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# **Final Report of the Former Texas Women's Health Program: Fiscal Year 2015 Savings and Performance**

**House Bill 1, 84<sup>th</sup> Legislature, Regular Session, 2015 (Article II, Health  
and Human Services Commission, Rider 41)**

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Center for Analytics and Decision Support ♦ Policy and Performance

Health, Developmental and Independence Services ♦ Medical and Social Services

**TEXAS HEALTH AND HUMAN SERVICES COMMISSION**

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## Contents

Introduction.....	3
Background.....	3
Provider Enrollment.....	4
Program Clients Per Provider .....	4
Client Service Utilization.....	6
Enrollment.....	6
Utilization .....	7
Savings and Expenditures .....	8
Outreach.....	9
Conclusion .....	9
<b>List of Acronyms .....</b>	<b>1</b>

## **Introduction**

The 2016-17 General Appropriations Act, House Bill 1, 84<sup>th</sup> Legislature, Regular Session, 2015 [Article II, Health and Human Services Commission (HHSC), Rider 41] directs HHSC to submit a biannual 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 as reported in section (a);
- c. descriptions of all outreach activities undertaken for the reporting period;
- d. the total number of providers enrolled in the Texas Women's Health Program (TWHP) network, not to include duplications of providers or ancillary providers; and
- e. the average and median numbers of program clients per provider.

If the findings of the report show a reduction in women enrolled or of service utilization of greater than 10 percent relative to calendar year 2011, HHSC shall, within existing resources, undertake corrective measures to expand provider capacity and/or client outreach and enrollment efforts.

It is critical to note, in compliance with Rider 41, this report addresses women's health services performed under the now ended Texas Women's Health Program. TWHP is no longer in existence. The report does not provide data from the Expanded Primary Health Care program (EPHC), the Family Planning program, or the Medicaid program, which also provided women's health services during the same time period, or from the newly established Healthy Texas Women Program. The new program was implemented on July 1, 2016. This report covers Sept. 1, 2014, to Aug. 31, 2015. Fiscal Year 2016 data for TWHP is not available at the time of this report.

## **Background**

Senate Bill 747, 79<sup>th</sup> Legislature, Regular Session, 2005, directed 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 HHSC received approval from the Centers for Medicare and Medicaid Services (CMS) to operate the Women's Health Program (WHP) under a Medicaid family planning Section 1115 waiver on Dec. 21, 2006. The HHSC began providing services under the five-year demonstration on Jan. 1, 2007.

Senate Bill 7, 82<sup>nd</sup> Legislature, First Called Session, 2011, directed HHSC to ensure that any funds spent for purposes of the Medicaid WHP 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, they would not extend or renew the waiver except for the purposes of phasing out WHP. On

March 16, 2012, CMS extended the waiver until Dec. 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. On Jan. 1, 2013, TWHP was established as a fully state-funded program. TWHP retained the same program objectives provided by WHP. TWHP provided eligible women access to family planning exams, related health screenings, and contraception. The program's goal was to increase access to family planning services for eligible women who are:

- between the ages 18-44;
- not sterilized or pregnant;
- U.S. citizens and Texas residents; and
- at or below 185 percent of the federal poverty level.

Senate Bill 1, 83rd Legislature, Regular Session, 2013 (Article II, Department of State Health Services (DSHS), Rider 89) authorized \$100 million for the purpose of providing primary health care services to women and at the end of 2013, DSHS launched EPHC. With similar eligibility standards, a client was able to access TWHP, the Family Planning Program, or EPHC for their family planning needs. A client was also able to enroll and be served in one or more programs. As a result, individuals who could have been enrolled in TWHP may have chosen to participate in one or more of the alternative programs in lieu of TWHP.

In 2014, the Sunset Advisory Commission reviewed the Texas Health and Human Services agencies, including its women's health programs. The Sunset Advisory Commission issued the recommendation that HHSC consolidate the women's health care programs in order to improve service and efficiency for clients and providers. This included the recommendation to consolidate the existing TWHP at HHSC and EPHC at DSHS into one program and division at HHSC. On July 1, 2016, HHSC consolidated TWHP and EPHC into a new program fully funded by state general revenue named Healthy Texas Women (HTW).

This report does not take into consideration the impact of the Family Planning Program and EPHC on women's health services and TWHP.

### **Provider Enrollment**

To become a TWHP provider, a provider must have completed the Medicaid enrollment process through the state's Medicaid claims administrator. Once enrolled in Medicaid, a provider had to certify they were in compliance with Texas Human Resources Code 32.024(c-1), prohibiting providers from performing elective abortions or affiliating with providers of elective abortions.

There were 1,328 unique providers enrolled in fiscal year 2011 and 4,603 enrolled in fiscal year 2015. This represents over a 250 percent increase in providers during that time period.

### *Program Clients Per Provider*

The average number of program clients receiving a service per provider fell from 150 clients per provider during fiscal year 2011 to 103 clients per provider during fiscal year 2015 (Table 1).

Conversely, the median number of clients per provider increased from eight to 12 during the same time frame.

The large difference between per provider means and medians suggests a highly skewed distribution in which half of all participating providers saw 12 or fewer clients during fiscal year 2015, while a small fraction of providers treated large numbers of clients during the same period.

Further, the changes in the median and mean values indicate that from fiscal years 2011 to 2015 the number of providers who saw large numbers of TWHP participants declined, while for the same period the numbers of providers with small TWHP panels (approximately eight per provider) increased and their panels also increased by 50 percent to 12 per provider during fiscal year 2015 (Table 1).

**Table 1. Number of Clients per Provider  
Fiscal Years 2011 and 2015**

Year	Mean	Median
FY 2011	150	8
FY 2015	103	12

Note: Provider counts are based on the number of unique 7 digit base Texas Provider Identifiers  
Source: Ad Hoc Query Platform Claims Universe, Texas Medicaid and Healthcare Partnership, January 2017.

Table 2 displays providers by provider type and percentage of total for fiscal year 2015.

**Table 2. Number of Providers by Provider Type  
Fiscal Year 2015**

Provider Type	Number	% Total
Certified Nurse Midwife/Registered Nurse/Licensed Midwife	79	1.72%
Clinic/Group Practice	639	13.88%
Family planning clinic	187	4.06%
Federally qualified health centers	217	4.71%
Physician (Doctor of Osteopathic Medicine)	261	5.67%
Physician (Doctor of Medicine)	2,467	53.60%
Physician Assistant/Nurse Practitioner/Clinical Nurse Specialist	673	14.62%
Rural health clinic —freestanding/independent	34	0.74%
Rural health clinic —hospital based	46	1.00%
<b>Total</b>	<b>4,603</b>	<b>100.00%</b>

## Client Service Utilization<sup>1</sup>

### Enrollment

The unduplicated number of women enrolled in WHP for fiscal year 2011 was 207,041. The unduplicated number of women enrolled in TWHP in fiscal year 2015 was 176,577, which was a 14.7 percent enrollment decline from fiscal year 2011.

Table 3 illustrates TWHP's client enrollment in fiscal year 2015 compared to WHP's client enrollment in fiscal year 2011.

**Table 3. Clients Enrolled by HHSC Region  
Fiscal Years 2011 and 2015**

HHSC Region	FY 2011	FY 2015	% change
1 High Plains	11,213	6,076	-45.8%
2 Northwest Texas	4,704	3,960	-15.8%
3 Metroplex	29,575	33,797	14.3%
4 Upper East Texas	9,838	7,977	-18.9%
5 Southeast Texas	7,881	7,220	-8.4%
6 Gulf Coast	50,346	42,408	-15.8%
7 Central Texas	24,435	19,160	-21.6%
8 Upper South Texas	27,667	20,590	-25.6%
9 West Texas	7,063	3,259	-53.9%
10 Upper Rio Grande	8,177	9,418	15.2%
11 Lower South Texas	29,756	25,065	-15.8%
Unknown	652	478	-26.7%
<b>Total</b>	<b>207,041</b>	<b>176,577</b>	<b>-14.7%</b>

Note: The sum of all the regions for each fiscal year are greater than the statewide total because clients that moved between regions are counted in each region they lived in for that fiscal year.  
Source: HHSC Center for Analytics and Decision Support, 8 Month Eligibility Database, January 2017.

Table 4 illustrates TWHP's client enrollment by age in fiscal year 2015 compared to WHP's client enrollment by age in fiscal year 2011. There is a clear dichotomy of enrollment by age. Women younger than 30 decreased 30 percent while those 30 and older saw a more modest six percent increase in enrollment.

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<sup>1</sup> This report does not take into consideration in the data analysis the impact of the Family Planning Program and the EPHC Program.

**Table 4. Clients Enrollment by Age  
Fiscal Years 2011 and 2015**

<b>Age group</b>	<b>FY 2011</b>	<b>FY 2015</b>	<b>% change</b>
18-19 years old	23,912	12,487	-47.8%
20-24 years old	84,999	62,244	-26.8%
25-29 years old	57,321	52,458	-8.5%
30-34 years old	32,950	34,710	5.3%
35-39 years old	19,399	20,654	6.5%
40-44 years old	12,716	13,375	5.2%
<b>Total</b>	<b>207,041</b>	<b>176,577</b>	<b>-14.7%</b>

Note: The sum of all the age groups for each fiscal year are greater than the statewide total because a client can age into the next threshold for that fiscal year.

Source: HHSC Center for Analytics and Decision Support, 8 Month Eligibility Database, January 2017

The decrease in women served could be due in part to two important changes in the women’s health landscape since 2011:

- evolving nationwide health and medical standards; and
- access to women’s health services in the private market.

New cervical cancer screening guidelines released in March 2012 by the American Cancer Society recommend against routine yearly screening. Instead, the guidelines recommend screening every three years for women ages 21-65, and routine cervical cancer screening for women under 21 and over 65 is no longer recommended. As a result of the new guidelines, women ages 18-21 may no longer seek an annual screening, and women ages 21-65 who, upon receiving an annual screening with no negative results, may not receive another screening for the subsequent three years.

From 2011 to 2014, the national and Texas landscape changed dramatically. More women were able to receive care and access to women’s health services in the private market. Most private health insurance plans are now required to provide coverage for a broad range of preventive services including U.S. Food and Drug Administration approved prescription contraceptives and other health services for women. As a result, this may have lowered the number of individuals who would have sought coverage under TWHP.

*Utilization*

Unlike prior reports, this report includes the Texas Medicaid/CHIP Vendor Drug Program data in addition to Fee-For-Service claims, providing a more complete and accurate picture of TWHP service utilization. The unduplicated number of clients with a claim or filled prescription for fiscal year 2015 was 81,570 women.

Since 2011, options for contraception have expanded. In recent years, state women’s health programs have seen an increase in women choosing more effective methods of contraception. Long acting reversible contraceptives (LARCs) are one of the most effective forms of contraception available. Long acting forms of contraception reduce the need for follow up visits related to contraception. The LARC methods are 20 times more effective than birth control pills, the patch, or the ring, and many forms remain effective for three years or longer. Often, clients with LARC will have no need to see a doctor for family planning services for multiple years. In

addition, with more women choosing more effective long lasting contraceptive methods, Texas will see an increase in state savings due to births averted.

The increase in clients choosing LARC as their preferred method, as seen in Table 5 below, is due in part to HHSC expanding the options for LARCs (i.e. Mirena and Skyla) through making the products available as a pharmacy benefit of the Medicaid program and TWHP on

August 1, 2014. This signifies a shift from methods of contraception which rely on client behavior (e.g., oral contraceptives) to more effective long lasting methods that are far more reliable in preventing unintended pregnancies and are less impacted by client behavior (i.e., remembering to take daily oral contraception or use prophylaxis). In contrast, condoms, oral, and other contraceptives use sharply declined from fiscal year 2011. Coincidentally, an Office of Inspector General (IG) investigation resulted in a finding against a TWHP provider who served clients with two contraceptive methods in the same visit. This resulted in confusion among providers and clients and contributed to the decreased number of condoms provided within state women's health programs. Through discussions with the IG, HHSC has since addressed the issue and has educated women's health providers regarding the updated policy allowing a client to be provided two contraceptive methods.

**Table 5. Number of Clients with a Contraceptive Claim or Prescription Filled by Type Fiscal Years 2011 and 2015**

Type	FY 2011	FY 2015	% change
LARC	6,246	6,581	5.4%
Injection	24,366	16,461	-32.4%
Oral	52,546	27,755	-47.2%
Condom	41,250	17,052	-58.7%
Other*	18,531	7,505	-59.5%
<b>Total</b>	<b>97,163</b>	<b>57,696</b>	<b>-40.6%</b>

Note: Other contraceptive types include cervical caps, diaphragms, patches, sterilization, spermicide, vaginal rings, and others.

Total clients counts may be higher than the summation of the contraceptive type because a client may receive more than one form of contraception in a single fiscal year.

Source: Ad Hoc Query Platform Claims Universe, Texas Medicaid and Healthcare Partnership; Vendor Drug Database, HHSC, January 2017.

## Savings and Expenditures

The presence of TWHP assured that valuable family planning services, including contraception, were available to low income Texas women who would not qualify for Medicaid. The availability of these services, in turn, helped avert unplanned pregnancies and ensured a continuum of care for low income women.

In fiscal year 2015, 81,570 women accessed TWHP services. That number represents annual expenditures of \$28.1 million, all of which are general revenue funds.

The impact of this program on Medicaid costs, due to the use of family planning services, is estimated by the reduction in the expected number of births for TWHP participants had there been no program. The estimated Medicaid cost of projected births (including the costs of prenatal care, delivery, postpartum care, and the first year of infant care) is considered a savings

because of the reduction in expected births covered by Medicaid. Due to the nine month pregnancy lag, some of the savings attributed to caseload in fiscal year 2015 will be shifted to fiscal year 2016. According to HHSC estimations based on the fiscal year 2015 fertility rate without TWHP, the utilization of program services in fiscal year 2015 by 81,570 women will represent a reduction of 13,149 births in fiscal year 2016. This reduction represents total savings of \$184.6 million for Medicaid at an estimated cost per birth of \$14,041. Of this total, \$105.6 million are federal funds savings and \$79 million are general revenue savings for the state. This results in a net state savings of \$50.9 million after subtracting the annual cost (Table 6).

**Table 6. Calculation of TWHP Program Savings Due to Births Averted  
(Reduction in Expected Births)  
Fiscal Year 2015**

<b>TWHP Summary</b>	<b>Total</b>
FY 2015 TWHP Client Utilization	81,570
Projected Births to FY 2015 Program Participants If No Program	25,864
Projected Births to FY 2015 Program Participants	12,715
Births Averted (Reduction in Expected Births)	13,149
Projected Average Cost of Medicaid Birth in FY 2016	\$14,041
Medicaid Savings Due to Births Averted (Reduction in Expected Births)	\$184,625,109
Texas Medicaid General Revenue Savings	\$79,001,084
TWHP Program Costs	\$28,095,993
Net Texas Savings	\$50,905,091

Source: Ad Hoc Query Platform Claims Universe, Texas Medicaid and Healthcare Partnership; Vendor Drug Database, HHSC, February 2017

## **Outreach**

In fiscal year 2015, HHSC continued previous efforts to assist clients in locating a provider, including directing women to the client call center and maintaining an active client referral process through the Texas Medicaid Healthcare Partnership. In addition, HHSC improved the functionality of the TWHP client website by validating the contact information of providers listed in the online provider look-up. The provider look-up allows clients to identify certified providers in their area by specialty-type.

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 to increase program awareness and increase client participation. Other outreach strategies included outreach through direct mail, email, phone calls, professional newsletter notifications, website updates, printed materials and recruitment at provider conventions.

## **Conclusion**

The presence of TWHP assured that valuable pregnancy planning services, including contraception, were available to low income Texas women who would not qualify for Medicaid.

The availability of these services, in turn, helped avert unplanned pregnancies and ensured a continuum of care for low income women.

The TWHP enrolled 176,577 unduplicated clients, with a monthly average enrollment of 103,700, in fiscal year 2015. In recent years, there is a growing trend among participants of utilizing more effective and long lasting contraceptives (i.e. LARCs).

Due to the nine month pregnancy lag to recognize savings from the averted births, HHSC estimates TWHP will result in a net state savings of \$50.9 million in fiscal year 2016.

TWHP ended on June 30, 2016. Based on lessons learned in TWHP and input from the Sunset Advisory Commission, HHSC worked closely with providers, clients, and stakeholders to develop the HTW and redesign the Family Planning Program. Together, these programs offer comprehensive women's health and family planning services to low income women. To ensure success of the redesigned programs, HHSC worked with stakeholders to increase provider enrollment and developed an extensive client outreach campaign. In addition, HHSC streamlined continuity of care by automatically enrolling women from the Medicaid program for pregnant women into HTW.

With the aforementioned provider and client outreach, and the launch of the new HTW program in July 2016, HHSC provides for better coordinated services to clients which will result in long-term savings to Texas.

## List of Acronyms

<b>Acronym</b>	<b>Full Name</b>
CMS	Centers for Medicare and Medicaid Services
DSHS	Department of State Health Services
EPHC	Expanded Primary Health Care
HHSC	Health and Human Services Commission
HTW	Healthy Texas Women
LARC	Long acting reversible contraception
TWHP	Texas Women's Health Program
WHP	Women's Health Program