbursed for HTW CR activities, the organization must meet all requirements as an HTW fee-for-service provider. This includes being a Medicaid (Title XIX) provider in accordance with [1 TAC Chapter 352 subchapter A](#) and meeting all other eligibility requirements outlined in the [TMPPM](#). Failure to comply with these requirements will result in contract termination.

#### 4120 The Texas Medicaid Provider Procedures Manual (TMPPM) and the Healthy Texas Women Program Handbook

The TMPPM and the Healthy Texas Women Program Handbook within the TMPPM include information related to the HHSC HTW fee-for-service program claims submission process.

Volume 1 of the TMPPM also includes information on claims filing and submissions for Medicaid Providers.

Medicaid bulletins and Remittance and Status (R&S) banner messages provide up-to-date claims filing and payment information. The R&S banner messages and the TMPPM are all available on the [TMHP website](#), along with billable service codes.

#### 4130 HTW CR Reimbursement

HTW contractors may seek reimbursement for program costs by submitting monthly vouchers for expenses outlined in a cost reimbursement budget approved by HHSC, as required for the cost reimbursement program. Supporting documentation must be submitted with each voucher.

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HHSC HTW CR funding is used for support services that enhance services provided by the contractor to a client under the HTW fee-for-service program. Support services include, but are not limited to:

1. Assisting eligible women with enrollment into the HTW program;
2. Direct clinical care for women anticipated to be eligible for HTW fee-for-service, who are awaiting approval for an HHSC-approved HTW application and whose application is ultimately denied;
3. Staff development and training related to HTW program service delivery; and
4. Client and community based educational activities related to the HTW program.

Costs may be assessed against any of the following categories the contractor identifies during their budget development process:

- a. personnel,
- b. fringe benefits,
- c. travel,
- d. equipment and supplies,
- e. contractual,
- f. other, and
- g. indirect costs.

### **Long-Acting Reversible Contraception**

LARC devices such as IUDs and contraceptive implants may be purchased in bulk using cost reimbursement dollars and should be accounted for in the “equipment and supplies” section of a contractor’s budget. The contractor will bill TMHP for the insertion of the LARC device only when issued to a client. LARC bulk supply purchases must be listed in the approved cost reimbursement budget.

Providers may obtain LARC products through the existing buy and bill process, which requires providers to purchase LARCs from wholesalers or other sources before obtaining reimbursement upon insertion of the device and opting to receive reimbursement for LARC products as a clinician-administered drug. They can also order a device from a specialty pharmacy for the client to pick up and bring in for insertion.

### **Claims for Services Provided Under Anticipated Eligibility**

Contractors will bill their approved cost reimbursement budget categories based on the cost incurred by personnel to perform services for clients under anticipated eligibility.

To seek reimbursement for these costs, contractors must hold claims at least 45 calendar days from the date of the client's HTW application submission. Contractors must have documented procedures in place for how they will monitor the eligibility status of "anticipated eligible" clients, and how they will assist clients who are deemed ineligible for HTW.

The purpose of these procedures is to ensure contractors receive proper reimbursement and clients deemed ineligible for HTW are referred to other services for which they may eligible within a timely manner.

### **Cost Reimbursement Payment Requirements**

The cost reimbursement payment method is based on an approved budget and the submission of expense reimbursement requests. Contractors are required to finance upfront operational costs and request reimbursement for costs incurred. Payments are made by HHSC to reimburse the contractors for actual cash disbursements in accordance with supporting documentation.

As per the HHSC HTW CR contract, the reimbursement amount requested may not exceed 25 percent of the contractor's expected HTW fee-for-service payments for the funding period. Contractor compliance will be assessed by HHSC quarterly. Upon review at each quarter, contractors that have exceeded the 25 percent will be notified and provided technical assistance, followed by appropriate actions as needed to resolve any issues. Annual award determination and reallocation of funds will be based in part on those contractors that leverage a higher percentage for direct services.

Additionally, as per the HHSC HTW CR contract, no more than five (5) percent of the payments received under an HTW CR contract may be used for expenses related to performing administrative functions derived from subcontracting the terms of the contract. Contractor compliance will be assessed by HHSC quarterly. Upon review at each quarter, contractors that have exceeded the five percent will be asked to remit payment to HHSC for the amount exceeded.

Administrative functions include, but are not limited to, the contractor's personnel costs for provision of oversight and technical assistance related to contracting with

a subcontractor, monitoring subcontractor performance, and all other related general and administrative expenses for administration of the subcontract, such as related fringe, rent, and office supplies.

### **Healthy Texas Women Cost Reimbursement Budget Revisions**

HHSC, at its sole discretion, may approve fund transfers between categories upon a contractor's written request. That request must include a detailed explanation that supports the need for the fund transfer. The contractor must seek HHSC's written approval prior to making any fund transfers.

The approved budget for the state award summarizes the financial aspects of the program as approved during the state award process. It may include either the state and non-state share or only the state share, depending upon the state awarding agency's requirements. It must be related to performance for program evaluation purposes, whenever appropriate. The local government is required to report deviations from budget or project scope or objective and request prior approval from the state awarding agency for budget and program plan revisions. For more information, please visit the [Texas Grant Management Guide](#).

### **4140 HTW CR Prohibitions**

Prohibitions apply to awarded funds. HTW CR funds may not be used to support the following services, activities, and costs:

- Inherently religious activities such as prayer, worship, religious instruction, or proselytization;
- Lobbying;
- Any portion of the salary of, or any other compensation for, an elected or appointed government official;
- Vehicles or equipment for government agencies that are for general agency use and/or do not have a clear nexus to terrorism prevention, interdiction, and disruption (such as mobile data terminals, body cameras, in-car video systems, or radar units for officers assigned to routine patrol);
- Weapons, ammunition, tracked armored vehicles, weaponized vehicles, or explosives (exceptions may be granted when explosives are used for bomb squad training);
- Admission fees or tickets to any amusement park, recreational activity, or sporting event;

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- Food, meals, beverages, or other refreshments, except for eligible per diem associated with contract-related travel or where pre-approved for working events;
- Membership dues for individuals;
- Any expense or service that is readily available at no cost to the contractor;
- To replace (i.e. supplant) funds that have been budgeted for the same purpose through non-contract sources;
- Fundraising;
- Statewide projects;
- The acquisition or construction of facilities; or
- Any other prohibition imposed by federal, state, or local law.

## 4200 Data Collection and Reporting

### 4210 Required Reporting and Frequency

Contractors must submit these reports in an accurate and timely manner throughout the contract term, regardless of status, to report on progress and implementation.

<b>REPORT</b>	<b>FREQUENCY</b>
A. Monthly Voucher Packet and supporting documentation.	Last business day of the month following the month in which expenses were incurred or services provided. Final voucher is due 45 days after the end of the contract term.
B. Financial Status Report (FSR)	Within 30 calendar days after the end of each quarter. Final FSR is due 45 calendar days after the end of the contract term.
C. Promotion and Outreach Annual Plan	45 calendar days after the start of each contract year.
D. Promotion and Outreach Quarterly Reports	15 days after the close of each contract quarter.

## **4220 Voucher and Report Submission**

HTW CR Contractors will receive a personalized voucher packet at the beginning of each contract year for the purposes of monthly reimbursement and reporting.

HTW Monthly Voucher Packet and Quarterly FSR must be submitted to the designated email address on the HTW Monthly Voucher Packet.

### **Quarters for Cost Reimbursement FSR submission:**

- Quarter 1: September – November
- Quarter 2: December – February
- Quarter 3: March – May
- Quarter 4: June – August

## **4230 Program Promotion and Outreach**

Within 45 days from the start of each contract year, contractors must submit the [Promotion and Outreach Annual Plan \(Form1080\)](#). This plan should outline the contractor's goals to:

- inform the public of the purpose of the program and available services;
- enhance community understanding of its objectives;
- disseminate basic family planning and women's health care knowledge;
- enlist community support; and
- recruit potential clients for HTW.

The plan should be based on an assessment of the needs of the community and contain an evaluation strategy. Contractors should consider a variety of program promotion and client outreach strategies in accordance with organizational capacity, availability of existing resources and materials, and the needs and culture of the local community.

To gauge the efficacy of program promotion and client outreach activities, contractors must monitor and evaluate the planned activities and implementation and record these evaluations on the [Promotion and Outreach Quarterly Report \(Form 1060\)](#). This report is due quarterly, within 15 days from the close of each quarter.



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- Quarter 1 Report Due: December 15
- Quarter 2 Report Due: March 15
- Quarter 3 Report Due: June 15
- Quarter 4 Report Due: September 15

Both the plan and quarterly reports should be submitted to:  
[womenshealth@hhsc.state.tx.us](mailto:womenshealth@hhsc.state.tx.us).

## SECTION 5000, FORMS & ADDITIONAL RESOURCES

[Promotion and Outreach Annual Plan \(Form 1080\)](#)

[Promotion and Outreach Quarterly Report \(Form 1060\)](#)

[Texas Medicaid Provider Procedures Manual \(TMPPM\)](#)

[Healthy Texas Women Website](#)