
Texas Women's Health Program Provider Survey
Patient Capacity Report

Health and Human Services Commission
Center for Strategic Decision Support
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**TEXAS WOMEN'S HEALTH PROGRAM PROVIDER SURVEY
PATIENT CAPACITY REPORT
JANUARY 2012**

INTRODUCTION

The Medicaid Women's Health Program (WHP), administered by the Texas Health and Human Services Commission (HHSC) provides family planning services for low-income women who wouldn't qualify for Medicaid unless they were pregnant. The federal government cut off the funding for the Medicaid Women's Health Program on December 31, 2012, over a state law that excludes organizations that perform or promote elective abortions from the program. Governor Rick Perry directed HHSC to create a new state program to continue family planning services to women previously served by the Medicaid program and HHSC adopted rules on behalf of the Department of State Health Services to implement the new state program in accordance with state law (Senate Bill 7, 82nd Legislature, Regular Session, 2011).

The new state program, the Texas Women's Health Program (TWHP), was launched on January 1, 2013. The administrative rules for the new program exclude elective abortion providers and their affiliates from participation in the program. Traditionally affiliates of Planned Parenthood have provided services to about 40 percent of Medicaid Women's Health Program clients, but those locations did not certify to provide services under the state program and have challenged the new state rules in court. As the federally funded Medicaid Women's Health Program (WHP) ended and the state-funded Texas Women's Health Program was launched, HHSC wanted to verify that the state continued to have the capacity to serve all of the women receiving benefits under the program. Texas Health and Human Services Executive Commissioner Kyle Janek, M.D., asked HHSC's Center for Strategic Decision Support (SDS) to survey certified Texas Women's Health Program providers to assess whether they have capacity to serve all of the Medicaid Women's Health Program clients who previously had seen by Planned Parenthood.

CAPACITY

SDS used Medicaid claims data to determine how much Texas Women's Health Program capacity was needed in areas that previously were served by Planned Parenthood. SDS examined a geographic area of 30 miles around each Planned Parenthood site that provided WHP services in fiscal year 2012. HHSC's provider certification and claims payment vendor, the Texas Medicaid & Healthcare Partnership, provided SDS a list of certified WHP providers as of October 2012. Using this list, SDS:

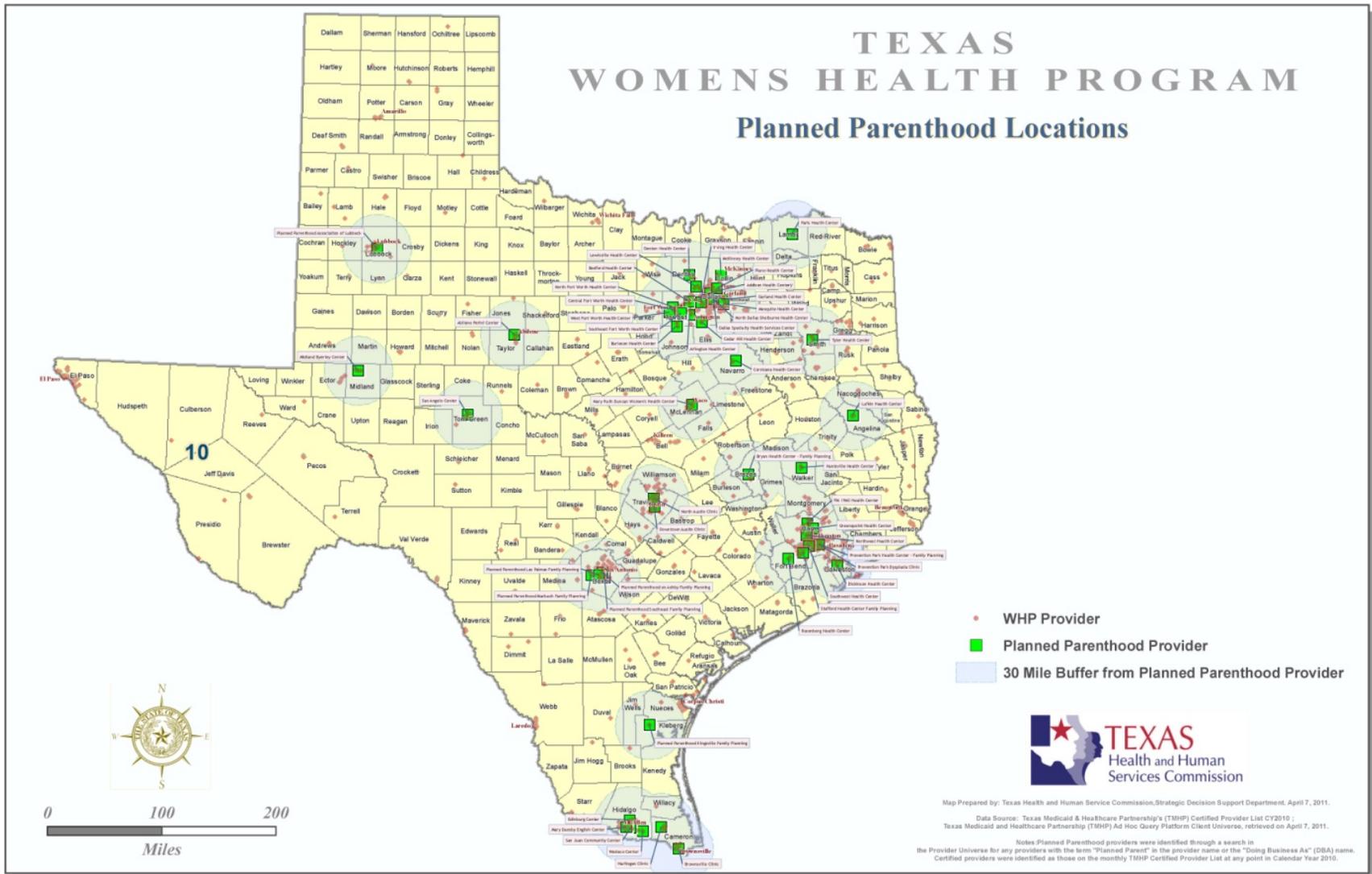
- Used GIS mapping software to create a list of providers that are within 30 miles of each of the 51 Planned Parenthood affiliate clinics that had provided Medicaid Women's

Health Program services.¹ Data for Planned Parenthood clinics in areas where there was significant overlap of the 30 mile radius were grouped together. This created 17 geographic areas (see Figure 1).

- Examined fiscal year 2012 Medicaid claims data for each provider on this list to determine the number of unique Medicaid WHP clients that each provider saw in fiscal year 2012. Providers in the identified areas were sent surveys by mail and email that included the number of Medicaid WHP clients they saw in FY2012. The surveys asked how many Texas Women's Health Program clients they would be able to serve in 2013. SDS followed up with phone calls to attempt to collect the information in cases where providers did not return the surveys by mail or email.

¹ The list of Planned Parenthood clinics was found on the Planned Parenthood website (<http://www.plannedparenthood.org/health-center/findCenter.asp>) last accessed in October 2012.

Figure 1. Geographic Areas within 30 Miles of a Planned Parenthood Clinic.



PATIENT CAPACITY SURVEY

Data Collection

SDS used a mixed-mode method of survey distribution including email, mail, and telephone. Distribution was batched in that the largest provider groups were contacted first, followed by individual providers and providers with more than 200 unique clients in fiscal year 2012, and lastly smaller provider groups with less than 200 claims. While providers were contacted via email and mail, the main mode of communication with providers was through telephone calls. Once SDS had achieved a sufficient response rate in an area to determine capacity, efforts were refocused to areas where the response rate was lower.

Response Rate

Many providers were contacted multiple times and through various methods. Survey distribution began on November 26, 2012, with an email survey distributed to 415 providers. Data received by January 2, 2013, are included in this report. Table 1 shows the response rate for each of the geographic areas and ranges from 15 percent in Brownsville to 100 percent in Huntsville and Paris. The combined response rate across all geographic areas was 44 percent.

Table 1. Response Rate

Geographic Area	Certified Providers	Number Responded	Percent Responded
Abilene	16	7	44%
Austin	138	78	57%
Brownsville	31	4	13%
Bryan	81	51	63%
Dallas	475	207	44%
Harlingen	34	5	15%
Houston	468	201	43%
Huntsville	22	18	82%
Kingsville	8	6	75%
Lubbock	117	69	59%
Lufkin	17	6	35%
McAllen	118	36	31%
Midland	25	9	36%
Paris	6	2	33%
San Angelo	60	46	77%
San Antonio	332	106	32%
Waco	166	52	31%
Total	1948	851	44%

Capacity Estimates

Providers were asked to estimate how many *unique* Texas Women’s Health Program patients they have the capacity to serve in the next 12 months for their annual family planning exams. (The survey excluded auxiliary services such as lab work or anesthesiology). If a provider could not be reached, the individual provider’s capacity was estimated by using the number of clients the provider billed for in fiscal year 2012.

Fiscal year 2012 claims for the Planned Parenthood affiliates were used to determine the number of patients potentially needing a new Texas Women’s Health Program provider for each geographic area. It is important to note that several Planned Parenthood affiliates group their billing together. Corsicana and Tyler were grouped with Waco, even though they are not within

30 miles, because these Planned Parenthood locations billed together. Also, the Planned Parenthood affiliate in Paris did not have any claims and likely billed through Planned Parenthood of North Texas. Because of these unusual billing practices, SDS cannot accurately estimate the number of Medicaid Women's Health Program clients served by the affiliates in these communities and therefore cannot completely assess the capacity needs in Paris, Waco, Tyler, and Corsicana at this time.

Table 2 provides a summary of the results and includes:

- The number of clients receiving services at the Planned Parenthood clinics in fiscal year 2012.
- The number of clients receiving services at certified providers within 30 miles of the Planned Parenthood affiliates in fiscal year 2012.
- The estimated capacity for responding providers.
- The number of clients non-responding providers saw in fiscal year 2012.
- The total estimated capacity.
- The estimated excess (or deficit) capacity.

Survey Results

In most of the geographic areas, the SDS survey found that capacity exists to serve Texas Women's Health Program clients. Of the 17 geographic areas surveyed, there is only one in which HHSC estimates a need for additional providers (see Table 2). After surveying at least 77 percent of providers in San Angelo, results suggest that additional providers may be needed to care for all of the TWHP clients in this area. Finally, because of Planned Parenthood's unusual billing practices in Paris, Tyler, Corsicana and Waco, SDS is unable to confidently state that the client capacity in these communities are adequate to meet the needs of all clients. However, the high client capacity in Tyler and Waco suggests that there is sufficient capacity in these two cities to serve all TWHP clients. Our analysis indicates a probable need for additional capacity in Corsicana.

The majority of providers contacted who had seen clients in the past indicated they would be able to increase the number of clients they could see in the next year.

Table 2. Capacity Results

Geographic Area	Planned Parenthood Clinics	Planned Parenthood FY 2012 Clients (Billed)	Certified Providers within 30 Miles FY 2012 Clients (Billed)	Estimated Capacity Survey Responses	FY 2012 Capacity for Non-Responders	Total 2013 Estimated Capacity	2013 Excess (Deficit) Capacity
Abilene	1	601	285	5,750	106	5,856	4,970
Austin	2	1,773	3,646	10,145	277	10,422	5,003
Brownsville	1	360	895	3,125	676	3,801	2,546
Bryan	1	773	738	2,139	14	2,153	642
Dallas	18	8,669	10,202	19,896	934	20,830	1,959
Harlingen	1	558	763	9,820	659	10,479	9,158
Houston	9	14,273	11,937	27,497	2,569	30,066	3,856
Huntsville*	1	806	6	2,277	0	2,277	1,465
Kingsville	1	324	1,072	3,030	37	3,067	1,671
Lubbock	1	1,172	811	3,066	105	3,171	1,188
Lufkin	1	880	331	1,852	81	1,933	722
McAllen	4	4,457	1,477	10,043	596	10,639	4,705
Midland	1	602	493	938	213	1,151	56
Paris	1	0	3	100	0	100	97
San Angelo	1	687	260	462	20	482	(465)
San Antonio	4	3,451	5,312	34,382	2,595	36,977	28,214
Waco**	3	1,457	1,053	3,734	375	4,109	1,599
Total	51	40,843	39,284	138,256	9,257	147,513	67,386

*There is only capacity to serve a total of 12 WHP patients in the city of Huntsville; however Conroe is within 30 miles and there is capacity to serve 2,265 patients in Conroe.

**Waco includes Tyler, Corsicana, and Waco since these Planned Parenthood clinics billed together.

CONCLUSION

Overall, the Texas Women's Health Program patient capacity survey results are positive. In most areas, the survey found that the state has the capacity to serve even more women in 2013. Capacity was especially robust in the Rio Grande Valley, San Antonio, Houston, Austin and Abilene areas. The survey identified one area, San Angelo, where there is a likely capacity deficit. Because Planned Parenthood employs an unusual practice of combined billings from Waco, Corsicana and Tyler, the state could not perform a detailed analysis for each of those areas. While the capacity for the combined areas is sufficient, the location of providers in those areas suggests that more capacity may be needed in Corsicana.

The results of the capacity survey will allow HHSC to focus its provider recruitment areas for the Texas Women's Health Program on those areas where additional capacity may be needed.