Five things to look for in the upcoming report on Texas family planning programs

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Ensuring all Texans have access to family planning services so they can plan the timing and size of their families is critical to building equal economic and social opportunity. In addition, family planning helps women avoid unplanned pregnancy and prepare for healthy pregnancies, improving the well-being of both women and their babies.

Texas has a large and growing unmet need for affordable family planning services, but has made several ill-advised and politically motivated decisions that limit access to critical services. The family planning safety net in Texas is still reeling from dramatic budget cuts in 2011, the exclusion of Planned Parenthood, and the constant upheaval of programs. The results have been harmful to Texas women and families.

On May 1, the Texas Health and Human Services Commission (HHSC) is expected to release updated client service data and lots of other data on the state's family planning programs. HHSC Rider 97 in the 2018-19 state budget expanded what data HHSC must publicly report when it comes to the services, providers, and estimated savings in state women's health programs. The full text of the rider is at the end of this document with the new requirements for this report underlined. The report will have a large amount of data, some of it publicly reported for the first time. Here are some things to look for:

Key data required in the report:

- Number of women enrolled and women who received services for the last two fiscal years, broken out by region, age, and program
- The total number of women served by each program provider
- The average (mean) and the median number of clients per provider in the program
- Number of women in the programs who received a long-acting reversible contraceptive, the most effective type of contraception
- Savings the family planning programs created in Texas Medicaid

What will CPPP be looking for:

1. **Have the number of clients served returned to 2010-11 levels? Will the report provide an answer?**
    - ***Why is this important?*** Given the significant new investments the state has recently made to increase enrollment in women's health programs (see 'background' below) there should be no question as to whether enrollment and services will be up over the previous year or two; they certainly will. The key question is, after making these significant investments, has Texas finally restored care to the number of women who received it in 2010-11, before the state made massive funding cuts to family planning services and excluded Planned Parenthood, the state's largest provider? Said another way: has the state repaired the significant damage it caused in 2011?
    - ***How can we tell?*** We may not be able to tell. HHSC changed its methodology of how to count clients receiving services in 2017 in an effort to remove duplicate counting of a single person

who received more than one service in a year. Unless HHSC also provides the 2017 counts in the older methodology as well, it may be impossible to tell if FY 2017 total client service numbers (across both family planning programs) have recovered to 2010-11 levels.

Counts of clients served in programs from FY 2010-16 are included in a table at the end of this document. Under the old methodology that included some duplication, 319,000 women were served in 2010 and 311,000 women were served in 2011. Note that the state had Title X funds in 2010 and 2011 that it does not have now, making a 2010 to 2017 comparison challenging regardless of the counting methodology.

- ***Background:*** Beneficial new investments that should result in substantial increases in both enrollment and clients served have come in four areas:

    1. HHSC dramatically increased spending on Healthy Texas Women (HTW) marketing and outreach starting at the end of FY 2016, spending $2.5 million a year in 2016 and 2017 as well as allocating $1 million a year in both 2018 and 2019. The 2016-17 marketing campaign included ads that appeared on billboards, busses, radio, television, online, and elsewhere. To compare, when the original Women's Health Program in Texas operated as a Medicaid waiver program from 2007-2012, the annual marketing budget was just $50,000 a year and paid for outreach materials like posters and brochures.

    2. Implementing auto-enrollment into HTW for post-partum moms after they lose their pregnancy-related Medicaid coverage two months after giving birth. HHSC implemented this change at the end of FY 2016 and indicates that about 4,000 post-partum moms are auto-enrolled each month. Auto-enrollment is an important innovation, but if not implemented well, could drive up enrollment without helping to connect newly enrolled women to health care services. Moving forward, monitoring clients served as opposed to enrolled will be more important.

    3. A nearly $50 million increase in appropriations in the 2016-17 budget, with the new funding level maintained in the 2018-19 budget.

    4. HHSC allocated more of its women's health appropriations to the Family Planning Program for FY 2017 and re-opened contracts for the program for the first time in years, increasing clinic participation. The number of Family Planning contracted clinics rose from 89 in 2016 to 258 clinics in 2017. In comparison, before the huge funding cuts that took effect in FY 2012, about 290 clinics were contracted in the program in both 2010 and 2011.

    For more information on the state's ill-advised decisions that have reduced access to critical family planning services, see CPPP's "Excluding Planned Parenthood has been Terrible for Texas Women." Among other findings, the report shows that the number of women getting services through Healthy Texas Women and precursor programs declined by 39 percent from 2011 to 2016.

2. What share of HTW program providers see no clients in a year? How many see just a handful? How does the average and median number of clients served by providers in 2017 compare to earlier years?

- ***Why are these important?*** Provider capacity in HTW has been an issue since Texas excluded Planned Parenthood from HTW in 2013. While HHSC often points to its long and growing list of HTW certified providers as an indication of access, the number of providers on the list is essentially meaningless in terms of gauging capacity because (1) the list itself – on multiple

occasions – has been found to be inflated and full of errors, and (2) most providers on the list probably serve zero or a just a handful of women in a year – something this new report should show.

Last year's version of the women's health performance report contained a more meaningful glimpse of the changing capacity of the network. The report showed a significant drop in average number of clients per provider in the Texas Women's Health Program/Women's Health Program, from 150 in 2011 to 103 in 2015, as the program lost high-volume providers and added low-volume ones. This data should be in the upcoming report as well.

- ***How can we tell?*** HHSC published the average and median number of clients per provider for 2011 and 2015 in its FY 2016 Savings and Performance Report and lists certified providers by year in its HHS Women's Health Update.
- ***Background:*** The state has added thousands of mostly low-volume providers to the program as participation by high-volume providers dropped. This inflates the total "certified providers" count, without resolving capacity issues. HHSC data through 2016 show that HTW and earlier versions of the program have seen a sharp drop in the number of clients served, the percentage of enrolled women who get health care services, and the number of clients who received contraception even as the number of providers certified climbed.

  It has always been the case in the Women's Health Program and successor programs that a relatively small number of high-volume, safety-net providers deliver the bulk of the services while many "certified" providers serve no women at all, and others serve just one or two a year.

3. How many clients has the Heidi Group served through its subcontractors in HTW and Family Planning? How do actual services compare with the number of women the Heidi Group is contracted to serve and with other program contractors who also received some of the highest grant amounts?

- ***Why is this important?*** The Heidi Group's large contracts in Healthy Texas Women and the Family Planning program have been scrutinized, in part because HHSC took back $4.1 million of the group's $5.1 million 2017 Family Planning funds because it was serving far fewer women than projected. In the same week that the Heidi Group completed the paperwork to hand back most of its 2017 Family Planning allotment, HHSC issued the Heidi Group's next contract for 2018-19 at the initial higher amount, citing a technical glitch in the contracting system (full article behind paywall).
- ***Background:*** HHSC awarded the Heidi Group the second highest contract amounts in 2017 in both Healthy Texas Women and the Family Planning Program (see the ten highest 2017 contract amounts for both programs below). When the state took back 2017 Family Planning funds from the Heidi Group, the group reduced its projected 2017 clients served number from 17,895 to 3,498. No changes were made to the Heidi Group's 2017 contract for Healthy Texas Women, in which the Heidi Group proposed to serve a highly improbable 50,610 women, far more than any other current contractor proposed and even more than the 41,000 women Planned Parenthood served in the Women's Health Program in 2012.

FY 2017 Family Planning Contracts, top ten by award amount

NAME OF ENTITY	NUMBER OF CLINICS	PROPOSED CLIENTS SERVED	CATEGORICAL AMOUNT AWARDED
Dallas County Hospital District dba Parkland Health and Hospital System	13	19,002	$5,415,378
Heidi Group	22	17,895*	$5,100,000
UTMB Regional Maternal and Child Health Program	13	7,570	$4,504,270
Baylor College of Medicine - Teen Health Clinic	10	11,114	$3,167,569
Harris County Public Health	4	7,769	$2,928,142
Access Esperanza Clinics, Inc.	5	6,528	$2,239,104
Women's and Men's Health Services of the Coastal Bend, Inc.	3	7,200	$1,657,080
South Texas Family Planning & Health Corporation	6	5,603	$1,596,850
Su Clinica Familiar	3	5,263	$1,500,000
Tarrant County Hospital District	10	4,105	$1,214,213

***** Later reduced to 3,498.

FY 2017 Healthy Texas Women contracts, top ten by award amount

NAME OF ENTITY	NUMBER OF CLINICS	PROPOSED CLIENTS SERVED	CATEGORICAL AMOUNT AWARDED
Harris County Public Health and Environmental Services	4	5,776	$1,747,652
The Heidi Group dba Wellness Coalition	20	50,610	$1,649,531
UTMB Regional Maternal and Child Health Program	13	14,700	$1,327,645
Houston Health Department	4	16,500	$1,159,200
Collins Family Planning Clinic	1	2,000	$1,006,508
Baylor College of Medicine Teen Health Clinic	10	3,466	$987,930
Texas Children's Health Plan-The Center for Children and Women	2	3,307	$728,423
South Texas Family Planning and Health Corporation	6	2,778	$691,781
Women's and Men's Health Services of the Coastal Bend, Inc.	3	5,250	$673,043
Texas Tech University Health Sciences Center	1	2,075	$647,760

4. Are any teens being served in the Healthy Texas Women program?

- ***Why is this important?*** Low-income teens ages 15-17 are eligible to enroll in HTW with parental consent if they are uninsured. Teens at these income levels shouldn't be uninsured, however, because they would also be eligible for better coverage in either Texas Medicaid or CHIP. If a teen enrolls in HTW instead, one of two things went wrong: either the teen (1) didn't know that she would be eligible for full coverage (HTW applications do not collect enough information for HHSC to also determine eligibility for Medicaid or CHIP), or (2) is eligible for CHIP but has decided to enroll in limited HTW coverage instead of broad CHIP coverage because Texas CHIP does not cover contraception. If teens have enrolled in HTW, that points to problems that could and should be fixed.

5. How are LARC usage rates growing?

- ***Why is this important?*** Long-acting reversible contraception (LARC) is the most effective type of contraception. The legislature and HHSC have emphasized the importance of increasing access to LARC. Increasing access will require overcoming barriers like cost, awareness, billing issues for providers, and lack of clinical experience with LARC, especially in primary care organizations that are new to family planning programs.

- ***How can we tell?*** HHSC has provided historical LARC usage data its May 2017 HHS Women's Health Update (slide 17) and its FY 2016 Savings and Performance Report, though the data in these sources do not match.
- ***Background:*** Riders 102 and 105 in the 2018-2019 state budget direct HHSC to increase access to LARC and develop a 5-year strategic plan to reduce barriers to LARC. HHSC participates in several national collaboratives focused on LARC access and also hosts a bimonthly workgroup with program provides and other stakeholders to trouble shoot LARC access-related issues and identify opportunities for improvement. For more background on barriers to LARC in Texas, see studies from the Texas Policy Evaluation Project.

Number of Clients Served in Texas Family Planning Programs

		Old HHSC methodology – duplicated across programs							New HHSC methodology, unduplicated
		FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2016
Healthy Texas Women & (Texas) Women's Health Program	Average monthly enrollment	107,567	127,536	126,473	115,440	114,441	103,700	94,851	94,851
	Number of clients that got health care	**106,711**	**115,226**	**103,671**	**86,562**	**75,812**	**81,884**	**70,336**	**70,336**
Family Planning	Number of clients that got health care	**212,477**	**195,709**	**82,953**	**48,902**	**55,869**	**66,118**	**60,571**	**38,404**
Expanded Primary Health Care	Total number of clients that got health care, including primary care-only clients	n/a	n/a	n/a	n/a	147,083	158,209	140,488	101,537
	Estimate of clients that received family planning services in EPHC (60% of total)	n/a	n/a	n/a	n/a	**88,250**	**94,925**	**84,293**	**60,922**
TOTAL CLIENTS WHO RECEIVED FAMILY PLANNING SERIVCES (sum of rows with bolded numbers)		**319,188**	**310,935**	**186,624**	**135,464**	**219,931**	**242,927**	**215,200**	**169,662**

Data from HHS Women's Health Update, slide 9, March 1, 2018, except estimate of EPHC clients that received a family planning service from CPPP. CPPP estimated the number of EPHC clients who received a family planning service, as opposed to a primary care-only service, by assuming the program reached its goal of providing family planning services to 60% of all EPHC clients. This is likely a generous estimate, as fewer than 60% of people served in EPHC were contraceptive clients.

2018-19 HHSC Rider 97

(Underlined text indicates new requirements added by the 2017 Legislature for the report due on May 1, 2018, above what was required in earlier versions of the report.)

Women's Health Programs: Savings and Performance Reporting

The Health and Human Services Commission shall submit an annual report, due May 1 of each year, to the Legislative Budget Board and the Governor's Office that includes the following information:

a. Enrollment levels of targeted low-income women and service utilization by geographic region, including total number of unduplicated patients served, delivery system, and age from the prior two fiscal years;
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, by geographic region, enrolled in the Healthy Texas Women Program and Family Planning Program networks, and providers from legacy Women's Health Programs (including Texas Women's Health Program) not to include duplications of providers or ancillary providers;
e. The average and median numbers of program clients, and the total number of unduplicated patients served, detailed by provider;
f. The count of women in the Healthy Texas Women Program and the Family Planning Program receiving a long-acting reversible contraceptive; and
g. The service utilization by procedure code. The annual report submitted as required above must satisfy federal reporting requirements that mandate the most specific, accurate, and complete coding and reporting for the highest level of specificity.

It is the intent of the Legislature that if the findings of the report show a reduction in women enrolled or of service utilization of greater than 10 percent relative to the prior two fiscal years, the agency shall, within existing resources, undertake corrective measures to expand provider capacity and/or client outreach and enrollment efforts.

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