



Quarterly Therapy Access Monitoring Report

As Required by

**House Bill 1, 86th Legislature,
Regular Session, 2019**

**(Article II, Health and Human
Services Commission, Rider 15)**



TEXAS
Health and Human
Services

**Health and Human Services
Commission**

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Executive Summary

This report fulfills the requirement in the 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 ([Article II, Health and Human Services Commission \[HHSC\], Rider 15](#)), for HHSC to analyze selected data related to pediatric acute care therapy services (including physical, occupational and speech therapies) for negative impact on access to care. HHSC must submit quarterly reports to the Legislative Budget Board and the Governor beginning December 30, 2019.

This Rider 15 report addresses the following:

- The volume of substantiated¹ complaints and appeals from providers, members and other sources for March 2020 through February 2021 is low compared to the overall number of members receiving therapy services. The total number of substantiated complaints and appeals represented only a fraction of one percent of those members.
- The HHSC contract with managed care organizations (MCOs) requires compliance with network adequacy standards for therapy providers. MCO network adequacy requirements for travel time and distance vary by county, depending on total population and population density. Since fiscal year (FY) 2019, an MCO is considered compliant if it achieved these varied standards for at least 90 percent of members within a county. However, beginning FY 2021 Quarter 1, members must have access to at least two network providers instead of one provider. Overall, for FY 2020 Quarter 3 through FY 2021 Quarter 2, (State of Texas Access Reform) STAR+PLUS, STAR Kids and STAR Health programs met the 90 percent standard. However, performance in STAR decreased below 90 percent for FY 2020 Quarter 3 through FY 2021 Quarter 2. HHSC is addressing the issue with applicable MCOs through the corrective action plan process. It is possible for an MCO's overall average compliance rate to be high yet still below 90 percent in one or more counties. Most instances of non-compliance occurred in the Medicaid Rural Service Area West (MRSA West).

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

- The number of enrolled therapy providers was relatively stable until the deadline for Affordable Care Act (ACA)² reenrollment in February 2017. In that month, the number of enrolled therapy providers decreased 13 percent. Therapy provider enrollment had rebounded by March 2021 to roughly nine percent above its 2017 peak.
- The COVID-19 public health emergency (PHE) caused about a 13 percent drop in active providers from February to April 2020. However, by September 2020, the number of active providers rebounded above their February 2020 levels. Generally, over time, variations in the overall trend for active providers reflect changing participation by independent therapists.
- MCOs reported an average of 38.5 therapy provider terminations per month from March 2020 through February 2021 (total of 462). The main reasons therapy providers terminated from MCO networks include individual providers leaving a group practice (50 percent); loss of credential or failure to re-credential (15 percent); termination of contract (nine percent); and failure to maintain an active provider number (eight percent). If a provider leaves one MCO network, the provider could continue to participate in another MCO network, unless their participation in the Medicaid program has lapsed.
- Beginning June 1, 2019, providers were given an option to submit waiting list data directly to HHSC, rather than to MCOs, corresponding to an increase in reporting from 289 clients in FY 2019 Quarter 3 to 1,340 clients in FY 2019 Quarter 4.
 - By the fifth quarter of reporting under the new process (FY 2020 Quarter 4), the number of individuals waiting for services had declined by 78 percent; with 294 members reported as on a waiting list. However, over the past two quarters, the number of waitlist cases has increased to 581 (as of FY 2021 Quarter 2). MCOs report that 48 percent of waitlist cases identified by a provider during the quarter had subsequently gained services or been referred to a different provider for services.
 - HHSC analyzed and reviewed therapy encounters for 117 of the 121 clients reported on a waiting list in June, July and August 2020. Within three months, 71 (61 percent) of these members received a therapy service.
- The PHE temporarily decreased the rate at which children receive a therapy service in FY 2020. From January to March 2020, the physical therapy

² The ACA is a federal law that required state Medicaid agencies to revalidate the enrollment of all providers in state Medicaid programs.

utilization rate dropped 44 percent. Speech therapy and occupational therapy utilization rates both fell more than 30 percent. The decrease occurred across the STAR, STAR Health and STAR Kids programs. However, from March 2020 to September 2020, all therapy utilization rates rebounded more than 30 percent, making up much of the reduction observed at the beginning of the PHE.

- Before the PHE, the therapy service utilization rate for children generally remained near the long-term average trend, as measured over six years beginning with FY 2015. HHSC began implementing therapy policy initiatives in May 2016 and rolled out the STAR Kids program in November 2016. Across program and therapy types, many fluctuations in utilization rates appear transitory, with three 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 temporary policy extending the length of existing prior authorizations for individuals moving into the new program;
 - Speech therapy rates remained below the long term average trend for most months spanning mid-year 2016 through mid-year 2018, before recovering; and
 - Utilization rates for physical, occupational and speech therapy for STAR and STAR Health moved above the average long-term trend in early 2019 until the 2020 PHE.

Additional key data trends will be incorporated into the September 2021 report.

HHSC Actions and Ongoing Efforts

- HHSC continues to strengthen its clinical, policy and operational oversight to ensure Medicaid members have appropriate and timely access to medically necessary services, with specific actions aimed at therapy services.
- The 2020-21 General Appropriations Act, House Bill 1, 86th Texas Legislature, Regular Session, 2019 (Article II, HHSC, Rider 47) provided funding to increase in-home pediatric therapy rates by 10 percent and to raise reimbursement for therapy assistants across all settings from 70 percent to 80 percent of the licensed therapist rate. The new rates were effective September 1, 2019.

The following ongoing efforts will help HHSC identify and address any systemic access to care issues for therapy services:

- Reviewing utilization data for individuals reported as waiting for therapy services based on the Rider 15 definition to determine if they subsequently received services.
- Collecting therapy prior authorization data from MCOs for analysis. Initially, this data was collected in aggregate format. In state fiscal year (SFY) 2020, HHSC began development of the Prior Authorization Member-Level Data Warehousing Project to collect and maintain prior authorization data at the individual transaction level. The more granular data will allow HHSC to connect client level prior authorizations to actual services delivered, as reported in the encounters. HHSC expects MCOs to begin submitting prior authorization data in September 2021.

1. Legislation

Per Rider 15, the 86th Texas 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 quarterly basis, the following information related to pediatric acute care therapy services (including physical, occupational and speech therapies) by service area (SA) 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 quarterly reports to the Legislative Budget Board and the Governor in a format specified by the Legislative Budget Board no later than 30 days after the end of each fiscal quarter. 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.

This is the eleventh quarterly therapy access monitoring report since December 2018.³

³ Rider 15 now governs Quarterly Therapy Access Monitoring Reports instead of Rider 57 from the previous session (The 2018-19 General Appropriations Act, S.B. 1, 85th Legislature, Regular Session, 2017).

2. Background

Medicaid Coverage for Pediatric Therapy Services

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

- Physical therapists provide interventions to 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. Physical therapy (PT) services included measurement or testing of the function of the musculoskeletal, or neurological system and rehabilitative treatment concerned with restoring function or preventing disability caused by illness, injury or birth defect. Physical therapy services are provided by physical therapists and physical therapy assistants who are 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. OTs use therapeutic goal-directed activities to evaluate, prevent or correct physical dysfunction and maximize function in a person's life. OT services are provided by occupational therapists and occupational therapy assistants who are 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 who are licensed under the Texas Department of Licensing and Regulation. Physicians may also provide ST services.
- Children may receive therapy services through Medicaid fee-for-service (FFS) or managed care, including through the STAR, STAR Kids and STAR Health managed care programs. Medicaid-covered services are the same whether provided through traditional FFS or managed care. Medicaid MCOs must provide covered services in the same amount, duration and scope as outlined

in the Medicaid state plan. Medicaid MCOs may implement practices to promote appropriate utilization of medically necessary services, such as prior authorization.

Policy and Reimbursement Changes to Therapy Services

In 2015, the 84th Legislature⁴ 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

⁵ 2016-17 General Appropriations Act, H.B. 1, 84th Legislature, Regular Session, 2015 (Article II, HHSC, Rider 50(c))

- 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 (H.B.) 1 and Senate Bill (S.B.) 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.

Given the overlapping and consecutive changes, it is challenging to distinguish how a single event or policy change may or may not impact the provision of therapy services. Through its Quarterly 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 15 is intended to detect potential signs of systemic issues with access to pediatric occupational, physical and speech therapy services. To collect certain elements required by Rider 15, HHSC provided the Medicaid MCOs a tool for reporting data on complaints, waiting lists, providers that are not accepting new members and provider terminations for therapy services beginning December 2017. Appendix A shows the timeline for HHSC stakeholder engagement efforts for development and implementation of the data collection and reporting process. MCOs report this data to HHSC each month on an ongoing basis. HHSC also obtains complaints data from internal agency sources, including the Office of the Ombudsman and Medicaid and Children's Health Insurance Program (CHIP) Services. Each month, HHSC reviews the data for quality assurance and addresses any identified issues, as needed.

HHSC also reviews Medicaid provider enrollment and client utilization data by therapy discipline to help identify trends in how many therapy providers are enrolled and providing services in Medicaid and how many individuals are receiving therapy 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 Quarterly report, data for Figures 1 and 2 and Tables 1 through 2 are through February 2021. The previous report included data through November 2020.

Figure 1 shows trends in substantiated complaints and appeals relating to pediatric therapy services from March 2020 through February 2021. For this one-year period,

an average of 110 complaints and appeals were substantiated per month,⁵ including:

- 98 per month from providers, mostly payment and prior authorization related;
- 11 per month from members or persons representing members; and
- one per month from other sources.

These monthly averages, based on one year of data, are slightly above averages reported previously, which were based on three years of data. Figure 1 shows the trend in substantiated complaints and appeals by providers by month for the period.

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

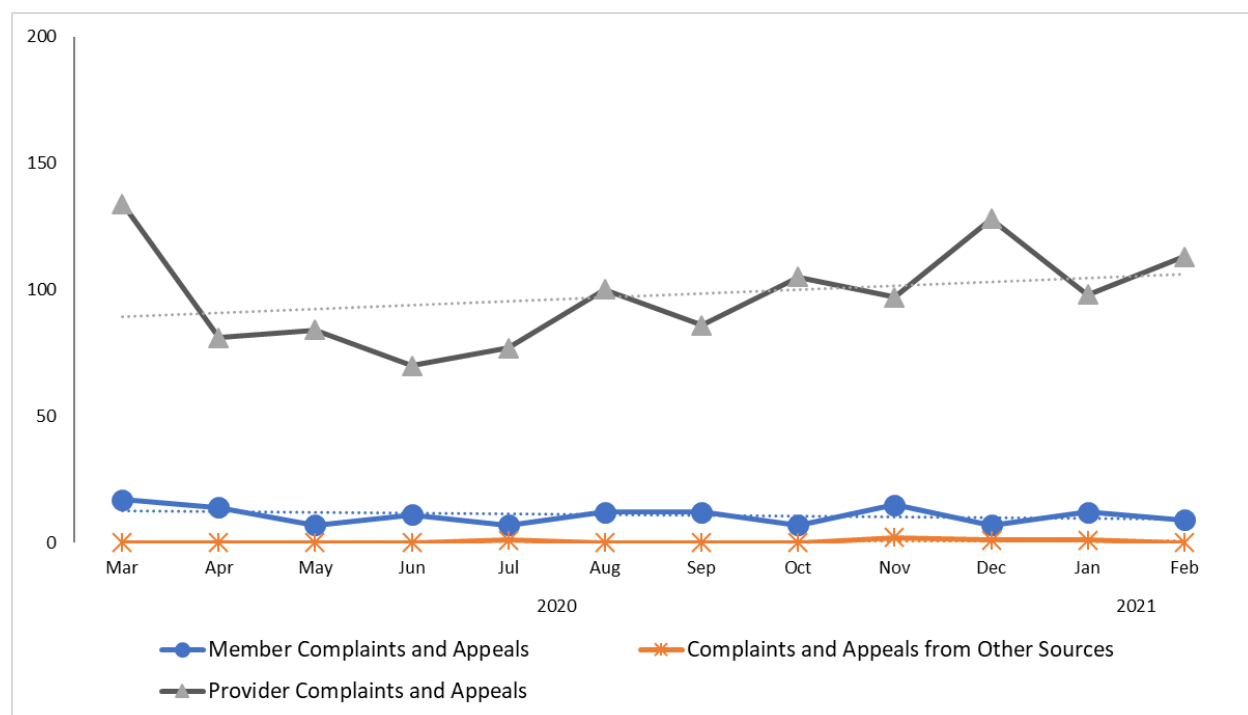
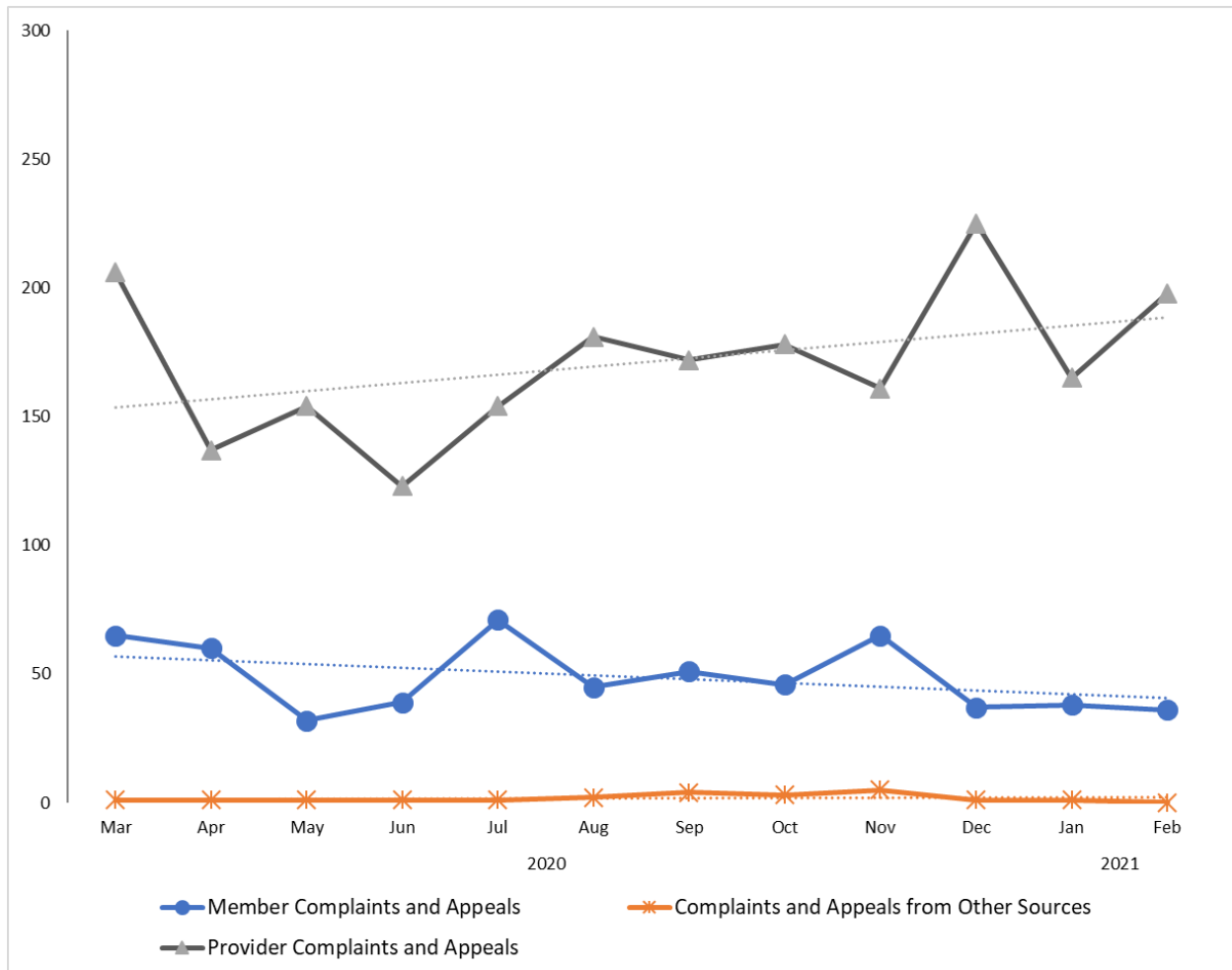


Figure 2 shows the trends in both substantiated and unsubstantiated complaints and appeals relating to pediatric therapy services for March 2020 through February 2021. For this period, there was an average of 222 substantiated and unsubstantiated complaints and appeals per month, including:

⁵ Due to rounding, the number of complaints and appeals may not equal the sum from the different sources.

- 171 per month from providers;
- 49 per month from members or persons representing members; and
- 2 per month from other sources.

Figure 2: Substantiated and Unsubstantiated Member and Provider Complaints and Appeals for Pediatric Therapy Services (PT, OT, and ST)



The average number of members per month who received OT, PT, or ST services were approximately 26,035 (OT), 19,078 (PT), and 50,281 (ST), from December 2019 through November 2020. Consistent with prior Quarterly Monitoring reports, 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 0.1 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 for members, providers and other sources. The vast majority (96

percent) of substantiated complaints and appeals relate to authorization of and payment for pediatric therapy services with less than 10 percent related to availability and access to pediatric therapy services or other causes. These percentages are roughly similar when looking at unsubstantiated and substantiated complaints combined.

Table 1: Categories of Substantiated Complaints and Appeals, March 2020-February 2021

Category of Complaints and Appeals	Percent of Total
Authorization Related (Authorization Delays and Denials)	48.0 percent
Availability and Access Related (Travel Distance, Limited Provider Numbers, Wait Times for Providers)	3.0 percent
Claims Payment Related	47.7 percent
Other	1.3 percent

Note: Due to rounding, totals may not exactly equal 100 percent.

Table 2: Categories of Substantiated and Unsubstantiated Complaints and Appeals, March 2020-February 2021

Category of Complaints and Appeals	Percent of Total
Authorization Related (Authorization Delays and Denials)	47.5 percent
Availability and Access Related (Travel Distance, Limited Provider Numbers, Wait Times for Providers)	8.2 percent
Claims Payment Related	43.2 percent
Other	1.1 percent

Note: Due to rounding, totals may not exactly equal 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 one network provider within the number of miles or travel time from the member's residence, as listed below. Beginning in FY 2021 Quarter 1, the standard for the number network providers increased to two, but the standards for time and distance did not change.⁶

- 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 the last four quarters are shown in Table 3. From FY 2020 Quarter 3 through FY 2021 Quarter 2, all programs except STAR met the 90 percent standard. As of FY 2021 Quarter 2, performance in STAR remained below 90 percent with the new requirement of access to at least two providers for each member.

Table 3: Average MCO Network Adequacy Compliance Rates for PT, OT, and ST Providers by Program

Program	FY 2020 Quarter 3	FY 2020 Quarter 4	FY 2021 Quarter 1	FY 2021 Quarter 2
STAR (16 MCOs)	88 percent	85 percent	85 percent	84 percent
STAR+PLUS (5 MCOs)	93 percent	93 percent	92 percent	92 percent

⁶ Travel time is calculated annually. For quarterly tracking, Table 3 is based on distance.

Program	FY 2020 Quarter 3	FY 2020 Quarter 4	FY 2021 Quarter 1	FY 2021 Quarter 2
STAR Kids (9 MCOs⁷)	95 percent	95 percent	93 percent	92 percent
STAR Health (1 MCO)	92 percent	92 percent	90 percent	90 percent

The evaluation of network adequacy compliance occurs at the county level. It is possible for an MCO's overall average compliance rate to be high yet still below 90 percent in one or more counties. The number of MCOs per program that did not meet the standard in at least one county for fiscal year 2021, Quarter 2 are:

- STAR: 6 of 16
- STAR+PLUS: 5 of 5
- STAR Kids: 4 of 9
- STAR Health: 1 of 1

Most instances of noncompliance were in rural counties in the MRSA West service area (SA). The total number of counties, per program and service area, in which there was noncompliance for fiscal year 2021, Quarter 2 are:

- STAR: 70 rural counties, two Micro counties, three Metro counties in MRSA West; three rural counties in MRSA Central and one rural county each in El Paso, Jefferson and Nueces.
- STAR+PLUS: 29 rural counties in MRSA West, two rural counties in MRSA Central and one rural county each in MRSA Northeast, Jefferson and Nueces.
- STAR Kids: 27 rural counties in MRSA West, two rural counties in MRSA Northeast and one rural county in Jefferson.
- STAR Health: 28 rural counties in MRSA West and one rural county in Jefferson.

HHSC has issued a corrective action plan to all MCOs that are not fully compliant.

⁷ Children's Medical Center (CMC) no longer participates in STAR Kids as of 9/1/2020.

Therapy Providers Currently Enrolled vs. Therapy Providers Currently Active in Texas Medicaid

For this Quarterly report, data on enrolled providers are included through March 2021 and data on active billing providers are included through September 2020. The previous report included enrolled provider data through December 2020 and active provider data through June 2020.

Figure 3 shows the number of providers enrolled in the Medicaid program with a therapy provider or specialty type from December 2015 to March 2021. It also shows the number of “active” therapy providers in Medicaid with at least one billed service in a given month for a client less than 21 years old.⁸

The trajectories of enrolled and active providers appear to be impacted by different policy changes. The number of enrolled providers was relatively stable until the deadline for the ACA reenrollment requirement in February 2017, when the number of enrolled therapy providers decreased by 13 percent. Since then, the number of enrolled therapy providers has gradually rebounded by March 2021 to a level about nine percent above its 2017 peak.

The trend in enrollment after the ACA deadline varies by therapy provider type, as shown in Figure 4. After a 21 percent decrease following the ACA reenrollment deadline, home health agency enrollment has remained relatively flat. In contrast, independent therapists have not only rebounded but have surpassed their pre-February 2017 numbers.

Although monitoring enrolled providers allows HHSC to look at the most up-to-date provider data available, it does not indicate how many providers serve enrollees. Analyzing encounters offers a proxy for monitoring “active” providers, defined as billing for at least one encounter in a given period.

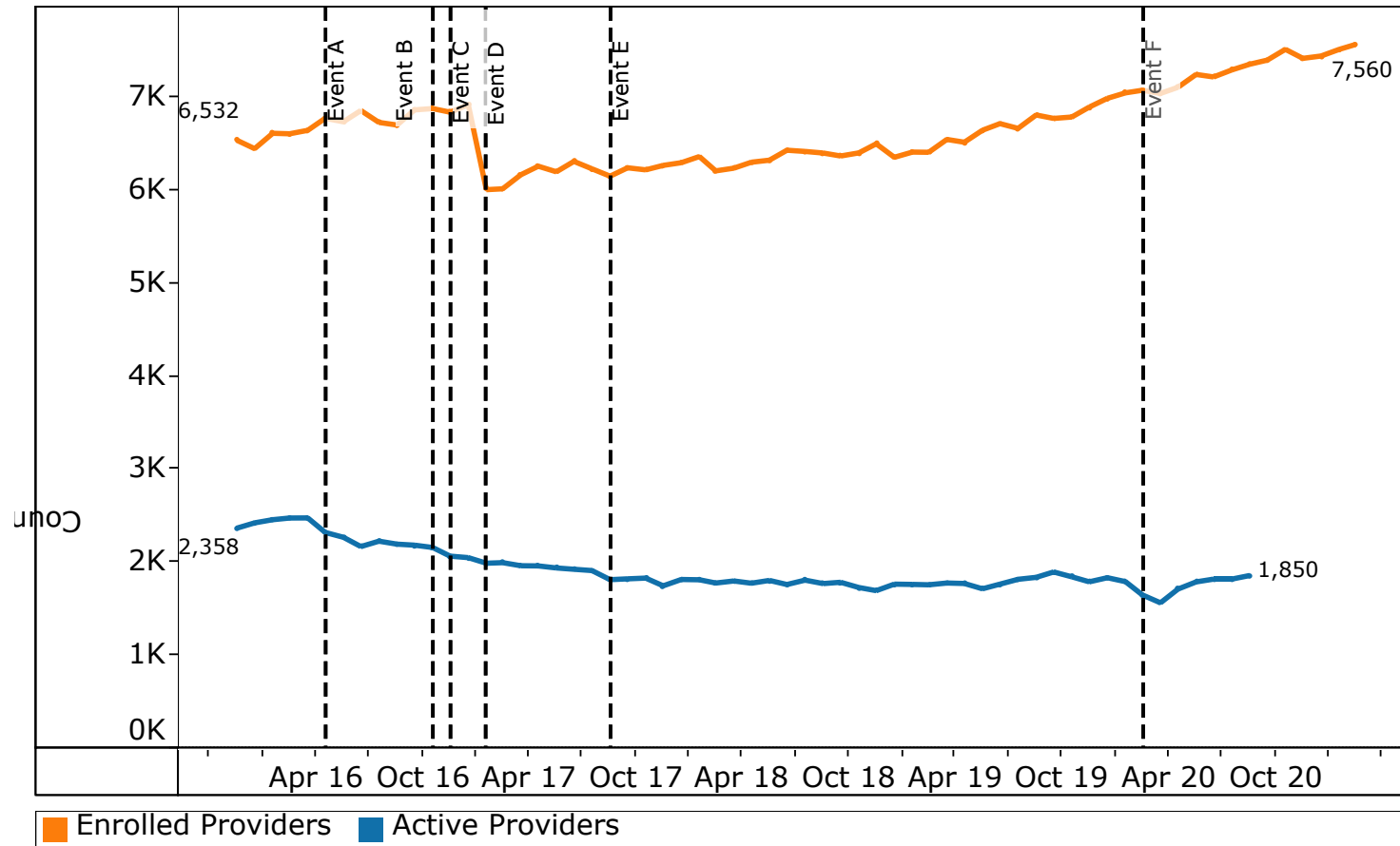
While the decrease in enrolled providers began with the deadline for reenrollment pursuant to the ACA, a decline in active providers began earlier, in May 2016, which corresponds to when therapy policy changes related to documentation and prior authorization were implemented. The number of active providers fell by 30 percent from April 2016 to December 2017. Other events that occurred during that time period, which may or may not have had additional impacts, include: the STAR Kids program implementation in November 2016, reimbursement rate changes in December 2016 and the deadline for provider reenrollment in February 2017. From

⁸ Due to differences in the availability of monthly data, the trend line in Figure 3 on enrolled providers includes six additional months of data compared to active providers.

December 2016 to December 2017, the number of active providers per month appears to stabilize at a lower level before dipping six percent from December 2017 to June 2019. From June 2019 through January 2020, the number of active providers increased by six percent. However, since then, active providers dropped 13 percent during March and April 2020 with the onset of the PHE but rebounded quickly by June 2020 and continued to increase through September 2020.

Figure 5 shows that the trend in active providers varies by therapy provider type. The trend of overall number of active therapy providers mainly reflects the number of active independent therapists. The trends of other provider types are relatively flat from March 2015 through January 2020. From January 2020 through March 2020, at the beginning of the PHE, the number of active providers fell across a range of therapy provider types, including a six percent decrease among independent therapists and a 41 percent decrease among hospital providers. From March 2020 through September 2020, the number of active providers across the different provider types has increased back to January 2020 levels.

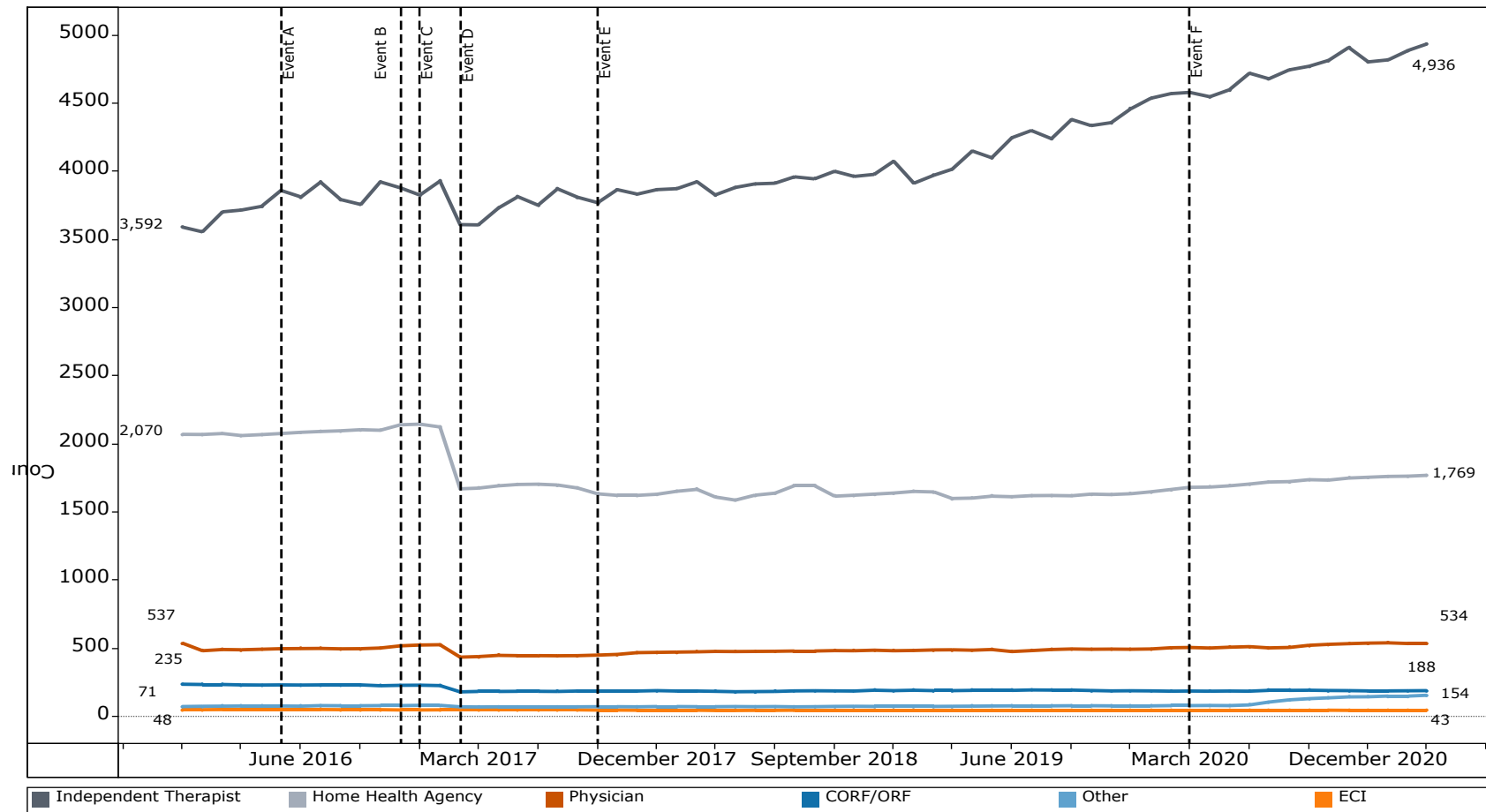
Figure 3: Enrolled Medicaid Therapy Providers, December 2015–March 2021 and Active Medicaid Therapy Providers, December 2015–September 2020



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

Note: September 2020 data are preliminary. Data prepared by Office of Data, Analytics, and Performance (DAP)/HHSC. Numbers and more details in Appendix B Supplemental Table S2.

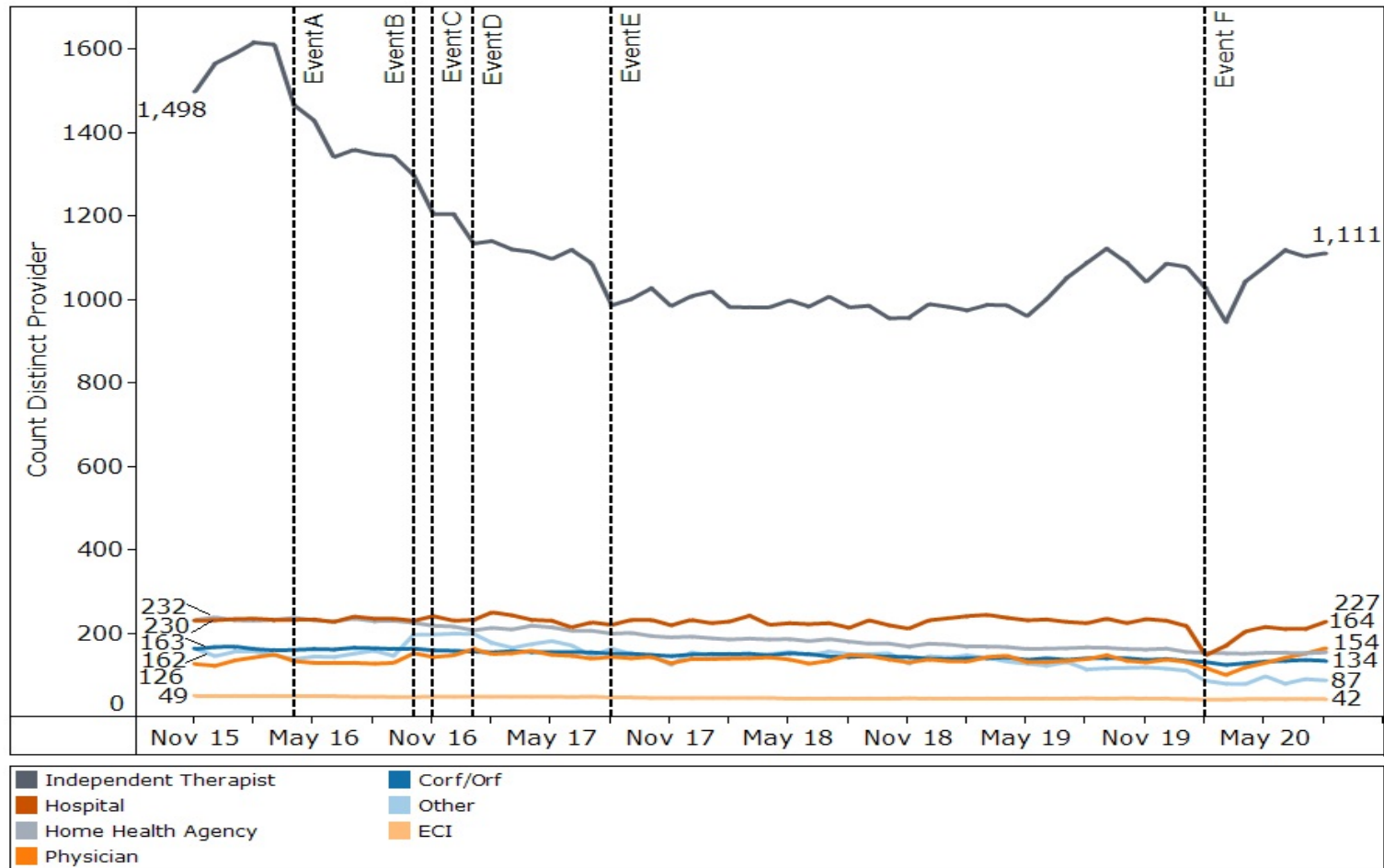
Figure 4: Enrolled Medicaid Therapists by Provider Type, December 2015–March 2021



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

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

Figure 5: Active Medicaid Therapists by Provider Type, December 2015–September 2020



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

Note: Data prepared by DAP/HHSC. Numbers and more details in Appendix B Supplemental Table S4. In addition, Supplemental Table S5 shows active Medicaid therapists by Service Area.

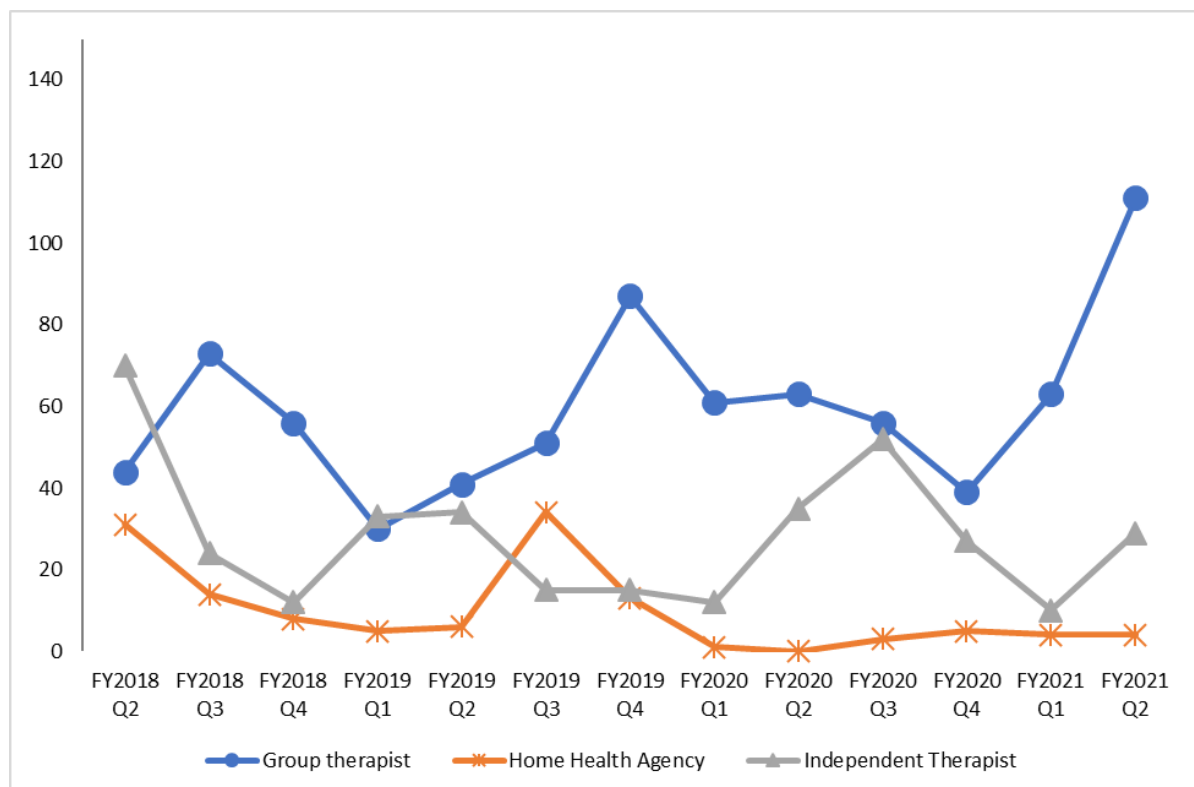
MCO Network Terminations of Therapy Providers

For this Quarterly report, data on terminated providers are included through February 2021. The previous report included data from through November 2020.

Each MCO recruits and contracts with its own 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 in Medicaid as a provider in another MCO network.

On average per month, MCOs reported 38.5 therapy provider terminations from March 2020 through February 2021 (total of 462). The terminations by provider type consisted of 58 percent for group therapists, 26 percent for independent therapists, three percent for therapists providing services through a home health agency, and 12 percent from other providers. As shown in Figure 6, quarterly trends for terminations across major therapy provider types tend to fluctuate, Group therapist terminations increased noticeably over the most recent two quarters and HHSC is researching potential causes for the increase.

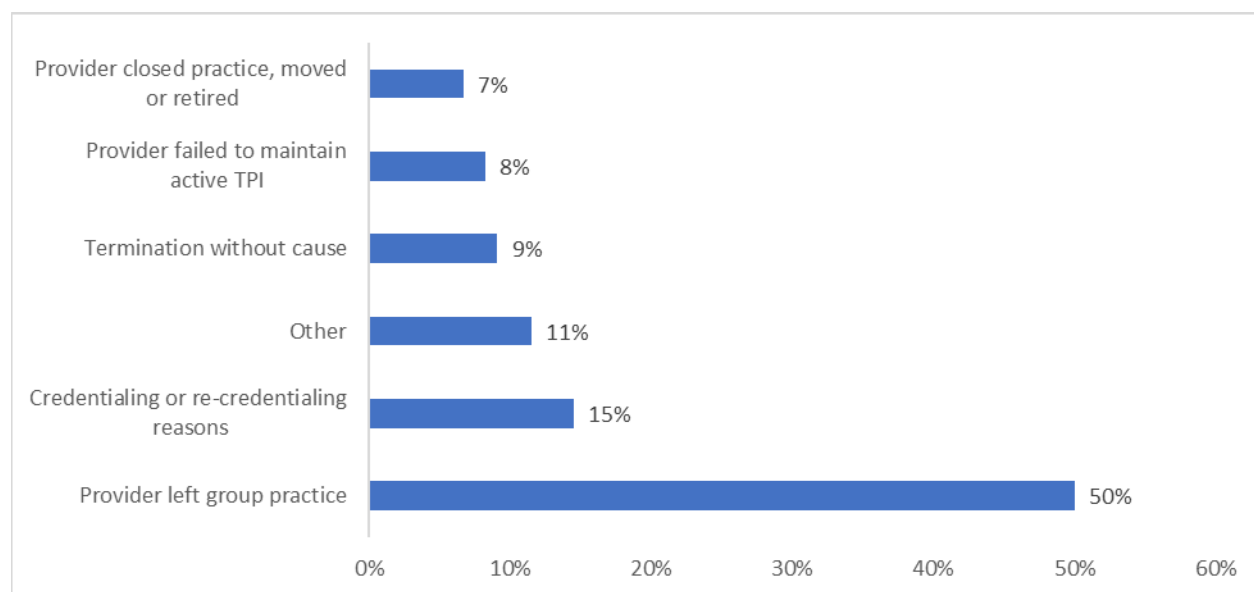
Figure 6: MCO Network Terminations by Therapy Provider Type, December 2017–February 2021



Note: MCO Network Termination data are from December 2017 through February 2021.

The reasons therapy providers terminate from MCO networks vary, but the most common reason involves individual providers leaving a group practice (50 percent). Other reasons included 15 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), nine percent related to termination of contract and eight percent for failure to maintain an active provider number. The groupings of termination reasons for the past year are listed in Figure 7.

Figure 7: MCO Network Termination Reasons, March 2020-February 2021



Provider Waiting Lists for Therapy Services

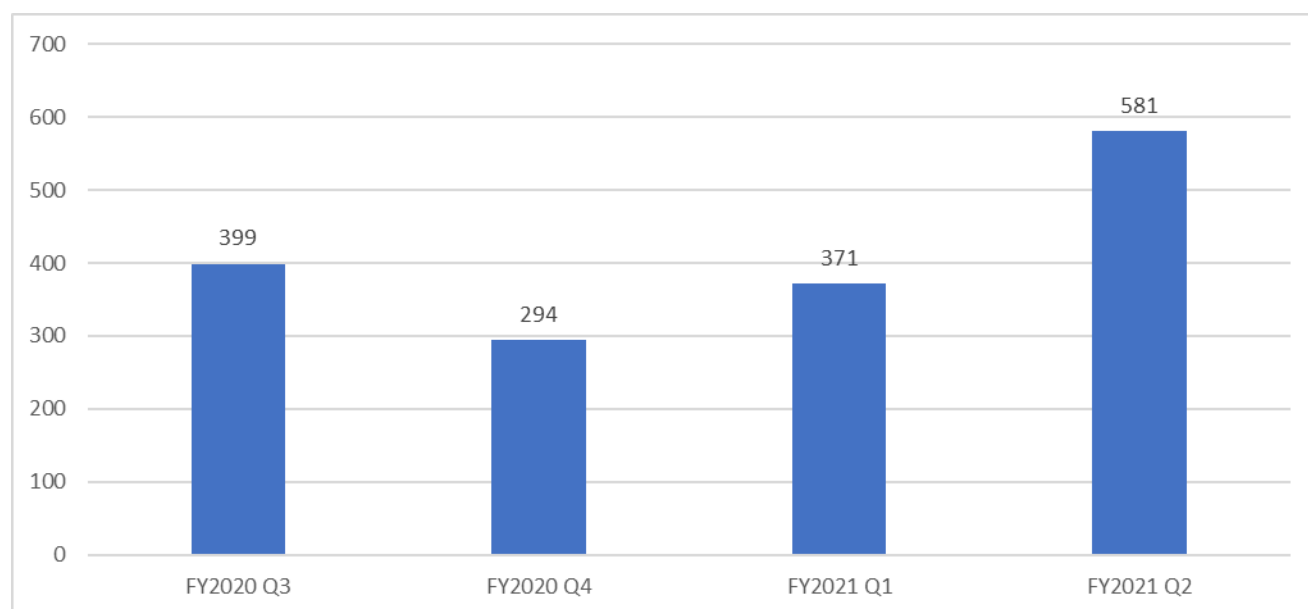
For this Quarterly report, data on provider waiting lists are through February 2021. The previous report included data through November 2020.

HHSC receives monthly reports on enrollees who are waiting for therapy services. The waiting list data collection process required by Rider 15 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 15, waiting list reports for each quarter 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 service area; 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 8 below shows the number of cases reported for each of the most recent four quarters of data. For context, the number of cases increased sharply in Quarter 4 of FY 2019, coinciding with an improvement in the data collection methodology. Beginning with that quarter, data collection was streamlined through HHSC rather than requiring providers to report waitlist data to each MCO separately. Since the change to this new process, through Quarter 4 of FY 2020, the number of quarterly waitlist cases declined steadily for four consecutive quarters. However, for the most recent two quarters, Quarters 1 and 2 of FY 2021, the number of waitlist cases increased compared to the previous quarter.

Figure 8: Number of Individuals Reported on a Waiting list, Current Cases by Quarter



For the most recent quarter (FY 2021 Q2, December 2020 through February 2021), 581 enrollees were reported as waiting for pediatric therapy services. These data were received from 21 providers and 12 MCOs. The majority of enrollees reported on a waiting list were from the Tarrant and Harris service areas. The Harris percentage increased from 20 percent to 33 percent and Tarrant decreased from 51 to 38 percent compared to last quarter.

By service area, the percentage of reported enrollees on a waiting list among enrollees on a waiting list statewide is as follows:

- Tarrant: 38 percent

- Harris: 33 percent
- Travis: 11 percent
- Dallas: six percent
- Bexar: four percent
- MRSA Northeast: three percent
- Other: five percent

Additional details for the waiting list data include:

- 53 percent enrolled in STAR (up from 42 percent in the previous quarter)
- 43 percent of individuals were enrolled in STAR Kids (down from 58 percent)
- 54 percent of individuals needed speech therapy, 20 percent needed occupational therapy, 12 percent needed physical therapy and 13 percent needed multiple therapies. *

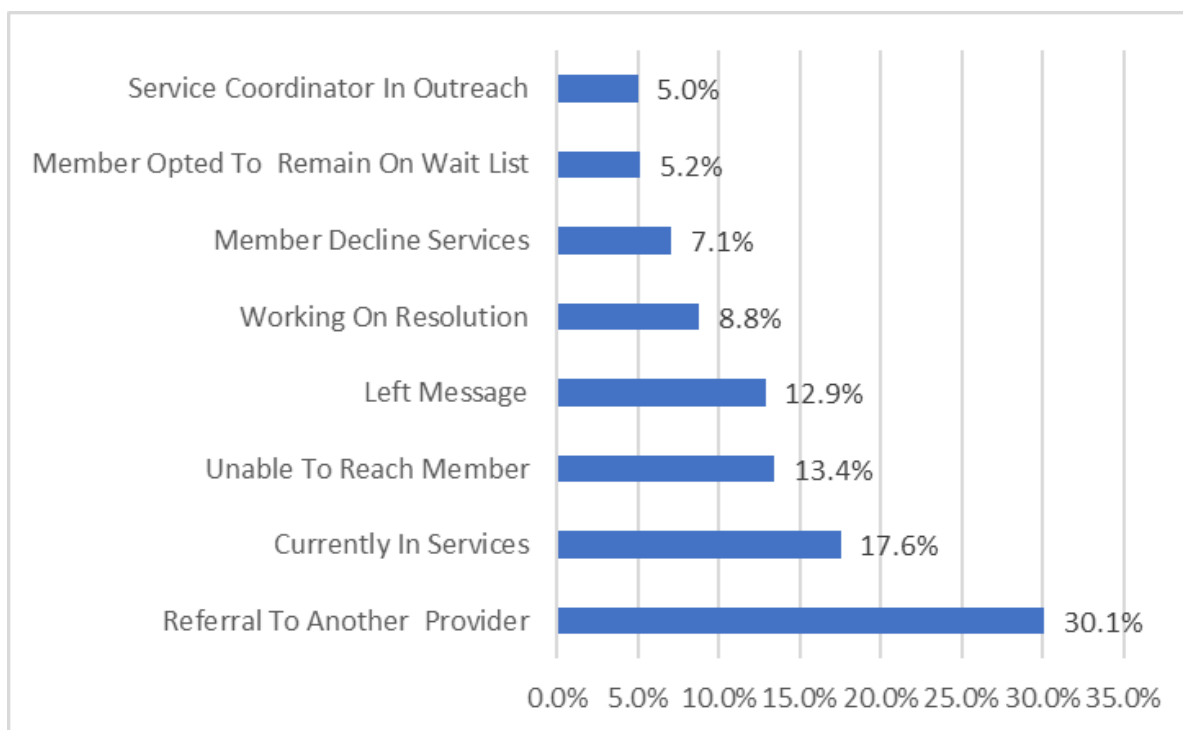
**Note: Due to rounding, totals may not exactly equal 100 percent.*

Figure 9 shows how MCOs resolved cases providers reported as on a waiting list for pediatric therapy services during FY 2021 Quarter 2. When a provider reports a member on a waiting list, the member's MCO has an opportunity to review the case and assist the member with accessing services, including by identifying an alternative therapy provider. Resolutions reported for this process by MCOs for the most recent quarter include:

- 48 percent were referred to another provider or the member was reported as currently in services;
- five percent opted to remain on an individual provider's waiting list;
- seven percent declined services (one fifth of these due to the PHE); and
- for approximately 26 percent, MCOs were unable to reach the member or left an unreturned message.
- MCOs are working on a resolution for nine percent of the waiting list cases with another five percent receiving outreach from a service coordinator.

The percentage of members referred to another provider or currently in service increased six percentage points this quarter. While MCOs generally did not cite the PHE as a barrier to members receiving services this quarter, its continuing impact on members' access to care is still under review.

Figure 9: Resolutions for Individuals Placed on Waiting lists during FY 2021 Quarter 2



Note: Data complete from December 2020 through February 2021. Many smaller categories were grouped into broader categories.

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

For this Quarterly report, utilization data on provider waiting lists are for June 2020 through August 2020. The previous report included data from March 2020 through May 2020.

To help assess the resolution of waitlist cases, HHSC is tracking three months of member utilization data for all individuals first reported on a waitlist during the quarter. Table 4 summarizes these results by MCO service area for June 2020 through August 2020. Please note that quarterly service data used for this analysis require additional time to collect and thus run two quarters behind other waitlist data 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.⁹

⁹ 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.

Results shown in Table 4 indicate that well over half (61 percent) of the individuals newly reported on a waitlist received a therapy service within three months of the initial report to an MCO. This number is an improvement compared to results for the previous quarter (March 2020 through May 2020). Performance varies across the state.

Table 4: Newly Reported Waitlist Clients Receiving a Therapy Service Within Three Months of Report, by MCO Service Area, SFY 2020 Quarter 4

Service Area	Clients on Waitlist	# Ineligible or Left MCO**	Quarterly Waitlist Cohort	# Receiving Service	% Receiving Service
Harris	34	2	32	22	69%
Dallas/Tarrant	82	2	80	46	58%
MRSAs*	3	0	3	2	67%
Travis	1	0	1	0	0%
Jefferson	1	0	1	1	100%
Total	121	4	117	71	61%

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

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

Therapy Providers Not Accepting New Enrollees

For this Quarterly report, data are through February 2021. The previous report included data through November 2020.

From December 2020 through February 2021, one MCO reported that four therapy providers were not accepting new enrollees, the same as for the previous quarter.

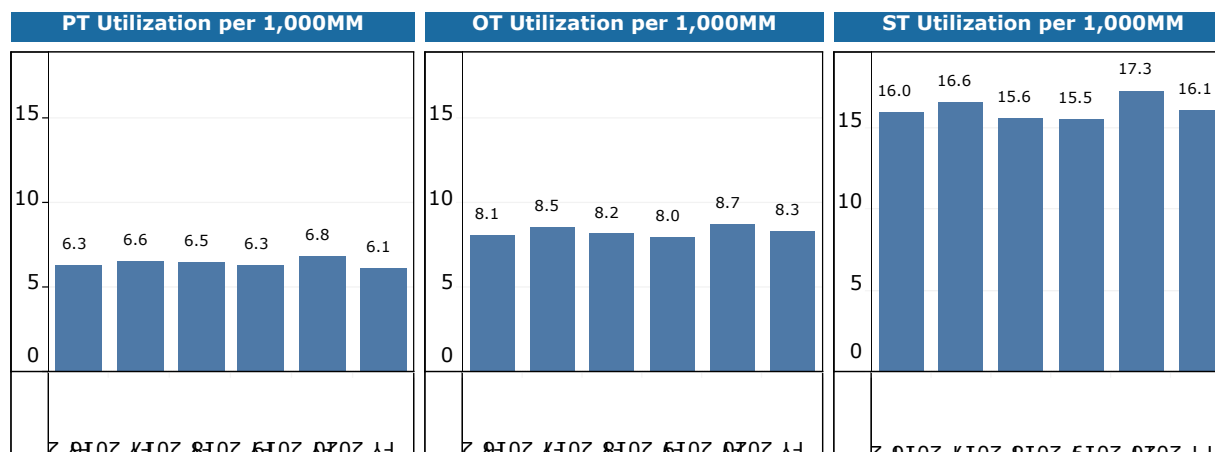
Utilization of Therapy Services

For this Quarterly report, utilization data are through September 2020. The previous report included data through June 2020.

Figure 10 below shows, by therapy discipline, the six-year trend in utilization rates for individuals under 21 years old. These 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. For example, in FY 2020, on average, approximately 16 Medicaid enrollees under 21 years old received at least one speech therapy service per month for every 1,000 persons under 21 years old enrolled in the Medicaid program. Please note that for Figures 10, 11, and 12 the data are eight months old to ensure that encounter data has had enough time to stabilize.

Generally, in FY 2016, average utilization rates for pediatric therapy services increased compared to prior years, before declining in FY 2017 after the introduction of Medicaid therapy policy changes. Speech therapy utilization declined by six percent between 2016 and 2017 and is the only type that fell noticeably below its historical rate for the years prior to 2016. As of the end of FY 2019, utilization rates for all therapy types had rebounded to exceed their peak levels for the past five years. However, during the PHE, overall utilization rates have dropped in FY 2020. Table S1 in Appendix B shows the average monthly service utilization rate for FY 2018 through September 2020 by therapy type and service area.

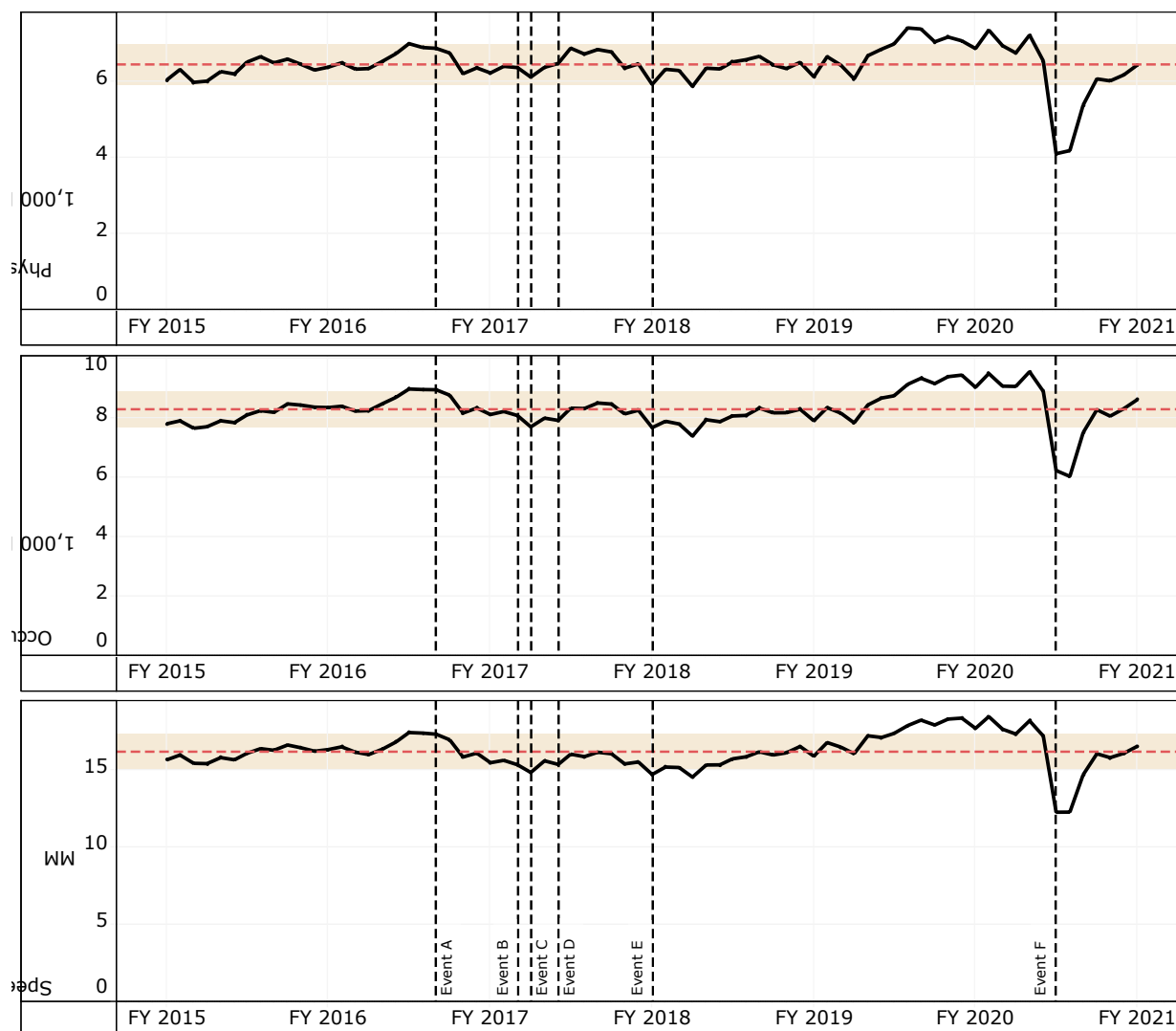
Figure 10: Utilization by Therapy Type



Note: FY2020 includes data through September 2020. Data include FFS and Medicaid Managed Care clients who are under the age of 21. School Health and Related Services (SHARS) data excluded. Data prepared by DAP/HHSC. Numbers and more details in Appendix B Supplemental Table S6.

Figure 11 shows the utilization trends at a more detailed level, by month. Markers highlight program changes with potential impact on utilization rates. The figure shows an increase in utilization for all three therapy types immediately prior to the implementation of Medicaid policy changes for therapy services in May 2016. The rate quickly declined upon enactment of the policy changes. For physical and occupational therapy, the rate settled at a level consistent with the long term average trend and has generally stayed in that range, with some transitory fluctuations. However, for speech therapy, the rate declined and remained below its long-term average for nearly two-years before recovering. Due to the PHE in 2020, utilization rates in March 2020 dropped significantly below the long-term trend for all three services. The physical therapy utilization rate dropped 44 percent from January to March 2020 and the speech and occupational therapy rates both dropped more than 30 percent. However, after this initial decline, utilization rates are rebounding quickly and had made up most of their lost ground as of September 2020.

Figure 11: Trend in the Numbers of Persons <21 years old who Received Therapy Services per 1,000 Persons Enrolled in Texas Medicaid



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

Note: Red dash line displays average utilization. Shadow area displays one standard deviation above and below the mean. September 2020 data are preliminary. Data include FFS and 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 S7.

STAR Kids Utilization Rates

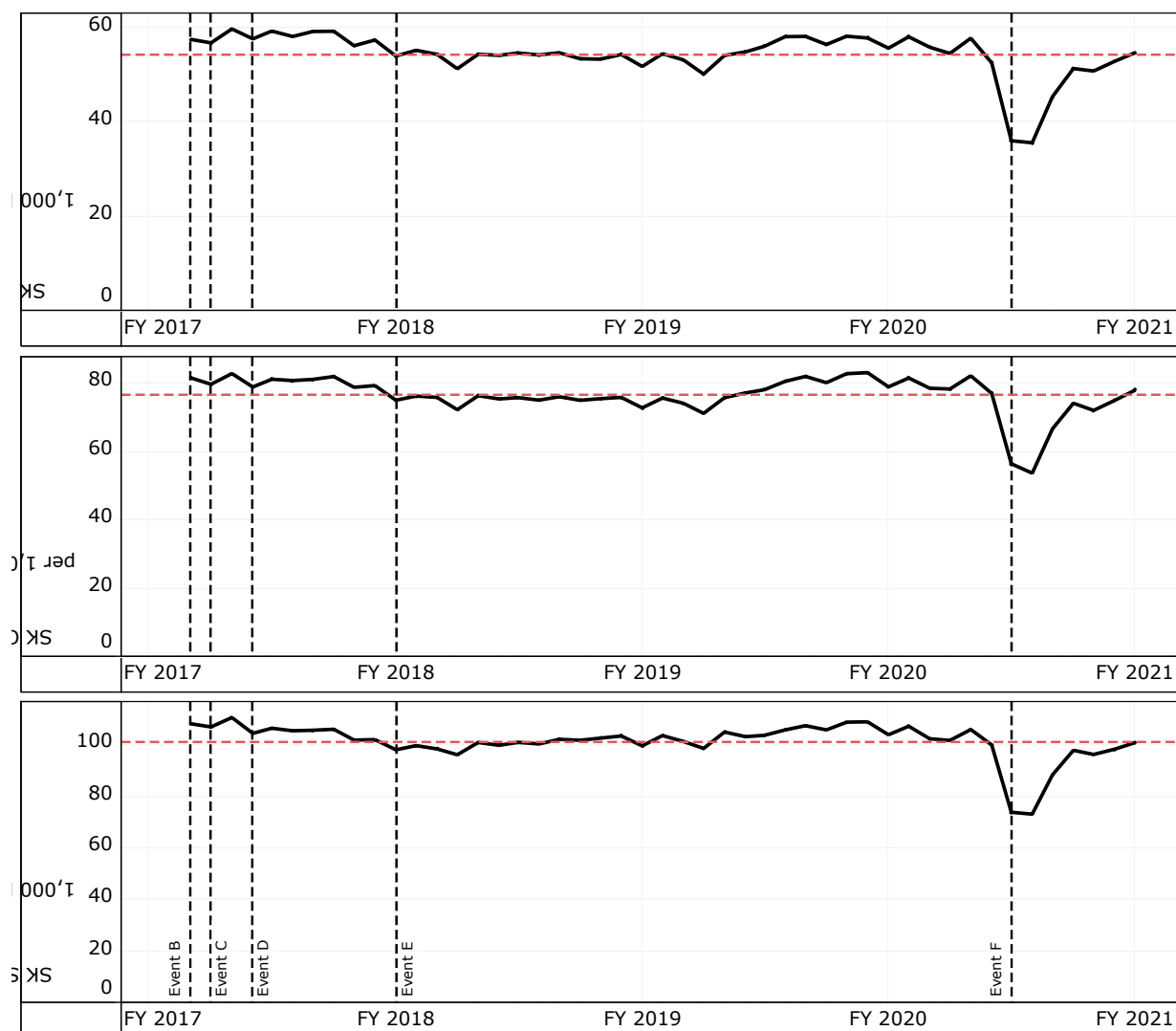
For this Quarterly report, STAR Kids utilization data are through September 2020. The previous report included data through June 2020.

Figure 12 shows utilization trends for STAR Kids therapies. From June 2017 to September 2017, the rate of enrollees in STAR Kids receiving speech therapy per 1,000 members per month decreased eight percent. Similarly, both physical and occupational therapy utilization rates decreased nine percent. Since then, from September 2017 through January 2020 utilization rates have fluctuated modestly but appear to remain on their average long-term trend. For STAR and STAR Health, as figure 13 shows, utilization rates for speech, physical and occupational therapy increased from January 2019 through January 2020.

The PHE has had a significant impact on therapy utilization in 2020. For STAR, STAR Health and STAR Kids, therapy utilization rates fell at least 30 percent from January to March 2020. However, since then, therapy utilization rates are moving back towards their previous levels as of September 2020.

For 2017, the timing of the decrease in STAR Kids therapies correlates with the end of a temporary HHSC policy extending existing prior authorizations for clients transitioning to STAR Kids from FFS. When clients in FFS transitioned to STAR Kids, the end date for their prior authorizations that were active on the transition date were extended to ensure continuity of care. These extended authorizations ended in late spring 2017.

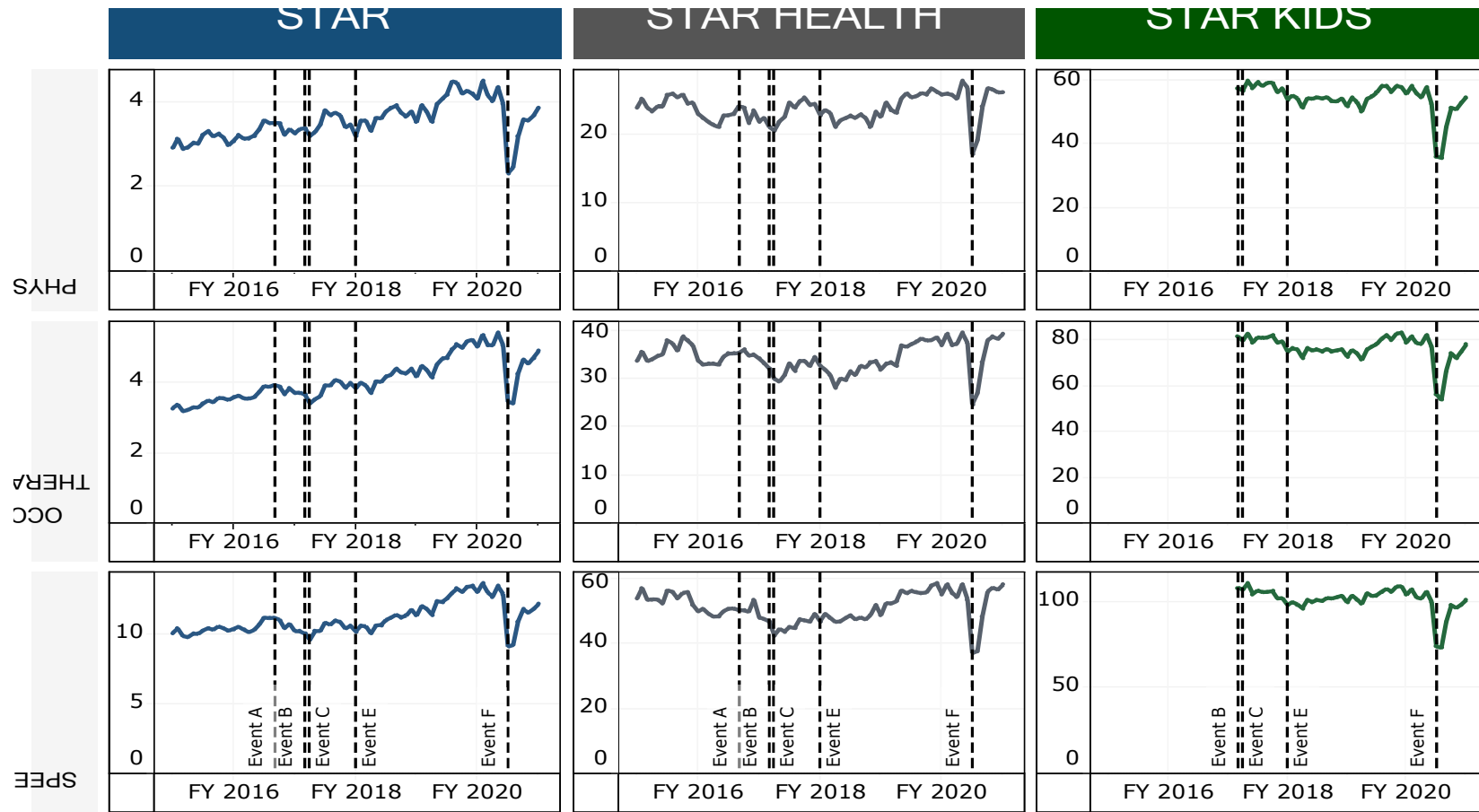
Figure 12: Trend in the Numbers of Persons <21 who Received Therapy Services per 1,000 Persons Enrolled in Texas Medicaid, STAR Kids Program Only



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

Note: September 2020 data are preliminary. Data include FFS and 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.

Figure 13: Trend in the Numbers of Persons <21 who Received Therapy Services per 1,000 Persons 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 - COVID-19 PHE Declared National Emergency Mar 2020.

Note: September 2020 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 15 requirements, HHSC has implemented a comprehensive data collection process for monitoring access to physical, occupational, and speech therapy services. The purpose of this data collection is to detect potential signs of systemic issues with access to pediatric therapy services.

The beginning of the PHE decreased therapy service utilization rates for children in FY 2020. From January to March 2020, the physical therapy utilization rate dropped 44 percent. Speech and occupational therapy utilization rates both dropped more than 30 percent. The decrease occurred across the STAR, STAR Health, and STAR Kids programs. However, utilization is recovering quickly. From March 2020 to September 2020, utilization rates for different therapy types bounced back more than 40 percent on average.

Prior to the PHE, the rate at which children receive a therapy service had remained near long-term historical trends, as measured from 2014, with volatility in the rate just prior to (upward) and for about two years after (mostly downward) May 2016. HHSC began implementing therapy policy initiatives in May 2016 and rolled out the STAR Kids program in November 2016. The utilization rates for physical, occupational, and speech therapy for STAR and STAR Health began increasing in January 2019.

During this same period, changes in therapy provider participation are also apparent. First, the overall number of Medicaid-enrolled therapy providers declined in early 2017, primarily due to the federal requirement for all Medicaid providers to reenroll by February 2017 or be disenrolled from the program. However, since that time, provider enrollment levels have recovered and surpassed their February 2017 level. A decline in active providers began in May 2016, when therapy policy changes related to documentation and prior authorization were implemented. By June 2019, the number of providers active each month had decreased by 31 percent. Since then, the number of active providers started on an upward track, increasing by roughly six percent by January 2020. Due to the PHE, during March and April 2020, the number of active providers fell by 13 percent but had recovered to the pre-PHE level as of September 2020. The trend for active therapy providers mainly reflects changes in the number of active independent therapists. Among the different therapy provider types, independent therapists decreased six percent, while active hospital providers dropped more than 40 percent in March 2020. From March 2020

through September 2020, the number of active providers across different types all came back close to the level of January 2020. Recent legislative actions (HHSC Rider 47) to increase rates for therapy providers may lead to improvement in provider enrollment and activity.

Finally, the number of member and provider complaints relating to pediatric therapy services remains low relative to the number of individuals receiving services each month.

To ensure access to and appropriate utilization of medically necessary services, HHSC strengthened its clinical oversight, including therapy services. HHSC has hired five therapists (two speech therapists, two physical therapists and one occupational therapist) for utilization reviews with a focus on the medical necessity of speech, physical and occupational therapy services in readiness, operational and targeted reviews in the STAR, STAR+PLUS, STAR Kids and STAR Health programs.

Certain aspects of the data collection process for Quarterly Therapy Access Monitoring Reports, namely waiting list information and providers with closed panels, are challenging. HHSC continues to improve its processes to 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.
- Performing quality assurance of the MCO reported data and addressing any identified issues.
- Continued data quality checks on data received from MCOs.

The 87th Legislature directed HHSC to continue its pediatric therapy monitoring in the 2022–23 biennium. However, the reporting frequency will change to semi-annually.

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
COVID-19	Coronavirus disease of 2019 (novel coronavirus SARS-CoV2)
DAP	Office of Data, Analytics, and Performance
ECI	Early Childhood Intervention
FFS	Fee-for-Service
HB	House Bill
HHS	Health and Human Services
HHSC	Health and Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act
MCO	Managed Care Organization
OT	Occupational Therapy
PTOTST	Physical Therapy, Occupational Therapy, and Speech Therapy
PHE	Public Health Emergency
PT	Physical Therapy
S.B.	Senate Bill

Acronym	Full Name
SA	Service Area
SHARS	School Health and Related Services
ST	Speech Therapy
STAR	State of Texas Access Reform

Appendix A. 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.

Month/Year	Activity
June-July 2019	HHSC communicated to MCOs and therapy provider associations, as well as instructed TMHP to post a banner message, on the option for providers to directly report waiting list information to HHSC.

Appendix B. Supplemental Tables

Table S1: Average Therapy Services Utilization per 1,000 Member Months by Therapy Type and service area for state fiscal years 2018, 2019, and 2020

Service Area	Fiscal Year	PT	OT	ST
Bexar	FY2018	8.4	9.4	19.0
	FY2019	8.2	9.5	19.4
	FY2020	7.3	9.2	17.8
Dallas	FY2018	5.2	5.6	15.0
	FY2019	5.5	6.3	17.0
	FY2020	5.3	6.2	16.1
El Paso	FY2018	7.6	9.1	20.0
	FY2019	8.0	11.0	22.8
	FY2020	7.7	10.4	20.2
Harris	FY2018	6.0	6.9	13.2
	FY2019	7.0	7.5	14.9
	FY2020	6.0	6.6	13.3
Hidalgo	FY2018	7.2	17.2	29.1
	FY2019	7.3	18.4	31.4
	FY2020	6.7	18.2	30.9
Jefferson	FY2018	4.0	3.7	8.4
	FY2019	4.2	4.6	10.6
	FY2020	3.6	5.1	10.8
Lubbock	FY2018	8.0	9.1	16.9
	FY2019	9.0	10.2	19.3
	FY2020	8.1	9.2	17.3
MRSA Central	FY2018	6.0	6.9	12.7
	FY2019	6.7	7.7	14.0
	FY2020	6.4	7.7	13.3

Service Area	Fiscal Year	PT	OT	ST
MRSA Northeast	FY2018	5.8	6.9	11.1
	FY2019	6.1	7.2	13.0
	FY2020	5.2	6.3	11.4
MRSA West	FY2018	6.3	4.6	10.1
	FY2019	6.8	5.1	11.1
	FY2020	5.5	4.2	9.6
Nueces	FY2018	5.4	5.6	10.8
	FY2019	5.9	5.9	13.1
	FY2020	6.1	6.5	13.8
Statewide - STAR Health	FY2018	22.5	31.4	48.1
	FY2019	25.1	36.0	54.8
	FY2020	24.7	35.6	52.3
Tarrant	FY2018	5.7	5.0	11.4
	FY2019	6.3	5.9	14.0
	FY2020	5.9	6.2	14.1
Travis	FY2018	8.7	9.1	18.1
	FY2019	9.0	10.2	19.1
	FY2020	8.2	9.9	17.9

Notes:

1. Data include Medicaid Managed Care clients who are under the age of 21. SHARS data excluded.
2. For STAR Health clients, the SA equals Statewide - STAR Health. Otherwise, the SA is based on the Medicaid Program (STAR, STAR+PLUS, or STAR Kids).
3. Data sources, DAP/HHSC. 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.

Table S2: Numbers of Actively Billing Medicaid Providers, December 2015–September 2020 and Enrolled Medicaid Therapy Providers, December 2015–March 2021

Date	Actively Billing Providers	Enrolled Providers
December 2015	2,358	6,532
January 2016	2,416	6,440
February 2016	2,450	6,605
March 2016	2,468	6,600
April 2016	2,469	6,637
May 2016	2,313	6,767
June 2016	2,261	6,729
July 2016	2,161	6,850
August 2016	2,219	6,722
September 2016	2,187	6,694
October 2016	2,176	6,857
November 2016	2,151	6,871
December 2016	2,058	6,832
January 2017	2,042	6,913
February 2017	1,982	5,999
March 2017	1,988	6,008
April 2017	1,955	6,159

Date	Actively Billing Providers	Enrolled Providers
May 2017	1,953	6,251
June 2017	1,931	6,191
July 2017	1,917	6,303
August 2017	1,903	6,223
September 2017	1,805	6,144
October 2017	1,814	6,234
November 2017	1,822	6,212
December 2017	1,739	6,260
January 2018	1,807	6,289
February 2018	1,804	6,355
March 2018	1,769	6,201
April 2018	1,791	6,230
May 2018	1,767	6,294
June 2018	1,797	6,316
July 2018	1,753	6,423
August 2018	1,800	6,410
September 2018	1,763	6,393
October 2018	1,777	6,361
November 2018	1,721	6,394

Date	Actively Billing Providers	Enrolled Providers
December 2018	1,687	6,492
January 2019	1,757	6,347
February 2019	1,754	6,403
March 2019	1,750	6,401
April 2019	1,769	6,539
May 2019	1,764	6,509
June 2019	1,707	6,638
July 2019	1,757	6,709
August 2019	1,809	6,658
September 2019	1,830	6,802
October 2019	1,888	6,765
November 2019	1,836	6,780
December 2019	1,782	6,887
January 2020	1,826	6,981
February 2020	1,784	7,040
March 2020	1,641	7,068
April 2020	1,556	7,034
May 2020	1,704	7,100
June 2020	1,781	7,238

Date	Actively Billing Providers	Enrolled Providers
July 2020	1,811	7,211
August 2020	1,811	7,286
*September 2020	1,850	7,348
October 2020		7,392
November 2020		7,508
December 2020		7,411
January 2021		7,436
February 2021		7,507
March 2021		7,560

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. *September 2020 data for "Actively Billing Providers" are preliminary since encounters generally require eight months before being considered final.
3. 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.
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 S3: Numbers of Enrolled Medicaid Therapists by Provider Type, December 2015–March 2021

Month	CORF/ ORF	ECI	Home Health Agency	Independent Therapist	Other	Physician
December 2015	235	48	2,070	3,592	71	537
January 2016	233	48	2,069	3,557	73	481
February 2016	233	49	2,076	3,704	74	490
March 2016	230	49	2,061	3,717	75	488
April 2016	229	49	2,068	3,744	75	492
May 2016	230	49	2,076	3,861	75	496
June 2016	229	49	2,085	3,813	74	497
July 2016	230	49	2,091	3,922	78	498
August 2016	230	48	2,096	3,794	77	495
September 2016	230	48	2,104	3,758	77	496
October 2016	224	48	2,100	3,924	78	501
November 2016	227	46	2,140	3,880	78	517
December 2016	228	46	2,145	3,827	80	523
January 2017	225	47	2,124	3,930	80	525
February 2017	179	47	1,670	3,610	69	434
March 2017	182	47	1,675	3,608	68	438
April 2017	182	47	1,692	3,732	69	447
May 2017	183	47	1,702	3,815	69	445
June 2017	183	47	1,704	3,753	69	445
July 2017	182	47	1,698	3,873	69	444
August 2017	185	47	1,676	3,811	69	445
September 2017	185	45	1,633	3,771	70	449
October 2017	185	45	1,622	3,867	70	454

Month	CORF/ ORF	ECI	Home Health Agency	Independent Therapist	Other	Physician
November 2017	185	44	1,622	3,834	69	467
December 2017	188	44	1,630	3,867	71	469
January 2018	185	44	1,652	3,874	71	471
February 2018	185	44	1,666	3,925	70	473
March 2018	183	42	1,610	3,828	70	476
April 2018	180	42	1,587	3,883	71	475
May 2018	181	43	1,623	3,909	70	476
June 2018	182	43	1,638	3,914	71	477
July 2018	186	44	1,693	3,961	69	479
August 2018	187	44	1,693	3,946	70	479
September 2018	186	44	1,616	4,002	72	482
October 2018	185	44	1,623	3,964	73	481
November 2018	191	44	1,631	3,979	72	485
December 2018	188	44	1,639	4,076	72	481
January 2019	191	44	1,651	3,914	72	483
February 2019	188	44	1,647	3,973	72	487
March 2019	188	44	1,599	4,017	73	488
April 2019	190	44	1,602	4,151	74	485
May 2019	190	44	1,616	4,101	75	490
June 2019	190	44	1,612	4,248	76	475
July 2019	193	44	1,620	4,301	76	482
August 2019	192	44	1,621	4,241	76	490
September 2019	192	44	1,619	4,382	77	494
October 2019	189	44	1,631	4,337	77	492

Month	CORF/ ORF	ECI	Home Health Agency	Independent Therapist	Other	Physician
November 2019	186	44	1,628	4,359	76	493
December 2019	187	44	1,634	4,460	76	492
January 2020	186	44	1,648	4,538	76	494
February 2020	184	44	1,665	4,572	78	503
March 2020	185	44	1,681	4,581	78	505
April 2020	184	44	1,683	4,549	79	501
May 2020	185	44	1,692	4,600	78	507
June 2020	184	44	1,705	4,722	83	511
July 2020	190	44	1,720	4,681	104	502
August 2020	190	44	1,723	4,746	120	505
September 2020	191	44	1,737	4,773	129	521
October 2020	189	44	1,734	4,816	135	528
November 2020	188	43	1,749	4,911	142	533
December 2020	186	43	1,755	4,805	143	537
January 2021	186	43	1,761	4,820	148	539
February 2021	187	43	1,763	4,890	148	534
March 2021	188	43	1,769	4,936	154	534

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 - COVID-19 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 S4: Numbers of Active Medicaid Therapists by Provider Type, December 2015–September 2020

Date	CORF/ ORF	ECI	Home Health Agency	Hospital	Independent Therapist	Other	Physician
December 2015	162	49	232	230	1,498	163	126
January 2016	167	49	238	231	1,566	145	122
February 2016	168	49	231	234	1,590	156	135
March 2016	162	49	230	235	1,616	156	142
April 2016	159	49	232	232	1,611	147	149
May 2016	160	49	237	232	1,466	138	133
June 2016	162	49	231	233	1,429	144	129
July 2016	161	49	228	227	1,341	143	129
August 2016	165	48	235	240	1,359	151	129
September 2016	164	48	229	235	1,348	158	127
October 2016	162	47	230	235	1,344	146	129
November 2016	163	47	225	230	1,298	197	152
December 2016	159	48	218	241	1,205	197	143
January 2017	158	48	216	230	1,205	199	147
February 2017	156	48	207	232	1,134	198	162
March 2017	154	48	213	250	1,140	177	150
April 2017	157	48	209	243	1,120	165	152
May 2017	155	48	218	232	1,114	174	158
June 2017	155	48	214	230	1,097	181	148
July 2017	155	47	206	214	1,119	171	146
August 2017	154	48	206	226	1,087	146	139

Date	CORF/ ORF	ECI	Home Health Agency	Hospital	Independent Therapist	Other	Physician
September 2017	151	46	199	220	986	163	143
October 2017	151	46	201	232	1,001	150	140
November 2017	148	45	193	232	1,027	146	143
December 2017	145	45	190	219	984	124	128
January 2018	149	45	192	232	1,008	154	138
February 2018	150	45	188	224	1,019	147	138
March 2018	150	45	185	228	982	147	139
April 2018	151	45	187	242	981	145	140
May 2018	147	45	185	220	981	150	142
June 2018	152	43	186	224	998	155	137
July 2018	150	43	181	222	983	147	127
August 2018	144	43	186	224	1,007	156	134
September 2018	143	43	180	213	981	150	148
October 2018	145	43	175	231	985	150	145
November 2018	144	43	175	219	955	152	137
December 2018	143	44	168	211	956	127	130
January 2019	139	43	175	231	989	145	137
February 2019	138	43	173	236	982	142	133
March 2019	140	43	168	241	974	147	132
April 2019	140	43	168	244	987	141	143
May 2019	142	43	167	237	986	132	146
June 2019	136	43	162	231	960	127	131

Date	CORF/ ORF	ECI	Home Health Agency	Hospital	Independent Therapist	Other	Physician
July 2019	140	43	163	233	1,001	122	131
August 2019	136	43	164	227	1,052	131	134
September 2019	140	44	166	224	1,088	113	138
October 2019	140	43	165	235	1,122	116	147
November 2019	140	44	162	224	1,088	117	134
December 2019	136	43	161	234	1,042	118	130
January 2020	138	43	163	230	1,086	115	137
February 2020	134	42	155	217	1,078	110	131
March 2020	131	41	153	147	1,027	86	117
April 2020	124	41	152	170	946	79	100
May 2020	128	42	151	204	1,043	78	118
June 2020	132	42	153	215	1,080	97	129
July 2020	134	42	153	210	1,118	79	141
August 2020	136	42	152	210	1,103	90	151
September 2020	134	42	154	227	1,111	87	164

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 - COVID-19 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 S5: Numbers of Active Medicaid Therapists by Service Area, April 2016–September 2020

Service Area	2016	2017	2018	2019	2020
Bexar	443	386	325	275	229
Dallas	439	416	361	372	373
El Paso	137	119	126	137	170
Harris	683	624	500	492	487
Hidalgo	671	649	584	535	499
Jefferson	191	183	157	179	167
Lubbock	155	170	129	111	115
MRSA Central	393	439	408	488	469
MRSA Northeast	288	326	293	253	239
MRSA West	463	394	330	322	298
Nueces	184	142	125	127	126
Statewide - STAR Health	513	813	730	699	649
Tarrant	362	333	301	337	350
Travis	424	451	426	496	478

Note: Policy Changes, May 2016; STAR Kids Rollout, Nov 2016; Rate Changes, Dec 2016; Partial Rate Restoration, Sep 2017; First Therapy Assistant Rate Reduction, Dec 2017; Second Therapy Assistant Rate Reduction, Sep 2018; COVID-19 PHE Declared National Emergency, Mar 2020.

Table S6: Utilization by Therapy Type per State Fiscal Year (per 1,000 individuals enrolled in Medicaid), FY 2015-FY 2020

Therapy Type	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
PT	6.3	6.6	6.5	6.3	6.8	6.1
OT	8.1	8.5	8.2	8.0	8.7	8.3
ST	16.0	16.6	15.6	15.5	17.3	16.1

Notes:

1. Data include FFS and Medicaid Managed Care clients who are under the age of 21. SHARS data excluded.
2. 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 S7: Numbers of Persons <21 years old who Received Therapy Services (per 1,000 Individuals Enrolled in Texas Medicaid), September 2014-September 2020

Therapy Type	PT	OT	ST
September 2014	6.0	7.8	15.6
October 2014	6.3	7.9	15.9
November 2014	6.0	7.7	15.4
December 2014	6.0	7.7	15.4
January 2015	6.3	7.9	15.8
February 2015	6.2	7.8	15.6
March 2015	6.5	8.1	16.0
April 2015	6.7	8.2	16.4
May 2015	6.5	8.2	16.2
June 2015	6.6	8.5	16.6
July 2015	6.5	8.4	16.4
August 2015	6.3	8.4	16.2
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	9.0	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

Therapy Type	PT	OT	ST
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	6.3	7.9	15.3
February 2018	6.3	7.9	15.3
March 2018	6.5	8.1	15.7
April 2018	6.6	8.1	15.8
May 2018	6.7	8.3	16.1
June 2018	6.4	8.2	15.9
July 2018	6.3	8.2	16.1
August 2018	6.5	8.3	16.5
September 2018	6.1	7.9	15.9
October 2018	6.7	8.3	16.7
November 2018	6.4	8.2	16.5
December 2018	6.1	7.8	16.0
January 2019	6.7	8.4	17.2
February 2019	6.8	8.7	17.1

Therapy Type	PT	OT	ST
March 2019	7.0	8.7	17.3
April 2019	7.4	9.1	17.8
May 2019	7.4	9.3	18.2
June 2019	7.0	9.2	17.9
July 2019	7.2	9.4	18.3
August 2019	7.1	9.4	18.3
September 2019	6.9	9.0	17.7
October 2019	7.4	9.5	18.4
November 2019	6.9	9.1	17.6
December 2019	6.7	9.1	17.3
January 2020	7.2	9.6	18.2
February 2020	6.5	8.9	17.2
March 2020	4.1	6.2	12.2
April 2020	4.2	6.0	12.2
May 2020	5.4	7.5	14.7
June 2020	6.1	8.3	16.0
July 2020	6.0	8.1	15.8
August 2020	6.2	8.3	16.1
*September 2020	6.4	8.6	16.5

Notes:

1. Policy Changes, May 2016; STAR Kids Rollout, Nov. 2016; Therapy Rate Changes, Dec. 2016; ACA Deadline, Feb. 2017; *Coronavirus Declared National Emergency, Mar 2020.*
2. *September 2020 data are preliminary.
3. Data include 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 S8: Numbers of Persons <21 years old enrolled in STAR Kids who Received Therapy Services, by Therapy Type and Month (per 1,000 Individuals enrolled in STAR Kids program only), November 2016–September 2020

Date	PT	OT	ST
November 2016	57.3	81.6	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	101.7
July 2018	53.2	75.5	102.6
August 2018	54.2	75.8	103.4
September 2018	51.6	72.8	99.6
October 2018	54.3	75.6	103.6
November 2018	53.0	74.1	101.3
December 2018	50.0	71.1	98.6

Date	PT	OT	ST
January 2019	54.0	75.7	104.9
February 2019	54.7	77.1	103.1
March 2019	55.9	78.1	103.7
April 2019	57.9	80.5	105.8
May 2019	58.0	82.0	107.4
June 2019	56.3	80.1	105.8
July 2019	58.0	82.8	108.8
August 2019	57.7	83.1	108.9
September 2019	55.5	78.9	103.9
October 2019	57.9	81.5	107.2
November 2019	55.7	78.5	102.3
December 2019	54.4	78.3	101.7
January 2020	57.6	82.2	105.9
February 2020	52.4	77.0	99.9
March 2020	35.9	56.4	73.8
April 2020	35.5	53.6	73.1
May 2020	45.2	66.6	88.3
June 2020	51.2	74.1	97.8
July 2020	50.7	72.0	96.2
August 2020	52.7	74.9	98.3
*September 2020	54.6	78.0	100.9

Notes:

1. Notes for S8 below apply to table S9 and table S10.
2. STAR Kids Rollout, Nov. 2016; Therapy Rate Changes, Dec. 2016; ACA Deadline, Feb. 2017; *COVID-19 PHE Declared National Emergency, Mar 2020.*
3. *September 2020 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_SRV, DAP/HHSC.

Table S9: Numbers of Persons <21 years old enrolled in STAR who Received Therapy Services, by Therapy Type and Month (per 1,000 Individuals enrolled in STAR program only), September 2014–September 2020

Date	PT	OT	ST
September 2014	2.9	3.3	10.1
October 2014	3.1	3.4	10.4
November 2014	2.9	3.2	9.8
December 2014	2.9	3.2	9.8
January 2015	3.0	3.3	10.0
February 2015	3.0	3.3	10.0
March 2015	3.2	3.4	10.3
April 2015	3.3	3.5	10.4
May 2015	3.2	3.4	10.3
June 2015	3.2	3.6	10.5
July 2015	3.2	3.5	10.4
August 2015	3.0	3.5	10.2
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

Date	PT	OT	ST
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
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	4.1	11.4
January 2019	3.9	4.5	12.3
February 2019	4.1	4.7	12.3

Date	PT	OT	ST
March 2019	4.2	4.7	12.5
April 2019	4.5	4.9	12.9
May 2019	4.5	5.1	13.2
June 2019	4.2	5.0	13.0
July 2019	4.3	5.2	13.4
August 2019	4.2	5.2	13.4
September 2019	4.1	5.0	13.0
October 2019	4.5	5.4	13.6
November 2019	4.2	5.1	13.0
December 2019	4.0	5.0	12.7
January 2020	4.3	5.4	13.4
February 2020	4.0	5.1	12.9
March 2020	2.3	3.4	9.1
April 2020	2.4	3.4	9.2
May 2020	3.2	4.3	10.9
June 2020	3.6	4.7	11.8
July 2020	3.6	4.5	11.5
August 2020	3.7	4.7	11.8
September 2020	3.9	4.9	12.1

Table S10: Numbers of Persons <21 years old enrolled in STAR Health who Received Therapy Services, by Therapy Type and Month (per 1,000 Individuals enrolled in STAR Health program only), September 2014–September 2020

Date	PT	OT	ST
September 2014	23.9	33.7	53.8
October 2014	25.2	35.6	57.0
November 2014	23.8	33.6	53.3
December 2014	23.4	34.0	53.6
January 2015	24.1	34.6	53.5
February 2015	24.1	35.0	52.3
March 2015	25.7	37.9	56.3
April 2015	25.9	37.3	55.8
May 2015	25.4	35.7	53.8
June 2015	25.8	38.7	55.5
July 2015	24.5	37.9	55.8
August 2015	24.6	36.9	51.8
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	36.0	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

Date	PT	OT	ST
November 2016	21.0	32.0	46.7
December 2016	20.5	29.9	42.5
January 2017	21.9	29.3	44.4
February 2017	22.5	30.8	43.7
March 2017	24.7	33.2	45.0
April 2017	23.8	31.7	44.7
May 2017	24.7	33.6	47.3
June 2017	25.3	33.7	47.1
July 2017	24.3	32.5	46.6
August 2017	24.4	34.5	49.1
September 2017	22.8	32.6	46.8
October 2017	23.5	31.9	49.1
November 2017	23.1	30.7	47.9
December 2017	21.1	28.1	46.6
January 2018	22.0	30.0	46.8
February 2018	22.4	29.7	47.8
March 2018	22.6	31.4	48.6
April 2018	22.4	30.7	47.3
May 2018	22.9	32.7	48.0
June 2018	22.4	32.3	47.3
July 2018	21.0	33.3	48.7
August 2018	23.2	33.6	51.8
September 2018	22.5	31.9	48.6
October 2018	24.7	33.0	52.4
November 2018	23.6	33.3	52.3
December 2018	23.1	32.6	52.9
January 2019	25.2	36.8	56.4
February 2019	26.0	36.6	55.4

Date	PT	OT	ST
March 2019	25.4	37.1	56.1
April 2019	25.5	37.6	55.7
May 2019	26.0	38.3	55.5
June 2019	25.8	37.9	55.6
July 2019	26.7	38.0	57.8
August 2019	26.2	38.6	58.4
September 2019	25.8	37.0	55.2
October 2019	25.9	39.3	58.2
November 2019	25.7	36.9	55.6
December 2019	25.1	37.2	54.2
January 2020	27.8	39.5	58.3
February 2020	26.8	37.4	53.6
March 2020	17.1	24.6	37.0
April 2020	19.1	27.0	37.6
May 2020	24.0	33.5	48.4
June 2020	26.7	38.0	56.0
July 2020	26.5	38.6	57.2
August 2020	26.1	38.2	56.5
September 2020	26.1	39.2	58.0