Amanda Stukenberg

Background detail on Sunset Report Issue 8 Women's Health Services

The Commission's assessment of the challenges in women's health and many of their goals for solutions are excellent, including streamlining obstacles for clients in enrolling and finding comprehensive care, reducing administrative burdens on providers, refining overlapping program infrastructure and improving data collection, analysis, and evaluation of outcomes and impact. Finding a way to combine the administration of the three current programs offering health services for low-income Texas women into one administrative structure at the state level is an important step if it simplifies and streamlines services.

However, some of the specific recommendations of how to integrate all three funding streams into one package fail to anticipate the impact of the proposed changes at the clinic/client/program level. Specifically some of the proposals around eligibility determination and enrollment and billing procedures and funding distribution may result in significantly fewer women and providers participating. Combining Expanded Primary Health Care and Family Planning is accomplished easily and makes sense if eligibility determination and enrollment are determined on site by the network of women's health clinics. However, eliminating point of care eligibility determination and combining all funding streams with an off-site eligibility process would have negative unintended consequences of far fewer women completing applications and getting enrolled, elimination of urgent care which is essential to women's health, and fewer providers willing to care for patients covered by this funding stream. Ultimately such changes would negatively impact the number of births averted and cost savings that women's health programs can provide.

ELIGIBILITY DETERMINATION AND ENROLLMENT PROCESS (P111).

Point of care eligibility determination and enrollment are essential to ensure immediate services. Many women's health services require immediate urgent care in order to achieve the state's goals of reducing medicaid births and spread of diseases. Any process that requires an application to be submitted to an off site eligibility office which may take five to six weeks to complete conflicts with good public health policy.

1. Effective women's health program services MUST provide point of service eligibility so that a client who presents at a clinic because she has symptoms of an STD can be tested and treated immediately. A process that does not allow for point of care enrollment will result in epidemic spread of STDs.
2. Women suspecting pregnancy must be evaluated immediately so they can be tested, given instruction on smoking, drinking, folic acid, and basic health maintenance, and be screened and treated for STDs pending accessing prenatal care. If not pregnant they can be started immediately on an effective method of birth control.
3. Delays in providing effective birth control will result in sky rocketing pregnancy rates and increased Medicaid births.

Point of care eligibility determination and enrollment are essential if providers are going to offer immediate services. Providers cannot afford to offer conditional eligibility and immediate services at their own financial risk. Almost no providers will offer services based on conditional eligibility if they are not completing the eligibility process on site. If point of care eligibility determination is eliminated, a provider has no way of determining what the likelihood is that any patient might qualify for services. They do not know patients' income or family size or other information, and cannot risk providing services to anyone who is not already enrolled in a program. Furthermore, it is an unreasonable burden to expect providers who are not doing point of care eligibility to pay for eligibility staff or to assist clients in completing applications.

Current policy: Currently Texas' women's health programs allow for both point of care eligibility determination by providers for Expanded Primary Health Care and Family Planning programs and off-site eligibility determination by HHSC for the Texas Women's Health program. The point of care eligibility determination for primary care and family planning works well. DSHS staff modified the applications for Family Planning and Expanded Primary Health Care to a single page application covering both funding streams completed when the client presents for services. Provider staff determines eligibility, thereby allowing women to receive immediate health screenings and treatment at that facility. Providers are assured of payment for services they provide for clients they determine as eligible. Combining eligibility, billing and administration of Expanded Primary Care and Family Planning funding streams makes sense and can be accomplished easily. Without point of care eligibility determination and enrollment, providers will not offer care pending determination off site of eligibility by state offices.

The Texas Women's Health Program requiring an application to the state for eligibility determination relies almost entirely on the network of family planning providers who, at the time they collect patient financial data and applications for point of care eligibility, assist clients in completing the TWHP application and submit their applications for them. Over 90% of women successfully enrolling in the Women's Health Program are assisted in doing so by the network of family planning clinics who are doing point of care enrollment for the other two funding streams. Without provider assistance, very few women would know about the program or be able to complete the applications themselves. The role of the network of women's health agencies in getting women enrolled through the Medicaid offices in the TWHP should not be underestimated. Without this network assisting in the application process, the program would fail. Getting as many women enrolled in a benefit recognized statewide posted on the TMHP website is critical to growth of the program. The real burden on providers is not completing the applications, but the cumbersome fax-based process for submitting applications and mandatory 35 day waiting period before any billing can be submitted for family planning or expanded primary care pending action on the WHP application. This 5 week waiting period made sense when there was a 90% federal match for WHP, but now that federal funds are eliminated and all women's health services are funded out of state dollars the waiting period is an anachronism.

The dual approach which allows for immediate services based on point of care eligibility determination and an application to the state for eligibility determination that qualifies the client on the TMHP website for a benefit recognized state-wide by any provider is essential to increase the number of providers who will participate. The dual approach is effective because

1) the client can receive immediate urgent care under FP and EPHC
2) the provider is assured that they will be paid for services under FP and EPHC
3) the addition of the "Medicaid" TWHP benefit certifying the client eligible for one year in the TMHP database expands the potential provider network to any physician/clinic who will accept this coverage.

BILLING PROCEDURES AND FUNDING DISTRIBUTION (p111)

A fee for service model without a grant component which includes a cost reimbursement strategies will result in many fewer providers participating. Such a strategy may further damage the already fragile network of women's health providers whose programs survive because they include point of care enrollment, a grant based program with some cost reimbursement, and a Medicaid fee for service structure. The cost reimbursement component cannot be limited to underserved areas.

Most providers cannot afford to provide women's health care on a fee for service model. The reimbursements for visits are too low. During a women's health visit a lot of time is taken with education and counseling which are not reimbursable under CPT fee for service coding. The majority of providers who currently accept these clients do so because they receive some sort of cost reimbursement grant to help cover costs. There are also questions about whether providers would be paid lab and pharmacy costs; could birth control and medicine be provided at the point of service by Class D pharmacies, strategies which are key components of successful programs. Moving to a fee for service model exclusively would further erode the network of women's health providers which currently provides almost all family planning services to low income women. Changes need to support this network; not undermine it.

Program administration If HHSC does not create within its agency a women's health department that would oversee quality assurance and program administration, there would be no process to determine whether clients are receiving quality family planning care which includes the most effective methods of pregnancy prevention such as long acting reversible contraceptives (LARCS) and STD treatment. The loss of experienced women's and primary care staff from DSHS would compromise the integration and implementation of the new program. Current DSHS staff understand the implications of the proposed changes and moving them to HHSC can help the new combined agency succeed.

Other observations:

Failure to provide services to men:
The current FP program administered by DSHS includes providing STD screening and treatment for males. Any new program should include these basic services for males which are essential to preventing repeated STD transmission.

Failure to address women's health needs of clients post-sterilization:
There is a whole cohort of females who have been sterilized who still need women's health check ups for pap tests and clinical breast exams per nationally recognized standards, and who are at risk for STDs and HIV and in need of diabetes, cholesterol and high blood pressure screening. If services are limited to females not sterilized, these women, who have taken responsible steps to control their fertility, are then deprived of any women's health services for the rest of their lives. Currently the expanded primary care program covers these women. The new program should not exclude sterilized females needing women's health care.

The transition plan needs to better understand the actual impact of the Sunset Commission's recommendations on the clients it hopes to serve, on the providers it hopes will support the effort by accepting these clients, and ultimately on the state's budget. The review is correct that changes should be made to women's health services in Texas, but such changes must ensure more women receive better care from more providers. A better understanding of how changes will impact enrollment and provision of services on the ground is important before moving ahead.

Amanda Stukenberg
Women's and Men's Health Services of the Coastal Bend, Inc.,
3536 Holly Road, Corpus Christi, TX 78415
361 855-9107 astukenberg@wamhs.org

From: Sunset Advisory Commission
To: Cecelia Hartley
Subject: FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)
Date: Monday, October 27, 2014 3:37:32 PM

-----Original Message-----
From: sundrupal@capitol.local [mailto:sundrupal@capitol.local]
Sent: Monday, October 27, 2014 2:06 PM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Monday, October 27, 2014 - 14:06

Agency: HEALTH AND HUMAN SERVICES COMMISSION HHSC

First Name: Amanda

Last Name: Stukenberg

Title: CEO

Organization you are affiliated with: Women's & Men's Health Services of the Coastal Bend, Inc.

Email: astukenberg@wamhs.org

City: Corpus Christi

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or
Opposed: While many of the proposals to streamline provision of women's health in Issue 8 are on target, careful consideration of their impact at the service provider level is important to avoid unintended consequences. As a manager of several clinics providing women's health services for the past twenty-five years, I am submitting the following concerns:

Any Alternative or New Recommendations on This Agency:
1. Client Eligibility
a. Age & fertility: expand eligibility to women of childbearing age, as well as to women who have been sterilized. Women in these categories need preventive health services such as clinical breast exams, cervical cancer screening and testing/treatment for sexually transmitted infections.
b. Gender: Include services for men as currently offered by DSHS Family Planning Programs in order to avoid repeat exposures to STD and HIV.

2. Eligibility Determination and Enrollment Process
a. Point of service eligibility determination and enrollment are essential to ensure immediate services for women who present with symptoms of STDs, pregnancy or needing birth control. Any process that requires an application be submitted off site with clients waiting two to three months for enrollment will probably result far fewer women participating, more Medicaid birth costs and epidemic STDs. Any process that requires providers to assume financial risk for patients served with conditional eligibility will result in very few providers assuming such risk, few providers willing to assist clients with the application process, and elimination of urgent services which are key to successful women's health programs. Family Planning and Expanded Primary Care funding streams can easily be combined and point of care eligibility determined with a one page application as is currently provided by DSHS. No changes in eligibility and enrollment should be made for Family Planning and Expanded Primary Care

programs other than to combine the funding streams.

b. The Texas Women's Health Program should continue with point of care assistance by providers in completing and submitting applications and off-site determination and enrollment posted by TMHP so any provider statewide can serve women approved for the benefit. Improve the process to submit applications (currently faxed one by one) and eliminate the 35 day waiting period for all claims pending TWHP determination which was based on a 90% federal funds match which no longer exists.

3. Billing procedures and funding distribution.

a. A fee for service model without a cost reimbursement component is not sustainable for the majority of providers who currently provide care to women who qualify for these programs. Far fewer providers will participate, and the change would damage the already fragile women's health network of providers. It is unclear how a fee for service model through the state's third-party claims administration would "create a competitive market among providers to serve eligible clients and promote associated outreach efforts."

The proposed changes may have the opposite effect.

4. Program administration

a. While consolidating administration of the current three funding streams makes sense, any changes should create a Women's Health program or division that oversees quality assurance and program administration. It is important to maintain the experienced family planning and primary health care staff from DSHS who understand the impact of integrating funding streams and services and can assure effective implementation of changes.

5. Transition

a. Stakeholder involvement. Hopefully a transition process will involve stakeholders' input on what the impact of changes will be at the provider/client level.

We look forward to the opportunity to discuss the changes proposed for women's health and some of our concerns about the impact of recommendations at the street level. Thank you for your strong support of women's health services.

Amanda Stukenberg
Women's and Men's Health Services of the Coastal Bend, Inc.

My Comment Will Be Made Public: I agree