

November 9, 2015

Submitted via email

Lesley French, Associate Commissioner
Women's Health Services
Health and Human Services Commission
Brown-Heatly Building
4900 N. Lamar Blvd.
Austin, TX 78751-2316

Re: Proposed Healthy Texas Women/Family Planning Benefits Packages

Dear Associate Commissioner French,

On behalf of the American Congress of Obstetricians and Gynecologists (ACOG) – Texas District, and the Texas Association of Obstetricians and Gynecologists (TAOG), thank you for the opportunity to comment on the proposed benefit packages for the Healthy Texas Women and Family Planning programs. Our two professional organizations represent over three thousand seven hundred Texas obstetricians and gynecologists, and are committed to providing the highest level of care for the women of Texas.

ACOG and TAOG are encouraged by the proposed benefits packages for the Healthy Texas Women and Family Planning programs in that it appears to preserve eligibility and funding without disrupting services to women utilizing current programs. We would, however, like to provide the following feedback:

1. In order to have these programs meet the needs of Texas women, a robust provider network is necessary. In order to encourage providers of all types to participate in both Healthy Texas Women and Family Planning programs, provider requirements should be appropriate for private physicians and traditional family planning clinics alike. Making adjustments to the Family Planning program in a way that would encourage private provider participation would help ensure there is an adequate provider base for women utilizing these programs.
2. In order to ensure Healthy Texas Women clients who become pregnant receive timely prenatal services, we would like to see an option for HTW clients to access the prenatal services

provided by the Family Planning program, if that is the most effective way for women to receive those services.

3. The rate for Essure, code 58565, was listed in the proposal at a rate significantly lower than what is currently reimbursed. We would like to make sure that there is not a reduction in the reimbursement rate for Essure. It is also important that reimbursement adequately covers the cost of all contraceptive devices included in the proposed packages.
4. We realize that in compiling lists of codes for services covered by the Healthy Texas Women and Family Planning programs, that this may be a somewhat fluid process. We would like to see the following CPT codes included in the benefits package:
 - Codes 76830 and 76856: Transvaginal (non-obstetric) ultrasound. The transvaginal ultrasound is a better tool than a transabdominal ultrasound to evaluate patients who have pelvic complaints such as abnormal menses/bleeding, pelvic pain, and pelvic masses.

As the Women's Health Advisory Committee considers the recommendations made by the Health and Human Services Commission and the Office of Women's Health, we respectfully request that the process continue to include ongoing stakeholder participation. Incorporating input from providers serving Texas women is necessary to creating and transitioning to a program that will work efficiently and effectively for the health of Texas women. We thank you for the opportunity to provide these comments.

Organization: None
 Submitted by: Darlene Menn
 Date: November 10, 2015

BENEFITS – proposed PKG for HTW & FP recommendations/questions 11/09/15

HTW PKG additions*	FP PKG additions
\$ rate for 00851	Include HTW PKG & the additions*
Need Facility codes & fees for approved listed procedures done in facilities	-Including the injectible meds In the HTW PKG
“NP” fee = billing by “time” if this is or becomes a required component	SEMEN ANALYSIS 89321 & 89398 (1 st line for infertility testing & also for post-vasectomy eval)
\$ rate for 86580 Tb test & for 88173 FNA Cytology	Testicular Ultrasound
99253 inpt consult (N or Est) <i>as is a benefit of TWHP</i>	PSA
99001 venipuncture/handling lab fee off-site <i>as is a benefit of TWHP</i> (ie: pre-op labs done @ facility)	
87340 Hepatitis Surface Antigen <i>as is a benefit of TWHP</i> (is on FP PKG)	
00840 anesthesia for abd/fallopian tubes (ie: laprascopic BTL)	
85384 Fibrinogen (commonly used for preop procedures)	
Tdap vaccine 90715	
LH 83002	
FSH 83001	
BRCA	
CA-125 86304	
\$ rate for 88173 Cytology of FNA	
Pneumonia vaccines PPSV23 & PCV 13, 90732 & 90670	
Actinomyces Culture & also used for GC Culture 87081	
Colonoscopy, Pre-meds, facility, physician fees, etc	
Surgeon & Surgical Asst codes & fees	
STI meds need to be added per new guidelines: Gentamycin IM & Moxifloxacin PO	
Lapracopic for biopsy collection	

Since TWHP (very limited Dx Codes) & EPHC (multiple Dx Codes), are included in the HTW PKG, are being combined, will the appropriate Diagnosis Codes used be accepted

for the applicable visit type? Likewise for the FP PKG with visits that will not be only for FP's limited Dx Codes, but other situations, like prenatal care, etc.

For clinics with Class D pharmacies, the oral antibiotics for STIs needs to be added. Also, to include EPT as allowed by Texas law. Add the new STI guidelines meds: Gentamicin (IM) & Moxifloxacin (po) as new alternatives. Especially important when need to give 1 x dose (especially when it's IM) or initial po dose while the client is present & also increase compliance by eliminating the barrier of going to a pharmacy.

99078 Group Health Education = what locations allowed?

In the each individual PKG there are some codes listed 2-3 times, a *few* even have different fees. Shouldn't they be listed once and be one fee since they are under one PKG? (*fee?* =see: 71010, 71020 for duplicate listing , 85730 with three listings)

"G code" on FP PKG are Medicare codes & won't be acceptable through TMHP billing. Recommend using the same CPT as using in the HTW PKG.

Need to allow both PKGs to be billed on a CMS 1500.

Need to allow accurate POS to be billed on TMHP billing. When an allowable procedure, lab, or venipuncture is done at a facility instead of the office site. Currently Family Planning Agencies have limited POS billing giving false information as to the accuracy of the location where services were provided even though it is payable through the FPAs. The FPA may be paying a contracted facility for the off site service to be done, yet, currently, it appears that it was performed in the FPA location. Thereby appearing to be inaccurate billing only because that is all that is allowed at this time. Make trainings available through Texas HHSC. Currently, the trainings provided by TMHP and DSHS are not always all inclusive of billing issues and answers are not clarified or provided. Since HHSC also does audits, they should be available for training so that providers will be better prepared for what they are expecting the providers to know and be held accountable for.

Thank you for the efforts being made to improve the programs!

Sincerely,
Darlene Menn, RNC, WHCNP
Private Consultant
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Odem, Tx 78370
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email: beenieweenie53@hotmail.com

Organization: Haven Health
Submitted by: Carolena Cogdill
Date: November 10, 2015

The biggest issue and policy I would like to see added is for the state to allow us to bill wellness codes (99384-99387) for new patients wellness exams and (99394-99397) for established patients wellness exams. Of course, we would still need the other office visit codes for problem visits.

By requiring us to use 99204 and 99214 (with FP modifier) for annual and initial exams that are used more for problem codes in the real world opens the provider up to complications. I know in an audit the state will use the actual definition of these codes and look for the problems that are associated with them. In reality, an annual or initial annual is a wellness visit and may or may not have problems associated with it.

Thank you.

Carolena S. Cogdill, MBA
Chief Executive Officer
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Department of Health and Human Services
Women's Advisory Committee
Kirsten Gonzales

November 7, 2015

Dear Ms. Gonzales:

I am submitting three issues I would like the Women's Advisory Committee to consider addressing in their duties for women's reproductive health care.

1. Number of providers on the list. Provide a web-site which provides just a list with all providers by name, address and phone number. There was a huge problem with rollout of Texas Women Health Program. Providers on the list where not providers but pharmacies, restaurants, private cell phone numbers, providers unaware they were providers of services being offered. Need to check for misinformation on current list.
2. Way to track increased deaths due to women not having access to safe legal abortions. See if there are clusters of increased deaths in certain areas of Texas.
3. United Nations held a hearing of human rights violations in McAllen, Texas in March of this year. Specifically looking into the violations against women seeking reproductive health care. What were their findings? And what is Texas going to do to fix the problems found and ensure their recommendations are

addressed and correct the human rights violations found against women's reproductive health care?

The reason for my concern with my first issue is that there are difficulties with access to providers that actually offer the services. We do not have thousands of providers in the state of Texas that offer services to women on Medicaid. The numbers are limited. It has been proven that all listed on the exciting web-site do not offer these services and are in fact not even in the medical fields.

My second issue is my concern for increased death for women who are pregnant but can not get to a clinic offering a full range of reproductive health services. Abortion is a legal and safe medical procedure. My fear is that we will see increased death rates of women who do not have access to these safe legal medical procedures because they do not have access in their area of Texas. Texas should be aware of the areas where services are lacking to protect the health for all Texas women.

My third issue is my concern that services are already lacking to the point that the United Nations held a hearing to address the issue of a basic human right. Access to health care. I would encourage this committee to contact the United Nations and ask them for a list of violations found and their recommendations.

My hope is that Texas is very serious about putting in place an excellent reproductive health care system through out the

state. So that all women living in Texas have access. The Texas legislature has been very successful in distorting facts about the clinics offering these services to the point of a large numbers to be closed. Restricting the ability for all Texas women have access in their own communities. If women do not have access to health care in their communities they will die because of this fact. Texas has a budget that is 12th largest in the world. I would hope we spend the required amount to assure women have access to health care that they need.

Thank you for your considerations that I feel are important to all Texas women.

Sincerely,

Lisa LeBlanc
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Peace,
Lisa LeBlanc

Organization: March of Dimes
Submitted by: Shannon Lucas
Date: November 10, 2015

Kristen, I apologize these are a little late.

The March of Dimes Texas Chapter would like to take this opportunity to offer our support for the proposed Healthy Texas Women and Family Planning benefits. The mission of the March of Dimes is to improve the health of women of childbearing age, infants, and children by preventing preterm birth, birth defects, and infant mortality. Access to women's health care services is a critical component of ensuring the health of women and children in our state.

Texas is experiencing a substantial growth in population. In 2014, 75% of women ages 18-64 had access to health insurance. Medicaid costs for births are very high, with complications and hospitalizations from preterm births costing over \$50,000 per infant. The consolidation of the existing women's health programs into one inclusive program is an excellent opportunity to reshape access to healthcare for the women of Texas.

Women need access to appropriate care before pregnancy, in between pregnancies, and after pregnancies. Providing access to appropriate family planning methods as well as screening for unhealthy behaviors plays a vital role in ensuring healthy infants and children. Additionally, providing access to primary care helps women remain healthy throughout their lifespan, directly affecting infant development and helping model healthy behaviors in their children.

The March of Dimes is encouraged by the work of the committee, and looks forward to expanding the conversation on women's health services in the state of Texas. We thank you for your attention, and look forward to improving the lives of Texas's most vulnerable population.

Sincerely,
Shannon Lucas

Organization: Merck
 Submitted by: Karen Sillas and Holly Turner
 Date Received: October 30, 2015

Hi Holly,

I have gone through the codes below and due to my unfamiliarity, the California Family PACT Benefits recently updated was consulted. The codes/procedures that I did not see on any of these sheets is specific to complications of the sub dermal implant. Although this is not a common issue, should these codes also be included in t

he event an issue arises? Also, California is one of four states still using ICD-9 with transition to ICD 10 soon. Special approval was provided by CMS.

Here are the codes in question and the programs that will allow claims.

The following services are added as benefits for the management of mechanical complications due to the subdermal contraceptive implant. These services are reimbursable with ICD-9 - CM code 996.59, in conjunction with ICD-9-CM ode V25.43. A TAR is required.

Procedure	FP	EPHC	PHC	Description
24201		x	x	Removal of foreign body, upper arm or elbow area; deep (fabacial or intramuscular)
Anesthesia 01710				Anesthesia for procedures on nerves muscles, tendons, fasciam and bursae or upper arm and elbow; not otherwise specified
99144		x	x	moderate sedation services provided by the same physician or other qualified health care professional performing te diagnostic or therapeutic service that the sedation suooirtsm requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; age 5 years or older, first 30 minutes
99145		x	x	each additional 15 minutes intra-service time (list separately in addition to code for primary service)
Radiology 79218		x	x	Magnetic resonance (e.g. proton) imaging, upper extremity, other than joint, without contrast material (s)
76000		x	x	Fluoroscopy (separate procedure) up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (e.g. cardiac fluoroscopy)
76998		x	x	Ultrasound guidance, intraoperative
Laboratory 88300		x	x	Level I - Surgical pathology, gross examination ony
11981	x	x	x	Insertion
11982		x	x	Removal
11983		x	x	Removal/Reinsertion

I hope this helps. Let me know if there is other information I might provide.

Take care,

Karen



Organization: None
Submitted by: Nancy Tamburo-Trevino
Date: November 10, 2015

Dear Ms. Gonzales,

I am following up during this public commentary time frame in response to the proposed women's healthcare initiative. I am trying to learn more of how the health advisory duties are being set up. I also plan to attend the November 13th meeting in Austin to better understand this initiative. I do have some preliminary questions I will pose and in attending the November 13th meeting, possibly they could be answered.

If a woman does not meet criteria to enroll in the Texas Women's Health Program, how will she receive family planning services? I ask this question because I would be one of those women. While I can enroll through my employer for health insurance, the costs of the insurance to cover my family and myself would deplete about 40% of my monthly paycheck. As the primary breadwinner in my family, I cannot lose that much of my paycheck. So to continue to get my preventive care, I have used Planned Parenthood and have received excellent care from the Nurse Practitioners I have seen. The costs through this non-profit are very affordable for me and I don't want my health jeopardized because I lose a valued resource I have used for a few years.

I also would like to better understand the justification for creating this women's health initiative based on Senate Bill 200. Is this initiative the result of Texas attempting to defund Planned Parenthood and therefore, looking for an alternative for women's health care? My additional interest in learning more about this initiative is due to working with indigent women who have not had any health insurance resources available to them when one of our local federally qualified health centers was not processing Women's Medicaid applications for appointments. Without access to a women's Medicaid program, I referred clients to local family planning clinics for services. Again, one of those family planning clinics was Planned Parenthood.

For clients I serve, I also noticed in the *proposed Healthy Texas Women and Family Planning Benefits*, under the category of core family planning services, the program only list chlamydia, gonorrhea and HIV under the sexually-transmitted infection (STI) services. In Bexar County, there is an increase in syphilis cases. Realizing this, will women also have access to be tested for syphilis as well? Also for male clients, is there a program like Health Texas Women that will be made available to them? Planned Parenthood served both women and men and therefore, indigent men will also need a venue to receive preventive care.

Finally, with the two documents regarding *proposed Family Planning and Healthy Texas Women Benefit Codes*, are these codes for providers, to identify what the reimbursement rate is for each procedure listed? I initially thought the chart was for what a patient would pay and therefore, that is why I was asking for clarity.

I look forward to sitting in on the November 13th meeting and hopefully to be able to meet you too.

Sincerely,

Nancy Tamburo-Trevino



**NATIONAL LATINA
INSTITUTE FOR
REPRODUCTIVE HEALTH**
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**Proposed Healthy Texas Women Program & the Family Planning Program benefits package
Comments on behalf of Nuestro Texas submitted by the
National Latina Institute for Reproductive Health
November 9, 2015**

Nuestro Texas is a human rights campaign calling for reproductive health access for all women, without distinction as to geographic location, ethnicity, race, economic class, or immigration status. The National Latina Institute for Reproductive Health (NLIRH) and the Center for Reproductive Rights (CRR) launched the campaign in 2012 in response to the devastating 2011 cuts to family planning that resulted in the closure of 76 specialized family planning clinics statewide, and following the release of a fact-finding report documenting the impact of these funding cuts for Latinas in the Lower Rio Grande Valley.

In January 2015, the Nuestro Texas campaign published a policy blueprint—*Nuestro Texas: A Reproductive Justice Agenda for Latinas*—a human rights policy agenda that provides a vision for a better Texas and includes concrete steps for restoring access to reproductive health services for the Latinas in rural and underserved areas. Consistent with the recommendations therein, we submit the following recommendations in response to the proposed benefits package of the newly designed Healthy Texas Women and Family Planning programs. Overall, we ask that enrolling in either program be simple for both providers and all Texans seeking services, and that both programs provide highly effective, comprehensive, and cost-effective services. In addition we ask that the programs:

- 1. Increase funding for specialized family planning providers and ensure adequate training to family physicians to ensure comprehensive, quality reproductive health care to all program participants.**

The impact of the 2011 budget cuts on Latinas living in the Lower Rio Grande Valley were, and still are, devastating. In that region, 28 percent of state-funded family planning clinics closed entirely, and many more were forced to reduce services and raise fees. Additionally, the number of women served by the state-funded Texas Women's Health Program dropped significantly between fiscal years (FY) 2011 and 2013, according to a recent report from the state Health and Human Services Commission. The report shows that nearly 26 percent fewer women received services – including cancer screenings, preventive care, and contraception – through the program in FY 2013 than did in FY 2011. Within the "Lower South Texas" region, which includes Cameron, Hidalgo, and Starr Counties - three out of the ten counties in Texas with the highest uninsured rates for women - there was a nearly 30% reduction in clients served. Texas can and must do better when it comes to setting policy recommendations that respect and fulfill the human rights of Latinas and their families across the state.

We therefore recommend that the additional \$50 million allocated by Texas' 84th Legislature to support family planning be fully allocated to the newly designed Family Planning Program, which remains significantly

underfunded compared to Healthy Texas Women. The new Family Planning program must continue to provide highly effective, cost-effective services, including treatment breast and cervical cancer.

With regard to the training of family physicians, according to new research, many family physicians expressed a lack of knowledge in the full range of contraceptives and desire training. While we applaud the agency's use of the April 2014 United States Department of Health and Human Services-issued report, "Providing Quality Family Planning Services," as a starting framework for the newly designed Texas women's health programs, we recommend those guidelines be adopted in their entirety such that their desired benefit can be fully realized.

2. Provide an avenue for minors to effectively access the full range of contraceptive services and reproductive health care.

We support expanding the age of client eligibility to women 15 years-of-age. Additionally, we recommend waiving the parental consent requirement for teens accessing contraception. If these requirements cannot be waived without further legislative direction, we ask that there be an efficient method for streamlining parental consent among programs (such that parents could consent to program enrollment and contraception simultaneously).

Latina women are less likely than white women to receive any formal instruction on methods of birth control before age 18,ⁱ and they are also less likely than white or black women the same age to receive any formal instruction before age 18 on how to say no to sex.ⁱⁱ Additionally, as of 2010, publicly funded clinics in Texas were only meeting 22 percent of the need of teenage contraceptive clients.ⁱⁱⁱ Not surprisingly, sexual and reproductive health outcomes for Texas youth are some of the worst in the country. Texas has one of the highest teen pregnancy rates^{iv} and ranks highest in prevalence of repeat teen births.^v Texas should support the family planning decisions of young parents by allowing them to access the contraception of their choice without additional barriers to care.

3. Ensure that all women's health programs cover basic preventative health services, including the full range of contraceptives.

This includes pelvic exams; STD screening and treatment; HIV screening; cholesterol, diabetes and high blood pressure screenings; breast and cervical cancer screening; clinical breast exams; Pap test and follow up diagnosis and testing; sterilizations; contraceptives; emergency contraception; and comprehensive family planning counseling and education.

Barriers to affordable contraception put Texas women at higher risk of unintended pregnancy. The state's rate of unintended pregnancy (58 per 1,000 women) is higher than the national average (50 per 1,000 women).^{vi} Latinas in Texas are almost 20% less likely, as compared to white Texas women, to report a pregnancy as intended and over 25% more likely to report a pregnancy as mistimed.^{vii} We therefore recommend that Health and Human Services Commission develop guidelines to require all providers in the proposed women's health and family planning program to offer a full range of FDA-approved contraceptives, including long-acting reversible contraceptives (LARCs) available onsite, in addition to comprehensive options counseling and referrals. We support the ability for Latinas to have access to comprehensive contraception options and for all women to have the option to choose the form of birth control that is right for her.

Our documentation in the Valley and additional research by the Texas Policy Evaluation Project has shown a strong preference in the Latina community for LARC methods, such as IUDs. Though more expensive than

other methods, these are not only more effective in preventing unintended pregnancy, but also more suitable to the needs of low-income women who face difficulties in accessing clinics. The 2011 cuts to family planning forced clinics to make difficult choices about allocating funds, and many were forced to stop stocking LARCs. Moreover, unlike Title X clinics, providers contracted through the current EPHC system are not required to stock all FDA-approved contraceptive methods. This necessitates that women take another trip to fill their prescriptions at a pharmacy, an extra step that burdens low-income women who already face significant transportation barriers.

4. Ensure Texans receive the information they need to ensure meaningful referral for services not covered.

It is imperative that all Texans receive effective referral services for services not covered by either the Family Planning or Healthy Texas Women programs. To that end, community health workers (CHWs), or promotoras/es, provide crucial health-related information and promote health in their own communities. In the Latina/o community, they are trusted leaders who use their deep knowledge of the language, socio-cultural norms, and life experiences of community members to provide health services and information and to serve as liaisons to providers. They educate women about their reproductive health, demystify the health care system through information, provide informal counseling, build capacity in health decision-making, and connect women to health care providers and other safety net services.

We recommend that HHSC invest in the employment of community health workers, or promotoras, to ensure Texans can receive appropriate referrals and follow up services when needed.

5. Ensure ease in program enrollment and point-of-service eligibility

Finally, we recommend same-day eligibility determination and services to achieve the most effective family planning and sexually transmitted infection control outcomes. Clinics need the capacity to determine a patient's eligibility when a patient arrives in order to provide efficient and effective care. Many Texas women face significant challenges to making a second trip to the clinic after eligibility is determined, particularly in large swaths of the Lower Rio Grande Valley where transportation infrastructure is almost nonexistent. Additionally, we express concern with any eligibility determination model where the provider carries all of the financial risk of treating a patient before eligibility has been confirmed.

Sincerely,

Ana R. DeFrates

Director, Texas Latina Advocacy Network (LAN) Policy & Advocacy

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¹ CDC, *Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing, 2002*, 37 (2004), http://www.cdc.gov/nchs/data/series/sr_23/sr23_024.pdf [hereafter CDC, *Teenagers in the United States*] (showing 35.4 percent of Latina women did not receive this instruction, as compared to 27.8 percent of white women).

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- ⁱⁱ CDC, *Teenagers in the United States*, 36 (showing 18.6 percent of Latina women did not receive this instruction, as compared to 13.2 percent of white women and 15.6 percent of black women).
- ⁱⁱⁱ Jennifer Frost ET AL., *Contraceptive Needs and Services, 2012 Update*, GUTTMACHER INST. 15 (2014), <http://www.guttmacher.org/pubs/win/contraceptive-needs-2012.pdf>
- ^{iv} Kathryn Kost & Stanley Henshaw, *U.S. Teenage Pregnancies, Births and Abortions, 2010: National and State Trends by Age, Race and Ethnicity*, GUTTMACHER INST. 17 (2014), <http://www.guttmacher.org/pubs/USTPtrends10.pdf> [hereafter Kost et al., *U.S. Teenage Pregnancies, Births and Abortions*]. In 2010, the teen pregnancy rate in Texas was 73 per 1,000 women aged 15-19 compared to the national rate of 57 per 1,000 women in the same age group.
- ^v Kinsey Hasstedt, *The State of Sexual and Reproductive Health and Rights in the State of Texas: A Cautionary Tale*, GUTTMACHER INST. 14 (2014), <http://www.guttmacher.org/pubs/gpr/17/2/gpr170214.pdf>
- ^{vi} Kinsey Hasstedt, *The State of Sexual and Reproductive Health and Rights in the State of Texas: A Cautionary Tale*, 17 *Guttmacher Pol'y Rev.* 15 (2014), <http://www.guttmacher.org/pubs/gpr/17/2/gpr170214.pdf>.
- ^{vii} Div. for Family & Cmty Health Servs., Tex. Dep't of State Health Servs., 2011 Annual Report: Texas Pregnancy Risk Assessment Monitoring System 1, 9-10 (2013), <http://www.dshs.state.tx.us/mch/default.shtm#PRAMS2> (showing that 64.9 percent of white women report their pregnancies as intended, as compared to 54.0 percent of Latinas, and that 28.6 percent of white women report their pregnancies as mistimed, as compared to 37.3 percent of Latinas)

Parkland Health & Hospital System

Public Comments

Healthy Texas Women and Family Planning Benefits & Services

November 9, 2015

The following comments & suggestions are offered by Parkland Health & Hospital System. We appreciate the opportunity to provide feedback regarding the new women's health programs.

Covered Services:

1. Breast & Cervical treatment guidelines should follow evidence-based best practices as established by the US Preventative Task Force and the American Cancer Society. Requirements should be flexible enough to change as new evidence-based guidelines are released.
2. Include coverage for post partum depression screening and counseling in the family planning program (to cover CHIP perinate post partum women after CHIP expires).
3. Lileta should be covered by both programs. Contraceptives new to the market place should be added to programs quickly.
4. HPV vaccine will be changing soon to nonavalent – both programs should cover the latest vaccine.
5. Tdap should be on the prenatal list and the immunization list.
6. Rubella antibody test should be on the prenatal list
7. Include diabetic medications (including insulin) in prenatal services so they are available to patients prior to the start of CHIP perinate coverage.
8. Include TSH, gonorrhea, chlamydia, HIV in prenatal services.
9. Include maternal echocardiograms under the prenatal program. These services are not covered by CHIP perinate and are needed for very high risk OB patients.
10. Will specialty consultation (office visits) be covered for prenatal patients (e.g., dermatology, psychiatry, cardiology, etc.)?
11. Are prenatal office visits covered under the core program?
12. Can genetics services be billed to these programs? Must the clinic have an MD who is board eligible or board certified?
13. Add lactation consultation codes – office visits or consultation (by physician, nurse, or IBCLC) with appropriate diagnosis codes such as newborn feeding problem. (99201-99205, 99211-99215, 99241-99245) Breast pumps and supplies would be very helpful to bill to the programs as well. See the following information from the American Academy of Pediatrics:
<http://www2.aap.org/breastfeeding/files/pdf/coding.pdf> also
<http://www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Documents/MO-BFP-BillingforLactationServicesCPSP.pdf>
14. Parkland would like to bill the global fee for sterilization under family planning and the HTW program.
15. Add Lab/Pathology CPT codes: 87186 (susceptibility test), 82274 (FIT test)
In addition to 86885, Coombs Test, Indirect, Qualitative – please add, 86850 for antibody screen, 86870 for antibody identification

In addition to 87270, Chlamydia Trachomatis, Immunoflorescent Technique – please add, 87801 CT/GC Probe and 87491 CT Amp Probe

Business Operations:

16. Is there a pre-authorization process required for services like ultrasound exams? The pre-authorization process can be cumbersome for clinic staff due to undetermined or overlapping coverage. Until the coverage is established and a plan is chosen, the clinic does not have a payer to call for preauthorization. If the patient requires an ultrasound due to the timing of enrollment in prenatal care, it is best to proceed without preauthorization.
17. Can clinics use automated processes and software to assess client eligibility for multiple programs – for example, Medicaid.
18. Will on-site State eligibility workers be able to process applications to expedite enrollment?

Billing:

19. Wrap around billing must be automatic for both programs. For example, a HTW client receives a service that is not covered by HTW, but is covered by Family Planning. The HTW uncovered service should be automatically billed to FP and paid.
20. Create TMHP billing processes that prevent duplicate payment for prenatal services by the new program and CHIP perinate (especially during the first prenatal visits).
21. Automate CHIP perinate and prenatal wrap around billing for services not covered by CHIP perinate (like ultrasound).
22. Title X programs must report all family planning clients for FPAR purposes. Can HTW and FP patients receiving family planning services be reported to Title X? If not, this will be problematic for providers participating in all programs.
23. Must providers track expenses and receipts from each program in separate accounts? For example, assign expenses for HTW and FP to separate cost centers.
24. What type of auditing will be required for each program?
25. Is a timekeeping methodology required to track staff who care for patients covered by several programs at the same clinic location on the same day?

Respectfully submitted by Parkland Health & Hospital System

Contacts:

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Organization: Pro Choice Texas
Submitted by: Heather Busby
Date: November 9, 2015

To: Health and Human Services Commission

RE: Public Comments on the proposed Healthy Texas Women Program & the Family Planning Program benefits package.

We, the undersigned, submit the following recommendations in response to the proposed benefits package of the newly designed Healthy Texas Women and Family Planning programs. Overall, we ask that enrolling in either program be simple for both providers and all Texans seeking services, and that both programs provide highly effective, comprehensive, and cost-effective services. In addition we ask that the programs:

1. Provide an avenue for minors to effectively access the full range of contraceptive services and reproductive health care.

Young Texans, like all Texans, deserve respect for their decisions and the opportunity for their families to thrive. If Texas wishes to support young people who do not wish to be parents, we must remove barriers to affordable contraception and make the full range of contraceptives available to those who desire it. Accordingly, we ask that the commission provide an avenue for those minors enrolled in the Children's Health Insurance Program (CHIP) and other state health programs to access the full range of contraceptives, including long acting reversible contraceptive (LARC), and other reproductive health care not covered under those programs. We also ask that there be an efficient method for streamlining parental consent among programs (such that parents could consent to program enrollment and contraception simultaneously), while at the same time emphasizing our opposition to this legislative requirement, particularly for minors who are already parenting children.

2. Protect access to specialized family planning providers and provide adequate training to family physicians to ensure comprehensive, quality reproductive health care to all program participants.

Everyone should have access to specialized care, not just people who can afford private insurance. Recent changes to the state budget prioritize the distribution of family planning funding to primary care providers, making it challenging for many specialized reproductive health care providers to serve patients enrolled in the program. According to new research, many family physicians expressed a lack of knowledge in the full range of contraceptives and desire training.

Accordingly, we recommend that the additional \$50 million allocated by Texas' 84th Legislature to support family planning be fully allocated to the newly designed Family Planning Program, which remains significantly underfunded compared to Healthy Texas Women. The new Family

Planning program must continue to provide highly effective, cost-effective services, including treatment for breast and cervical cancer.

3. Ensure that all women's health programs cover basic preventative health services, including the full range of contraceptives and that all Texans receive the information they need to ensure meaningful referral for services not covered.

This includes pelvic exams; STD screening and treatment; HIV screening; cholesterol, diabetes and high blood pressure screenings; breast and cervical cancer screening; clinical breast exams; Pap test and follow up diagnosis and testing; sterilizations; contraceptives; emergency contraception; and comprehensive family planning counseling and education.

Additionally, it is imperative that all Texans receive effective referral services for services not covered by either the Family Planning or Healthy Texas Women programs. Specifically, we recommend that HHSC invest in the employment of community health workers, or *promotoras*, to ensure Texans can receive appropriate referrals and follow up services when needed.

Every Texan should have access to family planning services, not just those that can afford it. We hope that you take these recommendations seriously and create a program that can truly serve Texas families.

Sincerely,

NARAL Pro-Choice Texas

Progress Texas

Texas Equal Access Fund

National Latina Institute for Reproductive Health

Planned Parenthood Texas Votes

ACLU of Texas

Texas Freedom Network

The Lilith Fund

Medical Students for Choice Chapter at UT Southwestern

Medical Students for Choice Chapter at UT Health Sciences Center San Antonio

URGE: Unite for Reproductive & Gender Equity

Jane's Due Process

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Robin Wallace, MD
Family Physician
Dallas, TX

Anitra Beasley, MD, MPH
Baylor College of Medicine
Houston, TX

Family Planning Program Coverage Public Comments

1. Include list of allowable diagnosis codes with each allowable CPT code or include a written statement in the TMHP manual and the DSHS policy and procedures manual that the HTW program will NOT be limited based on any provider submitted diagnosis code.

a) If a woman comes to a clinic that has FP program at age 56 and needs an exam and a mammogram (does not need contraception or family planning), will this visit be allowable and reimbursed under the FP program without an FP Diagnosis code?

b) If a woman comes to a clinic that has FP program at age 40 (had her initial exam 2 months ago at that same clinic and was provided Nexplanon) but today is seen for itching with vaginal discharge. Exam reveals yeast infection. So the client TODAY does not need contraception or family planning...just OV (targeted problem exam) and treatment for yeast infection. Will that visit be allowable and reimbursed under the FP program without and FP Diagnosis Code?

2. Remove the 2017 claim form requirement if the data entered is no longer necessary and replace with HCFA 1500 form for all FP program claim filing.

3. Allocate as much of the additional funds allocated by the legislature for FAMILY PLANNING DIRECT SERVICE DELIVERY to ensure enough funds are available to award new providers and those providers who are not already participating as FP State contractors. This will grow the state contracted provider network base statewide.

4. Assign a direct contact at HHSC or liaison that will communicate provider related billing problems with TMHP (on behalf of the providers that participate in the program) and hold TMHP accountable for being responsive to provider billing related problems and make changes timely.

5. Ensure that all FDA approved methods of family planning/contraception are covered by the program (natural family planning, abstinence, over-the-counter methods, and prescription methods).

6. Allow and reimburse for expedited partner therapy.

7. Require the entity and department within that entity that will be charged with auditing claims of providers who participate in this program to put on TRAININGS and be available to answer program specific questions about appropriate billing and coding FOR PROVIDERS.

8. Consider adding the following services:

Testicular/Scrotal.....	76870
Testicular/Scrotal with Doppler.....	97976
Sperm Count & Mobility.....	89310 (important after vasectomy and if trying to conceive but can't)
Wart Destruction on penis.....	54050
Transrectal ultrasound.....	76872
Transrectal US (w/bx needle guidance).....	76942
Arterial Upper & Lower extremity (bilateral/unilateral) Ultrasound.....	93925, 93926, 93930, 93931
Arterial Duplex and Arterial/Venous Duplex Ultrasound.....	93776, 93975
Arterial Hemodialysis Access.....	93990
Gallbladder Ultrasound.....	76705
Thyroid Ultrasound/Parathyroid (non-nuclear).....	76536
Parathyroid (non-nuclear).....	76536
Chest B-Scan Ultrasound.....	76604
Venous Duplex Extremities (bilateral/unilateral) Ultrasound.....	93970, 93971
Fecal Occult Test.....	82270
OB complete (each add'l w/detail) twins.....	76812
Transvaginal (pregnancy).....	76817
Hemoglobin A1c.....	83036

9. Consider adding preventative – well health codes:

VISIT CODES:

Preventative Well Health (age 18-39).....new: 99385 and established: 99395

Preventative Well Health (age 40-64).....new: 99387 and established: 99397

Mandi L. Edwards, BA, CHW
Health Information/Billing Director
South Texas Family Planning & Health Corporation

Healthy Texas Women Coverage Consideration

1. Include list of **allowed diagnosis codes** with each allowable CPT code or include a written statement in the TMHP manual and the DSHS policy and procedures manual that the HTW program will **NOT** be limited based on any provider submitted diagnosis code.

a) If a 32 year old client comes to a clinic that takes HTW and is examined and put on a hormonal contraceptive and/or condoms or both today, but is also diabetic or hypertensive, and needs to be seen 6 more times over the next few months for her diabetes and/or hypertension (so her next 6 visits are NOT for contraception but for diabetes/hypertensive care & follow-up). *Will those 6 visits be allowable and reimbursed under HTW without a FP Diagnosis code (since those visits were NOT for contraception but for follow-up care)?*

b) If a 22 year old client that was provided birth control pills at her annual visit 3 months ago, returns today to the clinic complaining of pain with urination and is examined with some lab tests run. After exam and lab tests, client has a confirmed urinary tract infection. Will that visit and treatment be allowable and reimbursed under HTW without an FP diagnosis code?

Clarification regarding which “primary purpose of visits” and which “diagnosis codes” can be used is important – especially for audits at the provider level.

2. Consider adding preventative – well health codes:

VISIT CODES:

Preventative Well Health (age 18-39).....new: 99385 and established: 99395

Preventative Well Health (age 40-64).....new: 99387 and established: 99397

3. Consider adding the following services:

Transrectal ultrasound.....76872

Transrectal US (w/bx needle guidance).....76942

Arterial Upper & Lower extremity (bilateral/unilateral) Ultrasound.....93925, 93926, 93930, 93931

Arterial Duplex and Arterial/Venous Duplex Ultrasound.....93776, 93975

Arterial Hemodialysis Access.....93990

Gallbladder Ultrasound.....76705

Thyroid Ultrasound.....76536

Parathyroid (non-nuclear).....76536

Chest B-Scan Ultrasound.....76604

Venous Duplex Extremities (bilateral/unilateral) Ultrasound.....93970, 93971

4. Allow **PRESUMPTIVE ELIGIBILITY PERIOD** with **immediate issuance** of HTW ID #: Require that the Texas Benefits Website immediately issue a “presumptive HTW I.D. Number for the applied client for at least 35 days” (*while client is pending full eligibility*). The system must link with TMHP verification website *immediately* in order to provide this ID #.

This is **NECESSARY** because outside pharmacies will not fill prescription medications without a verifiable Medicaid or HTW ID # issued to the client in the TMHP system. In this manner client pending full HTW eligibility will be able to **access prescriptions** at outside pharmacies immediately (same day as they apply) for medications such as Contraception, STD treatment, Diabetes Rx, Hypertension Rx, Thyroid Rx, etc.

5. Ensure that all FDA approved methods of family planning/contraception are covered by the program (natural family planning, abstinence, over-the-counter methods, and prescription methods).

6. Assign a direct contact at HHSC or liaison that will communicate provider related billing problems with TMHP (on behalf of the providers that participate in the program) and hold TMHP accountable for being responsive to provider billing related problems and to make changes timely.

7. Require the entity and department within that entity that will be charged with auditing claims of providers who participate in this program **to put on TRAININGS and answer questions about appropriate billing and coding** FOR PROVIDERS specific to the program.

Mandi L. Edwards, BA, CHW
Health Information and Billing Director
South Texas Family Planning & Health Corporation



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November 6, 2015

Lesley French
Associate Commissioner, Women's Health Services
Texas Health and Human Services Commission
Brown-Heatly Building
4900 N. Lamar Blvd.
Austin, TX 78751-2316

cc: Travis Duke, Director of Women's Health Services

Submitted via email to kristen.gonzales@hpsc.state.tx.us

Subject: Proposed Healthy Texas Women and Family Planning Benefit Packages

Dear Associate Commissioner French,

The Texas Association of Community Health Centers (TACHC) is pleased to provide comments on the proposed benefit packages for the Healthy Texas Women (HTW) and Family Planning programs presented to the Women's Health Advisory Committee at the October 28, 2015 meeting. TACHC represents the 75 federally qualified health centers (FQHCs or health centers) in Texas which serve as the medical home for over 1.1 million Texans in more than 350 service delivery sites across 118 counties statewide. The majority of Texas health center patients (73%) have incomes below the poverty level and just under half (47%) are uninsured. In 2014, health centers served 724,000 women, more than 330,000 of whom were of childbearing age.

Health centers are active participants in numerous programs providing primary care to uninsured Texans, including the Texas Women's Health Program (TWHP), the Expanded Primary Health Care (EPHC) Program and the Family Planning Program. Health centers make up the majority of contracted providers in the EPHC and Family Planning programs, comprising 59% and 72% of the contractors in each program in State Fiscal Year 2015, respectively. In addition, multiple health centers participate in the state breast and cervical cancer screening (BCCS) program and Title V program for children and/or women.

While health centers are significant providers in state-funded women's health programs that have limited benefit packages, they are comprehensive primary care providers. Many health center locations house medical, dental, behavioral health, pharmacy and support services all under one roof, serving as a comprehensive primary care medical home for their patients. When a health center accepts a TWHP patient for her contraceptive care needs, the health center also must meet the patient's comprehensive primary care needs. Therefore, even with substantial funding available in the new HTW program to increase the number of women served, health centers will only take on additional patients under the program to the extent that they have resources available to provide the full range of primary care services needed.

These comments are organized around three major points- two recommendations related to the proposed benefit package for the HTW program and support for proposed changes to the Family Planning program:

- 1) Cover the treatment of chronic conditions diagnosed through the preventive health screenings in the HTW program,
- 2) Do not apply a visit limit to clients provided services at FQHCs in the HTW program, and;
- 3) Include prenatal services in the Family Planning program as proposed.

First, TACHC recommends that the HTW program cover the treatment for any chronic condition diagnosed through the program's preventive screenings, and asks that HHSC make this clear in the benefits package proposal. Uncontrolled chronic conditions like diabetes and hypertension have severe consequences on health outcomes, particularly if and when women do become pregnant. According to the Department of State Health Services' 2015 Healthy Texas Babies: Data Book, rates of both maternal hypertension and diabetes continue to rise in Texas. Women with diabetes, as well as their infants, experience an increased risk for numerous complications during pregnancy. Additionally, pregnant women with hypertension experience a high rate of severe morbidity and a disproportionately high incidence of fetal and infant deaths.¹ Allowing for the treatment of these chronic conditions under the HTW program will contribute to healthier pregnancy and birth outcomes for Texas women if and when they do decide to have children.

TACHC's primary concern with the proposed benefits package for the new HTW and Family Planning programs is the lack of clarity around what treatments for chronic conditions will be accessible under the "Other Preventive Services" category of the HTW program. Because the proposed benefits package provided to the public only includes CPT codes, it is difficult to determine which diagnoses will be treatable under the program. For example, the Evaluation and Management codes listed in the proposed benefit package can be used for a wide range of health care services, including treatment for chronic conditions and acute care services (which HHSC has explicitly stated will not be covered). Therefore, health centers do not have enough information to understand the breadth of the benefit package related to treatment of

¹ 2015 Healthy Texas Babies Data Book, Department of State Health Services, Office of Program Decision Support, page 19-20.

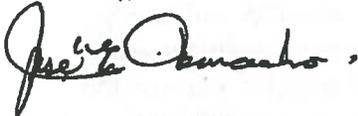
diagnosed conditions without knowing which diagnoses will be reimbursable under the Evaluation and Management codes. These details will be critical for providers in determining their level of participation in the new program. Allowing patients to access treatments for conditions screened through the program will lead to improved health outcomes for Texas women and improve birth outcomes. Inclusion of these services will also incentivize more providers to participate in the HTW network by providing adequate resources to treat women for conditions discovered through preventive screenings.

Second, TACHC recommends that HHSC not limit the number of visits women can receive at an FQHC in the new HTW program. Currently, health centers are reimbursed for no more than three visits per TWHP patient per year, which accounted for the limited benefit package available in the TWHP that requires a contraceptive diagnosis at each visit. This limitation should not carry over to the HTW program which is proposed to offer a benefit package that would cover a broader array of health care needs for women.

Finally, TACHC supports the proposal to add prenatal services to the Family Planning program. According to the 2015 Healthy Texas Babies: Data Book, in 2014 Texas as a whole fell about 16 percentage points short of the Healthy People 2020 goal of 77.9 percent of women receiving prenatal care in their first trimester.² Under the EPHC program, which also covers prenatal services, health centers have reported significant increases in their ability to get pregnant women in for prenatal services in their first trimester. Health centers screen pregnant women for Medicaid and CHIP Perinatal coverage, but by the time women are deemed eligible, assigned to a managed care plan and a primary care provider they are often in month five or six of their pregnancy. Allowing women to be provided prenatal care under the Family Planning program while waiting for Medicaid or CHIP Perinatal eligibility will allow more women to enter into care in their first trimester, an important indicator for a healthy pregnancy outcome.

TACHC appreciates the work of the Advisory Committee and HHSC staff on their work ensuring these critical programs meet the needs of Texas women. Please contact Shelby Massey at smassey@tachc.org or 512-329-5959 with any questions or for more information related to these comments.

Sincerely,



José E. Camacho
Executive Director and General Counsel
Texas Association of Community Health Centers

² Ibid. page 14.



T E X A S
Women's Healthcare
COALITION

Janet P. Realini, MD, MPH
Steering Committee Chair
The Texas Women's Healthcare Coalition
2300 W. Commerce St. #203
San Antonio, TX 787207

November 9, 2015

Lesley French
Associate Commissioner, Women's Health Services
Texas Health and Human Services Commission
Brown-Heatly Building
4900 N. Lamar Blvd
Austin, TX 78751

Women's Health Advisory Committee Recommendations: Proposed Healthy Texas Women and Family Planning Benefits Packages

Dear Associate Commissioner French,

Thank you for this opportunity to provide comments on the proposed benefit packages for the Healthy Texas Women and Family Planning programs. The Texas Women's Healthcare Coalition (TWHC) and its 61 healthcare, faith, and community-based member organizations are dedicated to improving the health and well-being of Texas women, babies, and families by assuring access to preventive healthcare for all Texas women. Access to preventive and preconception care—including health screenings and contraception—means healthy, planned pregnancies and early detection of cancers and other treatable conditions.

Included below are the TWHC's recommendations related to benefits within Texas women's health programs. The TWHC thanks the Health and Human Services Commission (HHSC) and the Women's Health Advisory Committee for their time and consideration of these issues.

- 1. HHSC must clarify what treatments will be covered within Healthy Texas Women for the most commonly diagnosed chronic conditions to keep women healthy, such as hypertension and diabetes.**

Based on proposed CPT codes, it remains unclear what treatments for chronic conditions will be covered by the Healthy Texas Women program. This information is crucial to allow stakeholders to make informed recommendations regarding the proposed benefits packages. Providers who may consider participating in the HTW program need to know the level of financial risk they bear related to treating conditions screened under the program.

- 2. HHSC must ensure the Healthy Texas Women and Family Planning programs provide an appropriate balance between basic family planning and preventive services and more comprehensive services, and advise stakeholders on what mechanism will be utilized to maintain this balance. The programs should provide at least as many women with family planning care as were served in State Fiscal Year 2010, taking into account population growth.**

Though many of the proposed benefits within the Healthy Texas Women and Family Planning programs offer essential health services to clients, it is also important to ensure that more costly benefits do not ultimately divert funding for critical basic preventive services. For example, the provision of mammograms and diagnostic services for women up to age 64 in the Family Planning program could limit the program's capacity to provide family planning services to low-income women. We urge HHSC to develop and provide to stakeholders expected costs for the benefit packages in each program using available historical utilization data.

- 3. HHSC must ensure that the funding distribution between the Healthy Texas Women and Family Planning programs matches client needs, and that funding may at a later date be redistributed between programs.**

With new eligibility and benefit criteria under development, it remains unclear what the enrollment and average cost of services will be for the Healthy Texas Women and Family Planning Programs. What is clear is that a substantial increase from the current Family Planning funding allocation will be required to adequately serve eligible clients, particularly as many clients previously eligible for the Expanded Primary Health Care program may not be eligible for the HTW program. As these programs roll out, it will be important to ensure that funding can be easily transferred between programs to meet client needs.

- 4. HHSC should prioritize changes to the TIERS system that would enable TIERS to accept Healthy Texas Women clients who are enrolled in CHIP. Even if the TIERS system is not yet able to accommodate the change, HHSC should develop rules enabling the HTW program to accept CHIP clients.**

Currently, Texas CHIP does not cover contraceptive services for its clients, while the new Healthy Texas Women system is not currently designed to accept CHIP enrollees. As a result, CHIP clients are unable to receive contraceptive services through the Healthy Texas Women program, substantially undermining the benefits of having the program serve women as young as 15 years old. With the highest rate of repeat teen pregnancy in the country, Texas has an opportunity to substantially decrease costs and improve birth outcomes by enabling more teens to access contraceptive services through the new HTW program. HHSC should prioritize changes to the TIERS system that would enable it to accept HTW clients who are enrolled in CHIP.

- 5. A woman should only be excluded from receiving services through the Healthy Texas Women program if her insurance provides preventive services for women with no cost-sharing.**

Many women have private insurance that could exclude them from receiving Healthy Texas Women services, yet have high copays and deductibles that make family planning visits and contraception unaffordable. HHSC should therefore exclude women from receiving HTW services only if their insurance plan provides preventive services to women with no cost-sharing.

- 6. HHSC should develop steps to encourage as many clinic-based Healthy Texas Women providers as possible to participate in the Family Planning program.**

Particularly because the new Healthy Texas Women program may not cover certain clients previously eligible for Expanded Primary Health Care, the Family Planning Program is expected to have a large eligible client base. HHSC will therefore need to ensure that the Family Planning program sees an increase in both its funding and its provider base. Identifying ways to encourage HTW providers to participate in the Family Planning program is an important step towards increasing access to critical preventive health services.

- 7. HHSC must ensure that effective referral services are available for clients who are not eligible for the Healthy Texas Women or Family Planning programs, or who are eligible but in need of services these programs do not provide.**

As the state experiences substantial changes to its women's preventive health care system, it will be especially important to ensure that clients receive adequate referral resources to maintain continuity of care. HHSC should clearly outline the steps that will be taken to ensure that these services will be available. Reducing gaps in coverage is key to improving health and birth outcomes and reducing costs to the state.

- 8. HHSC should streamline the process for obtaining parental consent for receiving services through Healthy Texas Women.**

HHSC should identify ways to streamline the process for obtaining parental consent for receiving HTW services. One option HHSC may consider is developing a parental consent process that would

enable parents to consent to program enrollment and receipt of contraception at the same time (ie, a single application with two distinct spaces to consent to enrollment and contraception).

9. HHSC should take steps to ensure women have on-site access to the method of contraception they prefer, including long-acting reversible contraceptives (LARCs).

When women are not able to receive on-site access to their preferred method of contraception, they are often unable to return to receive that service, which can result in future unintended pregnancies. One strategy for increasing the on-site availability of LARCs would be more frequent rate updates for purchasing LARCs, enabling more physicians to afford to stock them.

Thank you for your time and consideration, and for your support for women's preventive healthcare. If you have any questions or we can provide further information, please contact Janet Realini at JRealini@TexasWHC.org.

Respectfully,

A handwritten signature in black ink, appearing to read "Janet P. Realini MD MPH". The signature is fluid and cursive.

Janet P. Realini, MD, MPH
Steering Committee Chair, Texas Women's Healthcare Coalition

Texas Women's Healthcare Coalition Steering Committee Members

Center for Public Policy Priorities
 District XI (Texas) American Congress of Obstetricians and Gynecologists
 Healthy Futures of Texas
 Texas Academy of Family Physicians
 Methodist Healthcare Ministries
 Teaching Hospitals of Texas
 Texans Care for Children
 Texas Association of Community Health Centers
 Texas Medical Association

Texas Women's Healthcare Coalition General Members

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Houston Area Nurse Association	Texas Nurses Association
League of Women Voters of Texas	Texas Pediatric Society
Legacy Community Health Services	Texas Unitarian Universalist Justice Ministry
National Council of Jewish Women—Texas State Policy	University Health System
Advocacy Network	Women's & Men's Health Services of the Coastal Bend, Inc.
National Latina Institute for Reproductive Health	

