

From: [Sunset Advisory Commission](#)
To: [Cecelia Hartley](#)
Subject: FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)
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-----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

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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