
**MEDICAID WOMEN'S HEALTH
PROGRAM
IMPLEMENTATION REPORT**

**Biennial Report to the
Texas Legislature**

**As Required by
S.B. 747, 79th Legislature, Regular Session, 2005**

**Health and Human Services Commission
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Executive Summary

The Medicaid Women's Health Program Implementation Report is required pursuant to S.B. 747, 79th Legislature, Regular Session, 2005. S.B. 747 requires the Health and Human Services Commission (HHSC) to provide a report each even-numbered year to the Legislature regarding the program's implementation and operation.

The Medicaid Women's Health Program (WHP), established by S.B. 747, is a five-year Medicaid family planning waiver demonstration that HHSC implemented January 1, 2007. S.B. 747 was codified as Human Resources Code 32.0248, which expires September 1, 2011. Federal authority for the waiver expires December 31, 2011.

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. In the first 36 months of WHP implementation and operation, 221,459 women have been enrolled and 163,851 women have received family planning services through the program.¹ In order to receive WHP coverage, women must meet the following eligibility requirements:

- Ages 18 to 44. (Women can apply the month of their 18th birthday through the month of their 45th birthday).
- U.S. citizens and qualified immigrants.
- Reside in Texas.
- Do not currently receive full Medicaid benefits, 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.

Once a woman is determined eligible for the program, she receives 12 months of continuous coverage. Benefits of WHP 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.

¹ Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Client Universe, retrieved on September 15, 2010 and Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Claims Universe retrieved on September 3, 2010.

- Counseling on family planning methods, including the health benefits of abstinence.
- Follow-up family planning visits related to the method of contraception.

Since before program inception, HHSC has worked to train providers, outreach to potential clients, and gather stakeholder input to develop and improve WHP. Additionally, in the first two fiscal years of operation, HHSC sought federal approval to make several amendments to WHP. The amendments:

1. Changed how federally qualified health centers (FQHCs) were reimbursed, to allow HHSC to reimburse FQHCs for WHP services using the prospective payment system at a per-visit rate, for up to three reimbursements per client per year.
2. Added benefits to WHP to better align the program with other Texas family planning programs.

New benefits that were added in October 2007 include:

- Tests for cholesterol, lipids, and triglycerides.
- A tuberculosis skin test.
- A human immunodeficiency virus (HIV) confirmatory test.
- A syphilis screening.
- An X-ray exam of the abdomen related to an intrauterine device (IUD).
- Facility fees for tubal ligations.

New benefits that were added in April 2009 include:

- A new patient office visit procedure code that indicates the least amount of complexity.²
- An ultrasound exam of the abdomen related to an IUD.
- A follow-up ultrasound exam of the abdomen related to an IUD.
- An ultrasound exam of the extremity related to the localization of the implantable contraceptive rod device, brand name Implanon.
- The Implanon contraceptive rod device.
- The insertion, removal, and reinsertion of the Implanon contraceptive rod device.
- A thyroid stimulating hormone test.
- Screenings for Herpes Simplex Types 1 and 2.
- Tissue culture inoculation and presumptive identification related to herpes.
- A non-surgical sterilization method, brand name Essure.

As WHP continues to evolve during its five-year demonstration period, HHSC continues to work with internal and external stakeholders to identify opportunities for program improvement, increase enrollment, and enhance provider participation. Through public meetings, conferences, and provider trainings, stakeholders have provided and will continue to provide valuable input on program challenges and successes. Based on

² An example of this type of office visit is a visit in which a new patient needs a refill of her contraception and plans to return to the provider for a full exam at a later time.

provider and client feedback, HHSC continues to pursue opportunities to improve program operations and public awareness efforts to ensure that more women have access to family planning services in Texas.

Family Planning Financing in Texas

WHP is one of the state's federal- and state-funded family planning programs that provide services to low-income women who would otherwise lack access to important family planning-related screenings and prescription drugs. A mix of federal Title V, Title X, Title XIX (Medicaid family planning and WHP), and Title XX funds, combined with state-matched dollars, flow through HHSC and the Department of State Health Services (DSHS) to help pay for direct medical services and clinic infrastructure.

Title V

The Maternal and Child Health Services Title of the Social Security Act (Title V) was passed by Congress in 1936 to provide a variety of health services to low-income pregnant women and to recently delivered low-income mothers and their children. It was amended in 1967 to require that not less than six percent of total federal appropriations for Title V be expended for family planning services and that each state develop both a family planning demonstration project and program of family planning projects. Subsequent amendments required that all Title V funds flow to the state's official health agency and turned Title V funds into the Maternal and Child Health Block Grant. Title V serves clients up to 185 percent of the federal poverty level (FPL). (Federal regulation citation: Title V, Social Security Act [42 USC § 700-710v et. seq. 42 CFR, Part 51, Subpart A, Project Grants for Maternal and Child Health.]

Title X

Congress passed the Family Planning Services and Population Research Act in 1970. The Act allows Title X grant funding to be used to pay infrastructure development and operating costs for family planning agencies. Title X serves clients up to 250 percent FPL. [Federal regulation citation: Title X, Public Health Service Act (42 USC § 300 et. seq.), 42 CFR, Part 59, Subpart A, Project Grants and Contracts for Family Planning Services.]

Title XIX

The Medicaid program (Title XIX of the Social Security Act) was created by Congress in 1965. Traditional Medicaid benefits are more comprehensive than the family planning benefits available through the WHP demonstration. For instance, in addition to the services WHP covers, traditional Medicaid covers the diagnosis and treatment of diseases such as sexually transmitted infections (STIs) and breast and cervical cancers. Women in WHP have income levels too high to qualify for full Medicaid services. The scope of WHP benefits is limited to family planning exams, the provision of contraception,

(including counseling for natural family planning and abstinence) and some health screenings and testing for some STIs.

Title XX

Title XX was passed by Congress in 1975 and amended in 1981 as the Social Services Block Grant (SSBG), the social services component of the Social Security Act. Title XX funds are used to provide individual and community-wide educational activities as well as family planning clinical services. Title XX funds are supplemented by Temporary Assistance for Needy Families (TANF) funds as authorized by the Legislature. Title XX serves clients up to 185 percent FPL. [Federal regulation citation: Title XX, Social Security Act (42 USC § 1397a et. seq.), Block Grants to States for Social Services.]

Coordination Between Titles V, X, XIX, and XX

DSHS contracts with public or private non-profit agencies across the state to provide family planning services using Titles V, X, and/or XX funds. Contract award amounts are determined through a competitive procurement process. Not all contractors receive each funding source, i.e., some DSHS family planning contractors receive only Title XX or only Title V funds. All DSHS family planning contractors must also be enrolled as Title XIX (Medicaid) providers and serve WHP clients. [Federal regulation citation: Title XIX, Social Security Act, (42 USC § 1396-1396v et. seq).] The amount available for contracts is limited by the total dollars awarded to the state for family planning services, and generally meets less than 20 percent of the state's need for family planning services.

All DSHS family planning contractors must perform a WHP eligibility screening assessment on all clients who present for services at a clinic supported by Title V, X, or XX funds. If a woman is screened as potentially eligible for WHP, the contractor must assist the client in completing the WHP application. This helps ensure that providers bill the most appropriate source of funding for the client depending on her program eligibility. HHSC makes the final eligibility determination and notifies the applicant whether she has been approved or denied for WHP.

A variety of nonprofit organizations provide family planning services, such as local health departments, medical schools, hospitals, private non-profit agencies, community-based clinics, FQHCs, and rural health clinics.³ In Texas, approximately 73 state and local health entities provide preventive health-care services to women through contracts with DSHS through Titles V, X, and XX. In order to deliver and be reimbursed for Title XIX and WHP services, providers must go through a Medicaid provider enrollment process with the Texas Medicaid & Healthcare Partnership (TMHP), which is HHSC's Medicaid claims administrator. Providers who deliver family planning services, have completed the Medicaid-enrollment process through the TMHP, and do not perform

³ State and federal law prohibits the use of funds awarded by DSHS to pay the direct or indirect costs (including overhead, rent, phones and utilities) of abortion procedures by contractors.

elective abortions are eligible to participate. In order receive reimbursement for WHP services, providers must attest to HHSC that they do not perform elective abortions. TMHP pays claims for Titles V, XIX, and XX, and WHP services.

Medicaid Women's Health Program Overview

Enabling Legislation

S.B. 747, 79th Legislature, Regular Session, 2005, directs HHSC to establish a five-year demonstration project through the state's medical assistance program to expand access to family planning services for women. WHP is for women who meet the following qualifications:

- Ages 18 to 44. (Women can apply the month of their 18th birthday through the month of their 45th birthday.)
- U.S. citizens and qualified immigrants.
- Reside in Texas.
- Do not currently receive full Medicaid benefits, 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 FPL. For example, the monthly net income for a woman in a family of two cannot exceed \$2,247.

Women may be determined to be adjunctively income-eligible for WHP if a family member in her household is participating in other "gateway programs" administered by the state with an income limit of 185 percent FPL. These gateway programs include financial assistance programs (TANF) and medical assistance programs (Children's Medicaid), as well as other state-administered programs with the requisite income limit (food stamps; Women, Infants, and Children [WIC]). HHSC must also establish citizenship/immigration, pregnancy, and sterilization/infertility status for the applicant. If HHSC has confirmed an applicant's citizenship status in the past, this information does not need to be established again.

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. Federal authority for the waiver expires December 31, 2011. The intent of the program 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.

Benefits of WHP 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.

Per S.B. 747 and the waiver agreement with CMS, WHP does not cover the costs of treatment for any medical conditions. If a women's health provider identifies a health problem such as a sexually transmitted disease or diabetes, the provider must refer her 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.

Related Riders

2006-07 Biennium

As required by the General Appropriations Act, S.B. 1, 79th Legislature, Regular Session, 2005 (Article II, HHSC, Rider 71), HHSC submitted an application to CMS on December 28, 2005, for the five-year WHP demonstration. The rider also requires that the waiver obtained by HHSC not be used to provide abortion services or require appropriations of general revenue exceeding the cost savings realized by the waiver in the first two years of implementation and in future biennia. HHSC received federal approval for the demonstration program on December 21, 2006.

The General Appropriations Act, S.B. 1, 79th Legislature, Regular Session, 2005 (Article II, HHSC, Rider 74), directed HHSC to transfer \$20 million in general revenue and \$30 million in federal funds in fiscal year 2007 from Strategy B.1.3., Pregnant Women, to Strategy B.1.4., Children and Medically Needy. This rider required the agency to re-direct savings accrued from implementation of S.B. 747 to fund Medicaid services for the Medically Needy program. The rider required that the general revenue funds available from cost savings shall be expended only in the event that HHSC received a contribution of local matching funds for the Medically Needy program. No local matching fund transfers were made under this rider.

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

2008-09 Biennium

As required by the General Appropriations Act, H.B. 1, 80th Legislature, Regular Session, 2007 (Article II, DSHS, Rider 24), no state funds are used to pay the direct or indirect costs of abortions provided by DSHS contractors. This rider prohibits family planning funds from being distributed to individuals or entities that perform elective abortions or that contract with or provide funds to individuals or entities for performing elective abortions.

The General Appropriations Act, H.B. 1, 80th Legislature, Regular Session, 2007 (Article II, DSHS, Rider 70), directs DSHS to use a portion of the appropriated family planning funds to reimburse contracted providers for family planning services not covered by WHP. Services eligible for reimbursement include testing for syphilis, cholesterol testing, and treatment for chlamydia and gonorrhea. In calendar year 2008, DSHS provided \$2,315,201 in reimbursements for medical services. In addition, the rider directs DSHS to use a portion of the available family planning funds to provide public awareness and education about WHP and other family planning services.

The 2007-08 General Appropriations Act (Article II, HHSC, Rider 48) directs HHSC to reimburse FQHCs for family planning services under Medicaid, including WHP, using a prospective payment system at a per-visit rate, up to three payments per client per calendar year. Prior to this rider, FQHCs received up to one payment per calendar year per client for Medicaid family planning and WHP services.

2009-10 Biennium

The 2009-10 General Appropriations Act, S.B. 1, 81st Legislature, Regular Session, 2009 (Article II, DSHS, Rider 21), prohibits state funds from being used to pay the direct or indirect costs of abortions provided by DSHS contractors. This rider prohibits family planning funds from being distributed to individuals or entities that perform elective abortions or that contract with or provide funds to individuals or entities for performing elective abortions.

The 2009-10 General Appropriations Act (Article II, DSHS, Rider 66), directs DSHS to use a portion of the appropriated family planning funds to reimburse contracted providers for family planning services not covered by WHP. Services eligible for reimbursement include testing for syphilis, cholesterol testing, and treatment for chlamydia and gonorrhea. In calendar year 2009, DSHS provided \$2,224,791 in reimbursements for medical services. In addition, the rider directs DSHS to use a portion of the available family planning funds to provide public awareness and education about WHP and other family planning services.

The 2009-10 General Appropriations Act (Article II, HHSC, Rider 42) directs HHSC to reimburse FQHCs for family planning services under Medicaid, including WHP, using

a prospective payment system at a per-visit rate, up to three payments per client per calendar year.

The 2009-10 General Appropriations Act (Article II, HHSC, Rider 64) directs HHSC to submit an annual report to the Legislative Budget Board (LBB) and the Governor that includes enrollment levels of targeted low-income women, including service utilization by geographic region, delivery system, and age; savings or expenditures attributable to enrollment levels and; descriptions of all public awareness activities undertaken for the reporting period. HHSC submitted the report to the LBB and Governor in April 2010. This report has been revised with an updated correction to the methodology used to calculate program savings and was resubmitted in October 2010.

Provider Base

Providers who deliver family planning services, have completed the Medicaid enrollment process through TMHP, and do not perform elective abortions are eligible to participate in WHP. The following provider types may bill family planning services under WHP: physician, advanced practice nurse, clinical nurse specialist, certified nurse midwife, FQHC, or family planning clinic. Services are provided and reimbursed on a fee-for-service basis, except for FQHCs. HHSC uses a prospective payment system to reimburse FQHCs for family planning services performed under WHP at a per-visit encounter rate, for up to three encounter rate reimbursements per client per calendar year. The majority of providers who have delivered services to WHP clients are family planning clinics.

Discussion of Significant Activities for Calendar Year 2007

The following is a summary of the significant activities undertaken from January 1, 2007, through December 31, 2007.

Milestones

- WHP enrollment and coverage began on January 1, 2007, and HHSC began to process and pay claims for WHP services and prescription drugs with dates of service on or after January 1, 2007.
- HHSC released an updated WHP application on May 1, 2007. The new application allows HHSC to more effectively and consistently capture necessary information for eligibility determinations.
- On June 1, 2007, HHSC submitted a waiver amendment to CMS requesting a change in how FQHCs were reimbursed and the addition of certain benefits to the program. The waiver amendment was approved on October 30, 2007, allowing HHSC to reimburse FQHCs for WHP services using the prospective payment system at a per-visit rate, not to exceed three reimbursements per client per year. The waiver amendment also added the following benefits:

- Tests for cholesterol, lipids, and triglycerides.
 - Screening tests for tuberculosis and syphilis.
 - Confirmation of a positive HIV screening test.
 - Radiological exams for suspected lost IUD.
 - Billing codes to cover facility costs associated with sterilization procedures for freestanding and hospital-based ambulatory surgical centers.
- In October HHSC began mailing WHP renewal packets to clients whose certification ended on December 31, 2007, and staff began processing redeterminations.

Program Enrollment

At the end of the 2007 calendar year, a total of 84,899 women were enrolled in the program, and an unduplicated total of 92,842 women were enrolled at some point in 2007.⁵

Services

At least 62,074 women received services in the first year of the demonstration.⁶ Appendix A presents the number of women who received WHP services each quarter in 2007, 2008, and 2009. The services most used in WHP in the first year of the demonstration include follow-up family planning visit, oral contraceptives, and family planning annual exams. Appendix B lists the top ten services used in WHP in 2007, 2008, and 2009.

Provider Participation and Training

Prior to launching the program, HHSC and DSHS staff traveled to Austin, Houston, South Padre Island, Dallas, and Lubbock to train providers on WHP. HHSC staff also trained providers in the El Paso area via teleconference. Since the program's inception, HHSC staff has continued to train providers throughout the state on location at provider conferences, through teleconference, web cast, website and e-mail updates, as well as articles in the Texas Medicaid Bulletin for providers.

Public Awareness Activities

HHSC used several approaches to reach out to WHP clients in the first year of the demonstration. HHSC printed and distributed 300,000 bilingual "push cards" to stakeholders and community organizations to promote WHP as part of the public awareness activities. The push card provides basic eligibility and benefit information and a number to call for assistance with information in English on one side and Spanish

⁵ Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Client Universe retrieved on January 22, 2009.

⁶ Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Claims Universe retrieved on September 3, 2010.

on the other. In addition, HHSC made 250,000 bilingual brochures and 10,000 bilingual posters available to community-based organizations and providers serving WHP clients.

In December 2006, HHSC launched the WHP website, <http://www.hhsc.state.tx.us/womenshealth.htm>, which includes useful information for clients such as eligibility criteria, covered services, instructions on how to apply for the program, and assistance in locating a provider. All client-oriented information and materials on the website are provided in English and Spanish.

Additionally, HHSC regional staff promoted WHP at more than 100 community events and meetings around the state. Regional staff provided public awareness and education about WHP to local governmental groups, community organizations, and providers.

Targeted Spanish-speaking Public Awareness

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 both essential and challenging to bring these women into the demonstration project.

HHSC made special efforts to reach the Hispanic community through multiple regional and statewide community health worker trainings provided by region-based HHSC staff in cities across the state including the following locations:

- El Paso
- Dallas/Ft. Worth
- San Antonio
- Houston
- Conroe
- Harlingen
- Brownsville
- San Juan
- Laredo
- Del Rio
- San Angelo

HHSC Border Affairs staff also provided WHP information to community health workers, or *promotores*, and other community stakeholders in the border areas of the state. This in-depth training was presented in English and Spanish, designed to enable *promotores* to inform women about WHP and provide application assistance. Topics covered included: program overview, benefits, reporting changes of address, referrals, eligibility, renewals, public awareness activities, and resources. In addition, HHSC made the community health worker training materials available on our website at: <http://www.hhsc.state.tx.us/WomensHealth/TrainingMaterials.html>

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.

Discussion of Significant Activities for Calendar Year 2008

The following is a summary of the significant activities undertaken from January 1, 2008 through December 31, 2008.

Milestones

- On April 7, 2008, HHSC opened a call center with newly hired WHP-dedicated staff to provide better assistance to WHP clients and providers.
- On July 7, 2008, HHSC submitted a waiver amendment to CMS requesting the addition of certain benefits to the program. The waiver amendment was approved on December 31, 2008. The waiver amendment added the following benefits to WHP:
 - An office visit.
 - Radiology exams.
 - An implantable contraceptive device.
 - A thyroid stimulating hormone test.
 - Herpes tests.
 - A non-surgical sterilization method.
- On October 17, 2008, HHSC re-convened the WHP public awareness workgroup, which is comprised of various internal and external stakeholders, to help determine public awareness strategies for the 2009 state fiscal year. After the meeting, HHSC began implementation of the public awareness plan based on the input from stakeholders and the feasibility of each public awareness strategy.

Program Enrollment

A total of 85,125 women were enrolled in WHP at the end of calendar year 2008, and an unduplicated total of 146,354 women were enrolled at some point during 2008.^{7,8}

Services

At least 79,432 women received services in the second year of the demonstration.⁹ Appendix A presents the number of women who received WHP services each quarter in

⁷ Enrollment periods overlap demonstration years. For example, some of the 2008 WHP enrollees were also enrolled and received WHP services in 2007.

⁸ Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Client Universe, retrieved on January 18, 2010.

⁹ Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Claims Universe retrieved on September 3, 2010.

2007, 2008, and 2009. The services most frequently used in WHP in the second year of the demonstration include follow-up family planning visits, oral contraceptives, and pregnancy tests. Appendix B lists the top ten services used in WHP in 2007, 2008, and 2009.

Provider Participation and Training

In January and February 2008, HHSC participated in Family Planning Community Participation Meetings hosted by DSHS in San Antonio, Houston, Dallas, Lubbock and Brownsville. In April, June, and September, HHSC and DSHS staff also participated in a series of Family Planning Provider Partnership Project meetings in Austin hosted by the Women's Health and Family Planning Association of Texas with providers participating from all over the state. These sessions and meetings gave HHSC an opportunity to hear directly from family planning providers about the ways WHP and DSHS family planning programs impact providers and clients, and to discuss how the programs could be improved.

In May 2008, HHSC staff participated in a speaker panel about women's health issues and provided an overview of WHP at the Texas Medical Association Select Committee on Medicaid, the Children's Health Insurance Program, and the Uninsured in San Antonio, Texas. In August, HHSC conducted a web-based interactive training for providers across the state. Topics included a program overview, provider base, eligibility criteria, application, benefits, referrals, resources and updates. In December, HHSC participated in the 2008 Annual Project Directors' Conference for DSHS family planning contractors. The purpose of the conference was to provide national and state program updates, review federal and state requirements, provide training on program priorities and requirements, and give family planning providers the opportunity to network and share their issues and concerns.

Public Awareness Activities

HHSC used several approaches to increase public awareness about WHP in the second year of the demonstration. HHSC modified the WHP brochure with a clearer description of the program's benefits. HHSC printed 250,000 bilingual brochures (one side in English, one side in Spanish) and made them available to community-based organizations and providers serving WHP clients. HHSC printed and shipped 150,000 updated alternative client flyers to organizations that do not provide contraception (such as Catholic Charities). In August 2008, HHSC sent about 1,000,000 notices about WHP to women whose children are on Medicaid with their children's Medicaid identification card. The notices include basic program information and direct potential clients to the WHP call center for more detailed information about the program and how to apply.

Additionally, HHSC promoted WHP at more than 100 community events and meetings throughout the state, and along with TMHP, conducted trainings for provider and community groups.

Targeted Spanish-speaking Public Awareness

HHSC made special efforts to reach the Hispanic community through transit bus advertisements for a targeted market with lower than anticipated program enrollment and a large Spanish-speaking population. Twenty-eight large, one-sided panels and 56 placards (in both English and Spanish) ran in buses with routes in the Northeast and South areas of Dallas beginning July 2008. Dallas was chosen as the pilot location because Dallas County had a low percentage of eligible women enrolled compared to the rest of the state and a high percentage of Spanish-speaking residents. The site was also chosen because the Dallas-area transit system had the required advertisement capability and local providers had sufficient capacity to serve new clients. HHSC saw an increase in call volume and applications from the Dallas area during the summer months, but it is uncertain how much of the increase was due to the transit advertisements.

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.

Discussion of Significant Activities for Calendar Year 2009

The following is a summary of the significant activities undertaken from January 1, 2009, through December 31, 2009:

Milestones

- On April 1, 2009, HHSC made available 16 new benefits through WHP. CMS approved these new benefits through a waiver amendment on December 31, 2008. The new WHP benefits include:
 - A low complexity new client office visit.
 - Radiology exams.
 - An implantable contraceptive device.
 - A thyroid stimulating hormone test.
 - Herpes tests.
 - A nonsurgical sterilization method.
- On June 19, 2009, HHSC implemented activities to enforce section 32.0248(h) of the Texas Human Resources Code, the state statute governing WHP. Section 32.0248(h), enacted in 2005, stipulates that HHSC must ensure that money spent under WHP is not used to perform elective abortions. In order to enforce this section of the code, HHSC requires all providers who have been reimbursed for WHP services in 2008 and 2009 to submit a form certifying that they have not and do not perform elective
- abortions. (A copy of the WHP certification form is included as Attachment A).
- On August 1, 2009, HHSC implemented a change to the automated eligibility system

Program Enrollment

At the end of the calendar year 2009, a total of 102,240 women were enrolled in the program, and an unduplicated total of 156,560 women were enrolled at some point during 2009.^{10, 11} Between implementation on January 1, 2007, and the end of calendar year 2009, an unduplicated total of 221,459 women were enrolled in the program at some point.¹²

Services

At least 93,844 women received services in calendar year 2009.^{13, 14} Appendix A presents the number of women who received WHP services each quarter in 2007, 2008, and 2009. The services most used in WHP include follow-up family planning visits, oral contraceptives, and pregnancy tests. Appendix B lists the top ten services used in WHP in 2007, 2008, and 2009.

Provider Participation and Training

Providers who deliver family planning services, have completed the Medicaid-enrollment process through TMHP, and attest that they do not perform elective abortions are eligible to participate in WHP. All providers that contract with DSHS for Titles V, X, and XX grant funds to provide family planning services are required to serve WHP clients.

HHSC staff trains eligible providers throughout the state on location at provider conferences and through teleconference, web cast, website, and e-mail updates, as well as articles in the Texas Medicaid Bulletin for providers.

- In March and June 2009, HHSC and DSHS staff participated with providers from all over the state in a series of Family Planning Provider Partnership Project meetings in Austin hosted by the Women's Health and Family Planning Association of Texas. These sessions and meetings gave HHSC an opportunity to hear directly from family

¹⁰ Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Client Universe retrieved on September 15, 2010.

¹¹ Enrollment periods overlap demonstration years. For example, some of the 2009 WHP enrollees were also enrolled and received WHP services in 2007 and 2008.

¹³ Source: TMHP Ad Hoc Query Platform Client Universe retrieved on September 15, 2010.

¹³ The number of services received in the third year is approximate due to a lag in Medicaid claims data.

¹⁴ Source: TMHP Ad Hoc Query Platform Claims Universe retrieved on September 03, 2010.

planning providers about the ways WHP and the DSHS family planning program impact providers and clients and to discuss how the programs could be improved.

- In September 2009, HHSC staff participated in a speaker panel about women's health issues and provided an overview of WHP at the Texas Medical Association Fall Conference in Austin, Texas.
- In October 2009, HHSC participated in the 2009 Annual Project Directors' Conference for DSHS family planning providers. The purpose of the conference was to provide national and state program updates, review federal and state requirements, provide training on program priorities and requirements, and give family planning providers the opportunity to network and share their issues and concerns.
- In November 2009, HHSC and DSHS staff participated in the 2009 Annual Texas Association of Community Health Centers Conference and provided an overview of WHP and state family planning programs for FQHCs.
- Also in November 2009, HHSC participated in billing workshops for family planning providers conducted by TMHP. Meetings were conducted in Dallas, Laredo, Midland, San Antonio, and Houston.

Public Awareness Activities

HHSC used several approaches to increase public awareness among potential WHP clients in calendar year 2009.

- At the beginning of the year, HHSC sent approximately one million notices about WHP to women whose children receive Medicaid. These notices were included with their children's January 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 about how to apply. Also in January 2009, HHSC staff reached out to community-based organizations (CBOs) contracted with the agency to educate the public about a variety of programs and encouraged CBOs to continue efforts to educate potentially eligible women about WHP in particular.
- 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, with 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 Medicaid for Breast and Cervical Cancer Program for cancer treatment.

- Also in April 2009, bilingual posters for the WHP program 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 public awareness 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 client education script to include information about WHP and referral information; and 2) distributing WHP flyers to clients during home visits and community presentations. These changes were made in April 2009.
- In May 2009, 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, eligibility, and how to help women apply for the program.
- In August 2009, HHSC printed 500,000 English and 300,000 Spanish business card-sized push cards with information about the program on one side and room for a provider to add their contact information on the opposite. These push cards, 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 public awareness 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 push cards. In 2009, BDES staff provided information about WHP to 43 provider 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 community based organizations (CBOs), and TMHP promoted WHP at multiple community events and meetings around the state. Regional staff provided public awareness and education about WHP to local governmental groups, community organizations, and providers.

Targeted Spanish-speaking Public Awareness

All public awareness materials are available in Spanish, however, 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 (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; however, 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.

Evaluation of Performance Measures

Design

Management and Coordination

The HHSC Center for Strategic Decision Support (SDS) evaluates the WHP demonstration. SDS includes professional evaluators with expert knowledge of the HHSC data systems and unlimited access to the data. SDS also includes the demographers who provided population data for the evaluation.

Performance Goals

As specified in the demonstration waiver requirements, HHSC has identified ten specific performance goals intended to positively impact the target population.

Goal 1: Increase access to Medicaid family planning services.

Goal 2: Increase Hispanic women's access to Medicaid family planning services.

Goal 3: Increase the use of Medicaid family planning services.

Goal 4: Provide WHP participants diagnosed with a medical condition not covered by the family planning benefit package with referrals to appropriate health providers. HHSC is negotiating with CMS to have this goal omitted.

Goal 5: Reduce the number of births.

- Goal 6:** Reduce growth rate of Medicaid-covered Hispanic births.
- Goal 7:** Increase the spacing between pregnancies to an interval of 24-59 months among WHP participants with a prior birth.
- Goal 8:** Reduce the number of low-birth-weight deliveries.
- Goal 9:** Reduce the number of premature deliveries.
- Goal 10:** Reduce Medicaid costs expended for pregnancy, prenatal care, delivery, and infant care.

Hypotheses

HHSC has four hypotheses about the outcomes of the WHP demonstration.

- Hypothesis 1: WHP participants will have a lower birth rate than would have been expected without WHP.
- Hypothesis 2: Hispanic WHP participants will have a lower birth rate than would have been expected without WHP.
- Hypothesis 3: WHP participants will be more likely to increase the spacing between pregnancies to an interval of 24-59 months than similar women who did not participate in WHP.
- Hypothesis 4: A lower birth rate among WHP participants will reduce Medicaid expenditures for pregnancy, prenatal care, delivery, and infant care.

Timeline for Report Data

Data collection for the WHP evaluation began on the first day of the WHP demonstration and will be collected throughout the demonstration. This legislative report includes Medicaid eligibility and claims data from January 1, 2007, through December 31, 2009.

Analysis

The evaluation of WHP is guided by the performance measures submitted to CMS in the Evaluation Plan. The performance measures include descriptive measures that provide information about WHP implementation. They also include outcome measures for WHP participants and women in appropriate comparison groups. The evaluation tests HHSC's hypotheses about WHP outcomes by comparing outcomes for WHP participants to those for the comparison group using appropriate analysis techniques.

The performance measures and the hypotheses tests will be used to identify demonstration successes and opportunities for improvement, to revise the WHP strategy or goals if necessary, and to develop recommendations for improving WHP and similar programs in other states.

Two data sources critical to the evaluation are subject to lags in data availability.

- Monthly Medicaid Claims Files. Although the monthly Medicaid claims files include all claims paid during the month, they do not include claims for all services provided during the month. There is a lag between the time the service is provided and when the claim is submitted and paid. Most claims are submitted and paid within three months of the service date, but some claims are submitted and paid much later. The annual performance measures are based on the data available at the most recent data query for that measure.
- Bureau of Vital Statistics (BVS) Birth Records. BVS birth records will be used in this evaluation to determine birth spacing, which deliveries were low birth weight, and which were premature. There is a lag of approximately five months between the date of birth and the date a preliminary birth record is available through BVS.

This report on all three demonstration years addresses all of the current performance goals except increasing birth spacing (Goal 7), reducing the number of low-birth-weight deliveries (Goal 8), and reducing the number of premature deliveries (Goal 9). Goal 7 is likely to be best measured using BVS data and goals 8 and 9 require the use of BVS birth records data. HHSC is currently negotiating with DSHS and the Social Security Administration (SSA) about the use of social security number (SSN) to match WHP participants to the BVS data for the WHP evaluation. Performance measures that include BVS data will be addressed in the 2012 implementation report. Goals 5, 6, and 10, based on Medicaid claims for births, are addressed for the first and second year of the demonstration.¹⁵ These goals cannot be addressed for the third year of the demonstration due to the nine-month lag between pregnancy and birth and the three-month lag in Medicaid claims data.

Goal 1: Increase access to Medicaid family planning services.

At the end of 2009, 102,240 women were enrolled in WHP.¹⁶ WHP enrollees were not eligible for Medicaid family planning services prior to WHP, so all enrollments in WHP represent an increase in access to the services.

The enrollment in WHP from January 2007 to December 2009 is shown in Table 1. The monthly numbers represent the total enrollment during that month, taking into consideration new enrollments and disenrollments. The number of clients enrolled in WHP in recent months is incomplete due to the lag in the Medicaid eligibility data, and HHSC anticipates that the number will increase as eligibility data become available.

¹⁵ As noted previously, HHSC is negotiating with CMS to have goal 4 omitted.

¹⁶ Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Client Universe data retrieved on September 15, 2010.

Table 1: Women’s Health Program Enrollment

Month	2007	2008	2009
January	9,424	89,081	85,600
February	18,850	81,630	85,734
March	28,532	80,212	86,619
April	37,150	80,427	87,778
May	45,636	80,346	88,733
June	52,750	80,436	90,614
July	58,803	80,865	92,348
August	65,155	81,682	94,114
September	70,585	82,669	96,497
October	76,590	83,615	98,439
November	81,037	84,397	100,300
December	84,899	85,125	102,240

Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Client Universe (2007 data retrieved on January 22, 2009; 2008 data retrieved on January 18, 2010; and 2009 data retrieved on September 15, 2010).

Goal 2: Increase Hispanic women’s access to Medicaid family planning services.

At the end of 2009, 50,832 Hispanic women were enrolled in WHP.¹⁷ The enrollment of Hispanic women in WHP indicates an increase in their access to Medicaid family planning because they were not eligible for these services prior to implementation of WHP.

The enrollment of Hispanic women in WHP from January 2007 to December 2009 is shown in Table 2. The number of clients enrolled in WHP in recent months is incomplete due to the lag in the Medicaid eligibility data, and HHSC anticipates that the number will increase as eligibility data become available.

¹⁷ Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Client Universe data retrieved on September 15, 2010.

Table 2: Hispanic Women’s Health Program Enrollment

Month	2007	2008	2009
January	5,013	45,305	43,456
February	10,099	41,192	43,350
March	15,200	40,437	43,597
April	19,707	40,539	44,040
May	24,057	40,516	44,452
June	27,548	40,614	45,325
July	30,381	40,858	46,237
August	33,478	41,385	46,950
September	36,216	41,960	48,030
October	39,228	42,497	49,009
November	41,400	42,966	49,935
December	43,241	43,284	50,832

Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Client Universe (2007 data retrieved on January 22, 2009; 2008 data retrieved on January 18, 2010; and 2009 data retrieved on September 15, 2010).

Goal 3: Increase the use of Medicaid family planning services.

An unduplicated total of 93,844 women had a paid Medicaid claim for WHP services received in 2009. Therefore, 59.9 percent of the unduplicated total of 156,560 women enrolled in WHP in 2009 received WHP services in the third year of the demonstration.^{18,19,20}

The monthly number of WHP clients with a paid claim is shown in Table 3. The numbers for recent months are incomplete due to the lag in the Medicaid claims data, and HHSC expects that the numbers will increase substantially as claims data become available.

¹⁸ Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Claims Universe retrieved on September 3, 2010 and Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Client Universe retrieved on September 15, 2010.

¹⁹ Medicaid claims data for 2009 are incomplete.

²⁰ Enrollment periods overlap demonstration years. For example, some of the 2009 WHP enrollees were also enrolled and received WHP services in 2007 and 2008.

Table 3: Number of Women’s Health Program Clients with a Paid Claim

Month	2007	2008	2009
January	6,168	12,882	14,591
February	7,140	11,255	12,963
March	8,510	11,830	14,257
April	9,472	12,887	14,912
May	10,770	11,844	13,498
June	10,202	12,238	14,487
July	10,573	12,928	15,095
August	11,588	11,986	14,347
September	10,255	12,909	15,213
October	12,562	13,910	15,679
November	11,132	11,865	14,161
December	10,912	12,946	15,261

Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Claims Universe data retrieved on September 3, 2010

Goal 4: Provide WHP clients diagnosed with a medical condition not covered by the family planning benefit package with referrals to appropriate health providers.

A manual process to track referrals is administratively burdensome for providers so since there is not an automated mechanism for providers to utilize HHSC is negotiating with CMS to have this goal omitted.

Goal 5: Reduce the number of births.

To determine whether the increased access to family planning services among WHP participants was associated with a measurable reduction in births, HHSC used the methodology prescribed by CMS to compare the birth rate of WHP participants to the adjusted base year birth rate. The base year birth rate is the 2003 birth rate for women likely to be eligible for WHP (i.e., family income at or below 185 percent of FPL and ineligible for Medicaid except for pregnancy).²¹ The base year birth rate was adjusted to reflect the age and ethnicity distribution of WHP participants in each demonstration year.

²¹ Appendix D provides definitions of the variables used in these calculations.

- In demonstration year 1 (DY1), the adjusted base year birth rate was 11.6 percent. The DY1 participant birth rate was 4.1 percent. These birth rates demonstrate a reduction in births to DY1 participants.
- In demonstration year 2 (DY2), the adjusted base year birth rate was 11.5 percent. The DY2 participant birth rate was 4.3 percent. These birth rates demonstrate a reduced number of births to DY2 participants.

Thus, Hypothesis 1—that WHP participants will have a lower birth rate than would have been expected without WHP—is correct. A detailed explanation of the cost neutrality calculation for DY2 is presented in Appendix E.

Goal 6: Reduce growth rate of Medicaid-covered Hispanic births.

To determine whether the increased access to family planning services among Hispanic WHP participants was associated with a measurable reduction in births, HHSC used the methodology prescribed by CMS to compare the birth rate of Hispanic WHP participants to the adjusted base year birth rate for Hispanic women. For this comparison, the base year birth rate is the 2003 birth rate for Hispanic women likely to be eligible for WHP (i.e., family income at or below 185 percent of FPL and ineligible for Medicaid except for pregnancy). The base year birth rate was adjusted to reflect the age distribution of Hispanic participants in each demonstration year.

- The adjusted base year birth rate for Hispanic women was 10.1 percent. The DY1 birth rate for Hispanic participants was 4.9 percent. These birth rates demonstrate a reduction in births to Hispanic DY1 participants.
- The adjusted base year birth rate for Hispanic women was 10.1 percent. The DY2 birth rate for Hispanic participants was 4.8 percent. These birth rates demonstrate a reduced number of births to Hispanic DY2 participants.

Thus Hypothesis 2—that Hispanic WHP participants will have a lower birth rate than would have been expected without WHP—is correct. Appendix F presents the details of these calculations for DY2.

Goal 7: Increase the spacing between pregnancies to an interval of 24-59 months among WHP participants with a prior birth.

HHSC determined that DSHS BVS data is likely to provide a more accurate assessment for this goal than Medicaid birth data. DSHS is one of the five agencies under the HHSC umbrella. HHSC is currently negotiating with DSHS and the Social Security Administration about the use of SSN to match WHP participants to the BVS data for the WHP evaluation. HHSC anticipates using Medicaid data if access to BVS data is denied. HHSC will provide an update on this measure as soon as the data is available.

Goal 8: Reduce the number of low-birth-weight deliveries.

DSHS BVS data are needed for this analysis. As with goal 7, HHSC is currently negotiating with DSHS and the Social Security Administration about the use of SSN to match WHP participants to the BVS data for the WHP evaluation. HHSC will provide an update on this measure as soon as the data is available.

Goal 9: Reduce the number of premature deliveries.

DSHS BVS data are needed for this analysis. As with goals 7 and 8, HHSC is currently negotiating with DSHS and the Social Security Administration about the use of SSN to match WHP participants to the BVS data for the WHP evaluation. HHSC will provide an update on this measure as soon as the data is available.

Goal 10: Reduce Medicaid costs expended for pregnancy, prenatal care, delivery, and infant care.

To estimate the reduction of Medicaid costs due to the use of family planning services by WHP participants, HHSC used the adjusted base year birth rate to project the number of births WHP participants would have been expected to have if there were no WHP demonstration. According to the methodology prescribed by CMS, the difference between the expected number of births for WHP participants (if there were no WHP demonstration) and the actual number of WHP births is considered to be the number of births “averted” by the WHP demonstration. 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 to be Medicaid savings due to births averted.

- DY1 results indicate that approximately 4,390 births were averted, and the reduction in total federal and state Medicaid costs was estimated to be about \$45 million. After paying the costs associated with the program, WHP services provided in DY1 saved about \$32 million all funds.
- DY2 results indicate that approximately 5,726 births were averted, and HHSC estimates the reduction in total federal and state Medicaid costs to be about \$63 million. After paying the costs associated with the program, WHP services provided in DY2 saved about \$42 million all funds. The details of the cost neutrality analysis for DY2 are presented in Appendix G.

The cost neutrality analysis shows that the WHP program was cost neutral in DY1 and DY2. Based on the methodology prescribed by CMS, DY1 WHP expenditures were approximately 28 percent of the estimated savings due to births averted; and DY2 WHP expenditures were approximately 33 percent of the estimated savings due to births averted.²²

²² Appendix D provides definitions of the variables used in these calculations.

Conclusion

In its first three years, the Medicaid Women's Health Program (WHP) has proven to be a success at expanding access to Medicaid family planning services to uninsured women in Texas. Since implementation, 221,459 women have been enrolled. WHP has also been successful at expanding access to Medicaid family planning services to Spanish-speaking/Hispanic women. By the end of calendar year 2009, more than half of all women enrolled in WHP were Hispanic. In addition, WHP has also been successful at providing family planning services to clients. Beginning January 2007 through December 2009, a total of 163,851 clients have received services through WHP.

Much of the focus in the first year of WHP was on implementation of the program and addressing the challenges related to operating a new program, including systems changes and provider education. With the initial implementation phase complete, HHSC saw several opportunities for improvement of ongoing operations, including improving the integration of WHP with other publicly-funded family planning programs, seeking input from stakeholders, and developing innovative and effective public awareness strategies.

While any Medicaid provider can participate in WHP, most WHP services are provided at more than 300 publicly-funded clinic sites that receive family planning funding through DSHS. HHSC and DSHS have collaborated closely while implementing WHP to ensure that WHP policies and procedures integrate well with DSHS' established programs.

A variety of nonprofit organizations provide family planning services, such as local health departments, medical schools, hospitals, private non-profit agencies, community-based clinics, FQHCs, and rural health clinics.²³ In Texas, approximately 73 state and local health entities provide preventive health-care services to women through contracts with DSHS through Titles V, X, and XX.

In calendar year 2009, HHSC gathered input from stakeholders on ways WHP could be improved through the Family Planning Community Participation meetings hosted by DSHS and the Family Planning Partnership Project meetings hosted by the Women's Health and Family Planning Association of Texas. HHSC will continue to work with providers and other stakeholders through public forums, workgroups, and conferences.

HHSC continues to seek new opportunities to improve WHP public awareness and program enrollment. Throughout calendar year 2011, HHSC will meet with internal and external stakeholders to help determine the most effective public awareness opportunities to pursue within the limitations of the WHP public awareness budget.

²³ State and federal law prohibits the use of funds awarded by DSHS to pay the direct or indirect costs (including overhead, rent, phones and utilities) of abortion procedures by contractors.

Finally, HHSC will continue to offer in-person and web-based trainings to educate providers about WHP eligibility and benefits. HHSC will work with provider associations to identify ways to improve provider participation, especially among providers who do not contract with DSHS for titles V, X, and XX. Such efforts will allow more women in Texas access to family planning services.

Appendix A: Number of Women that Received Women's Health Program Services by Quarter*

Quarter	2007	2008	2009
1st	17,757	30,937	36,121
2nd	25,316	31,800	37,274
3rd	27,709	32,061	38,682
4th	29,795	33,251	39,022

* Unduplicated within each quarter but not across quarters.

Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform
Claims Universe data retrieved on September 3, 2010. The number of services received in the third year is approximate due to a lag in Medicaid claims data.

**Appendix B:
Women's Health Program Services Used Most Frequently**

Rank	2007		2008		2009	
	Procedure Code	Service	Procedure Code	Service	Procedure Code	Service
1	99213	Follow-up Family Planning Visit	99213	Follow-up Family Planning Visit	99213	Follow-up Family Planning Visit
2	S4993	Oral Contraception	S4993	Oral Contraception	S4993	Oral Contraception
3	Z9008 ^a	Family Planning Annual Exams	81025	Pregnancy Test	81025	Pregnancy Test
4	99401	Contraceptive Method Specific Counseling	99214	Annual Family Planning Exam	99214	Annual Family Planning Exam
5	81025	Pregnancy Test	J1055	Depo-Provera	A4267	Condom
6	J1055	Depo-Provera	A4267	Condom	J1055	Depo-Provera
7	A4267	Condom	88142	Pap Test	88142	Pap Test
8	81002	Urine Screening Test	81002	Urine Screening Test	87591	Gonorrhea Screening
9	99402	Problem Counseling Related to Family Planning	87591	Gonorrhea Screening	87491	Chlamydia Screening
10	87797	Chlamydia and Gonorrhea Screening	87491	Chlamydia Screening	81002	Urine Screening Test

Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Claims Universe data retrieved on September 3, 2010. The number of services received in the third year is approximate due to a lag in Medicaid claims data. a. Z9008 is a local code that represented a new or established annual family planning exam (99203, 99214), and was terminated on August 31, 2007. As of September 1, 2007, Texas Medicaid has used 99204 and 99214 with a modifier to indicate the annual family planning exams. Procedure codes are reported separately for the years after 2007.

Appendix C: Total Unduplicated Participants by Provider Type

Provider Type	CY2007	CY2008	CY2009
Family Planning Clinic	50,597	60,413	72,888
Maternity Service Clinic	2	1	1
Independent Lab/Privately Owned Lab (No Physician Involvement)	11,140	12,047	9,674
Independent Lab/Privately Owned Lab (Physician Involvement)	12,735	24,649	30,398
Physician (DO)	33	89	153
Physician (MD)	1,179	2,089	2,708
Physician Group (DOs Only)	33	30	64
Physician Group (MDs Only and Multispec.)	4,815	9,355	11,613
Federally Qualified Health Centers (FQHCs)	5,308	6,664	8,028
Ambulatory Surgical Center - Freestanding/Independent	8	42	58
Ambulatory Surgical Center - Hospital Based	27	180	274
Rural Health Clinic - Freestanding/Independent	33	21	13
Rural Health Clinic - Hospital Based	57	64	39
Advanced Practice Nurse	279	456	669
Registered Nurse/Nurse Midwife	6	17	38
Total Other Provider Types	1,219	1,438	1,828
Total	62,074	79,432	93,844

Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Claims Universe data retrieved on September 3, 2010. The number of claims received in the third year is approximate due to a lag in Medicaid claims data.

Appendix D. Cost Neutrality Definitions

Demonstration Year 2 (DY2) - Calendar year 2008.

WHP Participants in DY2 - WHP enrollees with at least one paid WHP claim for a service delivered in Demonstration Year 2.

WHP Participants with Medicaid Births for DY2 - DY2 WHP participants with a Medicaid-paid birth where the pregnancy occurred in DY2 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 DY2. Some of these births occurred in DY3, but births after September 2009 were excluded because the pregnancy probably occurred in DY3.

WHP Birth Rate for DY2 - $\text{DY2 WHP Participants with Medicaid Births} / \text{DY2 WHP Participants}$

WHP Participant Proportions by Ethnicity and Age for DY2 - $\text{Number in Ethnicity and Age Group in DY2} / \text{Total Number of DY2 WHP Participants}$

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

Base Year Women with Medicaid Births - 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 - $\text{Base Year Women with Medicaid Births} / \text{Base Year Population}$

Base Year Birth Rates Adjusted for DY2 Participant Proportions - $\text{Base Year Birth Rate} * \text{DY2 WHP Participant Proportion}$. This adjustment weights the base year birth rate for each ethnicity and age group by the prevalence of that group among DY2 WHP participants so the total across all ethnicity and age groups equals a base year birth rate that reflects the ethnicity and age of DY2 WHP participants.

Projected Births to DY2 WHP Participants If No WHP - $\text{Number of DY2 WHP Participants} * \text{Base Year Birth Rate Adjusted for DY2 Participant Proportions}$

Births Averted = $\text{Projected Births to DY2 WHP Participants} - \text{Actual Births to DY2 WHP Participants}$

Average Cost of Medicaid Birth in DY2 - 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 DY2 (Target expenditure is the "break-even" point for cost neutrality)

Waiver Expenditures - DY2 WHP Medicaid claims

Total WHP Expenditures - Waiver Expenditures + Administrative Expenditures

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

Appendix E. Calculation of Women’s Health Program Demonstration Birth Rates for Demonstration Year 2*

Ethnicity and Age Groups	WHP Participants – DY2	WHP Participants with Medicaid Births – DY2	WHP Birth Rate – DY2	WHP Participant Proportions by Ethnicity and Age – DY2	Base Year** Population	Base Year Women with Medicaid Births	Base Year Birth Rates by Ethnicity and Age	Base Year Birth Rates Adjusted for DY2 Participant Proportions
White								
18-19	3676	154		4.66%	31,165	6,032	0.19	0.00901
20-24	8573	393		10.86%	120,274	17,224	0.14	0.01555
25-29	4735	158		6.00%	67,341	7,971	0.12	0.00710
30-34	1997	34		2.53%	58,889	3,572	0.06	0.00153
35-39	1255	10		1.59%	44,380	1,429	0.03	0.00051
40-44	657	2		0.83%	59,147	349	0.01	0.00005
Black								
18-19	2394	126		3.03%	13,182	2,904	0.22	0.00668
20-24	5547	295		7.03%	40,008	7,962	0.20	0.01398
25-29	3372	119		4.27%	34,474	3,878	0.11	0.00481
30-34	1656	37		2.10%	25,514	1,677	0.07	0.00138
35-39	917	8		1.16%	23,712	714	0.03	0.00035
40-44	465	0		0.59%	36,081	180	0.00	0.00003

Ethnicity and Age Groups	WHP Participants – DY2	WHP Participants with Medicaid Births – DY2	WHP Birth Rate – DY2	WHP Participant Proportions by Ethnicity and Age –	Base Year** Population	Base Year Women with Medicaid Births	Base Year Birth Rates by Ethnicity and Age	Base Year Birth Rates Adjusted for DY2 Participant Proportions
Hispanic								
18-19	5675	364		7.19%	52,555	9,977	0.19	0.01365
20-24	15323	861		19.41%	176,147	23,955	0.14	0.02640
25-29	9704	462		12.29%	173,234	12,864	0.07	0.00913
30-34	5213	210		6.60%	165,526	6,880	0.04	0.00274
35-39	3370	62		4.27%	140,456	3,004	0.02	0.00091
40-44	2034	5		2.58%	113,724	722	0.01	0.00016
Other								
18-19	430	17		0.54%	3,786	193	0.05	0.00028
20-24	995	35		1.26%	14,402	650	0.05	0.00057
25-29	458	16		0.58%	11,627	538	0.05	0.00027
30-34	225	4		0.29%	10,066	496	0.05	0.00014
35-39	171	3		0.22%	10,162	217	0.02	0.00005
40-44	97	0		0.12%	10,038	57	0.01	0.00001
Totals	78,939	3,375	0.042755	100%	1,435,890	113,445		0.11529

Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Client and Claims Universes (Base Year Women with Medicaid Births retrieved on September 9, 2010; all other data retrieved on November 18, 2009)

* Demonstration Year 2 (DY2) is calendar year 2008

** Base Year is 2003

Appendix F. Calculation of Women’s Health Program Demonstration Birth Rates for Hispanic Women in Demonstration Year 2*

Ethnicity and Age Groups	WHP Participants – DY2	WHP Participants with Medicaid Births – DY2	WHP Birth Rate – DY2	WHP Participant Proportions by Ethnicity and Age – DY2	Base Year** Population	Base Year Women with Medicaid Births	Base Year Birth Rates by Ethnicity and Age	Base Year Birth Rates Adjusted for DY2 Participant Proportions
Hispanic								
18-19	5,675	364		13.73%	52,555	9,977	0.19	0.02607
20-24	15,323	861		37.08%	176,147	23,955	0.14	0.05043
25-29	9,704	462		23.49%	173,234	12,864	0.07	0.01744
30-34	5,213	210		12.62%	165,526	6,880	0.04	0.00524
35-39	3,370	62		8.16%	140,456	3,004	0.02	0.00174
40-44	2,034	5		4.92%	113,724	722	0.01	0.00031
Totals	41,319	1,964	0.04753	100.00%	821,642	57,402		0.10125

Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Client and Claims Universes (Base Year Women with Medicaid Births retrieved on September 9, 2010; all other data retrieved on November 18, 2009)

* Demonstration Year 2 (DY2) is calendar year 2008

** Base Year is 2003

Appendix G. Calculation of Women’s Health Program Cost Neutrality for Demonstration Year 2*

Savings and Expenditures	Total	Federal Share of Costs**
WHP Savings Due to Births Averted		
Projected Births to DY2 WHP Participants If No WHP	9,101	
Actual births to DY2 WHP Participants	3,375	
Births Averted	5,726	
Average Cost of Medicaid Birth in DY2	\$10,996	\$6,892
Target Expenditure = Savings Due to Births Averted	\$62,968,035	\$39,467,183
WHP Expenditures (defined by CMS)		
Waiver Expenditures	\$20,485,104	\$18,435,872
Administrative Expenditures	\$100,000	\$50,000
Total WHP Expenditures	\$20,585,104	\$18,485,872
Cost Neutrality		
Total WHP Expenditures as a Percent of Target Expenditure	32.69%	46.84%

The program is considered cost neutral because Total WHP Expenditures are less than the Target Expenditure (i.e., the Savings due to Births Averted)

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

** For DY2, Medicaid birth expenditures had approximately a 62.68% Federal Medical Assistance Percentage (FMAP). This FMAP was derived by prorating the Texas FMAP for federal fiscal year 2008 and the Texas stimulus FMAP for federal fiscal year 2009. WHP Waiver Expenditures had approximately a 90 percent federal participation rate. WHP administrative expenses had a 50 percent federal participation rate.