



Texas Women's Health Programs Report Fiscal Year 2018

As Required by

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Senate Bill 1, 85th Legislature,

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Health and Human Services

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Executive Summary

The *Texas Women's Health Programs Report Fiscal Year 2018* is submitted in accordance with the 2018-19 General Appropriations Act, Senate Bill (S.B.) 1, 85th Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission [HHSC], Rider 97). The report provides a summary of program enrollment, service utilization, and cost savings for the Healthy Texas Women (HTW) program and the Family Planning Program (FPP).

HTW and FPP offer women's health and family planning services at no or low cost to eligible individuals in Texas. Specifically, HTW and FPP seek to increase access to women's health and family planning services to avert unintended pregnancies, positively affect the outcome of future pregnancies, and positively impact the health and well-being of women and their families.

A summary of program results for fiscal year 2018 includes:

- HTW client enrollment totals
- HTW and FPP clients served
- HTW provider categories and enrollment totals
- most commonly utilized procedure codes by program
- cost savings
- outreach efforts
- HTW and FPP long-acting reversible contraceptive (LARC) utilization.

Key findings for fiscal year 2018 include:

- a 46 percent increase from fiscal year 2017 in average monthly clients enrolled in HTW;
- a 30 percent increase from fiscal year 2017 in clients served in HTW;
- a 10 percent increase from fiscal year 2017 in clients served in FPP;
- \$8.8 million net savings to the state due to births averted by HTW; and
- \$8.2 million net savings to the state due to births averted by FPP.

One notable difference from previous reports is a shift in how the provider network is reflected to more accurately identify fee-for-service providers actively billing. Previous reports defined the provider network as "primary" providers who can provide an annual women's health examination and prescribe family planning drugs or devices.

However, the reports did not distinguish active participation in HTW or provide information regarding providers of ancillary services.

HHSC is committed to serving Texas women through HTW and FPP. With the launch of these programs, HTW and FPP established a network of providers that offer a variety of family planning and women's health services to women and men throughout the state. As the programs mature, HHSC continues to seek feedback to improve or enhance program operations and outcomes and better ensure access to care for eligible Texans.

1. Introduction

Rider 97 requires HHSC to submit a report on the savings and performance of the Texas women's health programs annually, by May 1, to the Legislative Budget Board and the Governor's office. The report provides a summary of the HTW and FPP programs.

Per the rider, HHSC must submit a report including the following information:

- Enrollment levels of targeted low-income women.
- Service utilization by procedure code and geographic region, including total number of unduplicated patients served by delivery system and age.
- Savings or expenditures in the Medicaid program that are attributable to enrollment levels in HTW and FPP.
- Descriptions of outreach activities undertaken in fiscal year 2018.
- The total number of providers, by geographic region, enrolled in HTW and FPP.
- The mean and median numbers of program clients, and the total unduplicated number of patients served, detailed by provider.
- The count of women in HTW and FPP receiving a LARC.

The fiscal year 2017 report, published May 1, 2018, only included information on medical services for HTW. Because HTW also covers pharmacy services, this report includes information on medical and pharmacy services combined, where applicable, including updates to fiscal year 2017 data. FPP does not have separate pharmacy benefits, so data for that program represent medical services only.

2. Background

During the Texas Sunset Advisory Commission (Sunset) review of the state's health agencies in 2014, Sunset recommended consolidating the state's women's health programs to improve efficiency and effectiveness for clients and providers. In response, the 84th Legislature directed HHSC to consolidate the state's women's health services and appropriated an additional \$50 million to the new programs. HHSC developed a transition plan pursuant to Texas Government Code Section 531.0204 to redesign FPP and consolidate certain services from the Department of State Health Services' Expanded Primary Health Care Program into the HHSC Texas Women's Health Program (TWHP) to create HTW.

In addition, the Legislature created the Women's Health Advisory Committee (WHAC) to give guidance to HHSC on the implementation of the new women's health programs.¹ WHAC was a non-partisan committee comprised of women's health providers and stakeholders, working closely with HHSC to design HTW and FPP. With HHSC's focus on continuity of care for women throughout their reproductive life course, including healthy birth outcomes for women and children, WHAC played a vital role in ensuring the new programs offered the comprehensive women's health services Texas women need. HTW and the redesigned FPP launched on July 1, 2016.

The HTW service package includes core family planning services similar to the services offered under TWHP, but also includes related preventive health services beneficial to reproductive health and closely linked to family planning services. Additional benefits covered in HTW include initial treatment for hypertension, diabetes, high cholesterol, and postpartum depression.

HTW aims to increase access for women by expanding eligibility to minors with parental consent (15-44 is the overall eligible age range), sterilized women, and women up to 200 percent of the federal poverty level (FPL). With the launch of HTW, existing TWHP clients were automatically enrolled into the new HTW program as to avoid a gap in coverage.

¹ Pursuant to Government Code, Section 531.02221, as added by Senate Bill 200, 84th Legislature, Regular Session, 2015, the WHAC was abolished on September 1, 2017.

HHSC also began automatically enrolling eligible Medicaid for Pregnant Women clients into HTW upon conclusion of their Medicaid coverage. Increased coordination among women's health services, including Medicaid, has promoted continuity of care. This automatic enrollment reduces the burden of re-enrollment for clients and facilitates access to postpartum care, with the goal of better health outcomes for both the mother and child.

The redesigned FPP continues to provide family planning services to women and men. Covered services are similar to HTW services, with the addition of limited prenatal benefits. The redesigned FPP increased access for individuals by expanding the age eligibility up to age 64 and allowing sterilized individuals to receive services. Other eligibility criteria for the redesigned FPP include being a Texas resident and having a household income at or below 250 percent FPL. Those criteria remained unchanged as part of the program redesign.

3. Healthy Texas Women

The HTW program provides family planning services and other women's health services that contribute to preconception care and better birth outcomes. The program targets:

- increasing access to women's health and family planning services to avert unintended pregnancies;
- increasing access to preventive health care to positively impact maternal health and reduce maternal mortality;
- increasing access to women's breast and cervical cancer services to promote early cancer detection; and
- implementing the state policy to favor childbirth and family planning services that do not include elective abortions or the promotion of elective abortions within the continuum of care or services.

Eligibility

Women may be eligible for HTW services if they:

- are age 15 through 44 (women age 15 through 17 must have parental or legal guardian consent to apply and receive services);
- are U.S. citizens or eligible immigrants;
- have an income at or below 200 percent FPL;
- reside in Texas;
- do not have health insurance, Medicaid, or CHIP; and
- are not pregnant.

Clients apply for HTW online through YourTexasBenefits.com or HealthyTexasWomen.org, by calling 2-1-1, or by mailing or faxing a paper copy of their application. Once they are determined eligible for HTW benefits, clients are mailed a benefits card and can seek services. However, in some cases, clients can be deemed presumptively eligible for benefits at an HTW contracted clinic and may receive services immediately. Once deemed eligible, clients are enrolled in HTW for a continuous 12-month period.

Services

HTW provides a wide variety of women's health and core family planning services, including:

- pregnancy testing
- pelvic examinations
- sexually transmitted infection services
- breast and cervical cancer screenings
- clinical breast examination
- mammograms
- screening and treatment for cholesterol, diabetes, and high blood pressure
- HIV screening
- LARC
- oral contraceptive pills
- permanent sterilization
- other contraceptive methods such as condoms, vaginal spermicide, and injections
- screening and treatment for postpartum depression

Most HTW clients receive services by visiting a fee-for-service or contracted provider. However, some clients may request prescription refills through their provider without an office visit.

Provider Payments²

HTW primarily operates as a fee-for-service program HTW fee-for-service is patterned after traditional Medicaid fee-for-service, as providers must be enrolled Medicaid providers and bill through the Texas Medicaid & Healthcare Partnership (TMHP).

² The 2018-19 General Appropriations Act, Senate Bill 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 99) requires that no funds appropriated for HTW or FPP can be distributed to individuals or entities that perform elective abortion procedures or that contract with or provide funds to individuals or entities for the performance of elective abortion procedures.

In addition, HTW offers a limited cost reimbursement contract, optional to providers seeking to enhance HTW fee-for-service individual service delivery. These additional services include, but are not limited to, the following:

- bulk purchasing and stocking LARC supplies and devices onsite;
- assisting individuals with enrollment into the HTW program;
- individual and community-based educational activities related to HTW;
- staff development and training related to HTW service delivery;
- direct clinical care for individuals deemed presumptively eligible for the HTW program; and
- upon approval by HHSC, other activities that will enhance HTW service delivery including the purchase of equipment and supplies to support the project.

While currently any Medicaid provider can provide covered services on a fee-for-service basis, these additional services may only be provided by an HTW contractor.

Enrollment Levels and Service Utilization

Rider 97 requires HHSC to examine the enrollment levels of targeted low-income women in HTW. Specifically, the rider requires HHSC to provide enrollment levels of targeted low-income women, service utilization by geographic region, and utilization by procedure code.

A woman is enrolled in HTW once she has applied and HHSC determines her eligible for program services. Once enrolled, a client is eligible to receive covered services for 12 continuous months. HTW client enrollment has increased by 172.8 percent since the program’s launch in 2016. Enrollment grew 10.9 percent in fiscal year 2018, from 228,853 in September 2017 to 253,818 clients in August 2018. In fiscal year 2018, the average monthly total of unduplicated women enrolled in HTW was 244,153 (see Table 1).

Table 1. Fiscal Years 2017 and 2018 HTW Monthly Enrollment and Annual Average Monthly Enrollment

| Month | FY 17 Enrollment | FY 18 Enrollment |
|-----------|------------------|------------------|
| September | 105,406 | 228,853 |

| Month | FY 17 Enrollment | FY 18 Enrollment |
|---------------------------------|------------------|------------------|
| October | 122,575 | 235,197 |
| November | 134,996 | 240,236 |
| December | 144,162 | 243,678 |
| January | 152,274 | 245,105 |
| February | 162,649 | 246,519 |
| March | 173,484 | 245,470 |
| April | 182,678 | 247,304 |
| May | 193,332 | 246,863 |
| June | 202,606 | 246,574 |
| July | 211,823 | 250,214 |
| August | 220,154 | 253,818 |
| Average Monthly Enrolled | 167,178 | 244,153 |

In fiscal year 2018, 158,863 HTW clients received a medical service, and 58,047 HTW clients received at least one prescription drug. The total unduplicated number of HTW clients served in fiscal year 2018 was 172,023 (see Table 2).³ Of these, 89.5 percent were age 21 or over. Providers served the greatest number of clients in the Gulf Coast, Lower South Texas, and Metroplex HHSC regions (see Appendix F for a map of HHSC regions). These regions include the cities of Houston, Galveston, Laredo, Corpus

³ Client counts are not additive because clients may receive both medical services and prescription drugs within the same fiscal year.

Christi, McAllen, Dallas, Fort Worth, and Arlington. Totals for each HHSC region are based on the clients' county of residence at the time of service.

Table 2. Fiscal Year 2018 HTW Program Utilization, Medical and Pharmacy Claims⁴

| HHSC Region | Clients Served by Age Group | | | Unduplicated Total |
|-------------------------------------|-----------------------------|-------|-------------|--------------------|
| | Under 18 | 18-20 | 21 or older | |
| Region 1 - High Plains | 12 | 1,026 | 6,212 | 7,135 |
| Region 2 - Northwest Texas | 8 | 483 | 3,202 | 3,639 |
| Region 3 - Metroplex | 51 | 3,445 | 29,863 | 32,986 |
| Region 4 - Upper East Texas | 9 | 970 | 7,450 | 8,299 |
| Region 5 - Southeast Texas | 4 | 749 | 6,007 | 6,660 |
| Region 6 - Gulf Coast | 34 | 4,749 | 36,919 | 41,175 |
| Region 7 - Central Texas | 24 | 1,958 | 15,305 | 17,070 |
| Region 8 - Upper South Texas | 30 | 1,938 | 17,507 | 19,280 |
| Region 9 - West Texas | 8 | 396 | 3,200 | 3,565 |
| Region 10 - Upper Rio Grande | 6 | 734 | 6,330 | 6,979 |

⁴ Subtotals may not sum to total because a client may be present in multiple categories.

| Clients Served by Age Group | | | | |
|--------------------------------------|------------|---------------|----------------|--------------------|
| HHSC Region | Under 18 | 18-20 | 21 or older | Unduplicated Total |
| Region 11 - Lower South Texas | 43 | 3,885 | 22,937 | 26,413 |
| Unknown Location⁵ | 0 | 5 | 27 | 32 |
| Unduplicated Total | 229 | 20,179 | 153,909 | 172,023 |

Per Rider 97, updated client served information for fiscal year 2017 is provided below. Similar to fiscal year 2018, 88.4 percent of HTW clients served were over the age of 21. As with fiscal year 2018, providers served the greatest number of clients in the Gulf Coast, Lower South Texas, and Metroplex regions.

Table 3. Fiscal Year 2017 HTW Program Utilization, Medical and Pharmacy Claims⁶

| Clients Served by Age Group | | | | |
|------------------------------------|----------|-------|-------------|--------------------|
| HHSC Region | Under 18 | 18-20 | 21 or older | Unduplicated Total |
| Region 1 - High Plains | 10 | 899 | 4,741 | 5,573 |
| Region 2 - Northwest Texas | 13 | 471 | 2,574 | 3,013 |
| Region 3 - Metroplex | 37 | 2,515 | 20,858 | 23,144 |
| Region 4 - Upper East Texas | 8 | 735 | 5,554 | 6,227 |

⁵ The number of clients by HHSC region is calculated using county of residence found in claims data and enrollment information from TIERS. Client's county of residence is blank for some clients.

⁶ Subtotals may not sum to total because a client may be present in multiple categories.

| Clients Served by Age Group | | | | |
|--------------------------------------|-----------------|---------------|--------------------|---------------------------|
| HHSC Region | Under 18 | 18-20 | 21 or older | Unduplicated Total |
| Region 5 - Southeast Texas | 11 | 706 | 5,005 | 5,661 |
| Region 6 - Gulf Coast | 44 | 4,122 | 26,922 | 30,604 |
| Region 7 - Central Texas | 26 | 1,516 | 11,934 | 13,317 |
| Region 8 - Upper South Texas | 26 | 1,483 | 13,592 | 14,947 |
| Region 9 - West Texas | 9 | 364 | 2,616 | 2,969 |
| Region 10 - Upper Rio Grande | 5 | 648 | 4,950 | 5,512 |
| Region 11 - Lower South Texas | 61 | 3,542 | 19,316 | 22,563 |
| Unknown Location | 0 | 5 | 14 | 19 |
| Unduplicated Total | 250 | 16,873 | 117,271 | 132,603 |

HTW Service Utilization by Procedure Code

HTW provided 1,374,064 medical services under 739 procedures codes and 191,855 prescription drugs in 31 HIC3⁷ class codes. Tables 4 and 5 provide a summary of service utilization of medical and pharmacy services, respectively, by procedure code for HTW. For the 25 most frequently billed procedure codes, the summary includes the number of clients served and the number of services provided.

⁷ HIC3 codes are high-level codes to identify drugs by class, rather than individual drug names.

Table 4. Fiscal Year 2018 HTW Service Utilization, Medical Claims, by Procedure Code⁸

| Procedure Code | Procedure Description | Number of Clients | Number of Services |
|----------------|-------------------------------|-------------------|--------------------|
| 87591 | N. GONORRHOEAE, DNA, AMP PROB | 73,330 | 88,364 |
| 87491 | CHLYMD TRACH, DNA, AMP PROBE | 73,202 | 88,778 |
| 81025 | URINE PREGNANCY TEST | 59,462 | 84,164 |
| 99213 | OFFICE/OUTPATIENT VISIT EST | 51,733 | 78,325 |
| 88175 | CYTOPATH C/V AUTO FLUID REDO | 35,040 | 35,807 |
| 87389 | HIV-1 AG W/HIV-1 & HIV-2 AB | 32,144 | 34,852 |
| 85025 | AUTOMATED HEMOGRAM | 29,401 | 37,311 |
| 99214 | OFFICE/OUTPATIENT VISIT EST | 26,102 | 34,197 |
| 86592 | SYPHILIS TEST NON-TREP QUAL | 25,811 | 27,728 |
| 99395 | PREV VISIT EST AGE 18-39 | 25,702 | 25,854 |
| 87624 | HPV HIGH-RISK TYPES | 24,454 | 25,107 |
| 80061 | LIPID PANEL | 23,014 | 24,697 |
| 80053 | COMPREHEN METABOLIC PANEL | 22,296 | 27,355 |
| 88142 | CYTOPATH, C/V, THIN LAYER | 22,101 | 22,896 |
| 81002 | URINALYSIS NONAUTO W/O SCOPE | 21,352 | 27,202 |
| A4267 | MALE CONDOM | 19,702 | 35,403 |
| 84443 | ASSAY THYROID STIM HORMONE | 18,043 | 19,352 |

⁸ Though procedure codes 99212, 99213, and 99214 are all for an office visit for an established patient, the individual codes are distinguished by severity of the presenting problem.

| Procedure Code | Procedure Description | Number of Clients | Number of Services |
|----------------|------------------------------|-------------------|--------------------|
| 99000 | SPECIMEN HANDLING OFFICE-LAB | 18,039 | 21,308 |
| 87661 | TRICHOMONAS VAGINALIS AMPLIF | 17,910 | 20,542 |
| 96372 | THER/PROPH/DIAG INJ, SC/IM | 16,706 | 31,329 |
| 83036 | GLYCOSYLATED HEMOGLOBIN TEST | 16,414 | 17,694 |
| 99212 | OFFICE/OUTPATIENT VISIT EST | 16,321 | 21,310 |
| 99385 | PREV VISIT, NEW, AGE 18-39 | 16,102 | 16,179 |
| J1050 | MEDROXYPROGESTERONE ACETATE | 15,416 | 30,492 |
| 81001 | URINALYSIS, AUTO W/SCOPE | 15,306 | 19,097 |

Table 5. Fiscal Year 2018 HTW Service Utilization, Pharmacy Claims, by Procedure Code

| HIC3 Code | HIC3 Description | Number of Clients | Number of Services |
|-----------|---|-------------------|--------------------|
| G8A | CONTRACEPTIVES, ORAL | 27,642 | 98,011 |
| W4E | ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS | 12,253 | 15,274 |
| W3B | ANTIFUNGAL AGENTS | 6,551 | 8,917 |
| W1D | MACROLIDE ANTIBIOTICS | 5,485 | 6,304 |
| G8C | CONTRACEPTIVES, INJECTABLE | 4,892 | 9,619 |
| H2S | SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI) | 3,633 | 8,719 |
| G9B | CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC | 2,471 | 8,472 |
| G8F | CONTRACEPTIVES, TRANSDERMAL | 2,116 | 7,506 |

| HIC3 Code | HIC3 Description | Number of Clients | Number of Services |
|-----------|--|-------------------|--------------------|
| X1C | INTRA-UTERINE DEVICES (IUDS) | 1,975 | 2,004 |
| W5A | ANTIVIRALS, GENERAL | 1,964 | 4,115 |
| G8B | CONTRACEPTIVES, IMPLANTABLE | 1,927 | 1,928 |
| Q4W | VAGINAL ANTIBIOTICS | 1,864 | 2,341 |
| W1C | TETRACYCLINE ANTIBIOTICS | 1,585 | 1,737 |
| Q4F | VAGINAL ANTIFUNGALS | 1,579 | 1,798 |
| C4L | ANTIHYPERGLYCEMIC, BIGUANIDE TYPE | 1,430 | 3,280 |
| W4N | INSECT REPELLANTS | 873 | 1,432 |
| A9A | CALCIUM CHANNEL BLOCKING AGENTS | 831 | 2,010 |
| R1F | THIAZIDE AND RELATED DIURETICS | 631 | 1,381 |
| A4D | ANTIHYPERTENSIVES, ACE INHIBITORS | 570 | 1,333 |
| M4D | ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS | 566 | 1,165 |
| H7D | NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS) | 519 | 1,129 |
| C4K | ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE | 331 | 691 |
| C4G | INSULINS | 312 | 1,045 |
| A4F | ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST | 263 | 683 |
| W1Q | QUINOLONE ANTIBIOTICS | 251 | 265 |

Providers and Clients

The HTW program operates through a network of independent healthcare providers across the state who provide family planning and women's health services to HTW clients, as well as refer them to secondary providers for service delivery outside their scope of practice.

Primary providers are those who can provide an annual women's health examination and prescribe family planning drugs or devices. Primary providers include, but are not limited to, clinic/group practice, family practice/general practice, physician extenders, and gynecology providers.

Some specialized services, such as psychiatry or limited surgical procedures, may be available to clients with a referral from a primary provider. Referring providers include, but are not limited to, surgical-related services, radiology, laboratory, and psychiatry providers.

Clients can locate primary providers through the Online Provider Lookup (OPL) on HealthyTexasWomen.org. The OPL can be accessed by the public and assists potential clients to search for and locate a provider within five to 100 miles of their zip code or address. Access points illustrated through the OPL include providers that offer services in the HTW, Family Planning, and Breast and Cervical Cancer Services programs.

Rider 97 requires HHSC to provide the total number of unduplicated, primary providers for HTW by geographic region and the total number of providers from legacy TWHP.

In the *Texas Women's Health Programs Report for Fiscal Year 2017*, HHSC reported 5,342 primary fee-for-service providers enrolled in HTW. This number was based on the aforementioned definition of primary provider and includes those providers who elected to enroll in the HTW program via TMHP. However, this number does not reflect the entire universe of providers. Because any Medicaid provider who provides an HTW-covered service to an HTW-enrolled woman may bill HTW on a fee-for-service basis, there are approximately 238,000 potential providers in the HTW network. Of

these, HTW had 29,363 enrolled providers in fiscal year 2018, and 3,085 providers⁹ billed for services rendered in the program. Of those billing providers, 2,161 are considered primary providers.

HHSC is exploring strategies to increase the number of billing providers. This effort includes an examination of how clients are notified of their enrollment in the program, the awareness providers have of the program, and the methods by which clients find participating providers.

Table 6 below compares the number of HTW providers with the legacy Medicaid Women’s Health Program (MWHP) and TWHP. Beginning with fiscal year 2018, HHSC has shifted how the agency measures providers in the HTW program to providers actively billing for services rendered. Numbers provided below therefore vary from previously reported provider counts.

Table 6. Fiscal Years 2011 - 2018 Fee-for-Service Billing Providers for Women’s Health Programs¹⁰

| MWHP FY 2011 | MWHP & TWHP FY 2013 | TWHP FY 2015 | HTW FY 2017 | HTW FY 2018 |
|-----------------|---------------------------|-----------------|----------------|----------------|
| 1,336 | 1,345 | 1,306 | 2,894 | 3,085 |

An examination of the HTW providers in fiscal year 2018 reveals that the 3,085 fee-for-service billing providers are distributed across the state with the Gulf Coast and Metroplex regions having the greatest number of providers (see Table 7). These regions include the cities of Houston, Galveston, Dallas, Fort Worth, and Arlington.

⁹ This is a count of distinct providers at separate locations or with different types or specialties. Providers are assigned a National Provider Indicator (NPI). In addition, providers are given a distinct seven-digit base Texas Provider Identifier (base TPI); two-digit suffixes are added to create a full TPI that represents different locations, types, or specialties under which the provider is enrolled. Providers are counted once for every unique full TPI-NPI combination under which claims were paid.

¹⁰ This is a count of distinct providers at separate locations or with different types or specialties. Providers are assigned an NPI. In addition, providers are given a distinct seven-digit base TPI; two-digit suffixes are added to create a full TPI that represents different locations, types, or specialties under which the provider is enrolled. Providers are counted once for every unique full TPI-NPI combination under which claims were paid.

Table 7. Fiscal Year 2018 HTW Billing Fee-for-Service Providers by HHSC Region

| HHSC Region | Fee-for-Service Billing Providers |
|--|--|
| Region 1 - High Plains | 164 |
| Region 2 - Northwest Texas | 131 |
| Region 3 - Metroplex | 590 |
| Region 4 - Upper East Texas | 181 |
| Region 5 - Southeast Texas | 116 |
| Region 6 - Gulf Coast | 563 |
| Region 7 - Central Texas | 324 |
| Region 8 - Upper South Texas | 312 |
| Region 9 - West Texas | 109 |
| Region 10 - Upper Rio Grande | 138 |
| Region 11 - Lower South Texas | 359 |
| Out-of-State¹¹ | 98 |
| Total Fee-for-Service Providers | 3,085 |

¹¹ Out-of-state providers are permitted, in certain circumstances, to enroll in Texas Medicaid and provide services to Medicaid and HTW clients. The administrative rules governing the enrollment of out-of-state providers are found in Texas Administrative Code (TAC) Title 1, Part 15, Chapter §352.17.

Out-of-state billing providers, per TAC rule, could either provide and bill for HTW services from a non-Texas location, or simply have billing services outside of Texas. Border state providers (those rendering services within 50 miles driving distance of the Texas border), however, are considered in-state providers.

In fiscal year 2018, HTW contracted with 39 entities providing services at 201 clinic sites. The Metroplex, Gulf Coast, and Lower South Texas HHSC regions had the greatest number of contracted clinic locations.

Program Clients Served

This report includes the mean and median number of clients served by provider and the total unduplicated number of clients served across all programs and providers. A breakdown of clients served by each billing provider can be found in Appendix A.

In fiscal year 2018, 3,085 fee-for-service providers billed for services provided to 172,023 HTW clients (see Table 8). This report only includes an analysis of HTW billing providers and does not include data on HTW performing or prescribing providers. Some practitioners may see HTW clients but may file the claim under a different provider TPI/NPI (e.g., a nurse practitioner bills under the physician’s identification number or under the clinic’s identification number). Thus, a greater number of practitioners may have served clients than what is captured in this analysis.

Table 8. Fiscal Year 2018 HTW Clients Served by Billing Provider

| | Providers |
|--|---------------------|
| Total Billing Providers¹² | 3,085 |
| Total Unduplicated Clients | 172,023 |
| Mean Number of Clients per Fee-for-Service Provider | 107.1 ¹³ |

¹² This is a count of distinct providers at separate locations or with different types or specialties. Providers are assigned an NPI. In addition, providers are given a distinct seven-digit base TPI; two-digit suffixes are added to create a full TPI that represents different locations, types, or specialties under which the provider is enrolled. Providers are counted once for every unique full TPI-NPI combination under which claims were paid.

¹³ The mean number of clients per provider does not equal the overall unduplicated number of clients divided by the number of providers because some clients receive services from more

| | Providers |
|--|------------------|
| Median Number of Clients per Fee-for-Service Provider | 7.0 |

HHSC continues efforts to increase access to HTW, and to enroll and serve more eligible women. HHSC expects to see client and provider participation continue to grow over time.

than one provider. Therefore, a client may be counted in the client count for Provider A and the client count for Provider B, but would only be counted once in the unduplicated count of clients overall. The average was taken of the number of clients per provider, not the unduplicated number of clients overall.

4. Family Planning Program

FPP provides family planning services to women and men at little to no cost. The program offers services to help clients determine the number and spacing of their children, reduce unintended pregnancies, and improve general health, along with future pregnancy and birth outcomes.

Eligibility

Women and men may be eligible for FPP services if they meet the following eligibility requirements.

- Resident of Texas;
- Age 64 or younger;
- At or below 250 percent FPL; and
- Do not have health insurance or Medicaid, or have health insurance that does not cover family planning services, such as CHIP.

Eligibility is determined at a contracted clinic, and clients may receive services as soon as they are deemed eligible.

Services

The program offers a wide range of women's health and core family planning services, including:

- pregnancy testing
- pelvic examinations
- sexually transmitted infection services
- breast and cervical cancer screenings
- clinical breast examination
- mammograms
- screening for cholesterol, diabetes, and high blood pressure
- HIV screening
- LARC
- oral contraceptive pills

- permanent sterilization
- other contraceptive methods such as condoms, vaginal spermicide, and injections
- natural family planning counseling
- limited prenatal benefits

Clients receive services by visiting a participating FPP clinic.

Provider Payments¹⁴

HHSC allocates FPP funds through a contract mechanism, partnering with a variety of organizations, including local health departments, medical schools, hospitals, private non-profit agencies, community-based clinics, federally qualified health centers, and rural health clinics.

Contracted organizations must enroll as a Medicaid provider through TMHP. To receive reimbursement, contractors submit fee-for-service claims to TMHP for eligible services provided to eligible clients. The cost reimbursement component, if requested, provides administrative funds to contracted organizations that support FPP health care service delivery.

Clients Served and Service Utilization

Per Rider 97, this report includes a summary of service utilization by geographic region, including total unduplicated number of patients served by delivery system, age, and medical claims by procedure code. Unlike in the HTW program, the Family Planning Program does not provide pharmacy benefits billed separately through the pharmacy claims system. As such, the tables below only include medical claims.

In fiscal year 2018, 106,224 FPP clients received services (see Table 9).

¹⁴ Rider 99 requires that no funds appropriated for HTW or FPP can be distributed to individuals or entities that perform elective abortion procedures or that contract with or provide funds to individuals or entities for the performance of elective abortion procedures.

Table 9. Fiscal Years 2017 and 2018 FPP Monthly Clients Served and Annual Total Clients Served, Medical Claims

| Month | FY 17 Clients Served | FY 18 Clients Served |
|---|----------------------|----------------------|
| September | 12,489 | 17,535 |
| October | 14,333 | 20,721 |
| November | 13,992 | 16,698 |
| December | 12,727 | 13,872 |
| January | 15,422 | 15,737 |
| February | 12,940 | 14,536 |
| March | 14,560 | 14,583 |
| April | 11,517 | 12,459 |
| May | 10,796 | 9,684 |
| June | 8,817 | 8,113 |
| July | 7,307 | 8,430 |
| August | 6,228 | 7,660 |
| Unduplicated Annual Total¹⁵ | 96,984 | 106,224 |

As shown in Table 10, 90.4 percent of FPP clients were age 21 or over. Contractors served the greatest number of clients in the Gulf Coast, Metroplex, and Lower South Texas regions.

¹⁵ Though annual totals are unduplicated, the monthly numbers are not additive because one client may receive services in multiple months.

Table 10. Fiscal Year 2018 FPP Program Utilization, Medical Claims¹⁶

| HHSC Region | Clients Served by Age Group | | | Unduplicated Total |
|--------------------------------------|-----------------------------|-------|-------------|--------------------|
| | Under 18 | 18-20 | 21 or older | |
| Region 1 - High Plains | 16 | 202 | 1,542 | 1,752 |
| Region 2 - Northwest Texas | 5 | 41 | 283 | 329 |
| Region 3 - Metroplex | 234 | 1,312 | 22,956 | 24,442 |
| Region 4 - Upper East Texas | 47 | 186 | 3,300 | 3,523 |
| Region 5 - Southeast Texas | 29 | 95 | 1,789 | 1,909 |
| Region 6 - Gulf Coast | 1,645 | 2,723 | 23,053 | 27,170 |
| Region 7 - Central Texas | 106 | 722 | 15,185 | 15,977 |
| Region 8 - Upper South Texas | 126 | 481 | 7,333 | 7,922 |
| Region 9 - West Texas | 14 | 25 | 586 | 624 |
| Region 10 - Upper Rio Grande | 10 | 28 | 794 | 830 |
| Region 11 - Lower South Texas | 370 | 2,287 | 18,925 | 21,510 |

¹⁶ Subtotals may not sum to total because a client may be present in multiple categories.

| Clients Served by Age Group | | | | |
|--------------------------------------|-----------------|--------------|--------------------|---------------------------|
| HHSC Region | Under 18 | 18-20 | 21 or older | Unduplicated Total |
| Unknown Location¹⁷ | 1 | 4 | 251 | 256 |
| Unduplicated Total | 2,603 | 8,106 | 95,997 | 106,244 |

Per Rider 97, updated fiscal year 2017 program utilization is represented below in Table 11. Approximately 90.7 percent of FPP recipients were at least 21 years of age, with the greatest number of clients served in the Gulf Coast, Metroplex, and Lower South Texas regions.

Table 11. Fiscal Year 2017 FPP Program Utilization, Medical Claims¹⁸

| Clients Served by Age Group | | | | |
|------------------------------------|-----------------|--------------|--------------------|---------------------------|
| HHSC Region | Under 18 | 18-20 | 21 or older | Unduplicated Total |
| Region 1 - High Plains | 19 | 177 | 1,247 | 1,436 |
| Region 2 - Northwest Texas | 7 | 28 | 212 | 246 |
| Region 3 - Metroplex | 237 | 1,095 | 20,033 | 21,319 |
| Region 4 - Upper East Texas | 21 | 47 | 1,806 | 1,872 |

¹⁷ The number of clients by HHSC region is calculated using county of residence found in claims data. Client's county of residence is blank for some clients.

¹⁸ Subtotals may not sum to total because a client may be present in multiple categories.

| HHSC Region | Clients Served by Age Group | | | Unduplicated Total |
|-------------------------------|-----------------------------|--------------|---------------|--------------------|
| | Under 18 | 18-20 | 21 or older | |
| Region 5 - Southeast Texas | 27 | 80 | 1,968 | 2,067 |
| Region 6 - Gulf Coast | 1,019 | 2,454 | 24,552 | 27,817 |
| Region 7 - Central Texas | 152 | 706 | 12,662 | 13,483 |
| Region 8 - Upper South Texas | 132 | 453 | 6,588 | 7,144 |
| Region 9 - West Texas | 13 | 42 | 405 | 459 |
| Region 10 - Upper Rio Grande | 11 | 31 | 541 | 582 |
| Region 11 - Lower South Texas | 475 | 2,200 | 17,918 | 20,522 |
| Unknown Location | 0 | 3 | 36 | 39 |
| Unduplicated Total | 2,113 | 7,316 | 87,967 | 96,985 |

FPP Service Utilization by Procedure Code

This report provides a summary of FPP service utilization by procedure code. Table 12 provides the 25 most frequently utilized procedure codes for FPP in fiscal year 2018, including the number of clients served and the number of services provided. FPP provided 752,603 medical services under 314 procedure codes in fiscal year 2018.

Table 12. Fiscal Year 2018 FPP Service Utilization by Procedure Code, Medical Claims¹⁹

| Procedure Code | Procedure Description | Number of Clients | Number of Services |
|----------------|-------------------------------|-------------------|--------------------|
| 87491 | CHYLM D TRACH, DNA, AMP PROBE | 40,796 | 43,636 |
| 87591 | N. GONORRHOEAE, DNA, AMP PROB | 39,842 | 42,247 |
| 81025 | URINE PREGNANCY TEST | 38,645 | 51,354 |
| 99213 | OFFICE/OUTPATIENT VISIT EST | 34,665 | 47,413 |
| A4267 | MALE CONDOM | 29,752 | 39,236 |
| 86592 | SYPHILIS TEST NON-TREP QUAL | 24,946 | 25,884 |
| 99000 | SPECIMEN HANDLING OFFICE-LAB | 20,663 | 23,563 |
| 80061 | LIPID PANEL | 17,619 | 18,155 |
| 88142 | CYTOPATH, C/V, THIN LAYER | 17,291 | 17,460 |
| S4993 | CONTRACEPTIVE PILLS FOR BC | 15,122 | 23,164 |
| 99212 | OFFICE/OUTPATIENT VISIT EST | 14,423 | 17,594 |
| 83036 | GLYCOSYLATED HEMOGLOBIN TEST | 13,816 | 14,342 |
| 99395 | PREV VIST EST AGE 18-39 | 13,450 | 13,521 |
| 84443 | ASSAY THYROID STIM HORMONE | 13,016 | 13,513 |
| 99214 | OFFICE/OUTPATIENT VISIT EST | 12,645 | 13,647 |
| 85025 | AUTOMATED HEMOGRAM | 12,594 | 13,255 |
| 81002 | URINALYSIS NONAUTO W/O SCOPE | 12,385 | 14,493 |
| 96372 | THER/PROPH/DIAG INJ, SC/IM | 12,235 | 21,481 |

¹⁹ Though procedure codes 99212, 99213, and 99214 are all for an office visit for an established patient, the individual codes are distinguished by severity of the presenting problem.

| Procedure Code | Procedure Description | Number of Clients | Number of Services |
|----------------|-----------------------------|-------------------|--------------------|
| 86703 | HIV-1/HIV-2 1 RESULT ANTBDY | 11,858 | 12,058 |
| J1050 | MEDROXYPROGESTERONE ACETATE | 11,823 | 21,299 |
| 86701 | HIV-1 ANTIBODY | 11,546 | 12,245 |
| 87624 | HPV HIGH-RISK TYPES | 11,200 | 11,325 |
| 87389 | HIV-1 AG W/HIV-1 & HIV-2 AB | 10,270 | 10,406 |
| 85018 | HEMOGLOBIN | 9,529 | 9,843 |
| 80053 | COMPREHEN METABOLIC PANEL | 9,309 | 9,756 |

Providers and Clients

Rider 97 requires HHSC to provide the total number of providers for FPP by geographic region. In fiscal year 2018, HHSC contracted with 52 entities providing services at 246 clinic sites. The Metroplex, Gulf Coast, and Lower South Texas HHSC regions had the greatest number of contracted clinic locations.

The rider also requires HHSC to provide the mean and median number of program clients served by provider and the total unduplicated number of clients served. In fiscal year 2018, FPP served 106,244 FPP clients (see Table 13). A breakdown of clients served by each provider can be found in Appendix B.

Table 13. Fiscal Year 2018 FPP Clients Served by Contracted Billing Provider

| | Contracted Providers |
|---|-----------------------------|
| Total Billing Providers^{20,21} | 202 |
| Total Unduplicated Clients | 106,244 |
| Mean Number of Clients per Contracted Provider | 550 ²² |
| Median Number of Clients per Contracted Provider | 293 |

²⁰ FPP policy requires claims to be billed under the clinic's identification number. A greater number of individual providers served clients than what is captured in this analysis.

²¹ This count represents distinct providers at separate locations or with different types or specialties. Providers are assigned an NPI. In addition, providers are given a distinct seven-digit base TPI; two-digit suffixes are added to create a full TPI that represents different locations, types, or specialties under which the provider is enrolled. Providers are counted once for every unique full TPI-NPI combination under which claims were paid.

²² The mean number of clients per provider does not equal the overall unduplicated number of clients divided by the number of providers because some clients receive services from more than one provider. Therefore, a client may be counted in the client count for Provider A and the client count for Provider B, but would only be counted once in the unduplicated count of clients overall. The average was taken of the number of clients per provider, not the unduplicated number of clients overall.

5. Estimated Program Savings

Rider 97 requires HHSC to examine savings or expenditures in the Medicaid program attributable to enrollment in HTW or FPP. The analysis examined savings attributed to HTW and FPP caseload in fiscal year 2018 and expected savings in fiscal years 2018-2020. The estimated general revenue savings due to the estimated 21,537 births averted in HTW and FPP is \$17.1 million (\$210.4 million all funds). The resulting savings to state and federal funds due to HTW and FPP program activities underscores the significant impact these two programs make in the lives of Texans and the positive impact to state and federal budgets.

The decrease in Medicaid and CHIP costs due to the use of family planning services is primarily due to the reduction in the expected number of births for HTW and FPP female clients if the programs did not exist, also known as births averted. The cost savings estimates do not include potential savings from births averted by treating men in FPP.

For HTW, savings included in the model are based on the elimination of potential costs associated with:

- prenatal and acute care provided by Medicaid for Pregnant Women
- labor and delivery
- Medicaid for Breast and Cervical Cancer (MBCC) program cervical cancer screenings and treatment of cervical dysplasia due to treatment in HTW
- one year of infant health care
- CHIP Perinatal services

For FPP, savings included in the model are based on the elimination of potential costs associated with:

- labor and delivery
- one year of infant health care
- CHIP Perinatal services

Costs may include medical, dental, pharmacy, and Medical Transportation Program expenses.

Estimated Savings due to HTW

Of the 172,023 women served in fiscal year 2018, HHSC forecasts participation in HTW will result in a reduction of 13,762 births potentially covered by Medicaid and CHIP. At an estimated cost per birth, including the factors described above, of \$15,593, this represents a total Medicaid savings of \$215.2 million, of which \$87.9 million is state general revenue savings and \$127.4 million is federal funds savings.

The annual HTW cost in fiscal year 2018, including contract costs, was \$79.0 million. HTW is funded exclusively through general revenue dollars. Therefore, after accounting for the annual cost of administering HTW, reduction in births potentially covered by Medicaid and CHIP results in an estimated net savings of \$8.8 million to the state. The state and federal savings resulting in the reduction in births is \$136.2 million. Tables 14 and 15 detail saving analyses for HTW. See Appendix E for detail on assumptions and methodology.

Table 14. Estimated General Revenue Savings Due to 13,762 Births Averted by HTW

| | Fiscal Year | | | | Total |
|---|-----------------------|---------------------|---------------------|--------------------|---------------------|
| | 2017 | 2018 | 2019 | 2020 | |
| General Revenue Medicaid Savings | | | | | |
| Labor & Delivery | \$1,020,591 | \$13,804,558 | \$4,324,697 | - | \$19,149,846 |
| Medicaid for Preg Women | \$2,347,874 | \$13,715,613 | \$2,254,092 | - | \$18,317,579 |
| Infant Health Care | \$311,977 | \$19,110,780 | \$29,196,481 | \$1,513,690 | \$50,132,928 |
| MBCC²³ | - | \$269,569 | - | - | \$269,569 |
| CHIP Perinatal | - | - | - | - | - |
| Total | \$3,680,441 | \$46,900,520 | \$35,775,270 | \$1,513,690 | \$87,869,922 |
| HTW Costs | | | | | |
| Fee-for-Service Expenses | \$66,446,180 | - | - | - | \$66,446,180 |
| Categorical Expenses | \$12,588,949 | - | - | - | \$12,588,949 |
| Total | \$79,035,129 | - | - | - | \$79,035,129 |
| Net Savings (Expenses): | (\$75,354,688) | \$46,900,520 | \$35,775,270 | \$1,513,690 | \$8,834,793 |

²³ HHSC can only calculate one year of savings for MBCC in this analysis based on utilization from fiscal year 2018.

Table 15. Estimated All Funds Savings Due to 13,762 Births Averted by HTW

| | Fiscal Year | | | | Total |
|-----------------------------------|-----------------------|----------------------|---------------------|--------------------|----------------------|
| | 2017 | 2018 | 2019 | 2020 | |
| All Funds Medicaid Savings | | | | | |
| Labor & Delivery | \$2,363,572 | \$32,930,720 | \$10,995,924 | - | \$46,290,216 |
| Medicaid for Preg Women | \$5,437,411 | \$32,718,543 | \$5,731,229 | - | \$43,887,183 |
| Infant Health Care | \$722,503 | \$45,588,693 | \$74,234,632 | \$3,780,340 | \$124,326,168 |
| MBCC | - | \$643,056 | - | - | \$643,056 |
| CHIP Perinatal | - | - | - | - | - |
| Total | \$8,523,486 | \$111,881,012 | \$90,961,785 | \$3,870,340 | \$215,236,624 |
| HTW Costs | | | | | |
| Fee-for-Service Expenses | \$66,446,180 | - | - | - | \$66,446,180 |
| Categorical Expenses | \$12,588,949 | - | - | - | \$12,588,949 |
| Total | \$79,035,129 | - | - | - | \$79,035,129 |
| Net Savings (Expenses): | (\$70,511,643) | \$111,881,012 | \$90,961,785 | \$3,870,340 | \$136,201,495 |

Estimated Savings due to FPP

Of the 106,244 women served in fiscal year 2018, HHSC forecasts participation in FPP will result in a reduction of 7,775 births potentially covered by Medicaid and CHIP. At an estimated cost per birth, including the factors described above, of \$14,785, this represents a total Medicaid savings of \$114.9 million, of which \$47.1 million is general revenue savings and \$67.8 million is federal funds savings.

The annual FPP cost in fiscal year 2018, including contract costs, was \$40.8 million. FPP is funded mostly through general revenue dollars. Therefore, after accounting for the annual cost of administering FPP, reduction in births potentially covered by Medicaid and CHIP results in an estimated net savings of \$8.2 million to the state. The state and federal savings resulting in the reduction in births is \$74.2 million. Tables 16 and 17 detail savings analyses for FPP. See Appendix E for detail on assumptions and methodology.

Table 16. Estimated General Revenue Savings Due to 7,775 Births Averted by FPP

| | Fiscal Year | | | | Total |
|---|-----------------------|---------------------|---------------------|------------------|---------------------|
| | 2017 | 2018 | 2019 | 2020 | |
| General Revenue Medicaid Savings | | | | | |
| Labor & Delivery | \$585,483 | \$5,971,224 | \$1,064,619 | - | \$7,621,326 |
| Infant Health Care | \$256,467 | \$12,855,379 | \$14,771,915 | \$491,331 | \$28,375,092 |
| CHIP Perinatal | \$1,676,350 | \$8,617,691 | \$834,339 | - | \$11,128,380 |
| Total | \$2,518,300 | \$27,444,295 | \$16,670,872 | \$491,331 | \$47,124,797 |
| FPP Costs | | | | | |
| Fee-for-Service Expenses | \$28,957,237 | - | - | - | \$28,957,237 |
| Categorical Expenses | \$9,935,293 | - | - | - | \$9,935,293 |
| Total | \$38,892,530 | - | - | - | \$38,892,530 |
| Net Savings (Expenses): | (\$36,374,231) | \$27,444,295 | \$16,670,872 | \$491,331 | \$8,232,267 |

Table 17. Estimated All Funds Savings Due to 7,775 Births Averted by FPP

| | Fiscal Year | | | | Total |
|-----------------------------------|-----------------------|---------------------|---------------------|--------------------|----------------------|
| | 2017 | 2018 | 2019 | 2020 | |
| All Funds Medicaid Savings | | | | | |
| Labor & Delivery | \$1,355,912 | \$14,244,332 | \$2,706,877 | - | \$18,307,121 |
| Infant Health Care | \$593,948 | \$30,666,458 | \$37,558,898 | \$1,256,279 | \$70,075,583 |
| CHIP Perinatal | \$3,882,238 | \$20,557,470 | \$2,121,379 | - | \$26,561,087 |
| Total | \$5,832,098 | \$65,468,260 | \$42,387,164 | \$1,256,279 | \$114,943,801 |
| FPP Costs | | | | | |
| Fee-for-Service Expenses | \$30,837,965 | - | - | - | \$30,837,965 |
| Categorical Expenses | \$9,935,293 | - | - | - | \$9,935,293 |
| Total | \$40,773,258 | - | - | - | \$40,773,258 |
| Net Savings (Expenses): | (\$34,941,161) | \$65,468,260 | \$42,387,164 | \$1,256,279 | \$74,170,543 |

6. Outreach Activities

Outreach remained an important and ongoing effort in fiscal year 2018. Building on the momentum of the program launch and statewide outreach efforts in fiscal year 2017, HHSC used many of the same public awareness strategies. With a goal of helping to increase awareness and client enrollment, the fiscal year 2018 HTW outreach campaign was designed to reach low-income women that may be eligible for HTW and FPP. The outreach campaign included:

- client outreach
- website maintenance
- provider outreach
- community outreach

Paid media has resulted in increased traffic to the HealthyTexasWomen.org site, ultimately connecting the public to important information about program services, client eligibility, how to apply for the program, and how to locate a healthcare provider. The paid media campaign included digital, social, billboard, and radio advertisements in both English and Spanish. Campaign ads were crafted as a call to action and redirected the audience to the HTW website.

Figure 1. Digital and Social Media Campaign Ad Examples



Figure 2. HTW Campaign Billboard Image for Fiscal Year 2018



The primary audience for the campaign was Texas women between the ages of 18 and 30 who are racially diverse, primarily low-income, often college students, and may already have children. As such, community college campuses were a focus for strategic outreach in fiscal year 2018. At campuses across the state, posters and table tent materials were placed in student common areas. HHSC also participated in several student health and resource fairs aimed at reaching women who may be eligible for HTW or FPP. In addition to directly engaging with students, the events allowed for opportunities to connect with student services officials and other vendors who serve women.

Figure 3. HTW Outreach Campaign Materials Placed in Community Colleges



Direct outreach has been a useful tool to increase awareness of HTW and FPP. HHSC continues to proactively contact organizations that may interact with low-income women and families such as community nonprofits, local shelters and food banks, public libraries, public health departments, and advocacy groups. This outreach method has allowed the opportunity to provide organizations with program materials directly through mail or electronic methods.

In fiscal year 2018, HHSC staff participated in more than 50 events by sharing program materials through exhibiting at conferences or conducting formal presentations. These events have allowed staff to interact with potential clients, service providers, and community members that work directly with women. Examples of some of the events HHSC staff attended include the following:

- Annual African American Health Expo, Fort Worth
- Association of Women’s Health, Obstetric, and Neonatal Nurses Conference, Corpus Christi
- Día de la Mujer Latina Community Health Worker Annual Conference, Houston
- Frontera Roundtable: Connecting Women on the Border to Healthcare, El Paso
- March of Dimes Managed Care Organization Workgroup Meeting, Austin
- Postpartum Support International Conference, Houston
- San Antonio Health and Wellness Expo
- Texas Academy of Physician Assistants, Arlington

- Texas Association Concerned with School Age Parenthood Conference, San Marcos
- Texas Association of Community Health Centers Conference, Bee Caves
- Texas Association of Rural Health Clinics Conference, Austin
- Texas Campaign to Prevent Teen Pregnancy Events, Austin and Edinburg
- Texas Collaborative for Healthy Mothers and Babies Summit, Austin
- Texas Conference for Women, Austin
- Texas Indigent Health Care Association Conference, San Antonio
- Texas Nurse Practitioners Primary Care and Pharmacology Conference, San Antonio
- Texas Women’s Healthcare Coalition Stakeholder Meetings, Austin and Houston
- Waco Healthy Babies Coalition Stakeholder Meeting

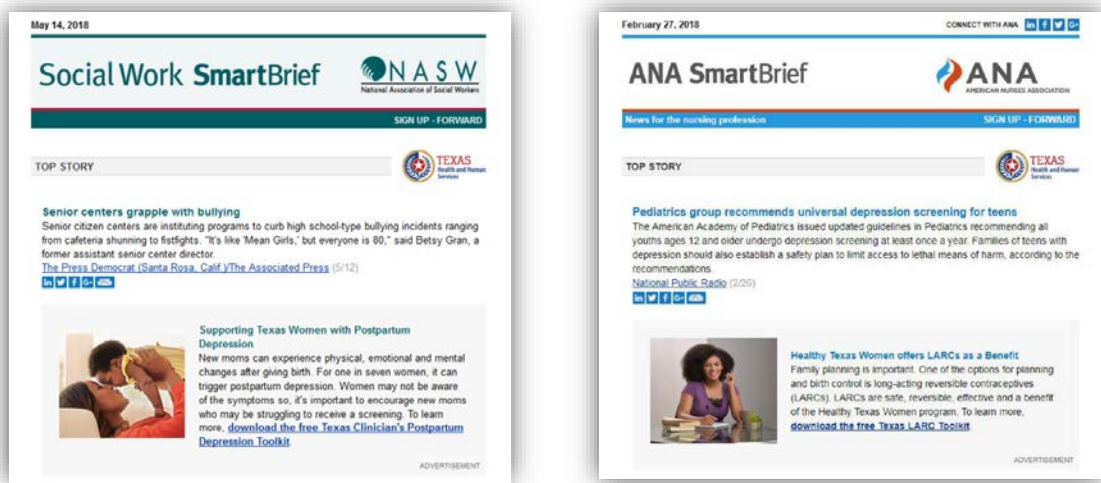
Additional strategies for fiscal year 2018 included advertisement placements in healthcare provider-facing newsletters, targeting various disciplines such as primary care, women’s health, and social work professionals. Each placement was a call to action to learn more about the programs or to access additional resources such as the *Texas LARC Toolkit*²⁴ or the *Texas Clinician’s Postpartum Depression Toolkit*²⁵. Both resources are available on the HTW website and were created by HHSC to educate providers on best clinical practices, billing and reimbursement processes, and connecting clients to additional resources.

²⁴ <http://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/health/women/texas-larc-toolkit.pdf>

²⁵

http://www.healthytexaswomen.org/sites/healthytexaswomen.org/files/the_texas_clinicians_postpartum_depression_toolkit.pdf

Figure 4. HTW Outreach Campaign Provider Facing Newsletter Examples



HHSC will continue to engage with stakeholders and foster the relationships that have been made during the campaign period. Leveraging the influence of various organizations and community leaders has helped to increase awareness of HTW and FPP. Connecting women with program information and access to services will remain a priority for HHSC.

7. Long-Acting Reversible Contraceptives

To avert unintended pregnancies and promote better birth outcomes, Texas is working to increase access to LARCs. LARCs are highly effective for preventing pregnancy, easy to use, and can last for up to 10 years. These devices are the most effective method of reversible contraception with less than 1 pregnancy per 100 women in a year.²⁶ LARC devices include the intrauterine device (IUD) and subdermal contraceptive device, commonly referred to as the implant.

Long-acting forms of contraception reduce the need for follow-up visits related to contraception. Often, clients with a LARC will have no need to see a doctor for contraceptive services for multiple years. In addition, it is expected that with an increase in LARC utilization, Texas will see an increase in state savings due to unintended births averted. This report provides a count of the number of women in HTW and FPP receiving a LARC in fiscal year 2018.

In fiscal year 2018, 13,013 unique HTW clients and 8,128 unique FPP clients received a LARC (see Table 18). For HTW, the highest LARC utilization was found in the Metroplex, Gulf Coast, and Lower South Texas regions. These regions include the cities of Dallas, Fort Worth, Arlington, Houston, Galveston, Corpus Christi, Laredo, McAllen, and Brownsville. For FPP, the highest LARC utilization was found in the Gulf Coast and Metroplex regions including the cities of Houston, Galveston, Dallas, Fort Worth, and Arlington.

²⁶ U.S. Department of Health and Human Services Centers for Disease Control and Prevention. (2011). *Effectiveness of Family Planning Methods*. Retrieved from https://www.cdc.gov/reproductivehealth/UnintendedPregnancy/PDF/Contraceptive_methods_508.pdf

Table 18. Fiscal Year 2018 LARC Utilization for HTW and FPP by HHSC Region

| HHSC Region | FPP Clients (Medical Claims) | HTW Clients (Medical and Pharmacy Claims) |
|--------------------------------------|---|--|
| Region 1 - High Plains | 175 | 627 |
| Region 2 - Northwest Texas | 35 | 270 |
| Region 3 - Metroplex | 2,388 | 2,380 |
| Region 4 - Upper East Texas | 345 | 446 |
| Region 5 - Southeast Texas | 99 | 354 |
| Region 6 - Gulf Coast | 1,781 | 2,758 |
| Region 7 - Central Texas | 1,349 | 1,188 |
| Region 8 - Upper South Texas | 590 | 1,711 |
| Region 9 - West Texas | 37 | 280 |
| Region 10 - Upper Rio Grande | 44 | 743 |
| Region 11 - Lower South Texas | 1,269 | 2,282 |
| Unknown/Missing | 16 | 1 |
| Total Fee-for-Service Clients | 8,128 | 13,013 |

8. Conclusion

This report provides a summary of program enrollment, service utilization, and cost savings for HTW and FPP. Per Rider 97, it is the intent of the Legislature that if the findings of this report show a reduction of greater than 10 percent relative to the prior two fiscal years in either enrolled women or service utilization, HHSC shall, within existing resources, undertake corrective measures to expand provider capacity and client outreach and enrollment efforts. Since fiscal year 2017, HTW has seen an increase in service utilization and women enrolled. FPP has also seen an increase in service utilization and clients served over the past year. Because HHSC did not see a reduction, this report does not include any corrective measures taken.

The findings presented in this report, including the number of clients served, client and provider enrollment, services utilized, and the savings to state and federal funds due to HTW and FPP activities, underscore the significant impact women's health programs make in the lives of Texans and the positive impact to state and federal budgets. As a result of this success, HHSC forecasted an additional funding need for the 2020-21 biennium for both HTW and FPP and requested increased funding from the Legislature for these programs in the amount of \$86.76 million.²⁷

HHSC is committed to serving the women and men of Texas through HTW and FPP. With their launch, HTW and the redesigned FPP help to ensure women in Texas can access the family planning and women's health services they need. In the future, HHSC will continue to seek feedback to improve or enhance program operations and outcomes to ensure continued access and care for Texas women.

²⁷ Based on funding amounts included in the filed version of the 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019.

List of Acronyms

| Acronym | Full Name |
|----------------|--|
| BCCS | Breast and Cervical Cancer Services |
| FPL | Federal Poverty Level |
| FPP | Family Planning Program |
| HHSC | Health and Human Services Commission |
| HIV | Human Immunodeficiency Virus |
| HTW | Healthy Texas Women |
| LARC | Long-Acting Reversible Contraceptive |
| MBCC | Medicaid for Breast and Cervical Cancer |
| MWHP | Medicaid Women’s Health Program |
| NDC | National Drug Code |
| NPI | National Provider Identification |
| OPL | Online Provider Lookup |
| TIERS | Texas Integrated Eligibility Redesign System |
| TMHP | Texas Medicaid & Healthcare Partnership |
| TPI | Texas Provider Identification |