MEDICAID WOMEN'S HEALTH PROGRAM IMPLEMENTATION REPORT

Biennial Report to the Texas Legislature

Health and Human Services Commission
December 2008

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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. 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 20 months of WHP implementation and operation, 133,186 women have been enrolled and 90,080 women have received family planning services through the program. 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 $2,159.

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.
- 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, except for the provision of an intrauterine device (IUD). FQHCs are reimbursed an additional encounter rate for the provision of an IUD.
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.
- Facility fees for tubal ligations.

Benefits that HHSC is currently waiting for federal approval to add to WHP include:

- A new patient office visit procedure code that indicates the least amount of complexity.[1,2]
- An ultrasound exam of the abdomen related to an intrauterine device (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 will 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

[1] 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.
[2] WHP currently covers 9 out of 10 of the new and established patient office visit procedure codes. HHSC is seeking CMS approval for all 10 office visit codes to allow providers to more accurately code office visits and ensure compliance with Health Insurance Portability and Accountability Act (HIPAA).

provider and client feedback, HHSC will continue to pursue opportunities to improve program operations and outreach to clients and providers to ensure that more women have access to family planning services in Texas.

Family Planning Financing in Texas

The Medicaid Women's Health Program (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 Title V, Title X, and/or Title 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, Title X, or Title 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, federally qualified health centers (FQHCs), and rural health clinics.[3] In Texas, approximately 77 state and local health entities provide preventive health-care services to women through contracts with DSHS through Title V, Title X, and Title 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 and Healthcare Partnership (TMHP), which is HHSC's claims administrator. All enrolled Medicaid providers that can perform family planning services within their scope of practice are

[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.

eligible to provide services under WHP. 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 the Health and Human Services Commission (HHSC) to establish a five-year demonstration project through the state's medical assistance program to expand access to family planning services for women. The Medicaid Women's Health Program (WHP) is for women who meet the following qualifications:

- 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 $2,159.

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

pregnancies.[4] Improved access may also reduce future disability costs for children arising from premature and low birth weight deliveries.

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, Health and Human Services Commission, 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, Health and Human Services Commission, 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/l13/l13.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, Department of State Health Services, 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, Department of State Health Services, 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 fiscal year 2008, DSHS provided $2,096,460 in reimbursements for medical services. In addition, the rider directs DSHS to use a portion of the available family planning funds to provide outreach and education about WHP and other family planning services.

The 2008-2009 General Appropriations Act (Article II, Health and Human Services Commission, Rider 48) directs HHSC to reimburse federally qualified health centers (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, except for the provision of an intrauterine device (IUD). FQHCs may be reimbursed for an additional visit for the provision of an IUD. Prior to this rider, FQHCs received up to one payment per calendar year per client for Medicaid family planning and WHP services.

Provider Base

Eligible providers for this waiver include all enrolled Medicaid providers that can perform family planning services within their scope of practice. The following provider types may bill family planning services under WHP: physician; advanced nurse practitioner; 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, except for the provision of an IUD. FQHCs are reimbursed an additional encounter rate for the provision of an IUD. The majority of providers who have delivered services to WHP clients are family planning clinics.

Discussion of Significant Activities for Fiscal Year 2007

The following is a summary of the significant activities for the Medicaid Women's Health Program (WHP) that were undertaken from January 1, 2007, through August 31, 2007:

Milestones

- WHP enrollment and coverage began on January 1, 2007, and the Health and Human Services Commission (HHSC), through TMHP, 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 allowed HHSC to more effectively and consistently capture all client identity and citizenship information as required by the federal Deficit Reduction Act (DRA) of 2005.

- On June 1, 2007, HHSC submitted a waiver amendment to the Centers for Medicare and Medicaid Services (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, for up to three reimbursements per client per year, except for the provision of an intrauterine device (IUD). FQHCs are reimbursed an additional encounter rate for the provision of an IUD. The waiver amendment also added the following benefits:
  - 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; and
  - facility fees for tubal ligations.

Program Enrollment

At the end of the fiscal year 2007, a total of 65,123 women were enrolled in the program.[5] Between implementation on January 1, 2007, and the end of fiscal year 2007, an unduplicated total of 68,622 women were enrolled in the program at some point.[6]

[5] Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Client Universe retrieved as of September 18, 2008.
[3] Source: TMHP Ad Hoc Query Platform Client Universe retrieved as of September 18, 2008.

Services

At least 42,004 women received services in fiscal year 2007.[7, 8] The services most used in WHP include the annual family planning exam, follow-up family planning exam, contraceptives, and contraceptive method related counseling. The top 10 procedures paid by WHP in fiscal year 2007 are listed in Appendix A: *WHP Procedures Most Used in Fiscal Years 2007 and 2008*.

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. All providers that contract with the Department of State Health Services (DSHS) for Title V, Title X, and Title XX grant funds to provide family planning services are required to serve WHP clients.

Prior to launching the program, HHSC and DSHS staff trained providers on WHP in Austin, Houston, South Texas, Dallas, El Paso, and Lubbock. Within two weeks of launching the program, HHSC conducted a state-wide provider training webcast. In the months that followed, HHSC staff provided information and training on WHP to provider and health plan groups, and attended community events and coalition meetings to introduce WHP to groups of social workers, nurses, parents, and health care advocates in Texas. Participating providers were also provided with technical assistance and training.

HHSC has continued to train providers throughout the state at provider conferences, through teleconference, webcast, website and e-mail updates, as well as articles in the bi-monthly Texas Medicaid and Healthcare Partnership (TMHP) provider bulletin.

Client-Directed Outreach Activities

HHSC used several approaches to reach out to WHP clients in the first year of the demonstration. Prior to implementation, 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 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. Each quarter in 2007, HHSC sent notices about WHP to women with children receiving Medicaid with the 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

[7] The number of services received in the first year is approximate due to a lag in Medicaid claims data.
[8] Source: TMHP Ad Hoc Query Platform Claims Universe retrieved as of September 26, 2008.

program and how to apply. In addition, HHSC made 250,000 bilingual brochures and 10,000 bilingual posters available to community-based organizations and providers serving WHP clients. HHSC also printed and shipped 150,000 alternative client flyers to organizations that do not provide contraception (such as Catholic Charities).

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. HHSC also provided outreach and education about WHP to local HHSC eligibility offices and local and state government groups and offices such as city and county health departments, governmental advisory boards, and workgroups.

In addition to outreach conducted by HHSC, all family planning providers that contract with DSHS are required to include WHP information in all of their family planning outreach materials, and make those materials available at their clinic sites. All providers that contract with DSHS for Family Planning Title X grant funds are also required to develop and implement an annual community outreach and education plan for the purposes of informing the public of the services it provides, provide family planning education, enlist community support, and attract potential clients.

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 imperative 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, 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; 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, applications, 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 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 Fiscal Year 2008

The following is a summary of the significant activities for the Medicaid Women's Health Program (WHP) undertaken from September 1, 2007, through August 31, 2008.

Milestones

- In October 2007, the Health and Human Services Commission (HHSC) began mailing WHP renewal packets to clients whose certification ended on December 31, 2007, and staff began processing eligibility redeterminations. Renewal packets will continue to be mailed monthly throughout the five-year demonstration period.

- In July 2008, HHSC submitted a waiver amendment to the Centers for Medicare and Medicaid Services (CMS) requesting approval to add 15 new benefits to WHP. The new benefits include:
  - A new patient, problem-focused office visit procedure code that allows the provider to bill for a visit indicating the least amount of complexity.[9,10]
  - An ultrasound exam of the abdomen related to an intrauterine device (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 of herpes simplex 1 and 2.
  - Tissue culture inoculation and presumptive identification related to herpes.
  - A non-surgical sterilization method, brand name Essure.

Program Enrollment

At the end of fiscal year 2008, a total of 78,131 women were enrolled in the program.[11] Since implementation on January 1, 2007, through the end of fiscal year 2008, an unduplicated total of 133,186 women have been enrolled in the program at some point.[12]

Services

At least 70,898 women received services in fiscal year 2008.[13, 14] In Appendix A, *WHP Services Received in Fiscal Years 2007 and 2008* is broken down by month. The services

[9] 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.

[10] WHP currently covers 9 out of 10 of the new and established patient office visit procedure codes. HHSC is seeking CMS approval to cover all 10 office visit codes to allow providers to more accurately code office visits and ensure compliance with Health Insurance Portability and Accountability Act (HIPAA).

[11] Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Client Universe retrieved as of September 18, 2008.

[12] Source: TMHP Ad Hoc Query Platform Client Universe retrieved as of September 18, 2008.

most used in WHP include the annual family planning exam, follow-up family planning exam, contraceptives, and a pregnancy test. The top ten procedures paid by WHP in fiscal year 2008 are listed in Appendix A: *WHP Procedures Most Used in Fiscal Years 2007 and 2008*.

Provider Participation and Training

In early 2008, HHSC participated in Family Planning Community Participation meetings hosted by DSHS in San Antonio, Houston, Dallas, Lubbock, and Brownsville. HHSC also participated in several meetings in Austin hosted by the Women's Health and Family Planning Association with providers participating from all over the state. These sessions gave 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.

HHSC has continued to train providers throughout the state on location at provider conferences and through teleconference, webcast, website and e-mail updates as well as articles in the Texas Medicaid and Healthcare Partnership (TMHP) provider bulletin.

Client-Directed Outreach Activities

HHSC used several approaches to reach out to WHP clients in the second fiscal 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, 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.

As during the first year of program operation, 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/Hispanic Outreach

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/Hispanic 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 in July 2008. Dallas was chosen as the pilot location based on transit ad capability, capacity to serve, and the fact that Dallas County had a low

[13] The number of services received in the first year is approximate due to a lag in Medicaid claims data.
[14] Source: TMHP Ad Hoc Query Platform Claims Universe retrieved as of September 26, 2008.

percentage of eligible women enrolled compared to the rest of the state and a high percentage of Spanish-speaking/Hispanic 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 is evaluating the impact on enrollment in Dallas County. If the transit advertisements prove successful, HHSC will consider expanding the pilot to other regions to improve enrollment and help more women, especially Spanish-speaking/Hispanic women, access family planning services.

Evaluation of Performance Measures

Management and Coordination

The Health and Human Services Commission (HHSC) Center for Strategic Decision Support (SDS) evaluates the Medicaid Women's Health Program (WHP) demonstration. SDS includes professional evaluators with expert knowledge of the Medicaid eligibility and claims systems that are used for this evaluation and unlimited access to the data. SDS also includes skilled demographers who provide population data for the evaluation and data analysts.

Performance Goals

As specified in the demonstration waiver requirements, HHSC has identified 10 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.

Hypotheses

HHSC has developed 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 program implementation and will be collected throughout the demonstration. For this report the data covered is from January 1, 2007, to August 31, 2008.

Analysis

WHP is evaluated using the performance measures submitted to the Centers for Medicare and Medicaid Services (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.

- **Bureau of Vital Statistics (BVS) Birth Records.** There is a lag between the date of birth and when the birth record is available through BVS. Most birth records become available within three months of the birth, but the system often takes years to show complete birth record data. The delay is due to the time it takes counties to submit birth record data to BVS and systems analysis.

The annual performance measures are based on the data available at the end of the 2008 fiscal year. For fiscal years 2007 and 2008, only the first four performance goals could be evaluated due to these lags in the availability of data. Performance measures that include Medicaid claims data or BVS birth records will be revised for the 2010 implementation 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 Medicaid-paid family planning services. The enrollment in WHP for January 2007 through August 2008 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 later in the program. 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 become available.

Table 1: Women's Health Program Enrollment
Fiscal Years 2007 and 2008

Month	Enrollment	Month	Enrollment
January 2007	9,414	November 2007	81,086
February 2007	18,761	December 2007	84,906
March 2007	28,376	January 2008	89,119
April 2007	36,965	February 2008	81,624
May 2007	45,508	March 2008	80,122
June 2007	52,661	April 2008	80,479
July 2007	58,715	May 2008	80,518
August 2007	65,123	June 2008	80,621
September 2007	70,641	July 2008	80,859
October 2007	76,610	August 2008	78,131

Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Client Universe retrieved as of September 18, 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 2007 through August 2008 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 later in the program. 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 become available.

Table 2: Hispanic Women's Health Program Enrollment
Fiscal Years 2007 and 2008

Month	Hispanic Enrollment
January 2007	5,002
February 2007	10,028
March 2007	15,096
April 2007	19,580
May 2007	23,960
June 2007	27,478
July 2007	30,308
August 2007	33,451
September 2007	36,249
October 2007	39,232
November 2007	41,412
December 2007	43,229
January 2008	45,315
February 2008	41,185
March 2008	40,371
April 2008	40,566
May 2008	40,593
June 2008	40,693
July 2008	40,844
August 2008	39,533

Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query PlatformClient Universe retrieved as of September 18, 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, HHSC determined the number of WHP clients who had a paid Medicaid claim for WHP

services. There were 90,080 WHP clients who had a paid claim through August 31, 2008. 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 become available.

Table 3: Women's Health Program Clients with a Paid Claim Fiscal Years 2007 and 2008

Month	Number of WHP Clients with a Paid Claim
January 2007	5,867
February 2007	6,933
March 2007	8,260
April 2007	9,192
May 2007	10,192
June 2007	9,635
July 2007	9,834
August 2007	10,889
September 2007	9,653
October 2007	11,796
November 2007	10,361
December 2007	10,289
January 2008	12,433
February 2008	10,828
March 2008	11,344
April 2008	12,521
May 2008	11,443
June 2008	11,615
July 2008	11,414
August 2008	8,163

Source: Texas Medicaid and Healthcare Partnership (TMHP) Ad Hoc Query Platform Client Universe retrieved as of September 26, 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, Title X, and Title XX. 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 Fiscal Years 2007 and 2008

Type of Service	Family Planning Services Fund Type			
	Title V	Title X	Title XX	Total [a]
Drugs and Supplies	2,591	2,130	24,194	28,915
Medical Counseling and Education	2,643	2,610	49,852	55,105
Exams and Office Visits	2,171	1,372	17,568	21,111
Contraceptive Devices and Related Procedures	54	28	1,018	1,100
Laboratory Procedures	2,908	3,592	49,472	55,972

[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.

Source: TMHP Business Objects Query run on August 11, 2008.

Prepared by: Department of State Health Services, Family and Community Health Services - Health Data Assessment & Reporting.

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, 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. Sufficient birth outcome data are not available in fiscal years 2007 and 2008 due to the length of gestation and the delay in BVS birth data. These goals will be reported in the 2010 implementation report.

Conclusion

Since implementation, enrollment in the Medicaid Women's Health Program (WHP) reached 133,186 women. WHP has also expanded access to Medicaid family planning services to Spanish-speaking/Hispanic women. By the end of fiscal year 2008, more than half of all women enrolled in WHP were Hispanic. In addition, WHP has also provided family planning services to 90,080 clients from January 1, 2007 to August 31, 2008.

HHSC began enrolling women and providing coverage on January 1, 2007, though federal approval for the program came just 11 days prior. This was possible due to strong support for the program from the provider community, especially Department of State

Health Services (DSHS) family planning contractors. This support allowed HHSC to build the infrastructure necessary to implement WHP while awaiting federal approval.

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 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 HHSC identified where improvements could be made with respect to integration. WHP and DSHS' family planning programs generally cover the same services, but each covers a few benefits the other does not. In fiscal year 2008, HHSC and DSHS evaluated the benefits of both programs to identify appropriate modifications to coverages that could bring the two programs more closely in line with one another. In order to help accomplish this, HHSC submitted a waiver amendment to CMS to cover additional benefits. Such changes will benefit providers by enabling them to focus more on serving clients and less on tracking the different benefits of each program, thereby helping to streamline reimbursements.

In fiscal year 2008, HHSC gathered input from stakeholders on ways WHP could be improved through 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.

Finally, HHSC has identified opportunities to improve WHP outreach by piloting and evaluating a new outreach strategy. In fiscal year 2007, HHSC focused primarily on grassroots and targeted outreach efforts, such as training *promotoras* working in Hispanic communities to educate women about WHP and help them apply. In fiscal year 2008, HHSC investigated opportunities to market WHP through public advertisements. HHSC piloted WHP transit advertisements in a specific region of the state with low program enrollment and a high Hispanic/Spanish speaking population and has begun 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.

Next Steps

HHSC continues to seek new opportunities to improve WHP outreach and program enrollment. Throughout fiscal year 2009, HHSC will meet with internal and external stakeholders to help determine the most effective outreach opportunities to pursue within the limitations of the WHP outreach budget. In addition, effective September 1, 2008, the Title XIX rate reimbursed to family planning providers for the oral contraceptive pill increased from $2.80 per pack to $20.88 per pack. The impact of this rate increase has not yet been evaluated. As new benefits are added to traditional Medicaid family planning, reimbursement rates change, and DSHS family planning programs evolve, HHSC WHP staff will continue to work with Medicaid family planning and DSHS staff to improve program coordination.

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, such as the Texas Medical Association, to identify ways to improve provider participation, especially among providers who do not contract with DSHS for Title V, Title X, and Title XX. Such efforts will allow more women in Texas access to family planning services.

Appendix A: Women's Health Program Procedures Most Used in Fiscal Years 2007 and 2008

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

* 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.

Source: TMHP Ad Hoc Query Platform Client Universe retrieved as of September 26, 2008.

Appendix B: Women's Health Program: Submitted Claims by Provider Type for Fiscal Years 2007 and 2008

Provider Type	FY 2007	FY 2008
Family Planning Clinic	83,656	191,096
Maternity Service Clinic	63	30
Subtotal	**83,719**	**191,126**
Independent Lab/Privately Owned Lab (No Physician Involvement)	30,596	39,492
Independent Lab/Privately Owned Lab (Physician Involvement)	15,577	40,627
Subtotal	**46,173**	**80,119**
Physician (DO)	243	578
Physician (MD)	5,194	10,889
Physician Group (DOs Only)	230	215
Physician Group (MDs Only and Multispec.)	27,926	61,833
Subtotal	**33,593**	**73,515**
Federally Qualified Health Centers (FQHCs)	7,211	16,123
Ambulatory Surgical Center - Freestanding/Independent	40	92
Ambulatory Surgical Center - Hospital Based	309	499
Rural Health Clinic - Freestanding/Independent	476	761
Rural Health Clinic - Hospital Based	533	1,113
Subtotal	**8,569**	**18,588**
Advanced Practice Nurse	567	1,362
Registered Nurse/Nurse Midwife	27	54
Subtotal	**594**	**1,416**
Total Other Provider Types	**17,728**	**31,445**
Total Claims	**190,376**	**396,209**

Notes: This report includes submitted claims for 8 months in fiscal year 2007 (January 2007-August 2007) and 12 months in fiscal year 2008 (September 2007-August 2008) for clients enrolled in Type Program 68.

Prepared by: Research Team, Strategic Decision Support, HHSC, August 22, 2008.