Healthy Texas Women Section 1115 Demonstration Waiver

Report for the period January 1, 2023, through December 31, 2023

Note: An HHS template has been attached to the CMS template to incorporate branding and accessibility.

Purpose and Scope of Quarterly and Annual Monitoring Reports:

The state must submit three Quarterly Monitoring Reports and one Annual Monitoring Report in accordance with the Healthy Texas Women (HTW) Medicaid 1115 Demonstration Waiver Special Terms and Conditions (STCs) and 42 CFR § 431.428. The intent of these reports is to present the state's analysis of collected data and the status of the various operational areas, reported by month in the demonstration year. The reports should also include a discussion of trends and issues over the quarter or year, including progress on addressing any issues affecting access, quality, or costs. Each quarterly or annual monitoring report must include:

A. Executive Summary
B. Utilization Monitoring
C. Program Outreach and Education
D. Program Integrity
E. Grievances and Appeals
F. Annual Post Award Public Forum
G. Budget Neutrality
H. Demonstration Evaluation Activities and Interim Findings.

A. Executive Summary

1. Synopsis of the information contained in the report

According to the STCs of the HTW Demonstration Waiver, the Texas Health and Human Services Commission (HHSC) provides its operational report for Demonstration Year (DY) 4 and Calendar Year (CY) 2023 from January 1, 2023, through December 31, 2023. Also included are data and activities spanning the period of October 1, 2023, to December 31, 2023, which is quarter four (Q4). This report provides the quarterly reporting requirements for the HTW program, as outlined in 42 CFR § 431.428. The STCs require the State to report on various topics including enrollment, operations and policy, utilization monitoring, program outreach and education, program integrity, grievances and appeals, annual post award public forum, budget neutrality, and demonstration evaluation activities and interim findings. The information reflected in this report represents the most current information available at the time it was compiled.

2. Program Updates, Current Trends or Significant Program Changes

a. Narrative describing the impact of any administrative and operational changes to the demonstration, such as eligibility and enrollment processes, eligibility redetermination processes (including the option to utilize administrative redetermination), systems, health care delivery, benefits, quality of care, anticipated or proposed changes in payment rates, and outreach changes.

As previously reported, HHSC submitted an amendment request on September 30, 2020, to add 2019 Novel Coronavirus (COVID-19) screening and testing to the HTW Demonstration, with a requested effective date of February 4, 2020. On April 28, 2023, HHSC resubmitted the amendment request using the template provided by CMS. The amendment was approved by CMS on September 15, 2023. The amendment was approved retroactively from March 1, 2020, through the end of Texas' unwinding period that is from April 1, 2023, through March 31, 2024. HHSC sent a letter of acceptance to CMS on September 28, 2023.

Pursuant to state law, HHSC analyzed the clinical and cost effectiveness of HTW telemedicine and telehealth related flexibilities implemented during the federal COVID-19 public health emergency (PHE). Effective March 1, 2020, through May

11, 2023, HHSC authorized HTW providers to bill for telephone (audio-only) medical (physician delivered) evaluation and management services to help ensure continuity of care during the COVID-19 PHE response. Benefit information was updated effective November 1, 2023 to include coverage for telemedicine services for non-behavioral health conditions to be provided by synchronous telephone (audio-only) technology.

b. Narrative on any demonstration changes, such as changes in enrollment, renewal processes service utilization, and provider participation. Discussion of any action plan if applicable.

To comply with the requirements of the Families First Coronavirus Response Act (FFCRA), HHSC maintained eligibility for individuals who were receiving HTW as of March 18, 2020, and those determined eligible after that date through March 31, 2023. The Consolidated Appropriations Act, 2023, separated the continuous Medicaid coverage requirement of the FFCRA from the federal PHE declaration. The requirement to maintain continuous coverage ended on March 31, 2023. Effective April 1, 2023, HHSC initiated redetermining the eligibility of all Texans receiving Medicaid services, including those receiving HTW, in alignment with Texas' federally approved End of Continuous Medicaid Coverage Mitigation Plan from CMS.

c. Narrative on the existence of or results of any audits, investigations, or lawsuits that impact the demonstration.

HHSC participated in the Office of Inspector General, Office of Audit Services, audit regarding States' eligibility to receive the temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase under section 6008 of the Families First Coronavirus Response Act (FFCRA). The audit concluded in September 2023 and the final report Four States (including Texas) Received Increased Medicaid COVID-19 Funding Even Though They Terminated Some Enrollees' Coverage For Unallowable Or Potentially Unallowable Reasons, was released. In August 2023, CMS initiated the Texas's COVID-19 Public Health Emergency (PHE) Unwinding Medicaid Beneficiary Eligibility Audit.

3. Policy Issues and Challenges

a. Narrative of any operational challenges or issues the state has experienced.

HHSC reports no operational challenges or issues for Q4.

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

As of December 2023, HHSC is awaiting approval from CMS for an amendment to the HTW Demonstration Waiver to receive federal funds for HTW Plus. At the time the amendment was submitted, HHSC requested an effective date of April 1, 2021. Until a response is provided, HHSC is funding HTW Plus services using state general revenue funds.

As previously reported, HHSC is preparing to implement House Bill (H.B.) 133, 87th Texas Legislature, Regular Session, 2021, which requires HHSC to seek federal approval for two legislative mandates that may require amendments or may impact the HTW 1115 demonstration. The first mandate is to contract with Medicaid managed care organizations to provide HTW program services. This change will be included in the HTW demonstration extension request.

The second mandate was to extend Medicaid postpartum coverage for an additional four months. The impact to HTW is that when the extended postpartum coverage period is implemented, eligible women will transition to HTW six months after their pregnancy ends and will receive HTW Plus services for the first six months of their 12-month HTW certification period (total of 12 months of enhanced postpartum coverage). To implement this extension of postpartum coverage, HHSC submitted an amendment to the Texas Healthcare Transformation and Quality Improvement Program 1115 demonstration in May 2022 with a requested effective date of September 2022 and the amendment is pending with CMS. As a result of House Bill 12, 88th Legislature, Regular Session, 2023, in October 2023, HHSC submitted Medicaid and CHIP state plan amendments to CMS, requesting to extend postpartum coverage for pregnant women to 12 months following the last month of the woman's pregnancy. In January 2024, CMS provided federal approval to implement the 12-month postpartum coverage effective March 1, 2024. As a result of the state plan amendment approval, HHSC intends to submit a technical correction to the 1115 THTQIP demonstration and withdrawal of the postpartum amendment that was submitted to CMS in May 2022.

c. Discussion of any action plans addressing any policy, administrative or budget issues identified, if applicable.

HHSC has not identified any policy, administrative, or budget issues that are not already mentioned above.

B. Utilization Monitoring

The state will summarize utilization through a review of claims/encounter data for the demonstration population in the subsequent tables. This includes the following:

Table 1. Summary of Utilization Monitoring Measures

Topic	Measure [Reported for each month included in the annual report]
Utilization Monitoring	Unduplicated Number of Enrollees by Quarter (See table 2 below)
	Unduplicated Number of Beneficiaries with any Claim by Age Group, Gender, and Quarter (See table 3 below)
	Contraceptive Utilization by Age Group (See table 4 below)
	Total Number of Beneficiaries Tested for any Sexually Transmitted Disease (See table 5 below)
	Total Number of Female Beneficiaries who Obtained a Cervical Cancer Screening (See table 6 below)
	Total Number of Female Beneficiaries who Received a Clinical Breast Exam (See table 7 below)

Table 2: Unduplicated Number of Enrollees by Quarter for DY4

	Number of Female Enrollees by Quarter*				
	14 years old and under	15-20 years Old***	21-44 years old	45 years and older	Total Unduplicated Female Enrollment**
Quarter 1	N/A	3,477	404,095	39,272	443,381
Quarter 2	N/A	5,223	412,120	42,909	456,835
Quarter 3	N/A				
Quarter 4	N/A				

*Potential duplication across age groups due to some enrollees changing age groups within the quarter.
** Total column is the unduplicated quarterly count across all age groups and may not equal the sum of columns B through E.
*** HTW clients ages 15-17 are non-waiver and therefore not included in the enrollment figures.

Note: Table 2 provides final data on a two-quarter lag and provides DY4 Q2 data as part of the DY4 Q4 Quarterly Monitoring Report. Determining the age of enrollees and duplicate months of enrollment requires client-identifying details that are not available until the seventh month following the end of each quarter. For example, Q1 data (January – March) will be available in October and then provided with the Q3 (July – September) Quarterly Monitoring Report. Future reporting of unduplicated enrollment will continue with a two-quarter lag.

To comply with the requirements of the FFCRA, HHSC maintained eligibility for individuals who were receiving HTW as of March 18, 2020, and those determined eligible after that date through March 31, 2023. The Consolidated Appropriations Act of 2023 separated the continuous Medicaid coverage requirement of the FFCRA from the PHE declaration. The requirement to maintain continuous coverage ended on March 31, 2023, and HHSC is redetermining the eligibility of all Texans receiving Medicaid services, including those receiving HTW, in alignment with Texas' federally approved End of Continuous Medicaid Coverage Mitigation Plan from CMS.

Table 3: Unduplicated Number of Beneficiaries with any Claim by Age Group and Gender per Quarter in the Demonstration Year (calendar year)

	Number of Females Who Utilize Services by Age and Quarter					
	14 years old and under	15-20 years old	21-44 years old	45 years and older	Total Female Users *	Percentage of Total Unduplicated Female Enrollment
Quarter 1	N/A	1,009	56,779	2,806	**60,594**	
Quarter 2	N/A	1,053	52,668	2,680	**56,401**	
Quarter 3	N/A	1,865	54,114	2,366	**58,345**	
Quarter 4	N/A	3,238	47,300	741	**51,279**	
Total Unduplicated**	N/A	**5,694**	**136,128**	**5,737**	**147,559**	

*Total column is calculated by summing columns 2-5.

**Total unduplicated row cannot be calculated by summing quarter 1 – quarter 4. Total unduplicated users must account for users who were counted in multiple quarters and remove the duplication so that each user is only counted once per demonstration year.

Note: Table 3 results display HTW clients served in CY 2023 to date by quarter and age group include: pharmacy claims do not reflect data past November 30, 2023.

Each client is counted only in one age group. If a client changes age groups in the quarter, only the first age is counted. Only clients 18 years of age and older are included in this report. At this time, CY 2023 claims are incomplete and considered provisional because of the time allowed for claims to be submitted and adjudicated. HHSC considers claims data to be complete eight months after the date of service.

Table 4: Contraceptive Utilization by Age Group per Demonstration Year

Effectiveness	Users of Contraceptives					
		14 years old and under	15 – 20 years old	21 – 44 years old	45 years old and older	Total
Most and Moderately Effective*	**Numerator**	N/A	N/A	N/A	N/A	N/A
	Denominator	N/A	N/A	N/A	N/A	N/A
Long-acting reversible contraceptive (LARC)*	**Numerator**	N/A	N/A	N/A	N/A	N/A
	Denominator	N/A	N/A	N/A	N/A	N/A
Total	**Numerator**	N/A	N/A	N/A	N/A	N/A
	Denominator	N/A	N/A	N/A	N/A	N/A

*This measure is calculated as per the Medicaid and CHIP Child and Adult Core Set measure for contraceptive care for all women. Measure specifications can be found at the links below:

- Child Core Set (CCW-CH measure for ages 15-20): https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid- and-chip-child-core-set-manual.pdf
- Adult Core Set (CCW-AD measure for ages 21-44): https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid- adult-core-set-manual.pdf

States needing technical assistance in applying the Core Set specifications to their family planning demonstration can send an email to MACqualityTA@cms.hhs.gov.

Contraceptive Utilization results will be available summer 2024 following the measurement year to allow adequate time for claim submissions. At that time, HHSC will analyze the data to ensure there are no errors or issues. Delayed reporting is due to the need for claims to settle so the measure can be calculated according to measure specifications. Contraceptive Utilization preliminary results will not include clients under 14 or over 45 due to eligibility age requirements.

Table 5: Number of Beneficiaries Tested for any STD by Demonstration Year

Test	Female Tests		Total Tests	
	Number	Percent of Total	Number	Percent of Total
Unduplicated number of beneficiaries who obtained an STD test	48,871	9.8%	48,871	9.8%

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

Table 6: Total Number of Female Beneficiaries who obtained a Cervical Cancer Screening

Screening Activity	Numerator*	Denominator*	Percent
Unduplicated number of female beneficiaries who obtained a cervical cancer screening*	N/A	N/A	N/A

*This measure is calculated as per the Medicaid and CHIP
Adult Core Set measure for cervical cancer screening and is defined as women ages 21 to 64 who had cervical cytology (Pap test) performed every 3 years or women ages 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years.

Measure specifications can be found at: https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf

States needing technical assistance in applying the Core Set specifications to their family planning demonstration can send an email to MACqualityTA@cms.hhs.gov.

Cervical Cancer Screening preliminary results will be available summer 2024 following the measurement year to allow adequate time for claim submissions. At that time, HHSC will analyze the data to ensure there are no errors or issues. Delayed reporting is due to the need for claims to settle so the measure can be calculated according to measure specifications. Delayed reporting may be necessary due to the need for claims to settle so the measure can be calculated according to measure specifications.

Table 7: Breast Cancer Screening

Screening Activity	Numerator *	Denominator *	Percent
Unduplicated number of female beneficiaries who received a Breast Cancer Screening*	N/A	N/A	N/A – The waiver does not serve individuals in this age range.

*This measure is calculated as per the Medicaid and CHIP Adult Core Set measure for breast cancer screening and is defined as the percentage of women ages 50 to 74 who had a mammogram to screen for breast cancer and is reported for two age groups (as applicable): ages 50 to 64 and ages 65 to 74.

Measure specifications can be found at: https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core- set-manual.pdf

States needing technical assistance in applying the Core Set specifications to their family planning demonstration can send an email to MACqualityTA@cms.hhs.gov.

Table 8: PCP Network Adequacy by Demonstration Year (DY4)

Medicaid Service Area by County Type	Number of Enrollees (January 2023)*	Geographic Distance Standard (Number of Miles)	Performance Standard Percentage	Percent of Enrollees Within Distance Standard of TWO HTW-Active PCPs (January 2023)**
Bexar	36,312	----	90	89.1
Metro	34,330	10	90	88.8
Micro	1,130	20	90	92.2
Rural	852	30	90	98.2
Dallas	45,767	----	90	82.7
Metro	45,264	10	90	83.6
Micro	503	20	90	0.8
Rural	***	***	***	***
El Paso	13,649	----	90	87.0
Metro	13,648	10	90	87.0
Micro	***	***	***	***
Rural	1	30	90	0
Harris	92,414	----	90	90.8
Metro	90,937	10	90	90.7
Micro	***	***	***	***

Medicaid Service Area by County Type	Number of Enrollees (January 2023)*	Geographic Distance Standard (Number of Miles)	Performance Standard Percentage	Percent of Enrollees Within Distance Standard of TWO HTW-Active PCPs (January 2023)**
Rural	1,477	30	90	100
Hidalgo	27,299	----	90	93.0
Metro	25,096	10	90	96.4
Micro	1,530	20	90	52.8
Rural	673	30	90	60.5
Jefferson	10,970	----	90	84.3
Metro	5,885	10	90	96.6
Micro	3,779	20	90	76.4
Rural	1,306	30	90	51.7
Lubbock	10,763	----	90	93.5
Metro	8,800	10	90	93.9
Micro	***	***	***	***
Rural	1,963	30	90	91.6
MRSA Central Texas	21,241	----	90	93.5
Metro	14,272	10	90	92.7
Micro	1,339	20	90	85.9
Rural	5,630	30	90	97.4
MRSA Northeast Texas	23,064	----	90	69.5
Metro	10,426	10	90	55.6
Micro	8,724	20	90	75.4
Rural	3,914	30	90	93.7
MRSA West Texas	18,418	----	90	87.8
Metro	8,075	10	90	94.0
Micro	2,255	20	90	77.4
Rural	8,088	30	90	84.6
Nueces	16,744	----	90	77.4
Metro	10,858	10	90	71.2
Micro	2,076	20	90	68.7
Rural	3,810	30	90	99.7
Tarrant	35,026	----	90	72.8
Metro	34,482	10	90	73.5
Micro	544	20	90	28.9

Medicaid Service Area by County Type	Number of Enrollees (January 2023)*	Geographic Distance Standard (Number of Miles)	Performance Standard Percentage	Percent of Enrollees Within Distance Standard of TWO HTW-Active PCPs (January 2023)**
Rural	***	***	***	***
Travis	20,444	----	90	83.7
Metro	18,955	10	90	82.4
Micro	650	20	90	100
Rural	839	30	90	100
State Total	**372,111**	----	**90**	**85.6**
Metro	321,028	10	90	86.0
Micro	22,530	20	90	73.0
Rural	28,553	30	90	90.4

*****For provider geographic access measurement purposes, 94 percent of HTW enrollees ages 18-44 had highly reliable residential address information on their record.
**HTW-active PCPs are those that were enrolled and HTW-certified as of January 2023 that had one or more HTW-related claims during calendar year 2022.
***Per the Census of 2020 population count, this county type is not contained within this service area.

Table 8.1 Pharmacy Network Adequacy by Demonstration Year (DY4)

Medicaid Service Area by County Type	Number of Enrollees (January 2023)*	Geographic Access Distance Standard (Number of Miles)	Performance Standard Percentage	Percent of Enrollees Within Distance Standard of ONE HTW-Active Pharmacy (January 2023)**
Bexar	36,312	----	----	89.5
Metro	34,330	2	80	89.9
Micro	1,130	5	75	69.1
Rural	852	15	90	99.6
Dallas	45,767	----	----	88.4
Metro	45,264	2	80	88.6
Micro	503	5	75	73.6
Rural	***	***	***	***
El Paso	13,649	----	----	86.1

Medicaid Service Area by County Type	Number of Enrollees (January 2023)*	Geographic Access Distance Standard (Number of Miles)	Performance Standard Percentage	Percent of Enrollees Within Distance Standard of ONE HTW-Active Pharmacy (January 2023)**
Metro	13,648	2	80	86.2
Micro	***	***	***	***
Rural	1	15	90	0
Harris	92,414	----	----	92.2
Metro	90,937	2	80	92.1
Micro	***	***	***	***
Rural	1,477	15	90	98.8
Hidalgo	27,299	----	----	79.8
Metro	25,096	2	80	79.2
Micro	1,530	5	75	83.7
Rural	673	15	90	95.7
Jefferson	10,970	----	----	78.1
Metro	5,885	2	80	78.8
Micro	3,779	5	75	70.0
Rural	1,306	15	90	98.2
Lubbock	10,763	----	----	91.7
Metro	8,800	2	80	90.1
Micro	***	***	***	***
Rural	1,963	15	90	99.2
MRSA Central Texas	21,241	----	----	82.5
Metro	14,272	2	80	77.9
Micro	1,339	5	75	87.2
Rural	5,630	15	90	92.9
MRSA Northeast Texas	23,064	----	----	74.1
Metro	10,426	2	80	70.0
Micro	8,724	5	75	69.1
Rural	3,914	15	90	96.6
MRSA West Texas	18,418	----	----	88.3
Metro	8,075	2	80	81.8

Medicaid Service Area by County Type	Number of Enrollees (January 2023)*	Geographic Access Distance Standard (Number of Miles)	Performance Standard Percentage	Percent of Enrollees Within Distance Standard of ONE HTW-Active Pharmacy (January 2023)**
Micro	2,255	5	75	90.1
Rural	8,088	15	90	94.3
Nueces	16,744	----	----	91.1
Metro	10,858	2	80	89.0
Micro	2,076	5	75	87.5
Rural	3,810	15	90	99.2
Tarrant	35,026	----	----	89.4
Metro	34,482	2	80	90.1
Micro	544	5	75	47.6
Rural	***	***	***	***
Travis	20,444	----	----	80.2
Metro	18,955	2	80	79.9
Micro	650	5	75	66.5
Rural	839	15	90	97.0
State Total	**372,111**	----	----	**87.1**
Metro	321,028	2	80	87.2
Micro	22,530	5	75	74.6
Rural	28,553	15	90	96.0

*For provider geographic access measurement purposes, 94 percent of HTW enrollees ages 18-44 had highly reliable residential address information on their record.
**HTW-active pharmacies are those that were enrolled as of January 2023 that had one or more HTW-related claims during calendar year 2022.
***Per the Census of 2020 population count, this county type is not contained within this service area.

Network Adequacy
Provide a summary of pharmacy and PCP network adequacy results and geographical access to an active pharmacy and at least two active PCPs.

The statewide results for PCP network adequacy for DY4 reflect an improvement in comparison to DY3. During DY4, 85.6 percent of enrollees had access to at least two active HTW-enrolled PCPs within the applicable geographic distance standard compared to 82.1 percent during DY3. The statewide percentage for PCP network

adequacy is approximately 4 percentage points lower than the required 90 percent. Four of the thirteen service areas exceeded the 90 percent performance standard. These areas include Harris, Hidalgo, Lubbock, and MRSA Central Texas. These areas accounted for 41 percent of HTW program enrollment as of January 2023. The rest of the areas, with a combined 59 percent of HTW program enrollment, had network adequacy percentages that were lower than the 90 percent standard. Across the state, PCP network adequacy percentages were higher in Rural counties (90.4 percent) compared to Metro and Micro counties (86.0 and 73.0 percent, respectively).

The statewide pharmacy network adequacy results for DY4 were similar in comparison to DY3. During DY4, 87.1 percent of enrollees had access to an HTW-active pharmacy within the applicable geographic distance standard compared with 87.7 percent during DY3. Across the state the pharmacy network adequacy percentages exceeded the required performance standards in Metro and Rural counties and fell short by less than one percent in Micro counties. Several service areas had higher pharmacy network adequacy percentages than the statewide percentage. They include Bexar, Dallas, Harris, Lubbock, MRSA West Texas, Nueces and Tarrant. These areas accounted for 69 percent of HTW program enrollment as of January 2023. All other areas, with a combined 31 percent of HTW program enrollment, had network adequacy percentages that were lower than the statewide percentage. Across the state, the pharmacy network adequacy percentages were higher in Rural counties (96.0 percent) compared to Metro and Micro counties (87.2 and 74.6 percent, respectively).

C. Program Outreach and Education

1. General Outreach and Awareness

a. Provide information on the public outreach and education activities conducted this demonstration year; and,

Social Media
During Q4, social media posts related to HTW included five posts on Facebook, five posts on Facebook Español, five posts on Twitter, five on Instagram, and two on LinkedIn. Annual to-date totals for social media posts related to HTW include 28 posts on Facebook, 14 posts on Facebook Español, 56 posts on Twitter, 14 on Instagram and seven on LinkedIn. The HHSC Facebook page has 166,264 followers, and Facebook Español has 52,132 followers, HHSC Twitter has 16,929 followers, HHSC Instagram has 4,947 followers, and HHSC LinkedIn has 59,387 followers.

HHSC has continued the development of an HTW social media calendar to establish a posting frequency each month, improve HTW social media engagement, and

enhance the quality of HTW online content on Facebook, Twitter, Instagram, and LinkedIn.

In-Person Outreach
During Q4, HHSC did not conduct any in-person outreach.

Outreach Materials
HHSC is working to restock HTW outreach materials on Pinnacle, a public-facing HHSC website used to order outreach materials, forms, and other publications. HHSC is also working to update the HTW client fact sheets to include QR codes that lead clients to the latest household eligibility income limits.

Lastly, HHSC is working to update multiple HTW webpages, including adding the HHSC HTW email address to the "Contact Us" section to ensure clients are aware that they can contact HHSC via email and updating HTW resources such as client fact sheets.

b. Provide a brief assessment on the effectiveness of these outreach and education activities.

The "Find a Doctor" page on the HTW client-facing website had The "Find a Doctor" page on the HTW client-facing website had 52,679 unique page views and the Spanish "Find a Doctor" page had 446 unique page views. The HTW website online provider look-up (OPL) shows searches for programs other than HTW, including the Family Planning Program, Breast and Cervical Cancer Services, and Medicaid for Breast and Cervical Cancer.

2. Target Outreach Campaign(s) (if applicable)

a. Provide a narrative on the populations targeted for outreach and education campaigns and reasons for targeting; and,

In Q4, HHSC continues to promote HTW and HTW Plus via social media posts, updated client mailings, and webpage updates.

In fall 2022, TMHP commenced a campaign to improve HTW and HTW Plus network adequacy in counties with the lowest number of attested HTW providers. In Q4, TMHP continued to perform provider recruitment activities for HTW & HTW Plus. The TMHP provider relations team continued to conduct a tiered recruitment campaign that includes email and phone outreach to increase HTW provider attestations in these counties. As part of this outreach effort, TMHP discussed the benefits of HTW and HTW Plus, addressed questions, and walked providers through the attestation process in the Provider Enrollment and Management System (PEMS). The campaign targeted 9,063 unique national provider identifiers (NPIs) in the Dallas, Tarrant, El

Paso, Northeast, Hidalgo, and Jefferson regions. This campaign ended on September 5, 2023.

b. Provide a brief assessment on the effectiveness of these targeted outreach and education activities.

HHSC continues to monitor social media posts and followers as detailed for HTW and HTW Plus in the public outreach and education activities section above.

HHSC continues to track provider enrollment. As of December 2023, there were 2,224 new certified unique HTW Plus specific providers. The majority of the certified HTW Plus providers are licensed professional counselors (846 providers), psychiatrists (475 providers), and cardiologists (314 providers).

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

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

D. Program Integrity

Provide a summary of program integrity and related audit activities for the demonstration, including an analysis of point-of-service eligibility procedures.

The quarterly quality assurance review found that eligibility was determined correctly in 100 percent of the cases in the sample.

E. Grievances and Appeals

Provide a narrative of grievances and appeals made by beneficiaries, providers, or the public, by type and highlighting any patterns. Describe actions being taken to address any significant issues evidenced by patterns of appeals.

During Q4, HHSC received 32 complaints related to the HTW program through the Office of the Ombudsman. Twenty-one complaints related to member enrollment, six related to prescription services, three related to claims/payment, one related to quality of care, and one related to access to care. All complaints were resolved or referred to the correct area if the Office of Ombudsman was able to contact the senders, so there is no further action required from HHSC.

TMHP received no complaints from the contact center related to the HTW program during Q4. No further action was required from TMHP or HHSC.

F. Annual Post Award Public Forum

Provide a summary of the annual post award public forum conducted by the state as required by 42 CFR 431.420(c) that includes a report of any issues raised by the public and how the state is considering such comments in its continued operation of the demonstration.

In compliance with STC 29, and as part of the Medical Care Advisory Committee (MCAC) meeting, HHSC hosted a public post-award forum in-person with a virtual attendance option on June 8, 2023, to provide the public with an annual update on progress of the HTW waiver. The public forum was held at the Winters Building Public Hearing Room, 701 W. 51st Street Austin, TX 78751. The date, time and location of the public forum were published on HHSC's website 30 days in advance of the meeting. During the June 2023 post-award public forum, HHSC provided the public with updates on the following HTW waiver topics: amendments update, end of continuous Medicaid coverage, provider recruitment, and the evaluation design. A link to the DY 3 2022 annual report was also provided to the public. The presentation and agenda were posted to the HHSC website.

HHSC received written comments from the following stakeholders: Every Body Texas and Texas Women's Healthcare Coalition.

Stakeholders noted a common concern from provider networks and members about the longer Modified Adjusted Gross Income (MAGI) compliant application for HTW. One stakeholder stated that they believe clinics were reporting low rates of success with the application, and another stakeholder mentioned that they believe the application impedes enrollment and in turn, delays access to care. Another stakeholder commented that they presume the unwinding of continuous coverage will lead to more Texans finding themselves uninsured and thus it is critical that all Texans can easily enroll in HTW. Both stakeholders commented that HHSC explore options to streamline the application. As required by the STCs of the HTW 1115 waiver, HHSC aligned HTW eligibility policy with the requirements of (MAGI) Medicaid program.

A stakeholder commented in support of H.B.12, 88th Regular Texas Legislature,

2023, which extends postpartum coverage in Medicaid from 60 days to 12 months. One stakeholder asked HHSC to educate postpartum women and providers about HTW Plus, as continuous Medicaid coverage has ended, and noted their perception that few stakeholders know about the program and that it will be an important source of services until H.B. 12 is enacted. HHSC continues to promote HTW Plus via social media posts, updated client mailings, webpage updates, and provider digital and paper mailings.

G. Budget Neutrality

1. **Please complete the budget neutrality workbook**

The quarterly/annual budget neutrality workbook was uploaded to the 1115 Demonstration Performance Management Database and Analytics System (PMDA) March 18, 2024, per STCs 29 and 45.

2. **Discuss any variance noted to the estimated budget, including reasons for variance in enrollment and/or in total costs, and/or in per enrollee costs. Describe any plans to mitigate any overages in budget neutrality by the end of the demonstration period.**

Based on current HTW Q4 data, the risk to budget neutrality remains very low. Variances will be more accurately identified upon receipt of additional quarters as budget neutrality limits are annual calculations.

H. Demonstration Evaluation Activities and Interim Findings Please provide a summary of the progress of evaluation activities, including key milestones accomplished. Include:

1. **Status of progress against timelines outlined in the approved Evaluation Design.**
2. **Any challenges encountered and how they are being addressed.**
3. **Status of any evaluation staff recruitment or any RFPs or contracts for evaluation contractual services (if applicable).**

4. **Description of any interim findings or reports, as they become available. Provide any evaluation reports developed as an attachment to this document. Also discuss any policy or program recommendations based on the evaluation findings.**

Summary of Evaluation Activities

HHSC completed the following HTW 1115 Waiver evaluation activities during DY4 Q4:

- HHSC attended a meeting with the external evaluator, the University of Texas Health Science Center at Houston (UTHealth) on October 12, 2023, to discuss HHSC's feedback on the Interim Report.
- HHSC also attended a recurring quarterly meeting with the external evaluator, the University of Texas Health Science Center at Houston (UTHealth) on November 10, 2023. The purpose of these meetings is to discuss progress on the evaluation and provide evaluation or programmatic technical assistance to UTHealth, as needed.
- HHSC submitted the Evaluation Design for the state's 1115(a) demonstration related to COVID-19 tests for women receiving services under the HTW 1115 demonstration waiver (approved on September 15, 2023) to CMS on November 14, 2023.
- HHSC submitted the Draft Interim Report, prepared by UTHealth, to CMS on December 21, 2023.

HHSC completed the following HTW 1115 Waiver evaluation activities during DY4:

- HHSC held eight calls with UTHealth during DY4 to discuss progress on the evaluation and provide evaluation or programmatic technical assistance to UT Health, as needed.
- HHSC submitted the Evaluation Design to CMS for the state's 1115(a) demonstration related to COVID-19 testing under the HTW 1115 demonstration waiver.
- HHSC analysts supported UTHealth's completion of the Draft Interim Report by:
    - Responding to ad-hoc data requests and providing evaluation-related data.
    - Providing technical assistance on evaluation measures.
    - Providing feedback on initial drafts of the Interim Report.

Progress towards Key Evaluation Milestones

The table below lists evaluation-related deliverables. There are no anticipated challenges at this time.

Type of Evaluation Deliverable	Due Date	State Notes or Comments	Description of Any Anticipated Challenges
Evaluation Design	N/A	CMS approved the Evaluation Design on 12/15/2021.	N/A
Procurement of Independent External Evaluator	N/A	HHSC executed the contract for the External Evaluator (UT Health) on 3/25/2022.	N/A
Interim Evaluation Report	N/A	HHSC submitted the Draft Interim Report on 12/21/2023	N/A
Summative Evaluation Report	6/30/2026		*No issues anticipated at this time*

Modifications to the Evaluation Design
The HTW Plus amendment is pending CMS approval and therefore is not currently covered under the HTW Demonstration. Consequently, the assessment of HTW Plus (and related hypothesis) were excluded from the Draft Interim Report submitted to CMS on December 21, 2023. No other changes were made to the HTW 1115 Evaluation Design during DY4. However, HHSC anticipates modifications to the Evaluation Design in DY5 to refine measures or methods, where necessary, after the Interim Report is approved by CMS.

Description of Evaluation Findings or Reports

The Draft Interim Report was submitted to CMS on December 21, 2023. The report evaluated measures related to access, utilization, health outcomes, costs, and the provider eligibility criteria from the first two years of the HTW Demonstration (2020-2021) compared to the predecessor program. Key findings from the Draft Interim Report are summarized in Table 1 below.

Importantly, findings from the report should be interpreted with caution given that the HTW Demonstration coincided with the COVID-19 Public Health Emergency (PHE). The COVID-19 PHE impacted individuals' engagement with the healthcare services, which influenced measures examining access to and utilization of HTW services. Additionally, PHE-related maintenance of eligibility policies changed the overall composition of the HTW population, which also influenced observed effects of the HTW Demonstration. Because the Draft Interim Report primarily relies on data through 2021, findings only reflect the impacts of the HTW Demonstration during the COVID-19 PHE. The Summative Report will include data after the PHE, providing greater insight into the HTW Demonstration without the confounding

impacts of the PHE. Key findings most directly impacted by the PHE, or PHE-related policies, are noted with an asterisk in the table below to support interpretation.

Table 1: Preliminary Evaluation Findings from Interim Report (December 2023) by Evaluation Component

Evaluation Question	Hypothesis	Key Preliminary Findings from Interim Report
Evaluation Question 1: Access	Maintain or increase access to HTW services *	The number of unique clients, the percentage of clients receiving services, and the number of active billing providers all increased after the HTW Demonstration. Additionally, there were overall improvements in network adequacy.
	Support understanding of the HTW Demonstration	Perspectives on the state's outreach and engagement activities will be assessed through client and provider surveys, which will not be available until the summative report.
Evaluation Question 2: Utilization	Maintain or increase utilization of family planning services *	Although the number of women receiving contraceptive services more than doubled after the HTW Demonstration, the percentage declined due to corresponding increases in the eligible population. Additionally, tests for sexually transmitted infection/diseases also declined after the HTW Demonstration.
	Maintain or increase utilization of preconception care services	Additional data are needed to examine changes in compliance with cervical cancer screening recommendations, as that measure requires a five-year measurement window
Evaluation Question 3: Women's Health and Pregnancy Outcomes	Maintain or improve women's health	Antidepressant medication management rates increased after the HTW Demonstration, but medication adherence rates for hypertension, diabetes, and cholesterol decreased. However, prevalence of these chronic conditions among women enrolled in HTW was low both prior to after the HTW Demonstration.

Evaluation Question	Hypothesis	Key Preliminary Findings from Interim Report
	Maintain or improve maternal health and pregnancy outcomes	Unintended pregnancy rates for the Texas Medicaid population were maintained after the HTW Demonstration. Women who gave birth in 2021 that were enrolled in HTW the year prior to the delivery had lower rates of pregnancy complications and adverse birth outcomes than women who were not enrolled in any Medicaid program prior to delivery. Severe maternal morbidity rates did not significantly vary based on HTW enrollment prior to delivery. Additional data are needed to examine changes in birth spacing as that measure requires a 27-month follow-up window.
Evaluation Question 4: Demonstration Costs	Remain at or below the CMS-specified annual expenditures limits	Per Member Per Month (PMPM) costs for the HTW Demonstration remained considerably below the CMS pre-established expenditure limits.
Evaluation Question 5: Provider Eligibility Criteria	The provider eligibility criteria do not adversely affect access to and utilization of services	The proportion of active family planning providers in Medicaid delivering services through HTW increased after HTW Demonstration. Perspectives on the provider eligibility criteria will be assessed through the provider survey and presented in summative report.

Note: * Preliminary findings should be interpreted with caution due to the direct impacts of the COVID-19 PHE and PHE-related eligibility policies, which changed the size and composition of the HTW population.