



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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1. 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 includes the following findings:

- Consistent with [previous reports](#) required by Senate Bill 1 (85th Legislature, Regular Session, 2017 [Article II, HHSC, Rider 57]), the volume of substantiated¹ provider and member complaints and appeals for December 2017 through August 2019 remained stable and is low compared to the overall number of members receiving therapy services. The total number of substantiated complaints and appeals represented significantly less than 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 may vary by county, based on total population and population density. For fiscal year (FY) 2019, an MCO is considered compliant if it achieved these standards for at least 90 percent of members within a county. Overall, for FY 2019 Quarter 4, all programs (STAR, STAR+PLUS, STAR Kids, and STAR Health) met the 90 percent threshold. It is possible for an MCO's overall average compliance rate to be high yet still be below 90 percent in one or more counties. Most instances of this type of non-compliance occurred in the Medicaid Rural Service Area West (MRSA West).²

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

² Please see the following map for all Texas Medicaid Managed Care SDAs: <https://hhs.texas.gov/sites/default/files/documents/services/health/medicaid-chip/programs/managed-care-service-areas-map.pdf> (retrieved 11/26/2019).

- The number of enrolled therapy providers was relatively stable until the deadline for Affordable Care Act (ACA)³ reenrollment in February 2017. In that month, the number of enrolled therapy providers decreased 13 percent. Therapy provider enrollment had rebounded significantly by October 2019, at only two percent below peak.
- While the decrease in enrolled providers began with the deadline for reenrollment pursuant to the ACA, a decrease in active providers began earlier, in May 2016, when therapy policy changes related to documentation and prior authorization were implemented. The number of providers active each month decreased by 30 percent from April 2016 to December 2017. Since then, the overall number of active providers per month appears to have stabilized.
- MCOs reported an average of 42 therapy provider terminations per month from December 2017 through August 2019 (total of 878). The main reasons therapy providers terminated from MCO networks included individual providers leaving a group practice (40 percent); credentialing or re-credentialing (22 percent); termination of contract (17 percent); and failure to maintain an active provider number (9 percent). If a provider leaves one MCO's network, the provider could continue to participate in another MCO network, unless their participation in the Medicaid program has been terminated.
- Beginning June 1, 2019, providers were given an option to submit waiting list data directly to HHSC, rather than MCOs, corresponding to a significant increase in reporting. More than twice as many enrollees were identified as on a waiting list during the most recent quarter than for all previous quarters combined. Moreover, reports are now occurring statewide. Cumulatively, through the previous report, the Harris SDA accounted for about 90 percent of all enrollees identified as on a waiting list, a number that has fallen below 50 percent as reporting from other regions increased during the most recent quarter. HHSC is working to implement data quality improvements and with MCOs to ensure appropriate follow-up and resolution for reported waiting list cases.
- Generally, the rate at which children receive a therapy service has remained near long-term historical trends, as measured from 2013, with volatility in the rate just prior to (upward) and for about two years after (mostly

³ The ACA is a federal law that required state Medicaid agencies to revalidate the enrollment of all providers in state Medicaid programs.

downward) May 2016. (Note: 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 two notable exceptions:

- 1) STAR Kids utilization rates declined 8 - 9 percent depending on the type of therapy service 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; and
 - 2) Speech therapy rates remained below trend for most months spanning mid-year 2016 through mid-year 2018, before recovering.
- 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) provides 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. Data reflecting initial impacts from the rate change will become available over the coming reporting year.

The following efforts, which will be implemented over the short and long term, will help HHSC identify and address any systemic access to care issues, including for therapy services:

- Reviewing utilization data for individuals reported to be on a waiting list to determine if they are receiving therapy services.
- Collecting therapy prior authorization data from MCOs for analysis.
- Increasing resources available for HHSC to perform oversight of MCOs. HHSC hired four additional therapists (two speech therapists and two physical therapists) for MCO utilization management oversight. The expanded scope of these reviews includes oversight of MCO medical necessity evaluation of speech, physical, and occupational therapy in STAR, STAR+PLUS, STAR Kids, and STAR Health programs.
- Updating therapy policy to clarify the benefit and contract provisions to implement appointment availability standards.
- Developing additional training and webinars on therapy services for providers and MCOs.

- Implementing all Rider 15 requirements into the Quarterly Therapy Access Monitoring Report, including:
 - ▶ reporting by service area, generally, and by provider type for analyses related to utilization;
 - ▶ improving complaint and appeal trending and analysis, including through the use of standard definitions determined by HHSC;
 - ▶ adopting a specified definition for “waiting list”;
 - ▶ developing a process for providers to report waiting list and provider panel closure data directly to HHSC.
- Allowing providers to submit waiting list information directly to HHSC, effective June 1, 2019. For the first time, analytics based on data collected through this process are included in this report, as is new reporting by service area.

Other Rider 15 requirements and additional improvements to better highlight key data trends will be incorporated into the next report, scheduled for publication in March 2020.

2. 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 delivery area 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 first quarterly report governed by Rider 15. It is the fifth quarterly therapy access monitoring report since December 2018.⁴

⁴ 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).

3. 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 Legislature⁵ 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.

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

- Fiscal year 2018:
 - ▶ In September 2017, HHSC restored approximately 25 percent of the therapy reimbursement reductions. HHSC also made changes to standardize billing practices for therapy treatment across provider types. These changes required most occupational and physical therapy services to be billed in 15-minute increments and for all speech therapy services to be billed as an encounter consistent with standardized coding and billing guidelines. The Health Insurance Portability and Accountability Act (HIPAA) requires standard billing and coding practices.
 - ▶ In December 2017, HHSC implemented reimbursement reductions for therapy assistants to 85 percent of the rate paid to a licensed therapist.
 - ▶ MCO capitation rates for fiscal year 2018 were adjusted to reflect the restoration of the therapy reimbursement reductions and the implementation of the therapy assistant reimbursement reductions.
- Fiscal year 2019:
 - ▶ In September 2018, HHSC implemented additional reimbursement reductions for therapy assistants to 70 percent of the rate paid to a licensed therapist.
 - ▶ MCO capitation rates for fiscal year 2019 were adjusted to reflect the reimbursement reduction.
- Fiscal year 2020:
 - ▶ HHSC Rider 47 provided funding to increase in-home pediatric therapy rates by 10 percent and raise reimbursement for therapy assistants across all settings from 70 percent to 80 percent of the licensed therapist rate. The new rates were effective September 1, 2019. HHSC has taken the following actions to implement these rate increases:
 - ◇ Increased fee-for-service rates effective September 1, 2019 for in-home therapy services and therapy assistants.
 - ◇ Increased the MCOs capitation rates effective September 1, 2019, to include the additional funding for increased reimbursements to the appropriate providers.
 - ◇ Amended the contract with the MCOs to include the following language:
 - The Texas Legislature, via H.B. 1 and 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 State of Texas 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.
- ◇ HHSC continues to monitor compliance with legislative intent. HHSC will review encounters to determine the amount MCOs paid for these services.

Other significant program changes occurring since the 2016-17 biennium that may impact 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 for use by stakeholders.

4. 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 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 4 are through August 2019. The previous report included data through May 2019.

Figure 1 shows trends in substantiated complaints and appeals relating to pediatric therapy services from December 2017 through August 2019. For this period, there were an average of 95 substantiated complaints and appeals per month, including:

- 79 per month from providers, mostly payment related;
- 13 per month from members or persons representing members; and

- 3 per month from other sources.

These averages are similar to ones reported in previous Quarterly Monitoring reports. Figure 1 appears to show a slight upward trend in substantiated complaints and appeals by providers, though additional data points are needed to corroborate the trend.⁶

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

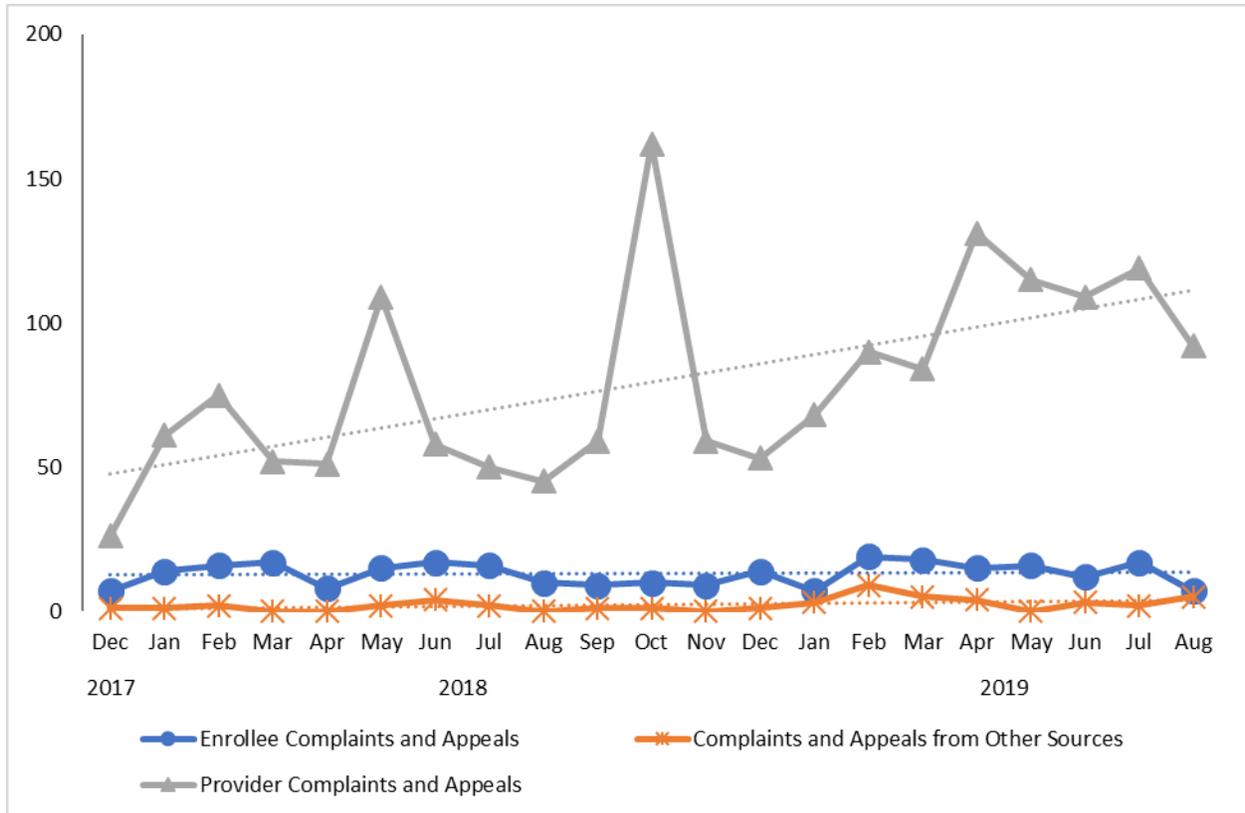


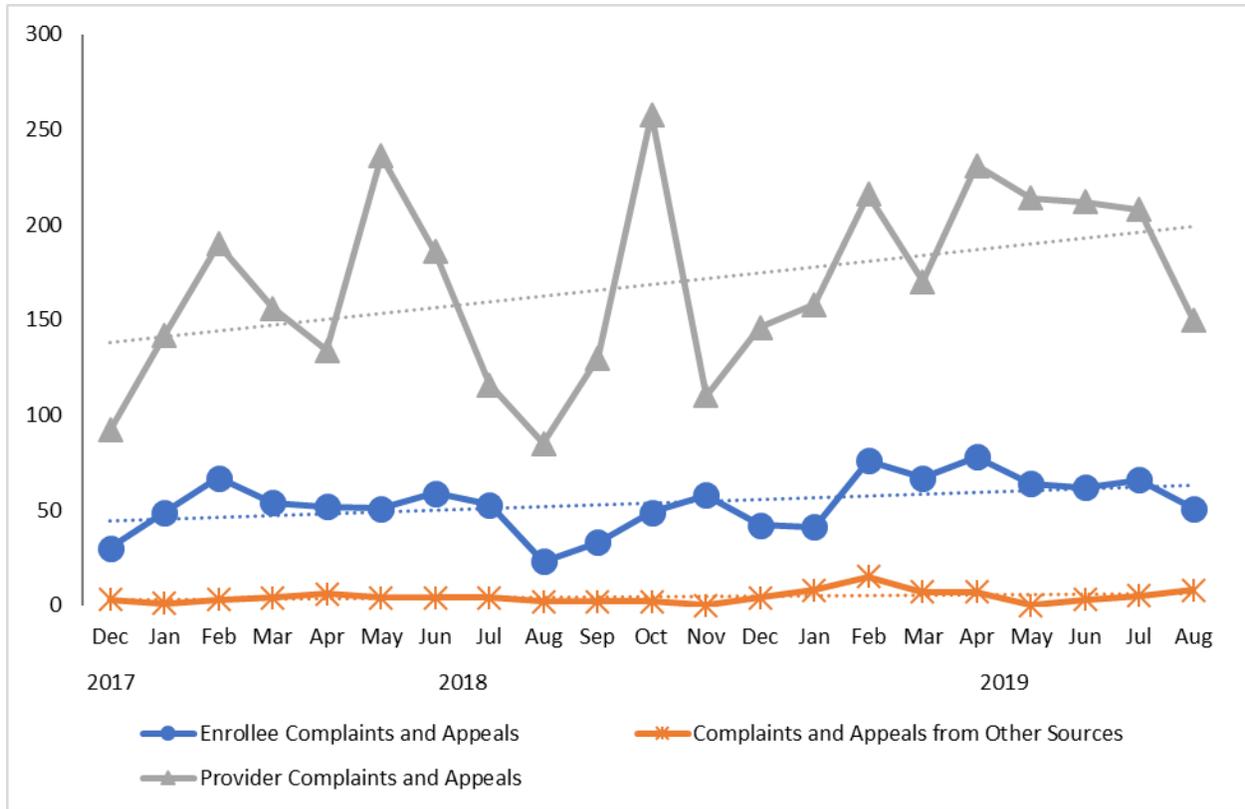
Figure 2 shows the trends in both substantiated and unsubstantiated complaints, and appeals relating to pediatric therapy services for December 2017 through August 2019. For this period, there was an average of 227 substantiated and unsubstantiated complaints and appeals per month, including:

- 169 per month from providers;
- 54 per month from members or persons representing members; and

⁶ A one-time spike in October 2018 reporting for both Table 1 and Table 2 (the issue was resolved) may unduly influence the calculation of a trend for provider complaints.

- 5 per month from other sources.

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



Consistent with prior Quarterly Monitoring reports, as Figures 1 and 2 show, the number of complaints and appeals relative to the number of persons served remains low. The total number of substantiated complaints and appeals represents significantly less than 1 percent of the approximate number of members receiving pediatric therapy services in a month. The average number of complaints and appeals per month are for the period from December 2017 through August 2019.⁷

⁷ The average number of members served by therapy type is based on an average monthly number of children who received therapy services, using the most recent complete claims and encounters data, from June 2018 through May 2019. Due to a lag in the processing time needed for claims and encounters data, a slightly different time period is used to calculate the average number of members served.

Table 1: Rate of Substantiated Complaints and Appeals per Member Receiving Pediatric Therapy Services (OT, PT, and ST)

Medicaid Therapy Type	Average Monthly Number Members Served, <21	Complaints / Appeals Rate per Member Served
OT	25,412	0.0009
PT	19,983	0.0010
ST	50,557	0.0010

Note: Does not include open issues.

Table 2: Rate of All Substantiated and Unsubstantiated Complaints and Appeals per Member Receiving Pediatric Therapy Services (OT, PT, and ST)

Medicaid Therapy Type	Average Monthly Number Members Served, <21	Complaints / Appeals Rate per Member Served
OT	25,412	0.0022
PT	19,983	0.0025
ST	50,557	0.0023

Note: Does not include open issues.

In addition to data on volume, HHSC monitors data on the reasons for complaints and appeals. The vast majority (92 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. These percentages are roughly similar for combined unsubstantiated and substantiated complaints.

Table 3: Categories of Substantiated Complaints and Appeals, December 2017 - August 2019

Category of Complaints and Appeals	Percent of Total
Authorization Related (Authorization Delays and Denials)	57.0 percent
Availability and Access Related (Travel Distance, Limited Provider Numbers, Wait Times for Providers)	6.8 percent
Claims Payment Related	34.6 percent
Other	1.6 percent

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

Table 4: Categories of Substantiated and Unsubstantiated Complaints and Appeals, December 2017 - August 2019

Category of Complaints and Appeals	Percent of Total
Authorization Related (Authorization Delays and Denials)	61.7 percent
Availability and Access Related (Travel Distance, Limited Provider Numbers, Wait Times for Providers)	5.7 percent
Claims Payment Related	30.8 percent
Other	1.8 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 OT, PT, and ST providers. MCO network adequacy requirements may vary by county, based on total population and population density. For all therapy provider types, members must have access to at least one network provider within the following number of miles or travel time from the member’s residence:

- 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 5. From FY 2019 Quarter 2 through Quarter 4, performance remains stable with all programs meeting the 90 percent standard.

Table 5: Average MCO Network Adequacy Compliance Rates for OT, PT, and ST Providers by Program

Program	FY 2019 Quarter 1	FY 2019 Quarter 2	FY 2019 Quarter 3	FY 2019 Quarter 4
STAR (18 MCOs)	98 percent	91 percent	92 percent	93 percent
STAR+PLUS (5 MCOs)	94 percent	94 percent	94 percent	91 percent
STAR Kids (10 MCOs)	93 percent	96 percent	90 percent	96 percent

Program	FY 2019 Quarter 1	FY 2019 Quarter 2	FY 2019 Quarter 3	FY 2019 Quarter 4
STAR Health (1 MCO)	87 percent	96 percent	95 percent	94 percent

Quarter 1 FY2019 covers September 2018 through November 2018. Quarter 2 FY2019 covers December 2018 through February 2019. Quarter 3 FY2019 covers March 2019 through May 2019. Quarter 4 FY2019 covers June 2019 through August 2019.

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 be 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 2019, Quarter 4 are:

- STAR: 3
- STAR+PLUS: 4
- STAR Kids: 2
- STAR Health: 1

Most instances of noncompliance were in rural counties in the MRSA West service area. The total number of counties in which there was noncompliance follows:

- STAR: 56 rural counties in MRSA West and 1 micro county, El Paso
- STAR+PLUS: El Paso and 49 rural counties in Hidalgo, MRSA Central, MRSA Northeast, and MRSA West
- STAR Kids: 20 rural counties in MRSA West
- STAR Health: 14 rural counties in MRSA West

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

For this Quarterly report, data on enrolled providers are included through October 2019 and data on active billing providers are included through March 2019. The previous report included enrolled provider data through July 2019 and active provider data through August 2018.

Figure 3 shows the number of providers enrolled in the Medicaid program with a therapy provider or specialty type from September 2014 to October 2019. 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.

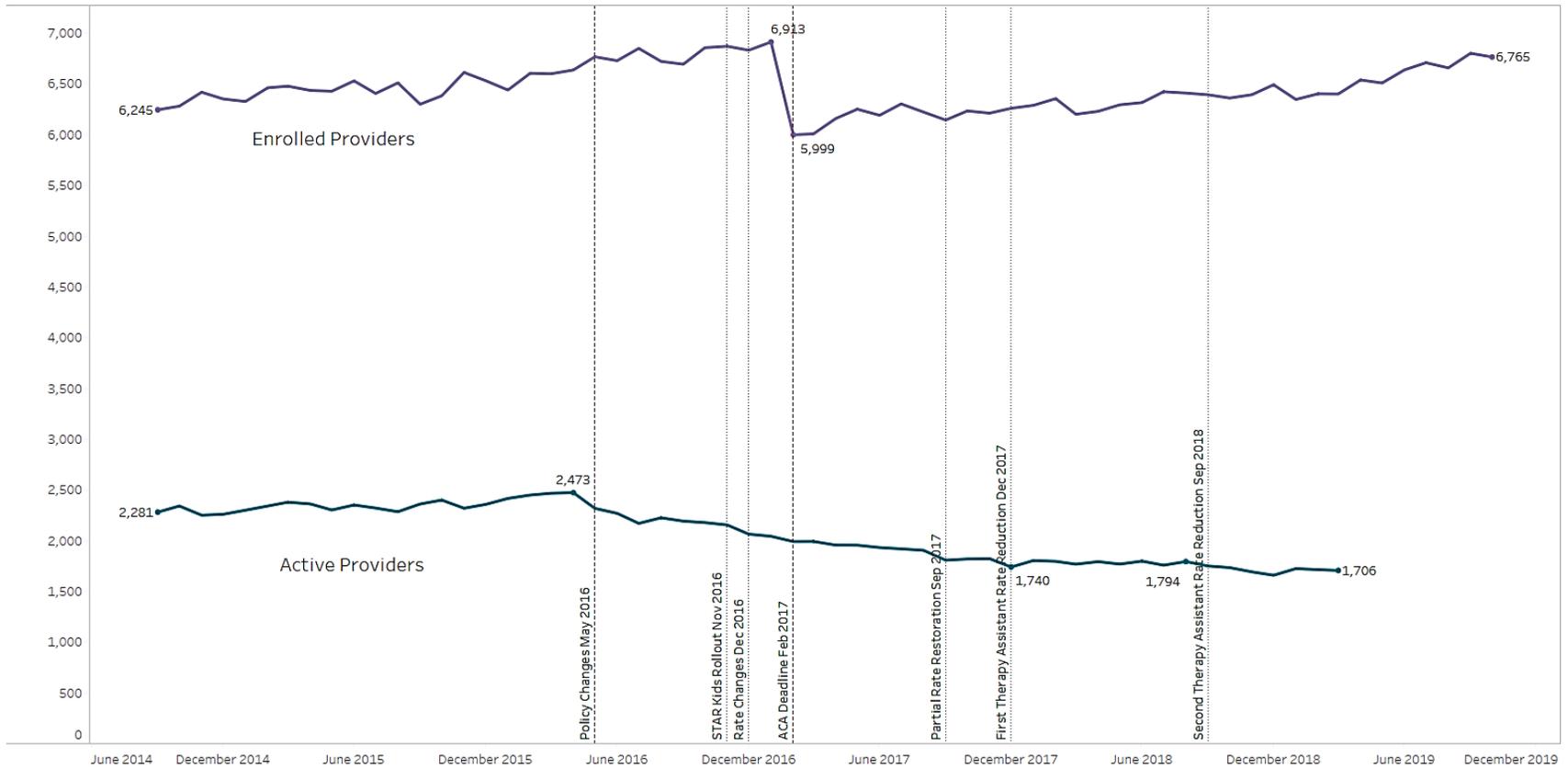
The trajectories of enrolled and active providers appear to be impacted by different policy changes. The number of enrolled providers was relatively stable until the deadline for the ACA reenrollment requirement in February 2017. In that month, the number of enrolled therapy providers decreased from 6,913 to 5,999, or 13 percent. Since then, the number of enrolled therapy providers has gradually rebounded to 6,709 by July 2019, only 3 percent below its 2017 peak.

The trend in enrollment after the ACA deadline varies by therapy provider type. Figure 4 shows the trend in enrollment by therapy provider types. 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. However, because of retroactivity in the claims and encounters, analysis cannot be conducted until at least eight months after the service is delivered to ensure accurate data. Therefore, the results discussed below only reflect data up to March 2019.

While the decrease in enrolled providers began with the deadline for reenrollment pursuant to the ACA, the decrease of 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 decreased by 30 percent from 2,473 in April 2016 to 1,739 in 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. Since December 2017, the number of active providers per month appears to stabilize at a lower level than before these changes.

Figure 3: Enrolled Medicaid Therapy Providers, September 2014 - October 2019, and Active Medicaid Therapy Providers, September 2014 – March 2019

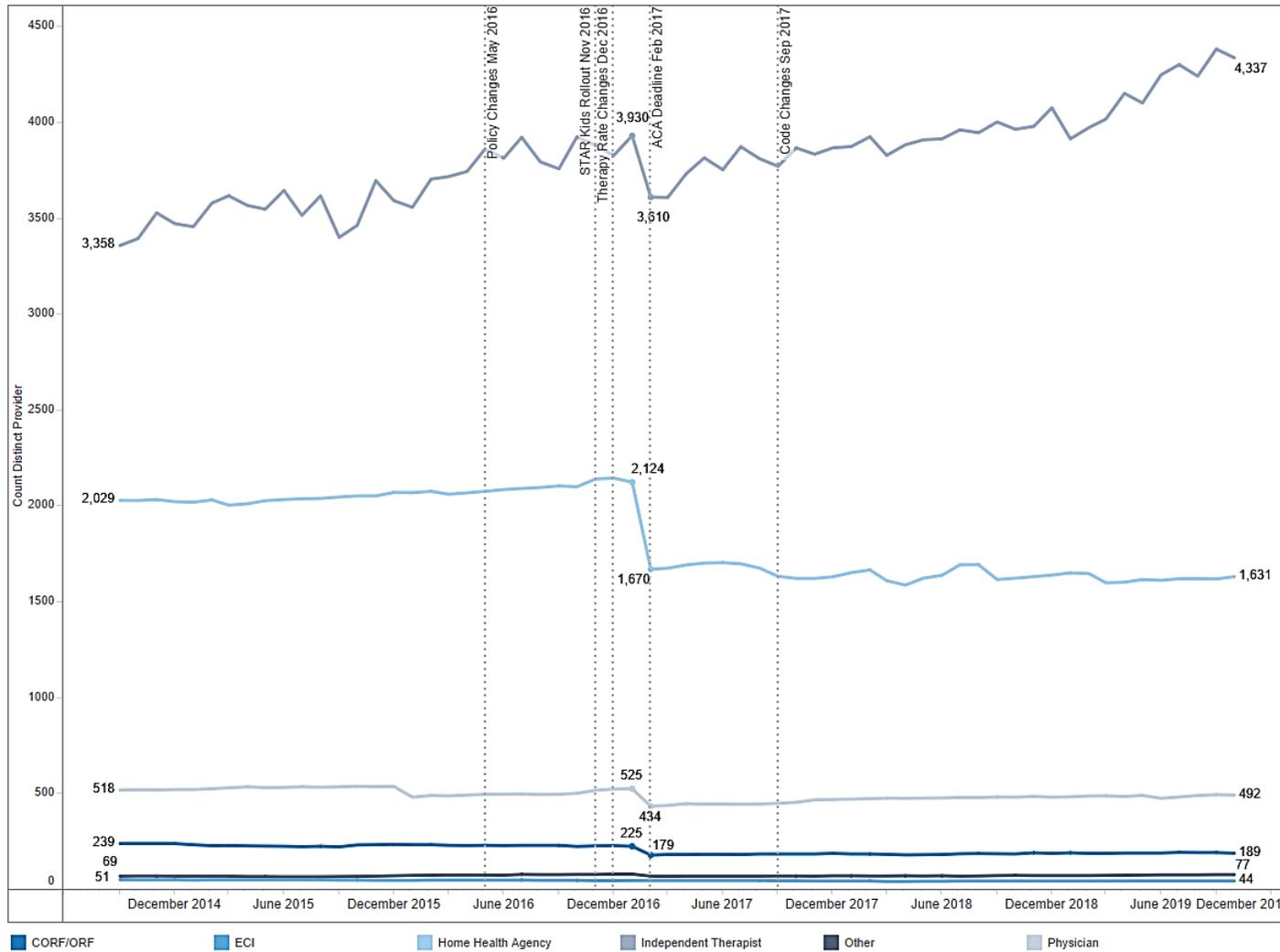


Enrolled providers include count of unique provider NPIs for providers with a Texas physical address, no bad address, no sanctions, and no NULL NPI.
 Data source: TMHP Master Provider File

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_COMBINED, CADS/HHSC

Note: numbers in Appendix B Supplemental Table S2.

Figure 4: Enrolled Medicaid Therapists by Providers Type, September 2014 – October 2019



Note: numbers in Appendix B Supplemental Table S3.

MCO Network Terminations of Therapy Providers

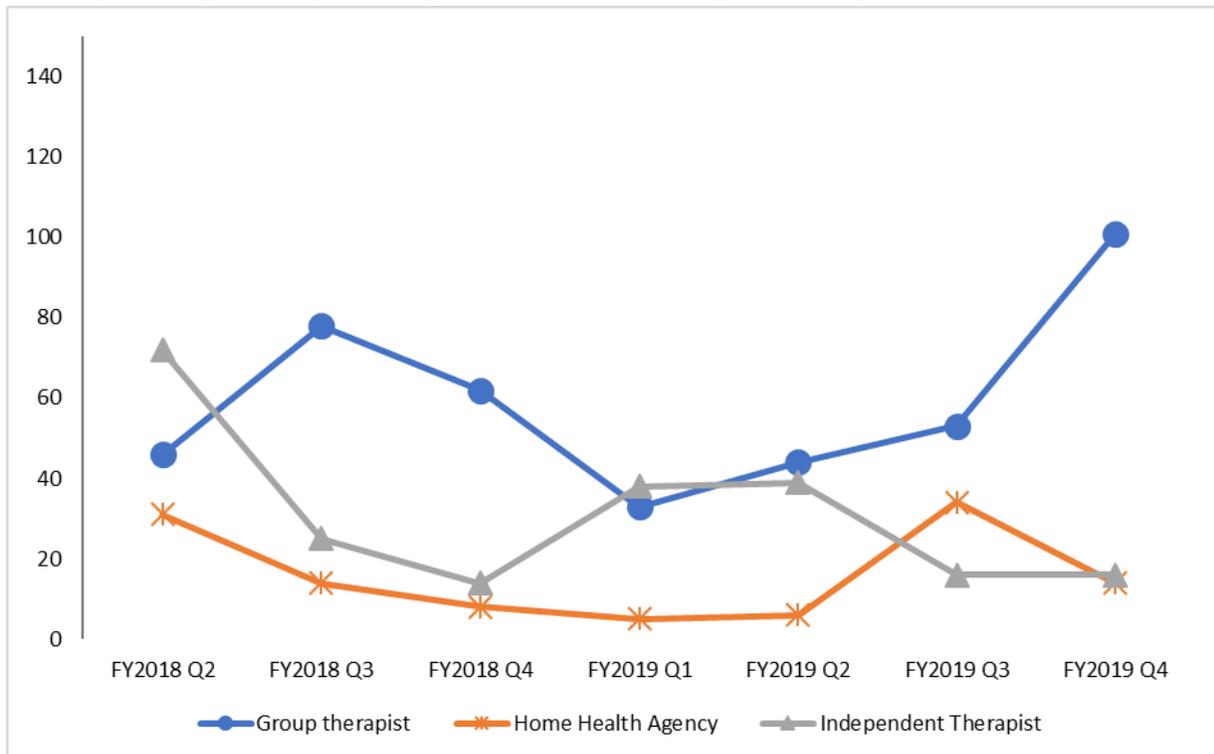
For this Quarterly report, data on terminated providers are included through August 2019. The previous report included data through May 2019.

Each MCO recruits and contracts with their 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 42 therapy provider terminations from December 2017 through August 2019 (total of 878). The terminations by provider type were 48 percent for group therapists, 25 percent for independent therapists, 13 percent for therapists providing services through a home health agency, and 14 percent from other providers. As shown in Figure 5, quarterly trends for terminations across major therapy provider types tend to fluctuate.

Figure 5: MCO Network Terminations by Therapy Provider Type, December 2017 - August 2019

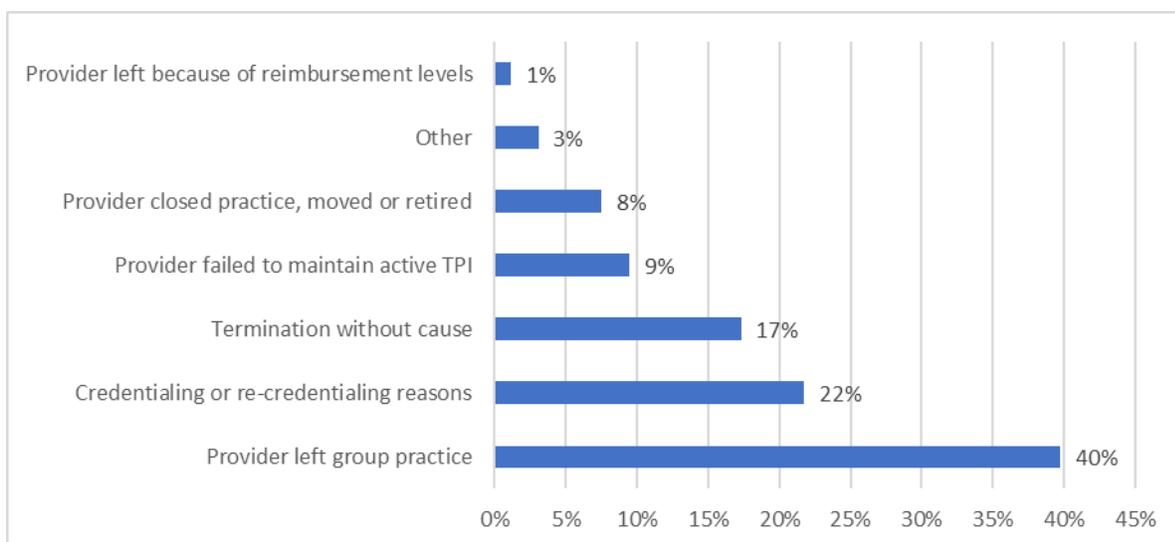
Termination of group therapist trends up, independent therapist trends down, HHA goes up then goes down. FY18Q2-FY19Q4



Note: The begin of data point, FY2018 Q2 covers December 2017 through February 2018; the end of data point, FY2018 Q4 covers June 2019 through August 2019.

The reasons therapy providers terminate from MCO networks vary, but the most common involve individual providers leaving a group practice (40 percent). Other reasons included 22 percent for credentialing or re-credentialing (either the MCO did not choose to re-credential the provider or the provider did not respond to requests for re-credentialing), 17 percent related to termination of contract, and 9 percent for failure to maintain an active provider number. The groupings of termination reasons are listed in Figure 6.

Figure 6: MCO Network Termination Reasons, December 2017 - August 2019



Provider Waiting Lists for Therapy Services

For this Quarterly report, data on provider waiting lists are through August 2019. The previous report included data through May 2019.

HHSC receives monthly reports on enrollees who are waiting for therapy services.⁸ For each individual placed on a waiting list, the report includes: program type (STAR, STAR Kids, STAR Health); member service area; provider name and type

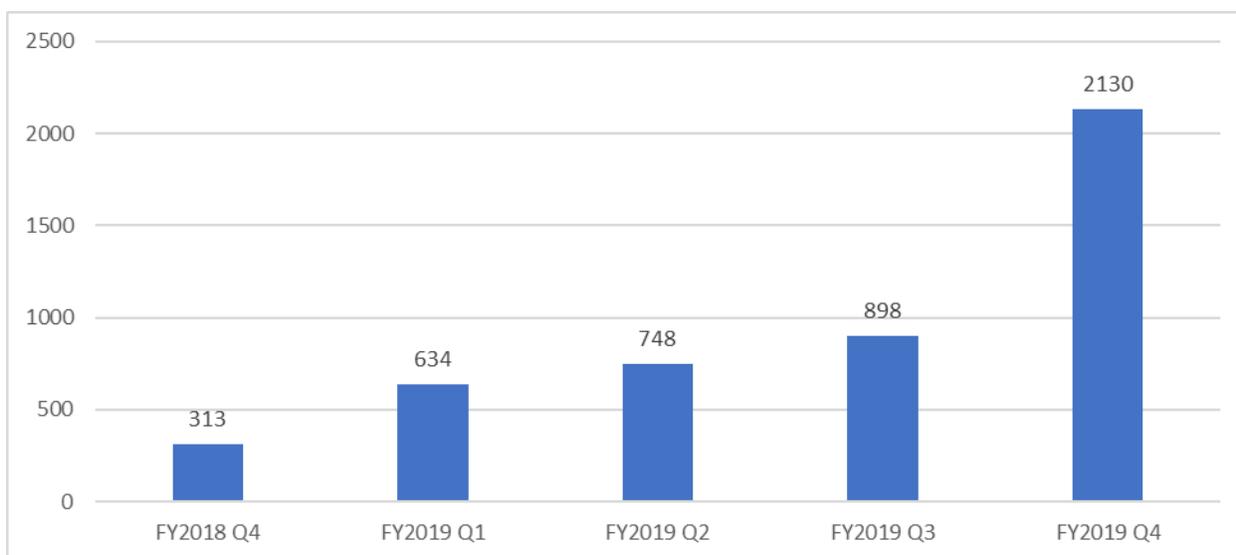
⁸ This waiting list data collection process is now governed by Rider 15, which specifies that a provider may first submit waiting list information to HHSC or an MCO. HHSC sends received waiting list data to MCOs, who then follow-up on each case and report final resolutions back to HHSC.

(PT, OT, or ST); reason for the waiting list placement; whether another provider is available; and how the issue was resolved.

Beginning June 1, 2019, providers were given an option to submit waiting list data directly to HHSC, rather than MCOs, resulting in a significant increase in reporting. HHSC has observed that when a provider includes an individual on a waiting list, the provider may not know if the individual remains eligible for Medicaid or if the MCO has secured service through a different provider. As a result, providers are rarely removing individuals from their waiting lists. Therefore, the total number of individuals reported to MCOs and HHSC grows each quarter. The chart below shows the growth over time. HHSC will implement data quality improvements, including earlier identification and removal of individuals who are no longer enrolled in Medicaid.

As Figure 7 shows, the cumulative total of enrollees identified as on a waiting list more than doubled during the most recent quarter. Cumulatively, a total of 2,130 unique individuals have been reported as being on a waiting list for the period December 2017 through August 2019.

Figure 7: Cumulative Number of Unique Individuals Reported on Waiting list



Since December 2017, waiting list data have been received from 59 providers and 13 MCOs, an increase of 14 providers and four MCOs since publication of the previous report. Moreover, waiting list data have been received from more MCO service areas. As of the previous report, the Harris service area accounted for about 90 percent of all individuals reported to be on a waiting list, while enrollees from

Harris comprised less than 50 percent during most recent quarter due to increased reporting in other regions.

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

- Harris: 48 percent
- Dallas: 14 percent
- Statewide (STAR Health): 12 percent
- Travis: 7 percent
- MRSA Northeast: 6 percent
- Tarrant: 6 percent
- Bexar: 3 percent
- Other: 5 percent

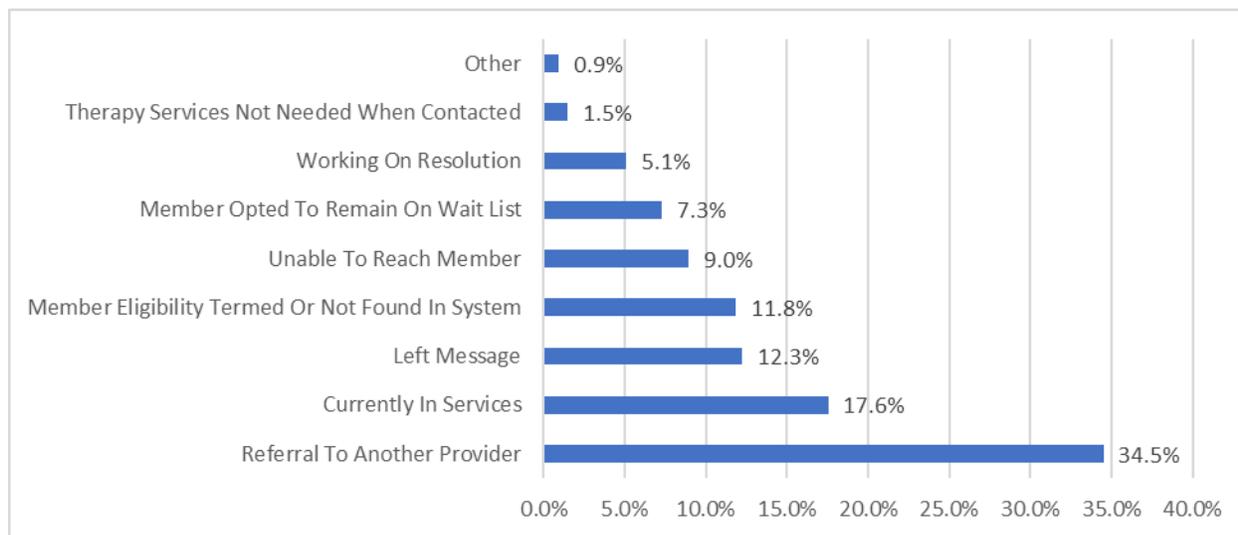
Additional details for the waiting list data include:

- 43 percent of individuals were enrolled in STAR Kids, down from 59 percent through the prior quarter
- 43 percent enrolled in STAR
- The number of cases reported for STAR Health grew from 0 percent in the last quarterly report to 12 percent
- 44 percent of individuals needed speech therapy, 22 percent needed occupational therapy, 17 percent needed physical therapy, and 17 percent needed multiple therapies

When individuals are placed on a waiting list, they may still have access to or receive services from another therapy provider. MCOs reported a referral or that the member was currently in services for about 52 percent of these individuals. MCOs reported they were working on resolutions for 5 percent. For the remaining 43 percent, MCOs reported they were unable to reach the member, the member was ineligible for Medicaid, the member opted to remain on the waiting list, or other reasons. MCOs reported that there was another provider available in about 58 percent of the reported cases. This is a sharp decrease from the 92 percent reported last quarter and appears to be attributable to the significant increase of reported individuals. HHSC will work with MCOs to ensure members are receiving necessary therapy services.

Figure 8 shows the reported resolutions for individuals placed on waiting lists for therapy services.

Figure 8: Resolutions for Individuals Placed on Waiting lists



Note: Data complete through August 2019. 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 through May 2019. The previous report included data through February 2019.

Waiting list data alone does not indicate whether clients may have received therapy services from another provider while included on a waiting list.

HHSC examined encounter data for clients reported on a waiting list to determine if therapy services had been billed for those clients. For this report, HHSC conducted the same analysis as for prior quarters and reviewed 785 clients reported on a waiting list at any time between January 2018 through May 2019.⁹ Altogether, 42 providers reported clients on waiting lists during the period, with two providers contributing 78 percent of the cases. Therefore, generalizing the results to all clients on wait lists for therapy should be done with caution.

⁹ If a client was on the waiting list more than once, the most recent entry date was included in the study.

Of the 785 children reported on a waiting list, 276 (35 percent) received services within two months, and 356 (45 percent), including the aforementioned 276, received services within six months of being placed on the waiting list.¹⁰

Therapy Providers Not Accepting New Enrollees

For this Quarterly report, data are through August 2019. The previous report included data through May 2019.

From December 2017 through August 2019, two MCOs reported that 11 therapy providers are not accepting new enrollees.

¹⁰ Therapies received through the School Health and Related Services program (SHARS) were excluded from the analysis. If the client requested multiple services, as long as a portion of the request was met, the client was considered to have received services.

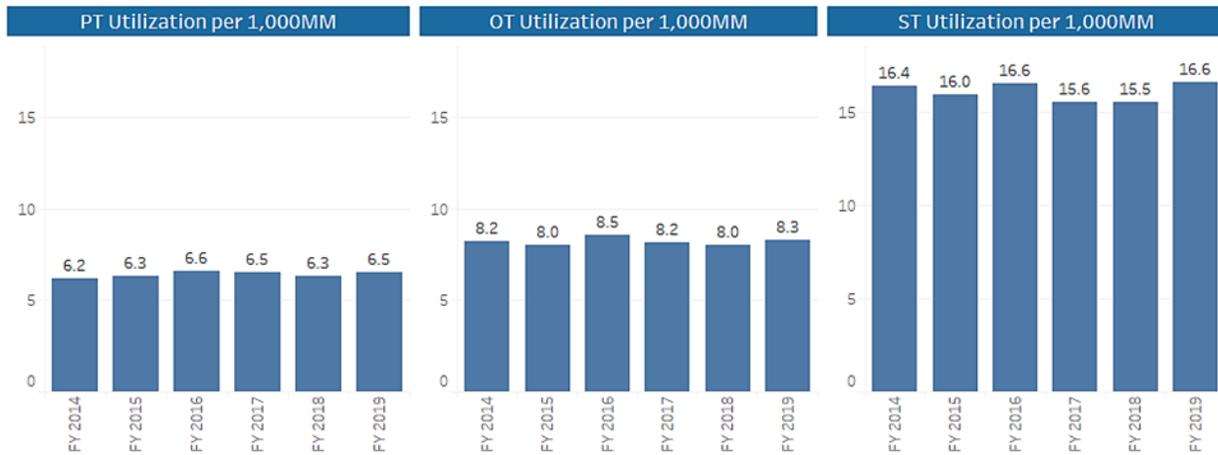
Utilization of Therapy Services

For this Quarterly report, utilization data are through March 2019. The previous report included data through December 2018.

Figure 9 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 2018, 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 9, 10, and 11 the data are eight months old to ensure that encounters have 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 6 percent between 2016 and 2017 and is the only type that fell noticeably below its historical rate for the years prior to 2016. Year-to-date information for FY 2019 (through March 2019) indicates speech therapy utilization may be rebounding back to its 2016 peak and above levels for 2014 and 2015. Table S1 in Appendix B shows the average monthly service utilization rate for FY 2018 to FY 2019 (to-date) by therapy types and service area.

Figure 9: Utilization by Therapy Type



*SFY 2019 overall utilization totals include only data through March 2019 and are preliminary.

Data include FFS and Medicaid Managed Care clients who are under the age of 21. SHARS data excluded.

Data sources:

**Eligibility: Medicaid 8Month Eligibility / DA_Production.Eligibility_since_201101 (Medicaid), CADS/HHSC
CHIP 8Month Eligibility/ DA_Production.CHIP_FOR_UTILIZATION

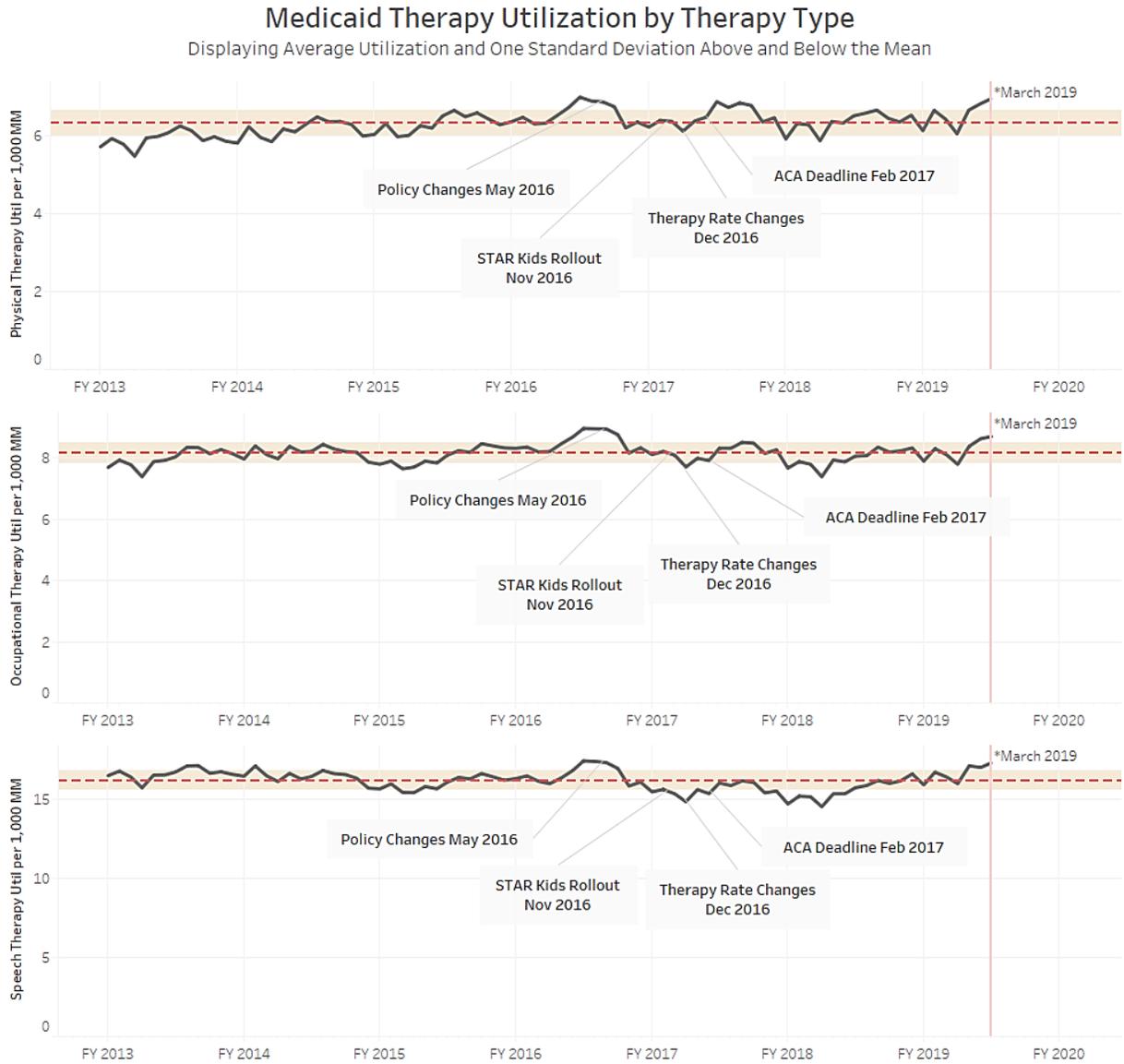
PTOTST Claims: THERAPY.THERAPY_COMBINED, CADS/HHSC

**To more accurately reflect client eligibility, the data source was changed from the MEDID point-in-time eligibility data to the 8 Month eligibility data.

Note: numbers in Appendix B Supplemental Table S4

Figure 10 shows the utilization trends at a more detailed level, by month. Markers highlight program changes with potential impact on utilization rates. The figure shows a significant 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 historical trends and has generally stayed in that range, with some transitory fluctuations. However, for speech therapy, the rate declined below the previous trend and remained below trend nearly two-years before recovering. The most currently available utilization rates are at or above trend for all three services.

Figure 10: Trend in the Numbers of Persons < 21 years old who Received Therapy Services per 1,000 Persons Enrolled in Texas Medicaid



*March 2019 data are preliminary.

Data include FFS and Managed Care clients who are under the age of 21. SHARS data excluded.

Data sources:

**Eligibility: Medicaid 8Month Eligibility/DA_Production.Eligibility_since_201101 (Medicaid), CADS/HHSC
CHIP 8Month Eligibility/DA_Production.CHIP_FOR_UTILIZATION

PTOTST Claims: THERAPY.THERAPY_COMBINED, CADS/HHSC

**To more accurately reflect client eligibility, the data source was changed from the MEDID point-in-time eligibility data to the 8 Month eligibility data.

Note: numbers in Appendix B Supplemental Table S5

STAR Kids Utilization Rates

For this Quarterly report, STAR Kids utilization data are through March 2019. The previous report included data through December 2018.

Figure 11 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 8 percent. Similarly, both physical and occupational therapy utilization rates decreased 9 percent. Since then, from September 2017 through March 2019, the utilization rates have remained level. Utilization rates for clients under 21 years old in both STAR Health and STAR did not experience the same pattern during this period.

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.

Because this decrease in STAR Kids therapy utilization rates coincided with the end of extended prior authorizations, HHSC explored the possibility of increased service denials correlating with the observed service trends. Accordingly, HHSC collected and analyzed therapy prior authorization data from MCOs, as described below.

STAR Kids Speech Therapy Prior Authorizations (PAs) and Denials

This section is unaltered since the previous report.

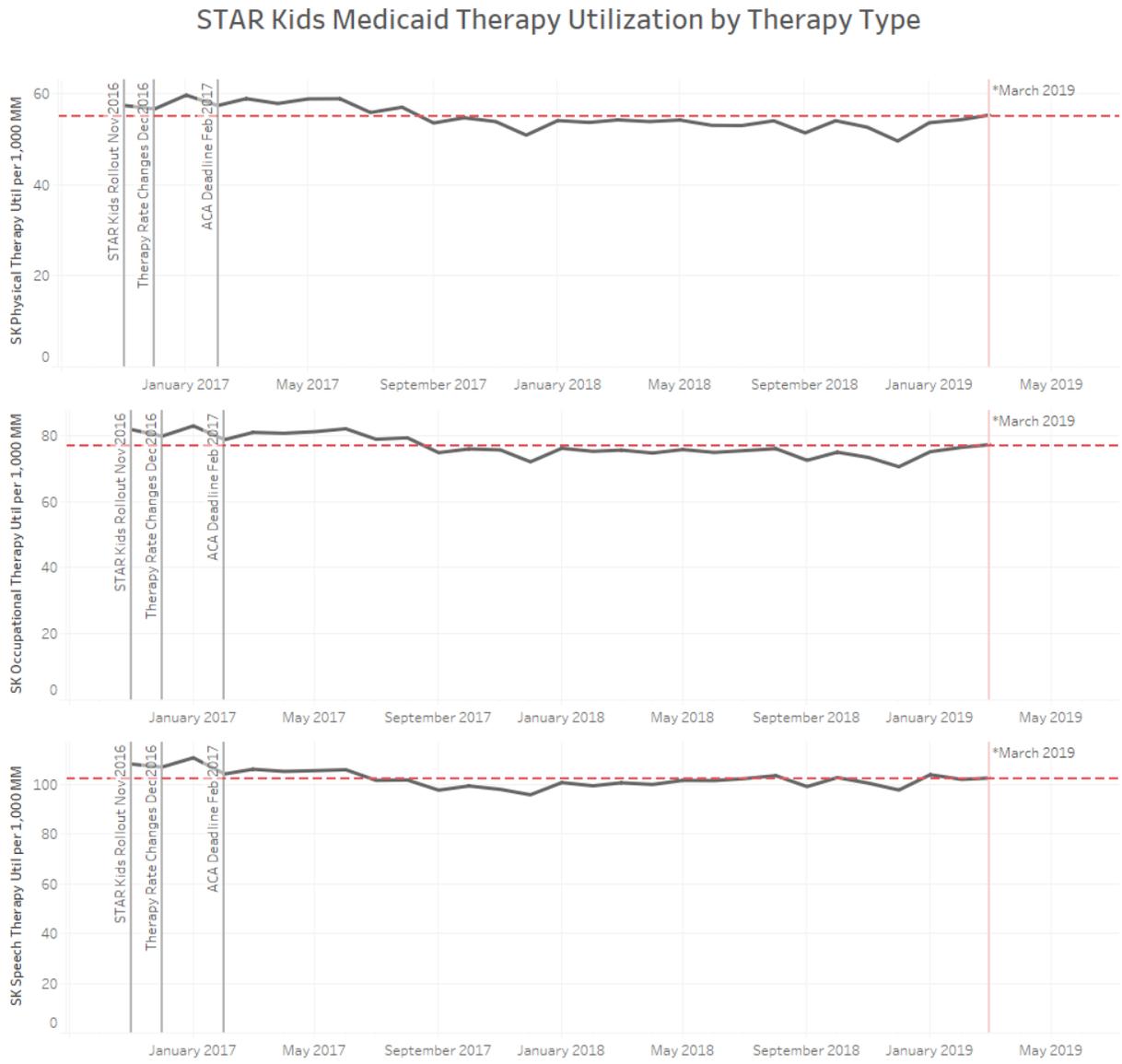
In October 2018, HHSC requested PA data for speech therapy from the MCOs serving STAR Kids and STAR Health members. Data were requested in aggregate for the timeframe of September 2016 through February 2018. Because of the decrease in STAR Kids utilization of therapies, the findings described in this report focus on the STAR Kids speech therapy data.

Without member level data, it is not possible to verify the data or look at patterns of services delivered. That said, observations of interest include the following:

- Most of the requested services were approved: 87 percent in SFY 2018 Q2 (December 2017 through February 2018).

- Overall, the number of speech therapy PAs processed, and the number denied were stable after the first quarter of data. (The first quarter is an outlier since STAR Kids rolled out in the last month.)
- The proportion of denials due to medical necessity, as opposed to administrative reasons, has been increasing for speech therapy, from 30 percent in SFY 2017 Q1 (September 2016 through November 2016) to 63 percent in SFY 2018 Q2 (December 2017 through February 2018).
- Most of the appeals and fair hearings related to speech therapy upheld the initial determination, which was in favor of the MCO's decision (66 percent and 89 percent, respectively).
- In general, appeals for speech therapy denials increased over the analyzed time frame.

Figure 11: Trend in the Numbers of Persons <21 who Received Therapy Services per 1,000 Persons Enrolled in Texas Medicaid, STAR Kids program only



*March 2019 data are preliminary.
 Data include STAR Kids clients only . SHARS data excluded.
 Data sources:
 **Eligibility: Medicaid 8Month Eligibility/ DA_Production.Eligibility_since_201101 (Medicaid), CADS/HHSC
 CHIP 8Month Eligibility/ DA_Production.CHIP_FOR_UTILIZATION
 PTOTST Claims: THERAPY.THERAPY_COMBINED, CADS/HHSC
 **To more accurately reflect client eligibility, the data source was changed from the MEDID point-in-time eligibility data to the 8 Month eligibility data.

Note: numbers in Appendix B Supplemental Table S6

5. Conclusion

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

Generally, the rate at which children receive a therapy service has remained near long-term historical trends, as measured from 2013, 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.

During this same period, changes in therapy provider participation are also apparent. First, the overall number of Medicaid-enrolled therapy providers declined in 2017, primarily due to the federal requirement for all Medicaid providers to reenroll by February 2017 or be disenrolled from the program. However, since early 2017, provider enrollment levels have mostly recovered. Also, the number of providers active each month declined 30 percent from April 2016 to December 2017, before stabilizing. Recent legislative actions (HHSC Rider 47) to increase rates for therapy providers may lead to improvement in provider enrollment and activity.

MCOs have been mostly compliant with network adequacy contract requirements for therapy providers (OT, PT, and ST) for each of the last four quarters. This is true even with the higher minimum compliance standard (raised from 75 percent to 90 percent) beginning in FY 2019. The counties where MCOs have difficulties meeting network adequacy standards are usually in rural areas.

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 for therapy services. HHSC has hired four therapists (two speech therapists and two physical therapists) for utilization reviews with a focus on the medical necessity of all types of therapy services in operational and targeted reviews.

Certain aspects of the data collection process, namely waiting list information and providers with closed panels, have been challenging. HHSC continues to work on validation processes to ensure accuracy of these data. This includes validation of information reported by therapy providers to MCOs and HHSC, directly with MCOs on their reported data 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. Effective June 1, 2019 providers were allowed to submit waiting list information directly to HHSC. The number of individuals reported on a waiting list nearly doubled from the prior quarter.
- Performing quality assurance of the MCO reported data and addressing any identified issues.
- Sharing data with MCOs on members reported on waiting lists and for whom no utilization data is found. MCOs will report back to HHSC their actions on these members.
- Continued data quality checks on data received from MCOs.

The Texas Legislature, 86th Regular Session, 2019, passed HHSC Rider 15 directing HHSC to continue publishing Quarterly Therapy Access Monitoring Reports. Additional Rider 15 requirements and other improvements to better highlight key data trends, will be incorporated into the next quarterly report, scheduled for publication in March 2020.

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
ECI	Early Childhood Intervention
FFS	Fee-for-Service
HHS	Health and Human Services
HHSC	Health and Human Services Commission
ID	Identification
IG	Inspector General
MCCO	HHSC Managed Care Compliance and Operations
MCO	Managed Care Organization
MM	Member Months
OT	Occupational Therapy
PT	Physical Therapy
S.B.	Senate Bill
SDA	Service Delivery Area
SLP	Speech-language Pathology

Acronym	Full Name
ST	Speech Therapy
STAR Kids	State of Texas Access Reform Kids
TPI	Texas Provider Identifier

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 Table

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

Service Area	Fiscal Year	PT	OT	ST
Bexar	FY2018	8.4	9.4	19.0
	FY2019	8.0	9.1	18.8
Dallas	FY2018	5.2	5.6	15.0
	FY2019	5.2	5.8	16.0
El Paso	FY2018	7.6	9.1	20.0
	FY2019	7.6	9.9	21.4
Harris	FY2018	6.0	6.9	13.2
	FY2019	6.6	7.3	14.4
Hidalgo	FY2018	7.2	17.3	29.1
	FY2019	6.9	17.3	30.3
Jefferson	FY2018	4.0	3.7	8.4
	FY2019	4.0	4.4	10.1
Lubbock	FY2018	8.0	9.1	16.9
	FY2019	8.6	9.8	18.9
MRSA Central	FY2018	6.0	6.9	12.7
	FY2019	6.4	7.4	13.4
MRSA Northeast	FY2018	5.7	6.8	11.1
	FY2019	5.9	6.9	12.6
MRSA West	FY2018	6.3	4.6	10.1
	FY2019	6.6	5.0	10.8
Nueces	FY2018	5.4	5.6	10.8
	FY2019	5.2	5.3	12.3
Statewide - STAR Health	FY2018	23.6	33.0	50.5
	FY2019	25.5	36.2	56.1
Tarrant	FY2018	5.7	5.0	11.4

Service Area	Fiscal Year	PT	OT	ST
	FY2019	6.0	5.3	13.2
Travis	FY2018	8.7	9.1	18.2
	FY2019	8.8	9.6	18.4

Table S2: Numbers of Enrolled Medicaid Therapy Providers, September 2014 - October 2019, and Active Medicaid Therapy Providers, September 2014 – March 2019

Date	Actively Billing Providers	Enrolled Providers
September 2014	2,281	6,245
October 2014	2,341	6,281
November 2014	2,251	6,418
December 2014	2,260	6,352
January 2015	2,300	6,327
February 2015	2,341	6,462
March 2015	2,379	6,478
April 2015	2,362	6,436
May 2015	2,302	6,428
June 2015	2,351	6,530
July 2015	2,321	6,406
August 2015	2,285	6,510
September 2015	2,361	6,300
October 2015	2,400	6,383
November 2015	2,319	6,613
December 2015	2,357	6,532

Date	Actively Billing Providers	Enrolled Providers
January 2016	2,416	6,440
February 2016	2,449	6,605
March 2016	2,467	6,600
April 2016	2,473	6,637
May 2016	2,318	6,767
June 2016	2,269	6,729
July 2016	2,170	6,850
August 2016	2,225	6,722
September 2016	2,192	6,694
October 2016	2,178	6,857
November 2016	2,155	6,871
December 2016	2,064	6,832
January 2017	2,043	6,913
February 2017	1,991	5,999
March 2017	1,992	6,008
April 2017	1,956	6,159
May 2017	1,955	6,251
June 2017	1,932	6,191

Date	Actively Billing Providers	Enrolled Providers
July 2017	1,919	6,303
August 2017	1,905	6,223
September 2017	1,807	6,144
October 2017	1,819	6,234
November 2017	1,822	6,212
December 2017	1,740	6,260
January 2018	1,804	6,289
February 2018	1,796	6,355
March 2018	1,768	6,201
April 2018	1,793	6,230
May 2018	1,769	6,294
June 2018	1,798	6,316
July 2018	1,758	6,423
August 2018	1,794	6,410
September 2018	1,750	6,393
October 2018	1,734	6,361
November 2018	1,692	6,394
December 2018	1,659	6,492

Date	Actively Billing Providers	Enrolled Providers
January 2019	1,724	6,347
February 2019	1,714	6,403
March 2019	1,706	6,401
April 2019		6,539
May 2019		6,509
June 2019		6,638
July 2019		6,709
August 2019		6,658
September 2019		6,802
October 2019		6,765

Note: Policy Changes, May 2016; STAR Kids Rollout, Nov 2016; Rate Changes, Dec 2016; ACA Deadline, Feb 2017; Partial Rate Restoration, Sep 2017; First Therapy Assistant Rate Reduction, Dec 2017; Second Therapy Assistant Rate Reduction, Sep 2018

Table S3: Numbers of Enrolled Medicaid Therapists by Provider Type, September 2014 – October 2019

Provider Category	CORF/ ORF	ECI	Home Health Agency	Independent Therapist	Other	Physician
September 2014	239	51	2,029	3,358	69	518
October 2014	239	50	2,028	3,394	70	520
November 2014	239	50	2,033	3,528	70	519
December 2014	239	50	2,022	3,472	69	521
January 2015	233	49	2,019	3,456	69	521
February 2015	228	50	2,031	3,579	69	525
March 2015	229	50	2,004	3,617	69	530
April 2015	227	50	2,011	3,567	67	535
May 2015	226	50	2,027	3,547	67	531
June 2015	225	50	2,033	3,645	66	532
July 2015	223	50	2,037	3,515	66	535
August 2015	225	50	2,039	3,617	66	533
September 2015	222	49	2,046	3,400	67	535
October 2015	232	49	2,052	3,463	68	538
November 2015	233	48	2,052	3,696	69	536
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

Provider Category	CORF/ ORF	ECI	Home Health Agency	Independent Therapist	Other	Physician
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
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

Provider Category	CORF/ ORF	ECI	Home Health Agency	Independent Therapist	Other	Physician
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

Note: Policy Changes, May 2016; STAR Kids Rollout, Nov 2016; Therapy Rate Changes, Dec 2016; ACA Deadline, Feb 2017; Code Changes, Sep 2017

Table S4: Utilization by Therapy Type per State Fiscal Year (per 1,000 individuals enrolled in Medicaid)

Therapy Type	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	*FY 2019
PT	6.2	6.3	6.6	6.5	6.3	6.5
OT	8.2	8.0	8.5	8.2	8.0	8.3
ST	16.4	16.0	16.6	15.6	15.5	16.6

Notes:

1. *SFY 2019 overall utilization totals include only data through March 2019 and are preliminary.
2. Data include FFS and Medicaid Managed Care clients who are under the age of 21. SHARS data excluded.
3. Data sources: **Eligibility: Medicaid 8 Month Eligibility / DA_Production.Eligibility_since_201101 (Medicaid), CADS/HHSC; CHIP 8Month Eligibility/ DA_Production.CHIP_FOR_UTILIZATION. PTOTST Claims: THERAPY.THERAPY_COMBINED, CADS/HHSC.
4. **To more accurately reflect client eligibility, the data source was changed from the MEDID point-in-time eligibility data to the 8 Month eligibility data.

Table S5: Numbers of Persons < 21 years old who Received Therapy Services (per 1,000 Individuals Enrolled in Texas Medicaid)

Therapy Type	PT	OT	ST
September 2012	5.7	7.7	16.5
October 2012	5.9	7.9	16.7
November 2012	5.8	7.8	16.4
December 2012	5.5	7.4	15.7
January 2013	5.9	7.9	16.5
February 2013	6.0	7.9	16.5
March 2013	6.1	8.0	16.7
April 2013	6.3	8.4	17.1
May 2013	6.1	8.3	17.1
June 2013	5.9	8.1	16.6
July 2013	6.0	8.3	16.7
August 2013	5.9	8.1	16.5
September 2013	5.8	8.0	16.4
October 2013	6.2	8.4	17.1
November 2013	6.0	8.1	16.4
December 2013	5.8	8.0	16.1
January 2014	6.2	8.4	16.6
February 2014	6.1	8.2	16.2
March 2014	6.3	8.2	16.4
April 2014	6.5	8.5	16.8
May 2014	6.4	8.3	16.6
June 2014	6.4	8.2	16.5
July 2014	6.3	8.2	16.3
August 2014	6.0	7.9	15.7
September 2014	6.0	7.8	15.6
October 2014	6.3	7.9	15.9
November 2014	6.0	7.7	15.4

Therapy Type	PT	OT	ST
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	6.4	8.4	16.4
August 2015	6.3	8.3	16.2
September 2015	6.4	8.3	16.3
October 2015	6.5	8.4	16.4
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
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

Therapy Type	PT	OT	ST
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	8.2	15.4
August 2017	6.5	8.3	15.5
September 2017	5.9	7.7	14.7
October 2017	6.3	7.9	15.2
November 2017	6.3	7.8	15.1
December 2017	5.9	7.4	14.5
January 2018	6.4	7.9	15.3
February 2018	6.3	7.9	15.3
March 2018	6.5	8.1	15.7
April 2018	6.6	8.1	15.8
May 2018	6.7	8.4	16.2
June 2018	6.4	8.2	16.0
July 2018	6.4	8.2	16.1
August 2018	6.5	8.3	16.6
September 2018	6.1	7.9	15.9
October 2018	6.7	8.3	16.7
November 2018	6.4	8.1	16.4
December 2018	6.1	7.8	16.0
January 2019	6.7	8.4	17.1
February 2019	6.8	8.6	17.0
March 2019	6.9	8.7	17.3

Notes:

1. Policy Changes, May 2016; STAR Kids Rollout, Nov. 2016; Therapy Rate Changes, Dec. 2016; ACA Deadline, Feb. 2017.
2. March 2019 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), CADS/HHSC; CHIP 8Month Eligibility / DA_Production.CHIP_FOR_UTILIZATION. PTOTST Claims: THEARPY.THERAPY_COMBINED, CADS/HHSC.

5. **To more accurately reflect client eligibility, the data source was changed from MEDID point-in-time eligibility data to the 8 Month eligibility data.

Table S6: STAR Kids -- 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)

Date	PT	OT	ST
November 2016	57.5	81.8	108.2
December 2016	56.7	79.8	107.0
January 2017	59.8	82.9	110.7
February 2017	57.5	78.7	104.2
March 2017	59.0	80.9	106.1
April 2017	57.9	80.7	105.2
May 2017	58.9	81.1	105.5
June 2017	59.0	82.0	105.9
July 2017	55.9	78.9	101.7
August 2017	57.1	79.3	101.8
September 2017	53.6	74.8	97.7
October 2017	54.8	75.9	99.4
November 2017	54.0	75.6	98.0
December 2017	51.0	72.0	95.8
January 2018	54.2	76.1	100.8
February 2018	53.8	75.2	99.5
March 2018	54.3	75.6	100.7
April 2018	54.0	74.7	100.0
May 2018	54.3	75.7	101.6
June 2018	53.1	74.9	101.6
July 2018	53.1	75.4	102.3
August 2018	54.1	76.0	103.5
September 2018	51.5	72.5	99.1
October 2018	54.1	74.9	102.8
November 2018	52.7	73.3	100.5
December 2018	49.7	70.5	97.8

Date	PT	OT	ST
January 2019	53.7	75.1	103.9
February 2019	54.4	76.4	102.0
March 2019	55.4	77.2	102.6

Note:

1. STAR Kids Rollout, Nov. 2016; Therapy Rate Changes, Dec. 2016; ACA Deadline, Feb. 2017.
2. *March 2019 data are preliminary.
3. Data include STAR Kids clients only. SHARS data excluded.
4. Data sources: **Eligibility: Medicaid 8Month Eligibility / DA_Production.Eligibility_since_201101 (Medicaid), CADS/HHSC. CHIP 8Month Eligibility/ DA_Production.CHIP_FOR_UTILIZATION. PTOTST Claims: THERAPY.THERAPY_COMBINED, CADS/HHSC.
5. **To more accurately reflect client eligibility, the data source was changed from the MEDID point-in-time eligibility data to the 8 Month eligibility data.