
Texas Women's Health Program: Savings and Performance Reporting

**As Required By
Rider 44, Senate Bill 1
83rd Legislature
Regular Session, 2013**



Strategic Decision Support ♦ Financial Services Division

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

January 2015

Introduction

Background

S.B. 747, 79th Legislature, Regular Session, 2005, directed the Health & 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. HHSC received approval from the Centers of Medicare and Medicaid Services (CMS) to operate the Women's Health Program (WHP) under a Medicaid family planning Section 1115 waiver on December 21, 2006. HHSC began provider services under the five-year demonstration on January 1, 2007.

S.B. 7, 82nd Legislature, First Called Session, 2011, directed HHSC to ensure that any funds spent for purposes of the Medicaid Women's Health Program or a successor program is not used to perform or promote elective abortions or to contract with an entity that performs or promotes elective abortions or that affiliates with entities that perform or promote elective abortions. On March 15, 2012, CMS informed HHSC that because the state was implementing its statutory requirement to exclude affiliates of elective abortion providers from participating in WHP, it would not extend or renew the waiver except for the purposes of phasing out WHP. On March 16, 2012, CMS extended the waiver until December 31, 2012, for the purpose of implementing an orderly phase-out of the program's Medicaid funding.

To prevent the loss of this program for Texas women, HHSC was directed to transition the Medicaid program to a state-funded program. WHP was renamed the Texas Women's Health Program (TWHP) and transitioned to a fully state-funded program in January 2013.

The TWHP offers low income Texas women family planning counseling and education, one family planning exam each year, birth control, the treatment of certain STDs (not including AIDS) and follow up visits related to the method of birth control.

Rider 44

Texas Women's Health Program: Savings and Performance Reporting. It is the intent of the Legislature that the Health and Human Services Commission submit a bi-annual [once every two years] report to the Legislative Budget Board and the Governor that includes the following information:

- a. enrollment levels of targeted low-income women and service utilization by geographic region, delivery system and age;
- b. savings or expenditures in the Medicaid program that are attributable to enrollment levels reported in section (a);
- c. descriptions of all outreach activities undertaken for the reporting period; and
- d. the total number of providers enrolled in the Texas Women's Health Program network.

It is the intent of the Legislature that if the findings of the report show a reduction in women enrolled or of service utilization greater than ten percent relative to calendar year 2011, the agency shall, within existing resources, undertake corrective measures to expand provider capacity and/or client outreach and enrollment efforts.

Enrollment

There were 188,245 women enrolled in the TWHP in Fiscal Year 2013. The total unduplicated number of enrolled women in the WHP Fiscal Year 2011 is 207,041. This is a reduction of 9.1 percent in the total number of enrolled women.

**Table 1 - Clients Enrolled by HHSC Region
Fiscal Years 2011 and 2013**

HHSC Region	FY 2011	FY 2013	% change
1 High Plains	11,213	6,997	-37.6%
2 Northwest Texas	4,704	4,253	-9.6%
3 Metroplex	29,575	31,262	5.7%
4 Upper East Texas	9,838	8,821	-10.3%
5 Southeast Texas	7,881	7,106	-9.8%
6 Gulf Coast	50,346	47,443	-5.8%
7 Central Texas	24,435	21,773	-10.9%
8 Upper South Texas	27,667	24,563	-11.2%
9 West Texas	7,063	4,195	-40.6%
10 Upper Rio Grande	8,177	9,684	18.4%
11 Lower South Texas	29,756	25,031	-15.9%
Statewide	207,041	188,245	-9.1%

Note: The sum of all the regions for each fiscal year are greater statewide total shown in Table 1 because a client can show up in each region she has lived in for that fiscal year.

Source: TMHP, AHQP, TWHP/WHP Claims Data

Utilization

An unduplicated total of 85,619 women had a Medicaid claim for TWHP services received in Fiscal Year 2013. The number for Fiscal Year 2011 was 115,226 women. This is a reduction of 25.7 percent in utilization. All services were provided and reimbursed on a fee-for-service basis.

Service Utilization by Geographic Region

The HHSC Region of residence for TWHP clients with a paid claim in Fiscal Year 2013 is compared to the same for clients of the WHP in 2011 in the following table. Numbers are down

for all regions except Region 10, the Upper Rio Grande region. West Texas is the most affected region in terms of percentages seeing a reduction of 64 percent in utilization. In terms of total number of women served, Central Texas experienced the biggest reduction with 5,312 fewer clients with a paid claim in Fiscal Year 2013. The reduction in the number of women served is due, in part, to the change in the provider base that occurred in January 2012 with the exclusion of abortion providers and affiliates. These providers dispensed more oral contraceptives in the clinic than other provider types. Women must make a visit to the clinic to obtain refills of their oral contraception; these visits are considered a service as shown in Table 2. Women receiving contraceptive services by other provider types are typically given a prescription and would simply make a trip to the pharmacy, which are not counted as a rendered service.

**Table 2 - Clients Served by HHSC Region
Fiscal Years 2011 and 2013**

HHSC Region	FY 2013	FY 2011	% Change
1 High Plains	3,415	7,266	-53.0%
2 Northwest Texas	2,154	2,867	-24.9%
3 Metroplex	14,382	16,754	-14.2%
4 Upper East Texas	3,960	4,927	-19.6%
5 Southeast Texas	2,939	3,847	-23.6%
6 Gulf Coast	21,259	25,246	-15.8%
7 Central Texas	7,333	12,645	-42.0%
8 Upper South Texas	10,497	15,215	-31.0%
9 West Texas	1,448	4,048	-64.2%
10 Upper Rio Grande	4,716	3,804	24.0%
11 Lower South Texas	13,509	18,711	-27.8%
Statewide	85,619	115,226	-25.7%

Note: Figures may not add because 1) women may reside in multiple regions over the year and would be counted in each resident region, and 2) a client's county of residence may not be available in the utilization data and would then only be counted in the statewide totals.

Source: TMHP, AHQP, TWHP/WHP Claims Data

Service Utilization by Method

In Table 3, we see the number of claims by type of contraceptive. When comparing to Fiscal Year 2011 we can see that, the claims for injections and condoms went up as a percentage of the total and claims for oral contraceptives went down as a percentage of total claims. It is important to note that this shift does not just reflect a change in utilization over time, but a shift from less effective methods (e.g., oral contraceptives) to very effective methods of contraception (e.g., LARCs and injectables). The literature indicates that these methods are far more reliable in preventing unintended pregnancies and are less impacted by client behavior (i.e., remembering to take oral contraception every day).

**Table 3 - Number of Claims by Type of
Contraceptive
Fiscal Years 2011 and 2013**

Type	FY 2013	% Total FY 2013	FY 2011	% Total FY 2011
LARC	4,952	5.6%	6,573	3.4%
Injection	34,629	39.2%	51,991	27.2%
Oral	14,868	16.8%	59,169	31.0%
Condom	25,702	29.1%	53,317	27.9%
Other	8,130	9.2%	20,109	10.5%
Total	88,281	100.0%	191,159	100.0%

Source: TMHP, AHQP, TWHP/WHP Claims Data

Savings and Expenditures

Monthly caseload average in Fiscal Year 2013 was 115,440 women. That number represents an annual cost of \$31.67 million.

The decrease in Medicaid costs due to the use of family planning services is estimated by the reduction in the expected number of births for WHP participants had there been no program. The estimated Medicaid cost of these births (including the costs of prenatal care, delivery, postpartum care, and the first year of infant care) is considered a Medicaid savings due to the reduction in expected births. Due to the lag of nine months for the realization of the births, the savings attributed to caseload in Fiscal Year 2013 will be realized in Fiscal Year 2014. According to HHSC estimations, the monthly caseload average in Fiscal Year 2013 of 115,440 women will represent a reduction of 8,359 births in Fiscal Year 2014. This reduction represents total savings of \$93.6 million for Medicaid at an estimated rate of cost per birth of \$11,193. Of this total, \$55.5 million are federal funds savings and \$38.1 million in savings for the state. This gives a net savings of \$6.43 million after subtracting the annual cost.

Total Number of Providers in the TWHP Network

Eligible TWHP providers are those who deliver family planning services, have completed the Medicaid enrollment process through the state’s Medicaid claims administrator and have certified they are in compliance with Texas Human Resources Code 32.024(c-1) and 25 Texas Administrative Code §§ 39.31 - 39.45, prohibiting providers from performing elective abortions or affiliating with providers of elective abortions.

There were 3,854 providers in the TWHP network as of June 2014. Table 4 displays providers by provider type and percentage of total.

**Table 4 - Number of Providers by Provider Type
As Of June 2014**

Provider Type	Number	%Total
Family planning clinic	189	4.9%
Federally qualified health centers (FQHCs)	194	5.0%
Maternity service clinic (MSC)	7	0.2%
Physician (DO)	246	6.4%
Physician (MD)	2459	63.8%
Physician Assistant/Nurse Practitioner/Clinical Nurse Specialist (PA/NP/CNS)	23	0.6%
Physician group (DOs only)	6	0.2%
Physician group (MDs only and multispecialty)	635	16.5%
Rural health clinic (RHC) Hospital based	53	1.4%
Rural health clinic (RHC) Independent	41	1.1%
Total	3853	100.0%

Source: TMHP, AHQP, TWHP/WHP Claims Data

Outreach

During Fiscal Year 2013, HHSC employed a two-pronged outreach strategy targeting both TWHP providers and TWHP clients.

Client Outreach

Client outreach efforts during Fiscal Year 2013 included:

- Mailing brochures, outreach letters, and new benefit cards to existing clients to provide information about the program and finding a provider.
- Distributing new outreach materials to community-based organizations, HHSC regional offices, and service providers.

HHSC also continued efforts to assist clients in locating a provider, including the maintenance of the client call center and the active client referral process, as well as the maintenance of the client website and the validation of contact information of providers listed in the online provider look-up that allows clients to identify certified providers in their area by specialty-type.

In response to the reduction in both enrollment and service utilization levels in Fiscal Year 2013, relative to calendar year 2011, HHSC undertook corrective measures to expand client outreach and enrollment efforts within existing resources as required by the 2014-15 General Appropriations Act (Article II, Health and Human Services Commission, Rider 44, S.B. 1, 83rd Legislature, Regular Session, 2013). HHSC prepared for a targeted mailing effort by developing TWHP outreach materials and printing application forms. Materials and applications were mailed to just under 1 million women in Texas that potentially met TWHP's age and financial eligibility requirements in the first quarter of Fiscal Year 2014.

Provider Outreach

HHSC also conducted provider outreach efforts focused on:

- Increasing the number of providers accepting and actively serving TWHP clients and retaining the current population of this provider base.
- Identifying geographical areas where TWHP provider-to-client ratios are lowest, and employing targeted outreach in these areas.

Provider outreach strategies varied according to the target audience and included both community-based and person-to-person outreach. A key strategy included working with community partners and professional organizations. Other outreach strategies included outreach through direct mail, email, phone calls, professional newsletter notifications, website updates, printed materials, and recruitment at provider conventions. Throughout Fiscal Year 2013, phone outreach was conducted on an ongoing basis to retain previously certified TWHP providers who had not completed the TWHP recertification process and to recruit additional Medicaid providers that could perform TWHP services.

Conclusion

In Fiscal Year 2013, there were 188,245 women enrolled in the TWHP. An unduplicated total of 85,619 women had a Medicaid claim for TWHP services received in Fiscal Year 2013. With an average monthly caseload of 115,440 women, the annual cost for TWHP services is \$31.67 million. Due to the lag of nine months for the realization of the births, the savings attributed to caseload in Fiscal Year 2013 will be realized in Fiscal Year 2014. According to HHSC estimations, the monthly caseload average in Fiscal Year 2013 of 115,440 women will represent a reduction of 8,359 births in Fiscal Year 2014. At an estimated cost of \$11,193 per birth, HHSC estimates a total savings of \$93.6 million for Medicaid. Of this total, \$55.5 million are federal fund savings and \$38.1 million are state fund savings.

Appendix A

Map 1: Map of the HHSC Regions

