Texas Health and Human Services Commission

Women's Health Program
Annual Report 2007
January 1, 2007 – December 31, 2007

1115(a) Research and Demonstration Waiver
Family Planning Project Number 11-W-00233/6

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I. Program Overview

The Texas Women's Health Program (WHP) is a Section 1115(a) demonstration waiver approved by the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) on December 21, 2006. The demonstration started January 1, 2007 and will end December 31, 2011. The Texas Health and Human Services Commission (HHSC) Medicaid/CHIP Division is managing the demonstration.

WHP is designed to enhance women's health care services by increasing access to Medicaid family planning for women who have limited health care resources. Benefits of the program include an annual gynecological exam, contraceptives and related health screenings. The target population is uninsured women ages 18 to 44 with a net family income at or below 185 percent of the federal poverty level (FPL) that would not otherwise be eligible for Medicaid.

WHP includes three key interventions intended to increase the target population's access to Medicaid family planning services:

- extending eligibility for Medicaid family planning services to uninsured women aged 18 to 44 with a net family income at or below 185 percent FPL who would not be eligible for Medicaid without this program;

- minimizing the obstacles to enrollment for Medicaid family planning services by simplifying the provider enrollment process, implementing an adjunctive eligibility process through accessible statewide health and human services programs, and providing continuous eligibility for 12 months; and

- piloting culturally appropriate outreach efforts to Spanish-speaking/Hispanic populations.

Expansion of family planning services will reduce the number of unintended pregnancies among low-income women unable to afford counseling, contraception, and services. Currently, less than 20 percent of eligible women get access to publicly funded family planning and related preventive services through the Texas Department of State Health Services (DSHS) family planning services. The unmet need contributes to high birth rates among low-income women.

Improving access to contraception and providing counseling on the spacing of births through WHP is expected to minimize the overall number of births paid for by Medicaid. 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.[1] Improved access may also reduce future disability costs for children arising from premature and low-birth-weight deliveries.

[1] The Johns Hopkins Bloomberg School of Health, "Birth Spacing: Three to Five Saves Lives." Online. Available: http://www.infoforhealth.org/pr/l13/l13.pdf. Retrieved June 7, 2005.

II. Discussion of Significant Activities for the Year

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 Federally Qualified Health Centers (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; and
    - 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. Renewal packets will continue to be mailed monthly.

Program Enrollment

At the end of the fourth quarter of 2007, a total of 84,009 women were enrolled in the program[2]. Since implementation on January 1, 2007, an unduplicated total of 91,683 women have been enrolled in the program at some point[3].

Services

At least 56,181 women received services in the first year of the demonstration[4, 5]. In Appendix A, *WHP Services Received in 2007* is broken down by quarter. The services most used in WHP include the annual family planning exam, follow-up family planning

[2] Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Client Universe retrieved as of February 21, 2008

[3] Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Client Universe retrieved as of February 21, 2008

[4] The number of services received in the first year is approximate due to a lag in Medicaid claims data.

[5] Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Claims Universe retrieved as of February 13, 2008

exam, contraceptives, and contraceptive method related counseling. The top ten procedures paid by WHP in 2007 are listed in Appendix B: *WHP Procedures Most Used in 2007*.

Disenrollment
A total of 7,497 women were disenrolled from WHP during the first year of the demonstration. The primary reason women were disenrolled is because they began receiving Medicaid, Medicare, or State Children's Health Insurance Program (SCHIP) benefits. Other leading reasons for disenrollment include applicants' voluntary withdrawal or aging out of the program. Appendix C: *Disenrollment from WHP in 2007* provides the number disenrolled by quarter and the most common reasons for disenrollment in the first year.

Program Staffing
During the first year of the demonstration, HHSC increased WHP-dedicated staff to process applications and determine eligibility in WHP. At the beginning of the first quarter in 2007, HHSC had 2 units dedicated to processing eligibility in WHP, and 34 full time equivalent (FTE) positions. At the end of the fourth quarter, HHSC had 3 WHP-dedicated units, and 60 FTEs.

Applications and Eligibility Determinations
HHSC processed 32,835 applications for WHP clients in the fourth quarter, bringing the total number of applications processed in 2007 to 126,369.[6] Application processing timeliness has improved over the year and at the end of the fourth quarter, 98 percent of eligibility determinations occurred within HHSC's 45-day processing timelines. In the first year, about 93 percent of the eligibility determinations occurred within the processing timelines.

From the start of the demonstration, eligibility staff has been checking the Bureau of Vital Statistics (BVS) site for birth records for in-state applicants in order to avoid pending WHP applications for missing documentation. Still, a significant percentage of applications received have been pended due to incomplete information or missing documentation. Applications are pended most frequently due to missing documentation of citizenship, particularly for those born outside of Texas whose information is not accessible through BVS. Since implementation, HHSC has taken several steps to help providers collect more of the required documentation – including encouraging the verification of citizenship at the time of the client's appointment – so that fewer applications will be pended, application processing will be faster, and fewer women will be denied.

Provider Participation and Training
All enrolled Medicaid providers that can perform family planning services within their scope of practice are eligible to provide services under WHP. HHSC does not have a separate provider enrollment process for WHP. Prior to launching the program, HHSC

[6] Health and Human Services Commission TN-01 Report, 1/14/2008.

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. HHSC staff continues to train providers throughout the state on location at provider conferences, through teleconference, webcast, website and e-mail updates as well as articles in the Texas Medicaid Bulletin.

Client-Directed Outreach 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 during outreach 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 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.

HHSC regional staff has promoted WHP at more than 100 community events and meetings around the state. Regional staff provided outreach and education about WHP to local governmental groups, community organizations, and providers. Participating providers also were provided with technical assistance and training from regional staff.

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 both essential but 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, or promotora, 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 and Brownsville, San Juan, Laredo, Del Rio and San Angelo. HHSC Border Affairs staff also provided WHP information to promotoras and other community stakeholders in the border areas of the state. This in-depth training was presented in English and Spanish, designed to enable promotoras to inform women about WHP and provide application assistance. Topics covered included: program overview, benefits, application, reporting changes of address, referrals, eligibility, renewals, outreach activities and resources. In addition, HHSC made the promotora 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.

Next Demonstration Year

- Renewals will continue to be sent out monthly and will be processed throughout the year.
- HHSC will continue to implement the state fiscal year 2008 outreach plan.
- HHSC will submit a waiver amendment to CMS to cover physician-administered contraceptives recently added to Texas Medicaid.

III. Evaluation of Performance Measures

Design

Management and Coordination

The Evaluation Department of the HHSC Center for Strategic Decision Support (SDS) evaluates the WHP demonstration. The Evaluation Department includes professional evaluators with expert knowledge of the HHSC data systems that will be used for this evaluation, and ongoing, unlimited access to the data. In addition to the Evaluation Department, SDS includes the demographers that will be providing population data for the evaluation and analysts that work with HHSC data and policies every day.

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.

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.

Hypothesis

HHSC has the following hypotheses about the outcomes of the WHP demonstration that will be tested by the evaluation.

- WHP participants will have a lower birthrate than would have been expected without WHP.
- Hispanic WHP participants will have a lower birthrate than would have been expected without WHP.
- 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.
- A lower birthrate among WHP participants will reduce Medicaid expenditures for pregnancy, prenatal care, delivery, and infant care.

Timeline for Implementation and Reporting Deliverables

Data collection for the WHP evaluation began on the first day of the WHP demonstration and will be collected throughout the demonstration. For this annual report the data covered was from January 1, 2007 to December 31, 2007. This data included Medicaid eligibility data and claims data.

Analysis

The Women's Health Program is evaluated using 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.

- **BVS birth records.** There is a lag between the date of birth and when the birth record is available through BVS. Most birth records are available within three months of the birth, but some birth records are not available until much later.

The annual performance measures are based on the data available for the end of the demonstration year. For this first year of implementation of WHP, only the first four performance goals could be evaluated due to these lags in the availability of data. Annual performance measures that include Medicaid claims data or BVS birth records will be revised for the next Annual Report.

Goal 1: Increase access to Medicaid family planning services.
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 for January 2007 through December 2007 is shown in the Table 1. The monthly numbers represent the total enrollment during that month, taking into consideration new enrollments and disenrollments. Table 1 indicates rapid growth in enrollment early in the program and slower growth in the last quarter of the year. The number of clients enrolled in WHP for the recent months is incomplete due to the lag in the Medicaid eligibility data and is anticipated to increase as more data come in.

Table 1: Women's Health Program Enrollment in 2007

Month	Enrollment
January	9,282
February	18,439
March	27,807
April	36,229
May	44,956
June	52,173
July	58,027
August	64,528
September	70,278
October	75,909
November	80,269
December	84,009

Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Client Universe retrieved as of February 21, 2008

Goal 2: Increase Hispanic women's access to Medicaid family planning services.
The enrollment of Hispanic women in WHP also indicates an increase in their access to Medicaid family planning since they were not eligible for these services prior to implementation of WHP. The enrollment of Hispanic women in WHP for January through December 2007 is shown in Table 2. The pattern of enrollment for Hispanic women is similar to the pattern for the program as a whole: a rapid growth in enrollment early in the program, and slower enrollment growth in the last quarter. The number of clients enrolled in WHP for the recent months is incomplete due to the lag in the Medicaid eligibility data and is anticipated to increase as more data come in.

Table 2: Hispanic Women's Health Program Enrollment in 2007

Month	Hispanic Enrollment
January	4,911
February	9,821
March	14,765
April	19,165
May	23,651
June	27,202
July	29,911
August	33,085
September	35,999
October	38,832
November	40,950
December	42,713

Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Client Universe retrieved as of February 21, 2008

Goal 3: Increase the use of Medicaid family planning services.
To assess whether there was an increase in the use of Medicaid family planning services, SDS determined the number of WHP clients who had a paid Medicaid claim for WHP services. There were 56,181 WHP clients who had a paid claim through December 31, 2007. The monthly number of WHP clients with a paid claim is given in Table 3. The numbers for the recent months is incomplete due to the lag in the Medicaid Claims data and will increase substantially as more data come in.

Table 3: Women's Health Program clients with a paid claim

Month	Number of WHP clients with a paid claim
January	5,873
February	6,894
March	8,130
April	8,990
May	10,131

June	9,539
July	9,589
August	10,603
September	9,412
October	11,376
November	9,335
December	7,213

Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Client Universe retrieved as of February 13, 2008

Goal 4: Provide WHP clients diagnosed with a medical condition not covered by the family planning benefit package with referrals to appropriate health providers.
HHSC requires providers to refer WHP clients diagnosed with a medical condition that is not covered by the waiver to the appropriate health care providers; however, it is not possible to determine the full extent to which such clients receive the required referrals. HHSC tracks some referrals for additional services through data on WHP clients who received services through Title V (The Maternal and Child Health Services Title of the Social Security Act), Title X (Family Planning Services and Population Research Act) and Title XX (Social Services Block Grant). Services provided through these other titles represent referrals to other funding sources for services not available through the wavier, including treatment of sexually transmitted infections. As shown in Table 4, many WHP clients received additional services through Title XX.

Table 4: Women's Health Program clients who received additional family planning services

Type of Service	Family Planning Services Fund Type			
	Title V	Title X	Title XX	Total [a.]
Drugs and Supplies	303	181	2,994	3,478
Medical Counseling and Education	261	154	4,462	4,877
Exams and Office Visits	232	72	1,992	2,296
Contraceptive Devices and Related Procedures	0	4	11	15
Non-Reimbursable Procedure Codes	39	0	0	39
Laboratory Procedures	235	150	6,009	6,394

Source: TMHP Business Objects Query run on 1/17/2008.
Prepared by: Department of State Health Services, Family and Community Health Services - Health Data Assessment & Reporting
[a.] If a client received more than one service or was funded by more than one funding source, she was counted in each Type of Service and in each Fund Type.

Goals 5 – 10
In order to reduce Medicaid costs related to pregnancy, birth, and infant care, goals 5-10 are directed at reducing the number of births, the growth rate of Hispanic births, and premature and low-birth-weight deliveries, and increasing the spacing between

pregnancies. To evaluate whether WHP was able to attain these goals, information on births to WHP clients is required. Birth outcome data are not available in the first year of implementation due to the length of gestation and the delay in BVS birth data. These goals will be evaluated beginning the second year of the demonstration and will be reported in the 2008 Annual Report.

IV. Assessment of Eligibility Determinations

Design

Management and Coordination

WHP initial applications and renewal applications are processed by a WHP-dedicated unit of eligibility advisors within HHSC Office of Eligibility Services. To evaluate the integrity of WHP eligibility determinations, HHSC Office of Family Services Quality Assurance (QA) audits a sample of determinations monthly. Auditors evaluate whether the determination to grant, sustain, or deny benefits was correct, and if incorrect, the root cause of the error.

Assessment Plan

Each month, a total of 80 WHP case actions are audited. Case actions include initial applications, renewal applications, and reported changes that result in WHP eligibility being granted, sustained, or denied. To generate the sample of WHP case actions that will be audited, HHSC QA pulls a random sample of 40 positive case actions and 40 negative case actions from a database of all WHP case actions that occurred in the month.

Positive case actions are determinations to grant or sustain WHP benefits. They include applications and renewals that are certified and reported changes that result in the continuation of benefits. Auditors review positive case actions to determine if WHP benefits were granted or sustained appropriately. Negative case actions are determinations to deny or terminate WHP benefits. They include applications and renewals that are denied and reported changes that result in the termination of benefits. Auditors review these negative case actions to determine if WHP benefits were denied or terminated appropriately.

The error rate is determined by dividing the number of cases in error by the number of cases sampled. Ten percent is considered an acceptable error rate. If the error rate for either positive or negative cases is more than ten percent in any three consecutive months, corrective action is required. The corrective action plan includes a description and timeline of the actions planned or taken.

Timeline for Implementation and Reporting Deliverables

Data collection for WHP eligibility determinations began on the first day of the WHP demonstration and will be collected throughout the demonstration. Results of audits from January through November 2007 for both the positive and negative samples are included

below. Subsequent annual reports will include statistical information for December through November of the previous demonstration year.

Analysis

WHP Benefits Granted or Sustained (Positives)
WHP met its goal 6 out of the 11 months eligibility determinations for positives were assessed. The errors that occurred did not require corrective action, and the leading factors were generally either an incorrect eligibility begin date that did not coincide with the first day of the application month, or an incorrect certification in which the WHP eligible woman was not the sole person certified for her case.

Month	Reviews
January	15.0%
February	2.5%
March	12.2%
April	1.0%
May	2.5%
June	0.0%
July	17.5%
August	25.0%
September	5.0%
October	15.0%
November	7.5%

WHP Benefits Denied or Terminated (Negatives)
Audits were assigned to a different QA unit beginning with the August 2007 sample. After seeking clarification on auditing samples, QA auditors made some changes that affected the way questions were scored. This transition and change may account for some of the increase in error rates during that time. In August, September, and October 2007, the leading causal factors for errors were: an incorrect eligibility end date in which the WHP woman was certified as eligible for a period of time less than 12 consecutive months; the woman's household income was not correctly accounted for; and the applicant's income and deductions were not counted correctly. There was a 30 percent decrease in error rate when comparing the September 2007 sample and the October 2007 sample. October 2007 was the third consecutive month in which the error rate exceeded ten percent, requiring corrective action.

Month	Reviews
January	4.7%
February	2.5%
March	5.0%

April	5.0%
May	5.0%
June	2.5%
July	5.0%
August	15.0%
September	25.0%
October	17.5%
November	10.0%

Summary of Corrective Action Plan
The corrective action plan was implemented on January 1, 2008 and is ongoing. HHSC Management staff will continue to re-enforce and review policy on reporting changes and determining eligibility with all WHP eligibility advisors and conduct random case reading samples to ensure staff is following policy correctly and granting and sustaining benefits accurately.

V. Conclusion

Successes
In its first year, the Women's Health Program has proven to be a success at expanding access to Medicaid family planning services to uninsured women in Texas. At the end of the first year, enrollment reached 84,009 women. WHP has also been successful at expanding access to Medicaid family planning services to Spanish-speaking/Hispanic women. By the end of the fourth quarter more than half of all women enrolled in WHP were Hispanic. Finally, WHP has been successful at providing family planning services to clients. From January to December, 56,181 clients received services through WHP, which represents 67 percent of all women who were enrolled in WHP in December 2007.

HHSC began enrolling women and providing coverage on January 1, 2007, even though federal approval for the program came just 11 days prior. This was possible due to strong support for the program from the Texas Legislature, state leadership, and the provider community. This support allowed HHSC to build the infrastructure necessary to implement WHP while awaiting federal approval.

Opportunities for Improvement
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 implementation complete, HHSC sees 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 outreach 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's established programs. Benefits policy is one area where improvements can be made with respect to integration. WHP and DSHS's family planning programs generally cover the same services, but each covers a few benefits the other does not. In 2008, HHSC and DSHS will evaluate the benefits of both programs to identify appropriate modifications to coverages that could bring the two programs more closely in line with one another. Such changes would benefit providers by enabling them to focus more on serving clients and less on tracking the different benefits of each program.

In 2008, HHSC will also gather input from stakeholders on ways WHP could be improved. In early 2008, HHSC will participate in Family Planning Community Participation meetings hosted by DSHS in San Antonio, Houston, Dallas, Lubbock, and Brownsville. These sessions will give HHSC an opportunity to hear directly from family planning providers about the ways WHP impacts providers and clients, and to discuss how the program could be improved.

Finally, HHSC has identified opportunities to improve WHP outreach by piloting and evaluating a new outreach strategy. In the first year, HHSC focused primarily on grassroots and targeted outreach efforts, including training promotoras working in Hispanic communities to educate women about WHP and help them apply. In 2008, HHSC will investigate opportunities to market WHP through public advertisements. HHSC anticipates piloting WHP transit ads in a specific region and evaluating the impact on enrollment in that area. If successful, HHSC will consider expanding the pilot to other regions to improve enrollment and help more women access family planning services.

Appendices

Appendix A: WHP Services in 2007 by Quarter

Quarter	# Of Women Who Received Services
1st	17,040
2nd	23,877
3rd	25,429
4th	24,353

Source: TMHP Ad Hoc Query Platform Claims Universe retrieved as of February 13, 2008

Appendix B: WHP Procedures Most Used in 2007

Rank	Procedure code	Service
1	99213	Follow-up Family Planning Visit
2	S4993	Oral Contraception
3	Z9008[a.]	Family Planning Annual Exams
4	81025	Pregnancy Test
5	99401	Contraceptive Method Specific Counseling
6	99402	Problem Counseling Related to Family Planning
7	A4267	Condom
8	J1055	Depo-Provera
9	81002	Urine Screening Test
10	87797	Chlamydia and Gonorrhea Screening

Source: TMHP Ad Hoc Query Platform Client Universe retrieved as of February 13, 2008

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 will be reported separately in the next WHP report.

Appendix C: Disenrollment from WHP in 2007

Reason for Disenrollment	First Quarter (%)	Second Quarter (%)	Third Quarter (%)	Fourth Quarter (%)	Total (%)
Certified for Medicare, Medicaid, or State Children's Health Insurance Program	193 (68.4)	885 (67.9)	1774 (68.1)	2204 (58.7)	5056 (63.6)
Voluntary withdrawal	41 (14.5)	182 (14.0)	334 (12.8)	346 (9.2)	903 (11.4)
Does not meet age requirements for the Women's Health Program	26 (9.2)	90 (6.9)	105 (4.0)	170 (4.5)	391 (4.9)
Unable to locate	4 (1.4)	56 (4.3)	148 (5.7)	161 (4.3)	369 (4.6)
Other	18 (6.4)	91 (7.0)	244 (9.4)	875 (23.3)	1228 (15.5)
Total	**282**	**1304**	**2605**	**3756**	**7947**

Source: HHSC Eligibility Systems, January 22, 2008