



Comments on the Healthy Texas Women Waiver

Comment	Response
1.) Several stakeholders requested information on where the comments/responses to the public forum, the PowerPoint presentation, and proposed changes to the HTW program will be posted.	The PowerPoint was posted on the Waiver webpage at this link: bit.ly/HTW1115 . Responses were provided in an accessible format. In addition, the HealthyTexasWomen.org website (click here to access the link) will be updated to reflect the current eligibility criteria when the waiver is fully implemented.

2.) There were several questions related to changes to the HTW eligibility process under the waiver, specifically concerns related to auto-enrollment.

Currently, women are tested for Medicaid and CHIP eligibility in the last month of their Medicaid for Pregnant Women certification period. If the woman does not qualify for Medicaid or CHIP, does not have other third-party insurance, and is between the ages of 18 – 44, she is auto enrolled into HTW. When the waiver is fully implemented, the only change to this process is that financial eligibility will be reviewed before the woman is enrolled into HTW. HHSC does not anticipate that reviewing financial eligibility will cause challenges for women transitioning from Medicaid for Pregnant Women to HTW or reduce enrollment. HHSC will use electronic data sources to verify the woman's financial eligibility. The HTW Federal Poverty Level (FPL) income standard (i.e. income limit) is higher than the one used for Medicaid for Pregnant Women.

The waiver requires HHSC to use Medicaid eligibility criteria and Modified Adjusted Gross Income (MAGI) methodologies for the HTW program. MAGI methodologies are the same requirements used to determine financial eligibility for Children's Medicaid, Medicaid for Pregnant Women, and Medicaid for Parents and Caretaker Relatives. A separate application will not be required for women to be tested for HTW eligibility when they no longer qualify for a full Medicaid program or CHIP.

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<p>2.) There were several questions related to changes to the HTW eligibility process under the waiver, specifically concerns related to auto-enrollment. (continued)</p>	<p>Women could transition to HTW from the following programs:</p> <ul style="list-style-type: none"> ▪ Children’s Medicaid/CHIP ▪ Medicaid for Parents and Caretaker Relatives ▪ Medicaid for Former Foster Care Children ▪ Medicaid for Pregnant Women
<p>3.) What does this mean for TP40 women whose eligibility ends and are automatically enrolled in HTW?</p>	<p>HHSC does not anticipate that reviewing financial eligibility will cause challenges for women transitioning from Medicaid for Pregnant Women to HTW or reduce enrollment. See response to #2.</p>
<p>4.) A stakeholder indicated they strongly support screening for full Medicaid or CHIP prior to enrollment in HTW, especially for 15-18 population.</p>	<p>HHSC agrees that this requirement will help ensure continuity of care and will ensure that a woman is enrolled in the highest level of benefits for which she qualifies.</p>
<p>5.) Are there any plans to address possible gaps in continuity of care when clients must transition from Medicaid/CHIP to HTW?</p>	<p>There should not be a gap in coverage when a woman’s Medicaid or CHIP ends and her enrollment in HTW begins. See response to #2.</p>
<p>6.) Will HHSC track the impact that lack of auto enrollment will have on the program?</p>	<p>HHSC currently tracks enrollment data, including the percentage of women auto-enrolled into HTW, and will continue to do so after the waiver is fully implemented.</p>

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7.) After a woman in Medicaid for Pregnant Women gives birth, can you repeat the process for determining eligibility for full Medicaid and CHIP and the process for determining eligibility for HTW?	See responses to #2.
8.) Given that a mother in Medicaid for Pregnant Women has a 1 or 2-month old newborn, it will significantly harm continuity of care and maternal health to implement these eligibility changes.	From the client's perspective, enrollment into HTW when her Medicaid for Pregnant Women ends will be an automatic process. She does not need to complete a new application and she will only be contacted if HHSC cannot verify her eligibility criteria through electronic data sources. See response to #2. The approval of the HTW Medicaid 1115 waiver was contingent upon HHSC using MAGI methodologies to determine a woman's financial eligibility for HTW.
9.) Is the waiver meant to limit the number of women eligible for HTW given the removal of the adjunctive eligibility and the need to determine ineligibility for Medicaid and CHIP?	No, the eligibility changes are not meant to limit the number of women who are eligible for HTW. The HTW income standard will be increased to avoid causing women who are eligible using the current financial eligibility rules to become ineligible. See response to #2.

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<p>10a.) A stakeholder urged HHSC to explore all available options to streamline enrollment from Medicaid for Pregnant Women into HTW. The stakeholder requested consideration of the following questions as it relates to making the process the best it can be:</p> <p>10a.) As it sounds like auto-enrollment is becoming an auto-renewal, are there ways to improve that process to ensure continuity of care for women postpartum?</p> <p>10b.) Has HHSC considered the option of doing post-enrollment verification so a woman can begin receiving services immediately?</p>	<p>See response to #2.</p> <p>HHSC will continue to monitor enrollment data after the waiver is fully implemented to ensure the process is functioning as expected and to determine if any additional procedures are needed to further streamline the process.</p> <p>10a.) When the waiver is fully implemented, HTW will use the administrative renewal process, which could be described as “auto-renewal”. If HHSC can verify the woman’s eligibility criteria electronically, the woman will not need to submit a renewal packet to be certified for a new 12-month certification period. The auto enrollment process is changing to more of an automatic eligibility determination process.</p> <p>10b.) Except for the expedited enrollment process for pregnant women, HHSC verifies all eligibility criteria before certifying an individual for healthcare benefits.</p>
<p>11.) How will the eligibility changes impact the number of women able to be seamlessly enrolled into HTW from Medicaid for Pregnant Women to promote continuity of care and improve interconception care?</p>	<p>HHSC does not anticipate that these eligibility changes will have a significant impact on the number of women who are enrolled from Medicaid for Pregnant Women to HTW. See response to #2.</p>

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<p>12.) How will the removal of adjunctive eligibility impact the number of women in HTW who may not be able to access services as quickly without that process?</p>	<p>HHSC does not anticipate that these eligibility changes will have a significant impact on the number of women who are enrolled from Medicaid for Pregnant Women to HTW. HHSC will monitor enrollment data to determine if this change has an impact on enrollment. Although adjunctive eligibility will no longer be used to determine financial eligibility, when the waiver is fully implemented, HTW will use electronic data sources to verify a woman's income and other eligibility criteria. See response to #2.</p>

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<p>13.) The changes described to HTW eligibility in the public forum webinar will significantly reduce the effectiveness of the program. The auto-enrollment policy has been a cornerstone to improving continuity of care for women postpartum and removing it will be detrimental for women trying to access care.</p>	<p>Please see the response to #2.</p> <p>Several of the eligibility changes have the potential to increase enrollment in HTW.</p> <ul style="list-style-type: none"> • The income threshold will increase. • Women who no longer qualify for a full Medicaid program and CHIP will be automatically tested for HTW. In addition to Medicaid for Pregnant Women, this includes Children’s Medicaid, CHIP, Medicaid for Parents and Caretaker Relatives, and Medicaid for Former Foster Care Children. <p>HHSC will use the administrative renewal process to recertify eligible women for HTW benefits. This means that if HHSC can verify a woman’s eligibility through electronic data sources, she does not need to submit a renewal packet to receive a new 12-month certification period.</p>

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<p>14.) Do the eligibility changes mean that women must receive a denial letter for Medicaid before they can be approved for HTW? How long would that take? When Title V required denial from Medicaid it became a very unworkable program.</p> <p>The purpose of the HTW program was to ensure women quick access to family planning. If the new eligibility process requires women who present at a clinic to submit a full application to Medicaid and CHIP and wait to receive a denial letter before they can receive care, it will undermine the whole intent of expedited access. There will be a significant increase in pregnancies during the delay period and failure to address other critical issues such as postpartum depression, gonorrhea or syphilis infections, hypertension etc. The expedited access to services is key to the success of the HTW program. It is critically important to continue using a simplified application form for these limited Medicaid benefits.</p>	<p>No, the woman does not need to receive a denial letter for Medicaid or CHIP before being certified for HTW. HHSC will use a seamless process that is similar to what currently happens when a child is determined ineligible for Medicaid before being determined eligible for CHIP. As part of the eligibility determination process, TIERS, HHSC's eligibility system, will automatically check the healthcare benefits cascade to determine which program the woman qualifies for. TIERS will determine if the woman is eligible for a "higher-level" benefit (Medicaid, CHIP) before determining eligibility for a "lower-level" benefit (HTW). Because MAGI methodologies will be used for Medicaid, CHIP and HTW, the woman only needs to complete one application to have her eligibility determined for all three programs. Therefore, when the waiver is fully implemented, the stand-alone HTW application (H1867) will be retired. Women can apply for HTW using the Form H1010 - Texas Works Integrated Application for Assistance, the Form H1205 - Texas Streamlined Application for Health Care Coverage or can continue to apply using YourTexasBenefits.com.</p> <p>Note: Most women (78%) are already using YourTexasBenefits.com to apply for HTW.</p>

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<p>15.) If any change can be made to the implementation plan, it should focus on eligibility issues such as requiring women be determined ineligible for full Medicaid and CHIP first or no longer having adjunctive eligibility. These two changes would make a big difference.</p>	<p>See response to #2. Medicaid requires that a woman be determined ineligible for a “higher-level” program such as Medicaid or CHIP, before being determined eligible for a “lower-level” program, such as HTW, to ensure individuals are enrolled in the highest level of benefits as possible. Additionally, federal Medicaid regulations require that MAGI methodologies are used to determine financial eligibility for Medicaid programs, which is why the process for determining HTW eligibility is changing.</p>
<p>16.) How will waiver implementation impact HTW contractors and available cost reimbursement contract funding to support provider participation in the program?</p>	<p>The waiver implementation will not impact the available cost reimbursement funding for HTW contractors. Those funds remain available to support provider participation regardless of the waiver and federal match.</p>
<p>17.) Will contractors still receive GR funding to help with outreach efforts so women continue to apply for this program?</p>	<p>Contracted HTW providers continue to receive state general revenue funding to support outreach, enrollment, staff development and training, and educational activities related to HTW.</p>

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<p>18.) Is there an update on LARCs and how access to those devices can be improved via HTW? When will HHSC discuss with CMS the potential to allow bulk purchasing options for LARCs?</p>	<p>Long-acting reversible contraception (LARC) policy for Healthy Texas Women (HTW) is unchanged. In accordance with House Bill 1, 86th Legislature, Regular Session, 2019, Article II, Health and Human Services Commission (HHSC) Rider 77(b), HHSC will work with CMS to determine if LARC bulk purchasing can be added to the Healthy Texas Women waiver and if we can receive federal matching funds. HHSC plans to approach CMS about LARC bulk purchasing after CMS approval of the HTW waiver implementation plan, as well as the waiver amendment to add the postpartum care package as required by Senate Bill 750, 86th Legislature, Regular Session, 2019.</p>
<p>19.) Is there any expansion of BH services under HTW?</p>	<p>In accordance with Senate Bill 750, 86th Legislature, Regular Session, 2019 HHSC has implemented an enhanced, cost-effective, and limited postpartum care services package for postpartum women enrolled in the HTW program. This program is referred to as HTW Plus. HTW Plus includes outpatient behavioral health services such as psychotherapy and medication-assisted treatment for SUD. These services became available in September 2020. More information about HTW Plus is available at this link: http://bit.ly/TMHP_HTW.</p>

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20.) Will provider engagement and training be part of the implementation plan?	Yes, provider outreach and engagement are priorities of the HTW program and are included in the implementation plan. Additionally, training for providers will continue to be provided through TMHP.

21.) What are the eligibility changes to the HTW program that were announced in today's webinar?

The waiver requires the following eligibility changes:

- Modified Adjusted Gross Income (MAGI) methodologies will be used to determine household composition and countable income for HTW. The woman's household composition will be determined by her tax filing status and only taxable income will be counted when determining financial eligibility for HTW.

Additionally, most current deductions allowed for HTW will not be allowed when MAGI methodologies are implemented. In addition to the 5% income disregard, the only deductions that will be allowed are ones that can be claimed on a tax return.

- The HTW Federal Poverty Level (FPL) threshold will be converted to a MAGI equivalent, which will be a higher income limit than what is currently used for HTW.
- Women eligible for WIC, SNAP, or who have a child eligible for Medicaid will no longer be automatically financially eligible (adjunctively eligible) for HTW. MAGI methodologies will be used to determine the woman's financial eligibility.
- Women will be determined ineligible for full Medicaid and CHIP before being determined eligible for HTW. This eligibility determination will be similar to what currently happens when a

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<p>21.) What are the eligibility changes to the HTW program that were announced in today's webinar? (continued)</p>	<p>child is determined ineligible for Medicaid before being determined eligible for CHIP. Because MAGI methodologies will be used for Medicaid, CHIP and HTW, the woman only needs to complete one application to have her eligibility determined for all three programs. She does not need to receive a denial notice for Medicaid and CHIP and then reapply for HTW.</p> <p>Woman will be able to apply for HTW using the Form H1010 - Texas Works Integrated Application for Assistance, the Form H1205 - Texas Streamlined Application for Health Care Coverage or can continue to apply using YourTexasBenefits.com. The stand-alone HTW application (H1867) will be retired.</p>
<p>22.) Given that there may be other impacts stakeholders will identify after reviewing the implementation plan when it is made public, more opportunity for public feedback is recommended.</p>	<p>Thank you for your feedback. The state will take your request into consideration.</p>