

**Healthy Texas Women: Questions from providers about the recent eligibility changes effective March 20, 2021**

1) What is the new processing time frame? Is there still 45 days to determine eligibility? If HTW will follow Medicaid guidelines, according to the Texas Works Handbook, it appears that 45 days is the deadline for determining eligibility - can you confirm?

HHSC response: Yes, 45 days deadline will continue. This is the federal requirement.

Follow-up: How long does it usually take to process HTW applications - historical numbers and then what it's looking like now? HHSC is taking that back to look up and provide data.

2) Is this eligibility policy remaining the same - women will be eligible for HTW the first day of the **file date month**? According to section A-820 of the Texas Works Handbook it is the Medicaid policy, so will HTW continue to follow Medicaid policy in this instance?

Note: I want to get specific on language here because this response has been shared "*HTW eligibility starts the first day of the month in which the woman meets all eligibility criteria.*" So a woman could meet all criteria in the file date month and her eligibility would begin the first day of the file date month, correct? Which is ***different*** from saying a woman is eligible the **first day of the month in which she is determined eligible.** (There has been confusion and many questions around this.)

HHSC Response: **This policy is remaining the same.** It will be effective the first day of the file date month if that is the first day of the month when she meets eligibility. So if she applies on April 16, their effective date will be April 1.

Additional question: What if they apply but still need documents for the application, when would eligibility start?

HHSC Reponse: Goes back to the first of the month of the file date if that's the first month they are eligible.

Additional question: What if she waits to file an application in the next month - for example services are received in May, but she files her application in June? Will services be reimbursed?

HHSC Response: HTW doesn't have 3 months prior authorization, even though its a medicaid program. This provision is waived in the 1115 waiver. So in the example above, services rendered in months before the application is filed will not be retroactively covered.

3) Is the current HTW screening tool still required to determine eligibility for the HTW program? Or will there be a new screening tool provided given the eligibility changes? Or will the screening tool no longer be available or required to determine eligibility for the HTW program?

HHSC Response: There will be updates to the screening tool and continue with business as usual in the meantime using the current available screening tool.

4) Does every woman need to apply for Medicaid and be denied before she is considered for the HTW program? Do providers need to have the denial letter in her record or file?

HHSC Response: No, she does not have to be denied Medicaid or have a denial letter before she can be approved for HTW. On the backend, in the system, in the program cascade, she will be eligibility tested for Medicaid first, then CHIP, then HTW - this is an automatic process. But there is an opt out option on the application where a woman can say she just wants HTW, and not get tested for Medicaid or CHIP.

5) What will happen if the old application is submitted? What are the processing steps that will be done by an eligibility worker to reach out to applicant for more needed information and continue processing the application?

HHSC Response: The old HTW application will not provide all the needed information to determine an individual's HTW eligibility. If an old HTW application is submitted, it will be accepted. But, eligibility staff will have check to see if they have additional needed information in HHSC records (example: if the applicant has applied for Medicaid for a child in the past) and then reach out to the client if there is no information in HHSC records or if more information is needed to determine eligibility.

Additional question: Providers have already gotten communication to use the updated applications for HTW? Sending in the old HTW application will cause time delays and could snowball into more work for HHSC staff and delay services for women.

HHSC Response: So far, communication with providers has been through notifications and updating the HTW website.

Additional Question: Is it possible to get notifications on changes in programs to providers in advance? Providers need to adjust to new requirements and that is hard to do if notifications on changes happen after something is effective. Also can there be plans for training on changes and provider forums?

HHSC Response: Will take that back as feedback.

6) How long will the old HTW application (Form H1867) be accepted?

HHSC Response: No timeframe on when they will stop taking the old HTW application.

7) When will the new income threshold of 204.2% FPL be updated to the HealthyTexasWomen.org website? And when will the website be totally updated to reflect new information needed for HTW?

HHSC Response: They are working with IT on this and it is in process. Should happen within the next couple of weeks.

8) When will the HTW program manual be updated to reflect all the new policy changes so providers can reference?

HHSC Response: Texas Medicaid Provider Procedures Manual (TMPPM) will be updated in June 2021. The HTW contractors manual is in approval process right now, so will be updated by the new fiscal year.

9) Could the web based training module mentioned in the Texas Works Bulletin on HTW Eligibility Changes be made available to HTW providers?

HHSC Response: They are checking with the training department. They cautioned, it's very TIERS heavy, so don't know how helpful it would be for providers.

Additional Question: Could training for providers be developed and shared? Could a focus group of providers help with this?

HHSC Response: Will take that back.

10) For contracted providers that participate in both HTW and the Family Planning Program (FPP), do women have to apply and be denied for HTW before providers can bill to FPP?

HHSC Response: Want to have a woman apply for HTW before FPP, but if you have a woman come in and you know she's not HTW eligible, you can use your screening tool and based on that go straight to FPP. There's no requirement that there needs to be an HTW denial before billing to FPP.

**Additional Questions during HHSC Q&A from attendees:**

From the beginning of the 1115 Family Planning Waiver project the objectives were to demonstrate to CMS and State that changes to the Medicaid application process will ensure access to the program efficiently and reduce Medicaid birth costs. How will it be evaluated to show budget neutrality?

HHSC Response: Don't have the budget in front of them or data. But the MAGI cascade will help because everyone will get screened for HTW when leaving other Medicaid programs. It's linked together in the system since they're all Medicaid programs. Also while in the Public Health Emergency (PHE) period there is no transition into HTW, so right now changes are only impacting clients that are newly applying.

Are the HTW confidentiality protection still applicable? Is the MAGI family violence opt out form applicable to HTW now that it's a MAGI Medicaid program?

HHSC Response: Yes, protections are still applicable and yes they can utilize the opt out form for people in their income group.