
RIDER 64 REPORT

Annual Savings and Performance Report for the Women's Health Program

**As Required By the 2010-11 General Appropriations Act
(Article II, Health and Human Services Commission, Rider 64,
S.B. 1, 81st Legislature, Regular Session, 2009)**

**Health and Human Services Commission
October 2010**

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Executive Summary

The *Annual Savings and Performance Report for the Women's Health Program* provides an overview of enrollment and service utilization levels, program savings and expenditures, and descriptions of recent outreach activities. This report is required by the 2010-11 General Appropriations Act (Article II, Health and Human Services Commission, Rider 64, S.B. 1, 81st Legislature, Regular Session, 2009).

This second revised report includes updates to the June 2010 fiscal estimates. Births to non-citizens and Temporary Assistance for Needy Families (TANF) recipients should have been excluded from the 2003 comparison data used for the WHP cost neutrality analysis. The following is a listing of the updated fiscal estimates included in the report and the figures that appeared in the June 2010 revised report:

- Results indicate a reduction of 5,726 expected births for calendar year 2008, and HHSC estimates the decrease in Medicaid costs to be about \$63 million all funds. (*Previously reported 10,300 expected births and \$113 million all funds*)
- After paying the costs associated with the program, WHP services provided in 2008 saved about \$42.4 million all funds. (*Previously reported \$92.7 million all funds*)
- The state share of the reduction in Medicaid costs totaled approximately \$23.5 million general revenue, and the net state share of savings after paying WHP expenditures totaled approximately \$21.4 million general revenue. (*Previously reported the state share of the reduction at \$42 million general revenue and the net share of the reduction at \$40.2 general revenue*)
- Based on the methodology prescribed by the Centers for Medicare and Medicaid Services (CMS) to estimate savings, calendar year 2008 WHP expenditures (approximately \$20.6 million all funds) equaled approximately 32.7 percent of the total estimated savings due to the reduction in expected births. (*Previously reported 18 percent of total estimated savings*)
- The state's WHP expenditures for calendar year 2008 (approximately \$2.1 million general revenue) equaled approximately 8.9 percent of the state share of the estimated savings due to the reduction in expected births. (*Previously reported 5 percent of the state share*)
- "Projected Births to Calendar Year (CY) 2008 WHP Participants If No WHP" total 9,101. (*Previously reported 13,675*)

The Medicaid Women's Health Program (WHP), established by S.B. 747, 79th Legislature, Regular Session, 2005, is a five-year Medicaid family planning waiver demonstration that HHSC implemented on January 1, 2007. Women with WHP coverage can access free family planning services and related health screenings. The federal government's purpose for allowing family planning waivers is to limit federal expenditures for Medicaid-paid births.

- There were 151,989 women enrolled in WHP in calendar year 2009.¹ An unduplicated total of 88,491 women had a paid Medicaid claim for WHP services received in calendar year 2009.²

¹ Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Client Universe, retrieved on January 18, 2010.

² Medicaid claims data for 2009 are incomplete.

- The Health and Human Services Commission (HHSC) used several approaches to reach out to women potentially eligible for WHP in calendar year 2009, including:
 - Distributing new printed materials.
 - Advertising through billboards.
 - Printing articles in provider association newsletters.
 - Training promotores (community health workers).
 - Utilizing other state agencies and contractors to inform providers and potentially eligible women about the program in the regions.

In calendar year 2009, the state's expenditures on the program totaled approximately \$2.8 million general revenue. This includes expenditures for services, program administration, and outreach. Savings attributable to the program are calculated using a methodology prescribed by the federal Centers for Medicare & Medicaid Services (CMS). According to CMS methodology, the decrease in Medicaid costs due to the use of family planning services is estimated by the reduction in the expected number of births for WHP participants had there been no WHP demonstration program. The estimated Medicaid cost of these births (including the costs of prenatal care, delivery, postpartum care, and the first year of infant care) is considered a Medicaid savings due to the reduction in expected births.

Complete data on the number of births among calendar year 2009 WHP clients are not yet available due to the nine months lag time associated with births. The most recent birth and savings data are available for calendar year 2008. Results indicate a reduction of 5,726 expected births for calendar year 2008, and HHSC estimates the decrease in Medicaid costs to be about \$63 million all funds. After paying the costs associated with the program, WHP services provided in 2008 saved about \$42.4 million all funds. The state share of the reduction in Medicaid costs totaled approximately \$23.5 million general revenue, and the net state share of savings after paying WHP expenditures totaled approximately \$21.4 million general revenue. The cost neutrality analysis shows that WHP was cost neutral in 2008.

Based on the methodology prescribed by CMS to estimate savings, calendar year 2008 WHP expenditures (approximately \$20.6 million all funds) equaled approximately 32.7 percent of the total estimated savings due to the reduction in expected births. The state's WHP expenditures for calendar year 2008 (approximately \$2.1 million general revenue) equaled approximately 8.9 percent of the state share of the estimated savings due to the reduction in expected births.

Introduction

Background

S.B. 747, 79th Legislature, Regular Session, 2005, directs the Health and Human Services Commission (HHSC) to establish a five-year demonstration project through the state's medical assistance program to expand access to family planning services for women. The Medicaid Women's Health Program (WHP) is for women who meet the following qualifications:

- Are ages 18 through 44. (Women can apply the month of their 18th birthday through the month of their 45th birthday.)
- Are U.S. citizens and qualified immigrants.
- Reside in Texas.
- Do not currently receive full Medicaid benefits, Children's Health Insurance Program (CHIP), or Medicare Part A or B.
- Are not pregnant.
- Are not sterile, infertile, or unable to get pregnant due to medical reasons.
- Do not have private health insurance that covers family planning services (unless filing a claim on the health insurance would cause physical, emotional, or other harm from a spouse, parent, or other person).
- Have a net family income at or below 185 percent of the federal poverty level (FPL). For example, the monthly net income for a woman in a family of two cannot exceed \$2,247.³

Federal Approval

HHSC received approval from the Centers for Medicare & Medicaid Services (CMS) for WHP, a Medicaid family planning expansion, on December 21, 2006. HHSC implemented the five-year demonstration on January 1, 2007. WHP is expected to minimize the overall number of births paid for by Medicaid by improving access to contraception and providing counseling on the spacing of births. For women whose poverty limits their access to health-care services, WHP could reduce the number of infant deaths and premature and low birth weight deliveries attributable to closely spaced pregnancies.⁴ Improved access may also reduce future disability costs for children arising from premature and low birth weight deliveries.

WHP benefits are limited to:

- One family planning exam each year, which may include screening for breast and cervical cancers, diabetes, sexually transmitted diseases, high blood pressure, and other health issues related to the method of contraception.
- Birth control, except emergency contraception.
- Counseling on family planning methods, including the health benefits of abstinence.
- Follow-up family planning visits related to the method of contraception.

³ This amount reflects the 2009 FPL Guidelines. As of April 8, 2010, the 2010 FPL Guidelines have not been released.

⁴ The Johns Hopkins Bloomberg School of Health, "Birth Spacing: Three to Five Saves Lives." Online. Available: <http://www.inforforhealth.org/pr/113/113.pdf>. Retrieved June 7, 2005.

Per S.B. 747 and the waiver agreement with CMS, WHP does not cover the costs of treatment for any medical conditions. If a WHP provider identifies a health problem such as a sexually transmitted disease or diabetes, the provider must refer the WHP client to another physician or clinic that can treat her. If a WHP client is diagnosed with breast or cervical cancer, she can qualify to receive treatment under the Medicaid Breast and Cervical Cancer (MBCC) program. While a woman is enrolled in MBCC, she receives full Medicaid benefits in addition to cancer treatment services.

Provider Base

Eligible WHP providers are those who deliver family planning services, have completed the Medicaid-enrollment process through the state's Medicaid claims administrator, and do not perform elective abortions. The following provider types may bill family planning services under WHP:

- Physician
- Physician Assistant
- Advanced Nurse Practitioner
- Clinical Nurse Specialist
- Certified Nurse Midwife
- Federally Qualified Health Center (FQHC)
- Family Planning Agency
- Freestanding Ambulatory Surgical Centers
- Hospital-based Ambulatory Surgical Centers
- Laboratory

Enrollment and Utilization

Enrollment Levels of Targeted Low-income Women

There were 151,989 women enrolled in WHP in calendar year 2009.⁵ The number of clients enrolled in WHP in calendar year 2009 is incomplete due to the lag in the Medicaid eligibility data, and HHSC anticipates that the number enrolled will increase as eligibility data become available.

Service Utilization by Geographic Region

An unduplicated total of 88,491 women had a paid Medicaid claim for WHP services received in calendar year 2009.⁶ The HHSC region of residence for WHP clients with a paid claim in calendar year 2009 is shown in Table 1. The Gulf Coast Region had the largest number of WHP clients with a paid claim, followed by the Lower South Texas Region.

⁵ Source: TMHP Ad Hoc Query Platform Client Universe, retrieved on January 18, 2010.

⁶ Medicaid claims data for 2009 are incomplete.

**Table 1 - Women's Health Program Clients with a Paid Claim by Region
Calendar Year 2009**

Health and Human Services		
Commission Region	Number	Percent
Region 1 High Plains	6,193	7.0%
Region 2 Northwest Texas	2,468	2.8%
Region 3 Metroplex	10,307	11.6%
Region 4 Upper East Texas	4,798	5.4%
Region 5 Southeast Texas	3,355	3.8%
Region 6 Gulf Coast	18,045	20.4%
Region 7 Central Texas	9,607	10.9%
Region 8 Upper South Texas	10,710	12.1%
Region 9 West Texas	3,722	4.2%
Region 10 Upper Rio Grande	3,962	4.5%
Region 11 Lower South Texas	15,318	17.3%
Missing Regional information	6	0.0%
Total	88,491	100.0%

Source: TMHP Ad Hoc Query Platform Claims Universe retrieved on January 25, 2010.

Service Utilization by Delivery System

There were 654,650 WHP services provided in calendar year 2009.⁷ All services are provided and reimbursed on a fee-for-service basis, except for services provided by FQHCs. Per the 2010-11 General Appropriations Act (Article II, Health and Human Services Commission, Rider 42, S.B. 1, 81st Legislature, Regular Session, 2009), HHSC uses a prospective payment system to reimburse FQHCs for Medicaid family planning services, including WHP, at a per-visit encounter rate, for up to three encounter rate reimbursements per client per calendar year.

Various types of providers perform WHP services. The majority of WHP services in calendar year 2009 were provided by family planning clinics. Table 2 shows the number of WHP services provided in 2009 by provider type.

⁷ Medicaid claims data for 2009 are incomplete.

**Table 2 - Submitted Women's Health Program Services by Provider Type
Calendar Year 2009**

Provider Type	Number of	Percent of
71 Family Planning Clinic	468,482	71.6%
55 Maternity Service Clinic	4	0.0%
Subtotal	468,486	71.6%
Independent Lab/Privatey Owned Lab (No Physician Involvement)		
23	24,964	3.8%
24 Independent Lab/Privatey Owned Lab (Physician Involvement)	75,988	11.6%
Subtotal	100,952	15.4%
19 Physician (Doctor of Osteopathic Medicine [D.O.])	417	0.1%
20 Physician (Doctor of Medicine [M.D.])	8,189	1.3%
21 Physician Group (D.O.s Only)	238	0.0%
22 Physician Group (M.D.s Only And Multispecialists)	32,149	4.9%
Subtotal	40,993	6.3%
46 FQHC	40,008	6.1%
51 Ambulatory Surgical Center - Freestanding/Independent	54	0.0%
52 Ambulatory Surgical Center - Hospital Based	293	0.0%
78 Rural Health Clinic - Freestanding/Independent	6	0.0%
79 Rural Health Clinic - Hospital Based	40	0.0%
Subtotal	40,401	6.2%
10 Advanced Practice Nurse	3,357	0.5%
33 Registered Nurse/Nurse Midwife	200	0.0%
Subtotal	3,557	0.5%
60 Hospital - Long Term, Limited, or Specialized Care	2	0.0%
61 Hospital - Private Full Care	165	0.0%
Subtotal	167	0.0%
04 Certified Registered Nurse Anesthetist (CRNA)	1	0.0%
05 CRNA Group	80	0.0%
66 Texas Health Steps - Medical	2	0.0%
75 Portable X-Ray Supplier, Radiological Lab, Physiological Lab	11	0.0%
Subtotal	94	0.0%
Total Services	654,650	100.0%

Source: TMHP Ad Hoc Query Platform Claims Universe retrieved on January 25, 2010.

Service Utilization by Age

The ages of WHP clients with a paid claim in calendar year 2009 are shown in Table 3. Seventy-seven percent of WHP clients were 29 years of age or younger.

**Table 3 - Women's Health Program Clients with a Paid Claim by Age
Calendar Year 2009**

Age of client as of her first claim in the year*	Number	Percent
18-19 years	12,197	13.8%
20-24 years	34,390	38.9%
25-29 years	21,158	23.9%
30-34 years	10,734	12.1%
35-39 years	6,312	7.1%
40-44 years	3,700	4.2%
Total	88,491	100.0%

*Women can apply the month of their 18th birthday through the month of their 45th birthday. Women with a claim in the month of their 18th birthday are included in the 18-19 year-olds. Those with a claim in the month of their 45th birthday are included in the 40-44 year-olds.

Source: TMHP Ad Hoc Query Platform Claims Universe retrieved on January 25, 2010.

Savings and Expenditures

Expenditures Attributable to Enrollment Levels

Expenditures for calendar year 2009 are reported in Table 4. Total WHP expenditures were about \$28 million all funds in calendar year 2009. The state's share of those costs was about \$2.8 million general revenue.⁸

**Table 4 - Women's Health Program Expenditures
Calendar Year 2009**

WHP Expenditures (defined by CMS)	Total	State Share of Costs*
Waiver Expenditures	\$27,555,351	\$2,755,917
Evaluation Expenditures**	\$50,000	\$25,000
Outreach Expenditures**	\$50,000	\$25,000
Total WHP Expenditures	\$27,655,351	\$2,805,917

* Data in the table include error due to rounding. The state share of the waiver expenditures is approximately 10 percent of the total costs.

**Evaluation and outreach expenditures comprise the total administrative expenditures for the waiver. The state share of the administrative expenditures is 50 percent of the total costs.

Source: TMHP Ad Hoc Query Platform Claims Universe retrieved on January 25, 2010

⁸ Medicaid claims data for 2009 are incomplete.

Savings Attributable to WHP Enrollment

HHSC uses methodology prescribed by CMS to estimate the savings associated with the WHP demonstration program. According to CMS methodology, the decrease in Medicaid costs due to the use of family planning services is estimated by the reduction in the expected number of births for WHP participants had there been no WHP demonstration program. The estimated Medicaid cost of these births (including the costs of prenatal care, delivery, postpartum care, and the first year of infant care) is considered a Medicaid savings due to the reduction in expected births.

Complete data on the number of births among calendar year 2009 WHP clients are not yet available because of the nine months lag time associated with births. The most recent birth and savings data are available for calendar year 2008. The savings for calendar year 2008 are shown in Table 5.

Results indicate a reduction of 5,726 expected births for calendar year 2008, and HHSC estimates the decrease in Medicaid costs to be about \$63 million all funds. The state's share of the estimated reduction in Medicaid costs is about \$23.5 million general revenue. After paying the costs associated with the program, WHP services provided in 2008 saved about \$42.4 million all funds. The cost neutrality analysis shows that the WHP program was cost neutral in calendar year 2008. Based on the methodology prescribed by CMS to estimate savings, calendar year 2008 WHP expenditures (approximately \$20.6 million all funds) equaled approximately 32.7 percent of the total estimated savings due to the reduction in expected births. The state's WHP expenditures for calendar year 2008 (approximately \$2.1 million general revenue) equaled approximately 8.9 percent of the state share of the estimated savings due to the reduction in expected births.

**Table 5 - Calculation of Women's Health Program Cost Neutrality
Calendar Year 2008***

	Total	State Share of Costs
WHP Savings Due to Births Averted (Reduction in Expected Births)		
Projected Births to Calendar Year (CY) 2008 WHP Participants If No WHP	9,101	N/A
Actual births to CY 2008 WHP Participants	3,375	N/A
Births Averted (Reduction in Expected Births)	5,726	N/A
Average Cost of Medicaid Birth in CY 2008	\$10,996	\$4,104
Target Expenditure = Savings Due to a Births Averted (Reduction in Expected Births)	\$62,968,035	\$23,500,851
WHP Expenditures (defined by CMS)		
Waiver Expenditures	\$20,485,104	\$2,049,232
Evaluation Expenditures	\$50,000	\$25,000
Outreach Expenditures	\$50,000	\$25,000
Total WHP Expenditures	\$20,585,104	\$2,099,232
WHP Savings Due to Births Averted (Reduction in Expected Births After Expenditures)		
Net WHP Savings	\$42,382,931	\$21,401,619
Cost Neutrality		
Total WHP Expenditures as a Percent of Target Expenditure	32.69%	8.93%

* Terms are defined in Appendix A. Data in the table include error due to rounding.

Outreach

HHSC used several approaches to reach out to women potentially eligible for WHP in the third year of the demonstration.

- At the beginning of the year, HHSC sent approximately 1 million notices about WHP to women whose children are enrolled in Medicaid. These notices were included with their children's January 2009 Medicaid identification form. The bilingual notices, printed with English on one side and Spanish on the other side, included basic program information and directed potential clients to the WHP call center for more detailed information about the program and how to apply.
- Also in January 2009, HHSC Medicaid/CHIP Division staff reached out to community-based organizations (CBOs) contracted to conduct outreach on a variety of programs, and encouraged them to continue efforts to educate potentially eligible women about the program.
- In April 2009, HHSC published several articles in provider organization newsletters. The Texas Medical Association published an article about WHP on its website and sent it to the county medical societies for printing in county society newsletters, as well as to specialty societies. In addition, the Texas Nurses Association included the article in its April/May/June 2009 newsletter, which has a circulation of 265,000. The Texas Osteopathic Medical Association also included information about WHP in its news briefing publication, which is sent to approximately 1,800 members. Some of the articles also included information about referring women to the Breast and Cervical Cancer Services program for cancer screening and MBCC for cancer treatment.
- Also in April 2009, bilingual WHP posters were updated, printed, and distributed. HHSC's Office of Community Collaboration and Border Affairs staff headed up the distribution initiative, targeting locations such as community colleges and other areas that potential clients might frequent.
- In addition, HHSC directed its Medicaid managed care contracted enrollment broker to implement outreach and education efforts to educate pregnant women receiving Medicaid about the availability of WHP after the women deliver their babies. These changes included: 1) updating the enrollment broker's outreach script to include information about WHP and referral information; and 2) distributing WHP fliers to clients during home visits and community presentations. These changes were made in April 2009.
- In May 2009, the Department of State Health Services (DSHS) approved a curriculum about WHP for certified community health worker training sites to offer. Community health workers, or promotores, can complete the training at certified training sites and earn three continuing education units. The training provides an overview of program benefits and eligibility and how to help women apply for the program.

- In August 2009, HHSC printed 500,000 English and 300,000 Spanish full-color business card-sized pushcards with information about the program on one side and room for a provider to add its contact information on the opposite side. These pushcards, which have proven popular with providers, were distributed in October 2009.
- In October 2009, DSHS Birth Defects and Epidemiology Surveillance (BDES) staff began a new WHP outreach effort utilizing approximately 50 DSHS BDES staff, located throughout the state, who collect birth defects data from hospital birth records. Because the BDES staff have a unique relationship with regional hospitals and providers, staff are able to provide the hospitals with WHP brochures and pushcards. In 2009, BDES staff provided information about WHP to 43 providers' offices and hospitals, and distributed information to the Central Texas March of Dimes Programs Committee.
- In November 2009, the HHSC Office for Prevention of Developmental Disabilities and the DSHS Substance Abuse Program began distributing WHP informational materials to contractors who deliver alcohol and substance abuse education and treatment services to women through out the state.
- Throughout the year, HHSC and DSHS regional staff, HHSC-contracted CBOs, and the state's Medicaid claims administrator, promoted WHP at multiple community events and meetings around the state. Regional staff provided outreach and education about WHP to local governmental groups, community organizations, and providers.

Targeted Spanish-speaking/Hispanic Outreach

People who speak Spanish as a primary language comprise the state's largest hard-to-reach group for health services. Hispanic women are one of the largest growing populations in the state of Texas, have high fertility rates, and may prefer to speak in Spanish. These variables make it essential but challenging to bring these women into the demonstration project.

All outreach materials are available in Spanish, but in 2009, HHSC specifically targeted the Hispanic population with a bilingual billboard campaign in South and Central Texas. The billboard campaign was launched in February in Travis County (Central Texas) and in Cameron and Willacy Counties (Lower South Texas), each of which has a large Spanish-speaking/Hispanic population and a lower percentage of eligible women enrolled in WHP compared to the rest of the state. A total of 20 billboards were posted throughout these counties advertising WHP: 11 billboards were printed in Spanish, and 9 billboards were printed in English. HHSC experienced a slight increase in call volume and applications from these areas during the month of February 2009, but it is uncertain how much of the increase was directly due to the billboards.

HHSC regional staff also provided information about the program to groups such as the Office of Border Affairs, the Texas Migrant Council, and the HHSC Colonias Initiative group. All materials intended for client use are in both English and Spanish.

Conclusion

In the third year of WHP's operation, there were 151,989 women enrolled in WHP in calendar year 2009. An unduplicated total of 88,491 women had a paid Medicaid claim for WHP services received in calendar year 2009. A total of 654,650 WHP services were provided in calendar year 2009, with the majority provided by family planning clinics. Seventy-seven percent of the clients who received services were aged 29 and younger. The state expended approximately \$2.8 million in general revenue. While complete data on the number of births among calendar year 2009 WHP clients is not yet available, HHSC estimates that a reduction of \$23.5 million general revenue was achieved in calendar year 2008. Overall, the state share of the reduction in Medicaid costs in 2008 after paying WHP expenditures totaled approximately \$21.4 million general revenue.

Appendices

Appendix A: Cost Neutrality Definitions

WHP Participants in Calendar Year 2008 are WHP enrollees with at least one paid WHP claim for a service delivered in Calendar Year 2008.

WHP Participants with Medicaid Births for Calendar Year 2008 are Calendar Year 2008 WHP participants with a Medicaid-paid birth where the pregnancy occurred in Calendar Year 2008 and the birth occurred at least nine months after the participant's first paid WHP claim and no more than nine months after the participant's last day of enrollment in Calendar Year 2008. Some of these births occurred in Calendar Year 2009, but births after September 2009, were excluded because the pregnancy probably occurred in Calendar Year 2009.

WHP Birth Rate for Calendar Year 2008 = Calendar Year 2008 WHP Participants with Medicaid Births / Calendar Year 2008 WHP Participants.

WHP Participant Proportions by Ethnicity and Age for Calendar Year 2008 = Number in Ethnicity and Age Group in Calendar Year 2008 / Total Number of Calendar Year 2008 WHP Participants.

Base Year Population is the estimated number of low-income (family income at or below 185% of the Federal Poverty Level) Texas women in 2003 ineligible for Medicaid except for pregnancy. Base Year Population excludes non-citizens and lower-income women who would be eligible for TANF. Data are from the 2003 American Community Survey.

Base Year Women with Medicaid Births is the number of women with a Medicaid-paid birth in 2003. Base Year Women with Medicaid Births excludes Medicaid births to non-citizens and to women on TANF.

Base Year Birth Rates = Base Year Women with Medicaid Births / Base Year Population.

Base Year Birth Rates Adjusted for Participant Proportions Calendar Year 2008 = Base Year Birth Rate * Calendar Year 2008 WHP Participant Proportion. This adjustment weights the base year birth rate for each ethnicity and age group by the prevalence of that group among Calendar Year 2008 WHP participants so the total across all ethnicity and age groups equals a base year birth rate that reflects the ethnicity and age of Calendar Year 2008 WHP participants.

Projected Births to Calendar Year 2008 WHP Participants If No WHP = Number of Calendar Year 2008 WHP Participants * Base Year Birth Rate (Adjusted for Calendar Year 2008 Participant Proportions)

Births Averted (Reduction in Expected Births) = Projected Births to Calendar Year 2008 WHP Participants - Actual Births to Calendar Year 2008 WHP Participants

Average Cost of Medicaid Birth in Calendar Year 2008 includes prenatal care, delivery, postpartum care, and first year of life costs for infant.

Target Expenditure = Savings Due to Births Averted = Births Averted * Average Cost of Medicaid Birth in Calendar Year 2008 (*Target expenditure is the "break-even" point for cost neutrality*)

Waiver Expenditures = Calendar Year 2008 WHP Medicaid claims

Administrative Expenditures = Calendar Year 2008 Evaluation Expenditures + Calendar Year 2008 Outreach Expenditures

Total WHP Expenditures = Waiver Expenditures + Administrative Expenditures

Net WHP Savings = Target Expenditure – Total WHP Expenditures

Total WHP Expenditures as a Percent of Target Expenditure = Total Expenditures / Target Expenditure

Appendix B: Map of WHP Clients with a Paid Claim in Calendar Year 2009

