



Texas Women's Health Programs Report Fiscal Year 2017

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Table of Contents

Executive Summary	1
1. Introduction.....	3
2. Background.....	4
3. Healthy Texas Women.....	6
Eligibility	6
Services	7
Provider Payments.....	7
Enrollment Levels and Service Utilization	8
Providers and Clients	12
4. Family Planning Program	17
Eligibility	17
Services	17
Provider Payments.....	18
Service Utilization	18
Providers and Clients	21
5. Estimated Program Savings.....	23
6. Outreach Activities	31
7. Long-Acting Reversible Contraceptives	36
8. Conclusion	38
List of Acronyms	39
Appendix A: Data Sources	1
Appendix B: Data Analytic Methodologies	1
Enrollment Levels and Service Utilization	1
Estimated Program Savings	2
Providers.....	3
Program Clients.....	3
Long-Acting Reversible Contraceptives	4

Executive Summary

The *Texas Women's Health Program Report Fiscal Year 2017* is submitted per 2018-2019 General Appropriations Act, Senate Bill (S.B.) 1, 85th Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission [HHSC], Rider 97). The report provides a summary of program enrollment, service utilization, and cost savings for the Healthy Texas Women (HTW) program and the Family Planning Program (FPP). This is the first HHSC report to the legislature on the HTW program and the newly redesigned FPP.

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

The findings presented in this report underscore the significant impact women's health programs make in the lives of Texans and the positive impact to state and federal budgets. A summary of program results for fiscal year 2017 is provided below:

- Client enrollment in HTW grew 109 percent over fiscal year 2017. Clients enroll in HTW through an application process which covers a 12 month period. The monthly client enrollment grew from 105,406 in September 2016 to 220,154 clients in August 2017. HTW served 122,406 clients in fiscal year 2017.
- FPP served 96,990 clients in fiscal year 2017. FPP does not have an enrollment application, but determines eligibility on site.
- General revenue savings due to HTW are estimated at \$4.3 million and \$8.5 million for FPP. Across both programs, the all funds savings is \$157.8 million.¹
- Top procedure codes include testing for sexually transmitted infections, blood panels, office visits, and birth control.

¹ The analysis examined savings attributed to HTW and FPP caseload in fiscal year 2017 and expected savings in fiscal years 2017-2020.

- Provider and client outreach strategies included direct mail, email, phone calls, professional newsletter notifications, website updates, printed materials, social media, and attending various client and provider facing events.
- Fee-for-service provider enrollment totaled 5,342 for HTW, a 16 percent increase from the 4,603 fee-for-service providers enrolled in fiscal year 2015 in the legacy Texas Women’s Health Program.
- Between fiscal year 2012 and fiscal year 2017, there has been a noticeable increase in the number of women receiving LARC across women’s health programs, with 10,203 HTW unduplicated clients and 7,675 FPP unduplicated clients receiving a LARC in fiscal year 2017.
- Due to changes in program eligibility and benefits, HTW and FPP cannot be compared to legacy programs, with the exception of the provider networks.

HHSC is dedicated to serving the women of Texas through HTW and FPP. With the launch of these programs, HTW and the redesigned FPP have ensured women in Texas are able to get the family planning and women’s health services they need. In the future, HHSC will continue to seek improvements to the current programs and ensure access to care for Texas women.

1. Introduction

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

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

- Enrollment levels of targeted low-income women.
- Service utilization by procedure code and geographic region, including total number of unduplicated patients served, delivery system, and age.
- Savings or expenditures in the Medicaid program that are attributable to enrollment levels in HTW and FPP.
- Descriptions of outreach activities undertaken in fiscal year 2017.
- The total number of providers, by geographic region, enrolled in HTW and FPP.
- The average and median numbers of program clients, and the total number of unduplicated patients served, detailed by provider.
- The count of women in HTW and FPP receiving a LARC.

2. Background

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

The Legislature created the Women's Health Advisory Committee (WHAC) to give guidance to HHSC on the implementation of the new women's health programs.² WHAC was a non-partisan committee comprised of women's health providers and stakeholders, working closely with HHSC to design HTW and FPP. With HHSC's focus on continuity of care for women throughout their reproductive life course, including healthy birth outcomes for women and children, WHAC played a vital role in ensuring the new programs offered the comprehensive women's health services Texas women need. HTW and the redesigned FPP launched on July 1, 2016.

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

HTW increased access for women by expanding eligibility to 15-44 year olds (with parental consent required for minors ages 15-17) sterilized women, and women up to 200 percent of the federal poverty level (FPL). TWHP clients were automatically enrolled into the new HTW program at its launch, and did not experience a gap in coverage.

² Pursuant to Senate Bill 200, 84th Legislature, Regular Session, 2015, WHAC was abolished on September 1, 2017.

With the launch of HTW, HHSC began automatically enrolling eligible Medicaid for Pregnant Women clients to HTW upon conclusion of Medicaid coverage. Increased coordination among women's health services, including Medicaid, has promoted a continuity of care and enabled many women to stay with their same doctor as they transition from Medicaid for Pregnant Women to HTW. This automatic enrollment reduces the burden of re-enrollment for clients and increases access to postpartum care, with the goal of better health outcomes for both the mother and her child.

The redesigned FPP continues to provide family planning services to women and men. Covered services are similar to HTW, with the addition of limited prenatal benefits. To be eligible for the redesigned FPP, women and men must be 64 years of age or younger, a Texas resident, and have a household income at or below 250 percent FPL.

Due to their launch dates, this baseline report only includes data from fiscal year 2017 for both HTW and FPP.³ Claims data are generally considered to be complete for analysis eight months after the end of a service period. This lag after the end of the service period allows time for claims to be submitted and processed, and to process any retroactive changes. Because these data were calculated six months after the end of the service period, fiscal year 2017 data may be incomplete, and counts may change when finalized. Any changes will likely be minimal and not result in a meaningful change in reporting.

³ With the exception of a discussion on the provider network, any comparison between HTW and legacy TWHP would not accurately represent the HTW program due to the new program benefits and eligibility policy. Fiscal year 2017 data included in this report will be used as a baseline to gauge growth and success in HTW and FPP in future years.

3. Healthy Texas Women

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

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

Eligibility

Women may be eligible for HTW services if they:

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

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

Services

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

- Pregnancy testing
- Pelvic examinations
- Sexually transmitted infection services
- Breast and cervical cancer screenings
- Clinical breast examination
- Mammograms
- Screening and treatment for cholesterol, diabetes, and high blood pressure
- HIV screening
- LARCs
- Oral contraceptive pills
- Permanent sterilization
- Other contraceptive methods such as condoms, vaginal spermicide, and injections
- Screening and treatment for postpartum depression

The majority of clients receive services by visiting a participating clinic or physician. However, some clients may request prescription refills through their provider without an office visit.

Provider Payments⁴

HTW includes a fee-for-service component as well as a cost-reimbursement component. HTW fee-for-service is patterned after traditional Medicaid fee-for-service. Providers enroll through the Texas Medicaid and Healthcare Partnership (TMHP) to provide HTW services and submit fee-for-service claims to TMHP for reimbursement

⁴ Senate Bill 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 99) requires that no funds appropriated for HTW or FPP can be distributed to individuals or entities that perform elective abortion procedures or that contract with or provide funds to individuals or entities for the performance of elective abortion procedures.

for services provided to enrolled clients. Any Medicaid provider can provide HTW-covered services to HTW clients on a fee-for-service basis, as long as they meet HTW provider eligibility requirements (see Appendix B).

The HTW cost reimbursement provides funds to contracted organizations to support the overall health outcomes for clients receiving HTW services. These funds may be used for support services enhancing HTW fee-for-service individual service delivery. These additional services include:

- Assisting individuals with enrollment into the HTW program;
- Individual and community-based educational activities related to HTW;
- Staff development and training related to HTW service delivery;
- Direct clinical care for individuals deemed presumptively eligible for the HTW program; and
- Upon approval by HHSC, other activities that will enhance HTW service delivery including the purchase of equipment and supplies to support the project.

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

Enrollment Levels and Service Utilization

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

A woman is enrolled in HTW once she has applied and been approved by HHSC for program services. Once enrolled, a client is deemed eligible to receive covered services for 12 continuous months. Since program launch, HTW has seen an increase in program enrollment every month. Enrollment in HTW grew 109 percent over fiscal year 2017. The monthly enrollment grew from 105,406 in September 2016 to 220,154 clients in August 2017. In fiscal year 2017, the average monthly number of unduplicated individuals enrolled in HTW was 167,178 (see Table 1).

Table 1. HTW Fiscal Year 2017 Monthly Enrollment and Annual Average Enrollment

Month	Enrollment
September 2016	105,406
October 2016	122,575
November 2016	134,996
December 2016	144,162
January 2017	152,274
February 2017	162,649
March 2017	173,484
April 2017	182,678
May 2017	193,332
June 2017	202,606
July 2017	211,823
August 2017	220,154
FY 2017 Average Monthly Enrolled	167,178

In fiscal year 2017, 122,406 HTW clients received services (see Table 2). Of these, 88 percent were age 21 or over. Providers served the greatest number of clients in the Gulf Coast, Lower South Texas, and Metroplex HHSC regions. These regions include the cities of Houston, Galveston, Laredo, Corpus Christi, McAllen, Dallas, Fort Worth, and Arlington. HHSC regions are based on the clients' county of residence at the time of service. Some clients may have received services in multiple HHSC regions, and

therefore, the sum of the clients served in all HHSC regions is greater than the unduplicated number of clients served statewide.

Table 2. Fiscal Year 2017 HTW Program Utilization

HHSC Region	Client Age			Unduplicated Total ⁵
	Under 18	18-20	21 or older	
Region 1 - High Plains	10	837	4,370	5,153
Region 2 - Northwest Texas	13	411	2,319	2,716
Region 3 - Metroplex	35	2,267	18,881	20,988
Region 4 - Upper East Texas	8	647	4,945	5,552
Region 5 - Southeast Texas	10	636	4,542	5,154
Region 6 - Gulf Coast	42	3,823	24,664	28,151
Region 7 - Central Texas	25	1,373	10,814	12,100
Region 8 - Upper South Texas	25	1,381	12,449	13,745
Region 9 - West Texas	8	328	2,330	2,652
Region 10 - Upper Rio Grande	4	576	4,423	4,945
Region 11 - Lower South Texas	58	3,382	18,203	21,332
Unknown/Missing	1	76	609	684

⁵ Client's age is calculated at time of service. HHSC region is based on the clients' county of residence at the time of service. Some clients may have received services in multiple HHSC regions and therefore the sum of the clients served in all HHSC regions is greater than the unduplicated number of clients served statewide.

HHSC Region	Client Age			Unduplicated Total ⁵
	Under 18	18-20	21 or older	
Unduplicated Total	238	15,611	107,848	122,406

HTW Service Utilization by Procedure Code

Table 3 provides a summary of service utilization by procedure code for HTW. For the top 25 procedure codes, the summary includes the number of clients served and the number of services provided. HTW has 643 covered procedure codes with 1,017,676 unique procedures provided in fiscal year 2017.

Table 3. FY 2017 HTW Service Utilization by Procedure Code

Procedure Code	Procedure Description	Number of Clients	Number of Services
87591	N.GONORRHOEAE, DNA, AMP PROB	56,710	67,041
87491	CHYLM D TRACH, DNA, AMP PROBE	56,579	67,326
81025	URINE PREGNANCY TEST	45,510	64,691
99213	OFFICE/OUTPATIENT VISIT EST	39,453	58,531
88175	CYTOPATH C/V AUTO FLUID REDO	26,012	26,554
99214	OFFICE/OUTPATIENT VISIT EST	22,357	26,658
85025	AUTOMATED HEMOGRAM	22,099	27,823
86592	SYPHILIS TEST NON-TREP QUAL	20,479	21,822
A4267	MALE CONDOM	19,831	33,697
88142	CYTOPATH, C/V, THIN LAYER	19,242	20,091
87389	HIV-1 AG W/HIV-1 & HIV-2 AB	19,039	20,669
80061	LIPID PANEL	17,393	18,457

Procedure Code	Procedure Description	Number of Clients	Number of Services
81002	URINALYSIS NONAUTO W/O SCOPE	17,382	21,439
87624	HPV HIGH-RISK TYPES	17,056	17,528
99395	PREV VISIT EST AGE 18-39	15,772	15,920
80053	COMPREHEN METABOLIC PANEL	15,397	18,760
96372	THER/PROPH/DIAG INJ, SC/IM	14,970	29,007
99000	SPECIMEN HANDLING OFFICE-LAB	14,395	16,824
J1050	MEDROXYPROGESTERONE ACETATE	14,278	28,093
84443	ASSAY THYROID STIM HORMONE	13,450	14,508
99212	OFFICE/OUTPATIENT VISIT EST	13,071	17,114
81001	URINALYSIS, AUTO W/SCOPE	11,514	14,189
83036	GLYCOSYLATED HEMOGLOBIN TEST	11,216	11,924
87210	SMEAR, WET MOUNT, SALINE/INK	10,509	13,334
87661	TRICHOMONAS VAGINALIS AMPLIF	10,281	11,376

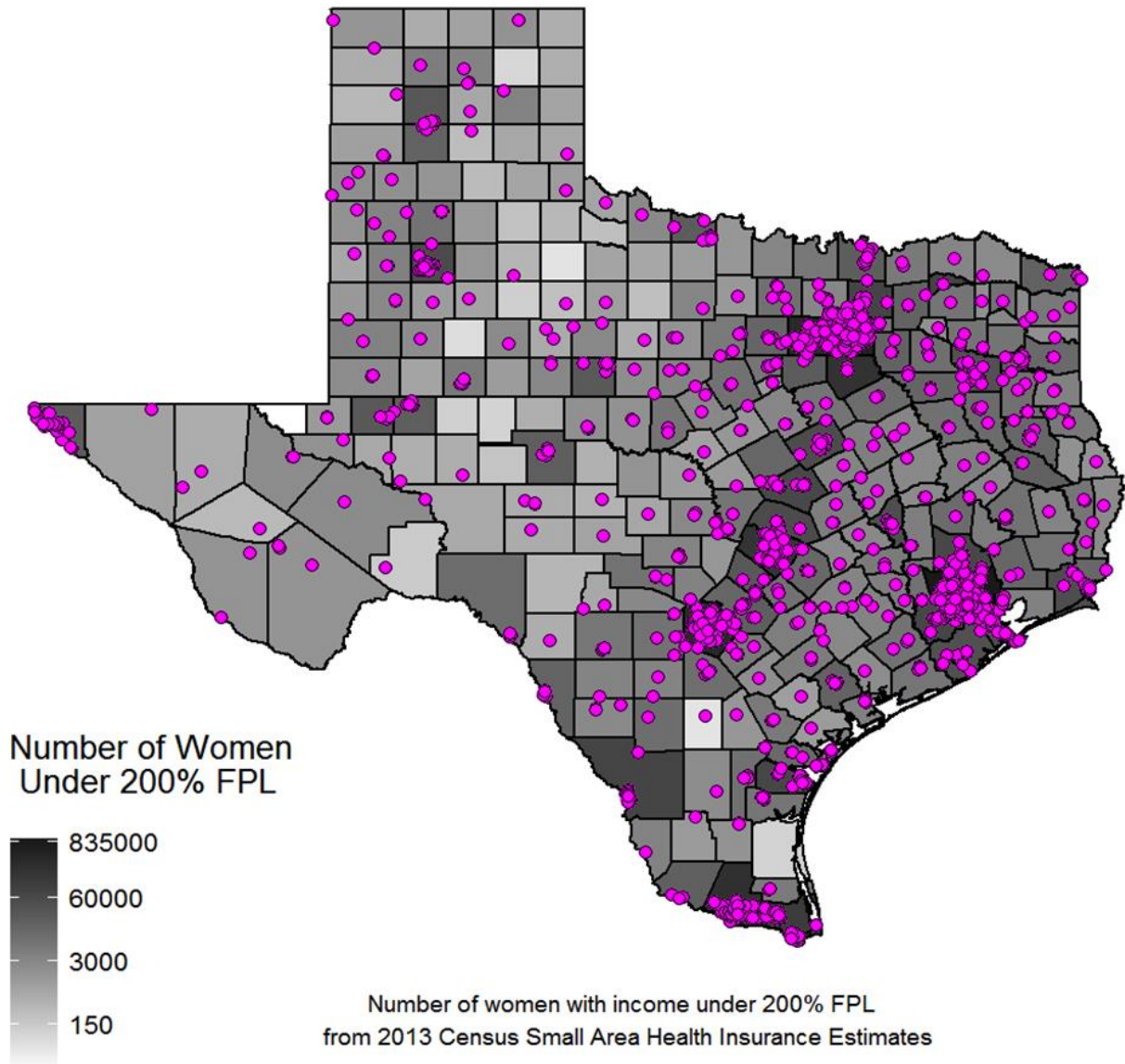
Providers and Clients

Rider 97 requires HHSC to provide the total number of providers for HTW by geographic region and the total number of providers from legacy TWHP. HTW fee-for-service providers that provide primary women’s health services (e.g., OB-GYNs, primary care physicians, nurse practitioners, physician assistants, and family planning clinics) are listed on the HTW online provider lookup on the HTW website.

In fiscal year 2015, HHSC had 4,603 fee-for-service providers enrolled in TWHP. In fiscal year 2017, 5,342 fee-for-service providers were enrolled in HTW, accounting for a 16 percent increase in the total number of fee-for-service providers.

Figure 1 below shows the distribution of HTW fee-for-service providers across the state as of January 1, 2017.

Figure 1. HTW Fee-for-Service Provider Locations



As evidenced by Figure 1, HTW has a large provider base to address the health and family planning needs of women across the state. Table 4 below compares the number of providers in HTW with the legacy Medicaid Women’s Health Program (MWHP) and TWHP. As indicated in Table 4, Texas has expanded its provider base

considerably over the past six years and is continuing to work to provide increased access to services for women statewide.

Table 4. Fiscal Year 2011 - Fiscal Year 2017 Fee-for-Service Providers for Women’s Health Programs

MWHP FY 2011	MWHP & TWHP FY 2013	TWHP FY 2015	HTW FY 2017
1,328	3,853	4,603	5,342

An examination of the HTW providers in fiscal year 2017 reveals that the 5,342 fee-for-service providers are distributed across the state with the Gulf Coast, Central Texas, and Metroplex HHSC regions having the greatest number of providers (see Table 5). These regions include the cities of Houston, Galveston, Austin, Dallas, Fort Worth, and Arlington. HHSC continues to actively recruit new HTW providers to increase access and provide additional options to HTW clients.

Table 5. Fiscal Year 2017 HTW Fee-for-Service Providers by HHSC Region

HHSC Region	Fee-for-Service providers
Region 1 - High Plains	382
Region 2 - Northwest Texas	110
Region 3 - Metroplex	920
Region 4 - Upper East Texas	344
Region 5 - Southeast Texas	86
Region 6 - Gulf Coast	1,211
Region 7 - Central Texas	961
Region 8 - Upper South Texas	545
Region 9 - West Texas	166

HHSC Region	Fee-for-Service providers
Region 10 - Upper Rio Grande	165
Region 11 - Lower South Texas	452
Total Fee-for-Service Providers	5,342

In fiscal year 2017, HTW had 39 contracted providers with 201 clinic sites. The Metroplex, Gulf Coast, and Lower South Texas HHSC regions had the greatest number of contracted clinic locations.

Program Clients Served

This report includes the average and median number of clients by provider and the total number of unduplicated clients served across all programs and clinics.

In fiscal year 2017, 2,896 fee-for-service providers billed for services provided to 122,406 HTW clients (see Table 6). This report only includes an analysis of HTW billing providers. It does not include data on HTW performing or prescribing providers due to the possibility that HTW providers performing HTW services may not always file the claim under their personal identification number (e.g. a nurse practitioner bills under the physician’s identification number or under the clinic’s identification number). It is likely a greater number of providers served clients than what is captured in this analysis.

Table 6. Fiscal Year 2017 HTW Clients Served by Provider

	Providers
Total Billing Providers	2,896
Total Unduplicated Clients	122,406

	Providers
Mean Number of Clients per Fee-for-Service Provider	84.5 ⁶
Median Number of Clients per Fee-for-Service Provider	6.0

HHSC continues efforts to increase access to HTW, and to enroll and serve more eligible women. As with any new program, HHSC expects participation to grow over time.

⁶ The average number of clients per provider does not equal the overall unduplicated number of clients divided by the number of providers because some clients receive services from more than one provider. Therefore, a client may be counted in the client count for Provider A and also the client count for Provider B, but would only be counted once in the unduplicated count of clients overall. The average was taken of the number of clients per provider, not the unduplicated number of clients overall.

4. Family Planning Program

The FPP provides family planning services to women and men at little to no cost. The program is dedicated to helping clients determine the number and spacing of their children, reducing unintended pregnancies, improving future pregnancy and birth outcomes, and improving general health.

Eligibility

Women and men may be eligible for FPP services if they:

- Are a resident of Texas;
- Are age 64 or younger;
- Are at or below 250 percent of the FPL; and
- Do not have health insurance or Medicaid, or have health insurance that does not cover family planning services.

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

Services

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

- Pregnancy testing
- Pelvic examinations
- Sexually transmitted infection services
- Breast and cervical cancer screenings
- Clinical breast examination
- Mammograms
- Screening for cholesterol, diabetes, and high blood pressure
- HIV screening
- LARCs
- Oral contraceptive pills
- Permanent sterilization

- Other contraceptive methods such as condoms, vaginal spermicide, and injections
- Natural family planning counseling
- Limited prenatal benefits

Clients receive services by visiting a participating FPP clinic.

Provider Payments⁷

FPP includes a fee-for-service component as well as a cost reimbursement component, if desired by the provider. FPP funds are allocated through an open enrollment process where selected applicants negotiate contracts to provide FPP services. HHSC contracts with a variety of organizations to provide FPP services including local health departments, medical schools, hospitals, private non-profit agencies, community-based clinics, federally qualified health centers, and rural health clinics.

Contracted organizations must enroll with TMHP to provide FPP fee-for-service services. TMHP manages fee-for-service claims reimbursements.

Service Utilization

Per the rider, this report includes a summary of service utilization by geographic region, including total number of unduplicated patients served, delivery system, and age, and utilization by procedure code.

In fiscal year 2017, 96,990 FPP clients received services (see Table 7). Over 90 percent of FPP clients were age 21 or over. Contractors served the greatest number of clients in the Gulf Coast, Metroplex, and Lower South Texas HHSC regions.

⁷ Rider 99 requires that no funds appropriated for HTW or FPP can be distributed to individuals or entities that perform elective abortion procedures or that contract with or provide funds to individuals or entities for the performance of elective abortion procedures.

Table 7. Fiscal Year 2017 FPP Program Utilization

HHSC Region	Client Age			Unduplicated Total ⁸
	Under 18	18-20	21 or older	
Region 1 - High Plains	19	177	1,247	1,436
Region 2 - Northwest Texas	7	28	212	246
Region 3 - Metroplex	237	1,095	20,033	21,319
Region 4 -Upper East Texas	21	47	1,806	1,872
Region 5- Southeast Texas	27	80	1,968	2,067
Region 6- Gulf Coast	1,019	2,454	24,564	27,829
Region 7 - Central Texas	152	706	12,663	13,484
Region 8- Upper South Texas	132	453	6,588	7,144
Region 9 - West Texas	13	42	405	459
Region 10 - Upper Rio Grande	11	31	541	582

⁸ Client's age is calculated at time of service. HHSC region is based on the clients' county of residence at the time of service. Some clients may have received services in multiple HHSC regions and therefore the sum of the clients served in all HHSC regions is greater than the unduplicated number of clients served statewide.

HHSC Region	Client Age			Unduplicated Total ⁸
	Under 18	18-20	21 or older	
Region 11 - Lower South Texas	475	2,200	17,918	20,522
Unknown/Missing	0	2	28	30
Unduplicated Total	2,113	7,315	87,973	96,990

FPP Service Utilization by Procedure Code

This report provides a summary of service utilization by procedure code for FPP. Table 8 provides the top 25 procedure codes for FPP in fiscal year 2017, including the number of clients served and the number of services provided. FPP has a total of 318 covered procedure codes with 676,105 unique procedures provided in fiscal year 2017.

Table 8. Fiscal Year 2017 FPP Service Utilization by Procedure Code

Procedure Code	Procedure Description	Number of Clients	Number of Services
87491	CHYLM D TRACH, DNA, AMP PROBE	37,911	40,896
87591	N.GONORRHOEAE, DNA, AMP PROB	34,416	36,364
81025	URINE PREGNANCY TEST	34,041	44,669
99213	OFFICE/OUTPATIENT VISIT EST	30,829	41,013
A4267	MALE CONDOM	27,509	36,082
86592	SYPHILIS TEST NON-TREP QUAL	24,442	25,301
99000	SPECIMEN HANDLING OFFICE-LAB	20,522	22,918

Procedure Code	Procedure Description	Number of Clients	Number of Services
88142	CYTOPATH, C/V, THIN LAYER	16,484	16,637
80061	LIPID PANEL	16,464	16,806
S4993	CONTRACEPTIVE PILLS FOR BC	15,070	22,323
86703	HIV-1/HIV-2 1 RESULT ANTBDY	14,888	15,197
99214	OFFICE/OUTPATIENT VISIT EST	14,091	15,024
99212	OFFICE/OUTPATIENT VISIT EST	12,398	14,728
84443	ASSAY THYROID STIM HORMONE	12,216	12,588
85025	AUTOMATED HEMOGRAM	11,964	12,379
86701	HIV-1 ANTIBODY	11,872	12,499
81002	URINALYSIS NONAUTO W/O SCOPE	11,537	13,728
J1050	MEDROXYPROGESTERONE ACETATE	10,668	17,853
83036	GLYCOSYLATED HEMOGLOBIN TEST	10,489	10,828
87624	HPV HIGH-RISK TYPES	10,365	10,503
96372	THER/PROPH/DIAG INJ, SC/IM	10,049	16,593
99395	PREV VISIT EST AGE 18-39	9,702	9,802
85018	HEMOGLOBIN	8,731	9,116
80053	COMPREHEN METABOLIC PANEL	8,593	8,840
85013	HEMATOCRIT	7,953	8,256

Providers and Clients

Rider 97 requires HHSC to provide the total number of providers for FPP by geographic region. In fiscal year 2017, FPP had 53 contracted providers with 258

clinic sites. The Metroplex, Gulf Coast, and Lower South Texas HHSC regions had the greatest number of contracted clinic locations. The rider also requires HHSC to provide the average and median number of program clients by provider and the total number of unduplicated clients served. In fiscal year 2017, FPP served 96,990 FPP clients (see Table 9). Over 70 percent of contracted providers served over 100 clients in fiscal year 2017, indicating FPP contracted providers are invested in serving FPP clients.

Table 9. Fiscal Year 2017 FPP Clients Served by Contracted Provider

	Contracted Providers
Total Billing Providers ⁹	186
Total Unduplicated Clients	96,990
Mean Number of Clients per Contracted Provider	539.6 ¹⁰
Median Number of Clients per Contracted Provider	314.5

⁹ FPP policy requires claims to be billed under the clinic’s identification number. A greater number of providers served clients than what is captured in this analysis.

¹⁰ The average number of clients per provider does not equal the overall unduplicated number of clients divided by the number of providers because some clients receive services from more than one provider. Therefore, a client may be counted in the client count for Provider A and also the client count for Provider B, but would only be counted once in the unduplicated count of clients overall. The average was taken of the number of clients per provider, not the unduplicated number of clients overall.

5. Estimated Program Savings

Rider 97 requires HHSC to examine savings or expenditures in the Medicaid program attributable to enrollment in HTW or FPP. The analysis examined savings attributed to HTW and FPP caseload in fiscal year 2017 and expected savings in fiscal years 2017-2020. The estimated general revenue savings due to the estimated 16,884 births averted in HTW and FPP is \$12.8 million (\$157.8 million all funds). The resulting savings to state and federal funds due to HTW and FPP program activities underscores the significant impact these two programs make in the lives of Texans and the positive impact to state and federal budgets.

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

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

- Prenatal and acute care provided by Medicaid for Pregnant Women
- Labor and delivery
- Medicaid for Breast and Cervical Cancer (MBCC) program cervical cancer screenings and treatment of cervical dysplasia due to treatment in HTW
- One year of infant health care
- CHIP Perinatal services¹¹

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

- Labor and delivery
- One year of infant health care

¹¹ HTW offers more comprehensive services than FPP including treatment for some chronic diseases like hypertension, diabetes and cholesterol. As such, FPP has greater savings than HTW.

- CHIP Perinatal services

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

Estimated Savings due to HTW

Of the 122,406 women served in fiscal year 2017, HHSC forecasts participation in HTW will result in a reduction of 9,786 births potentially covered by Medicaid and CHIP. At an estimated cost per birth, including the factors described above, of \$15,132, this represents a total Medicaid savings of \$148.7 million, of which \$63.1 million is state general revenue savings and \$85.6 million is federal funds savings.

The annual HTW cost in fiscal year 2017, including contract costs, was \$58.8 million. HTW is funded exclusively through general revenue dollars. Therefore, after accounting for the annual cost of administering HTW, reduction in births potentially covered by Medicaid and CHIP results in an estimated net savings of \$4.3 million to the state. The state and federal savings resulting in the reduction in births is \$89.9 million. Tables 10 and 11 detail saving analyses for HTW. See Appendix B for detail on assumptions and methodology.

Table 10. Estimated General Revenue Savings Due to 9,786 HTW Births Averted

	Fiscal Year				Total
	2017	2018	2019	2020	
General Revenue Medicaid Savings					
Labor & Delivery	\$580,202	\$9,677,923	\$3,681,047	-	
Medicaid for Preg Women	\$1,322,437	\$10,205,687	\$1,939,805	-	
Infant Health Care	\$174,241	\$12,174,030	\$21,802,891	\$1,229,283	
MBCC¹²	-	\$277,671	-	-	
CHIP Perinatal	\$2,538	\$42,551	\$7,204	-	
Total	\$2,079,418	\$32,377,863	\$27,430,947	\$1,229,283	\$63,117,511
HTW Costs					
Fee-for-Service Expenses	\$48,455,351				
Categorical Expenses	\$10,339,717				
Total	\$58,795,068				\$58,795,068
Net Savings (Expenses):	(56,715,651)	\$32,377,863	\$27,430,947	\$1,229,283	\$4,322,443

¹² HHSC can only calculate one year of savings for MBCC in this analysis based on utilization from fiscal year 2017.

Table 11. Estimated All Funds Savings Due to 9,786 HTW Births Averted

	Fiscal Year				Total
	2017	2018	2019	2020	
All Funds Medicaid Savings					
Labor & Delivery	\$1,326,478	\$22,412,975	\$8,781,123	-	
Medicaid for Preg Women	\$3,023,405	\$23,635,219	\$4,627,398	-	
Infant Health Care	\$398,356	\$28,193,677	\$52,010,714	\$2,940,166	
MBCC	-	\$643,056	-	-	
CHIP Perinatal	\$33,349	\$589,355	\$113,445	-	
Total	\$4,781,589	\$75,474,282	\$65,532,680	\$2,940,166	\$148,728,716
HTW Costs					
Fee-for-Service Expenses	\$48,455,351				
Categorical Expenses	\$10,339,717				
Total	\$58,795,068				\$58,795,068
Net Savings (Expenses):	(54,013,480)	\$75,474,282	\$65,532,680	\$2,940,166	\$89,933,647

Estimated Savings due to FPP

Of the 96,990 women served in fiscal year 2017, HHSC forecasts participation in FPP will result in a reduction of 7,097 births potentially covered by Medicaid and CHIP. At an estimated cost per birth, including the factors described above, of \$14,596, this represents a total Medicaid savings of \$103.6 million, of which \$44.2 million is general revenue savings and \$59.3 is federal funds savings.

The annual FPP cost in fiscal year 2017, including contract costs, was \$35.7 million. FPP is funded exclusively through general revenue dollars. Therefore, after accounting for the annual cost of administering FPP, reduction in births potentially covered by Medicaid and CHIP results in an estimated net savings of \$8.5 million to the state. The state and federal savings resulting in the reduction in births is \$67.9 million. Tables 12 and 13 detail savings analyses for FPP. See Appendix B for detail on assumptions and methodology.

Table 12. Estimated General Revenue Savings Due to 7,097 FPP Births Averted

	Fiscal Year				Total
	2017	2018	2019	2020	
General Revenue Medicaid Savings					
Labor & Delivery	\$449,022	\$5,919,719	\$1,212,427	-	
Infant Health Care	\$185,748	\$11,072,725	\$14,431,038	\$458,857	
CHIP Perinatal	\$1,291,630	\$8,346,532	\$876,752	-	
Total	\$1,926,400	\$25,338,977	\$16,520,217	\$458,857	\$44,244,451
FPP Costs					
Fee-for-Service Expenses	\$27,317,705				
Categorical Expenses	\$8,416,223				
Total	\$35,733,929				\$35,733,929
Net Savings (Expenses):	(33,807,528)	\$25,338,977	\$16,520,217	\$458,857	\$8,510,522

Table 13. Estimated All Funds Savings Due to 7,097 FPP Births Averted

	Fiscal Year				Total
	2017	2018	2019	2020	
All Funds Medicaid Savings					
Labor & Delivery	\$1,026,572	\$13,709,401	\$2,892,240	-	
Infant Health Care	\$242,663	\$25,643,180	\$34,425,185	\$1,097,482	
CHIP Perinatal	\$2,952,973	\$19,329,625	\$2,091,489	-	
Total	\$4,040,207	\$58,682,206	\$39,408,914	\$1,097,482	\$103,592,810
FPP Costs					
Fee-for-Service Expenses	\$27,317,705				
Categorical Expenses	\$8,416,223				
Total	\$35,733,929				\$35,733,929
Net Savings (Expenses):	(31,329,721)	\$58,682,206	\$39,408,914	\$1,097,482	\$67,858,881

6. Outreach Activities

Educating the public and the provider community was critical to the launch of HTW and the redesigned FPP. The 84th Legislature appropriated an additional \$50 million to the launch of HTW and FPP and up to \$5 million was approved on outreach activities for fiscal years 2016 and 2017.¹³ With a goal of helping to increase awareness and client enrollment, the fiscal year 2017 HTW outreach campaign was designed to reach low-income women that may be eligible for HTW and FPP. The outreach campaign included:

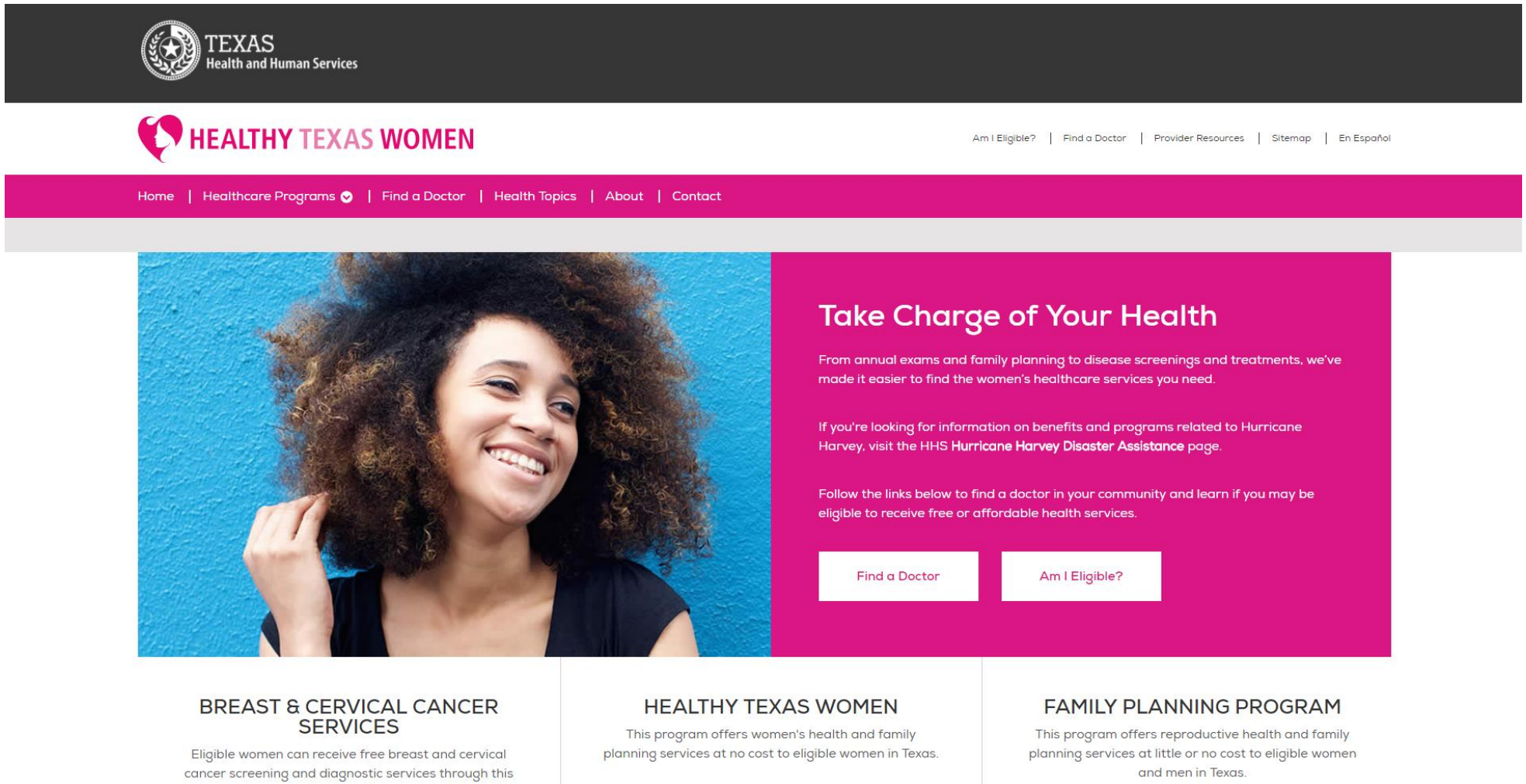
- client outreach (television, radio, billboards, transit, social media and digital media);
- website design and maintenance;
- provider outreach; and
- community outreach.

Following the launch of HTW and the redesigned FPP, HHSC leadership conducted 25 media interviews with television networks and radio stations across the state, resulting in more than two million broadcast and online impressions.

With the launch of the new programs, HHSC completely redesigned the HealthyTexasWomen.org website to consolidate the information for HTW, FPP, and the Breast and Cervical Cancer Services (BCCS) program onto one site (see Figure 2). HHSC launched the redesigned site in the summer of 2016, which included several enhancements to improve functionality and the user experience. Women are able to apply directly for program services using a digital application created for the site. In addition, the new site was designed to be mobile responsive for women who may not have access to a home computer.

¹³ 2016-2017 General Appropriations Act, House Bill (H.B.) 1, 84th Legislature, Regular Session, 2015 (Article II, Health and Human Services Commission [HHSC], Rider 76).

Figure 2. Redesigned HealthyTexasWomen.org Website



Based on responses to a series of brief questions featured in the eligibility tool, clients are guided to the appropriate programs within the redesigned website. Several health topics were added to serve as a resource for women and their families. A provider resource section was also added where program policy manuals, toolkits, and marketing materials were made available.

The primary use for HealthyTexasWomen.org is to connect clients with a health care provider through the online provider lookup. The site allows the user to search for a provider within five to 100 miles of a zip code or address. The user can search the online provider lookup for participants enrolled in HTW, FPP, BCCS, or the Medicaid for Breast and Cervical Cancer program. The tool provides the user with the name of the provider or site, physical address, phone number, which programs are served, what languages are spoken by the provider or clinic, and a link for mapped directions.

After introducing the new website, campaign efforts continued with various advertising and engagement efforts. During fiscal year 2017, the campaign continued to focus on reaching women of child-bearing age and health care providers. The campaign's primary audience was Texas women ages 18 to 30 who are racially diverse, primarily low-income, often college students, and may already have children. Strategies to reach women included digital and social media advertising, television and radio public service announcements (PSAs), public transit ads, and billboards. Figure 3 below shows some of the new advertising materials created for the campaign.

Figure 3. HTW Outreach Campaign Materials





A total of 37 billboards were placed in the following Texas markets: Austin, Beaumont, Bryan College-Station, Corpus Christi, Dallas, El Paso, Fort Worth, Houston, Laredo, Lubbock, Lufkin, Nacogdoches, Rio Grande Valley, San Antonio, Temple, Tyler, and Waco. The billboards were strategically located near high traffic areas such as interstates or major highways and were intended as a call to action, driving women to visit HealthyTexasWomen.org. The television PSAs aired in nine Texas markets from February 2017 to June 2017 with a total of 10.9 million impressions recorded during this timeframe. The radio PSAs aired in 21 Texas markets and resulted in 28.7 million impressions. In certain markets, advertisements were displayed in Spanish language.

The secondary audience of the campaign was Texas health care providers. HHSC hosted a two-day training in August 2016 for organizations that would be contracting to provide women's health services, and more than 300 providers and staff attended. The goal of this event was to provide education on new program policies, eligibility, and benefits. As a preconference training option, a LARC counseling and insertion training session was made available to approximately 75 clinicians. The LARC training was facilitated by the Bixby Center for Global Reproductive Health, a program at the University of California, San Francisco, that leads research and training programs around the world to improve reproductive health. In addition to the training, HHSC hosted an introductory webinar to the provider and stakeholder community in August 2016 that generated over 400 participants, and a later webinar focused on program eligibility.

Provider outreach strategies varied according to the target audience and included both community-based and person-to-person outreach. A key strategy included working with community partners and professional organizations to increase program awareness and increase client participation. Other outreach strategies included direct mail, email, phone calls, professional newsletter notifications, website updates, printed materials, and attending various client and provider facing events.

HHSC was able to reach over 1,200 community stakeholders by making direct contact with organizations who support women in their daily lives or where women may have questions about health care services. Some of these organizations included but were not limited to: public health departments, private practice physician groups, community nonprofits, local shelters and food banks, public libraries, community colleges, *promotoras*, and advocacy groups.

As interest in the program grew, HHSC was invited to participate in various professional- or community-related events, either as a presenter or an exhibitor. In fiscal year 2017, staff participated in 36 different events. Some of the event hosts included: Alamo Breast Cancer Foundation, American Congress of Obstetricians and Gynecologists, Association of Women's Health, Obstetric and Neonatal Nurses, March of Dimes, Texas Association of Community Health Centers, Texas Campaign to Prevent Teen Pregnancy, Texas Indigent Healthcare Association, Texas Women's Healthcare Coalition, and various community college campuses and health fairs across the state. All of these opportunities provided an important platform to promote the program and educate the public.

Campaign efforts were measured using industry specific standards, advertising click-through rates, and website analytics. By the end of fiscal year 2017, daily web traffic had increased over 400 percent from the time of the redesigned site launch. Many of the assets created for the campaign were designed to be evergreen and can be leveraged for future use (e.g., program fact sheets, digital advertisements, TV and radio PSAs). Outreach continues to remain an important and ongoing effort.

7. Long-Acting Reversible Contraceptives

To avert unintended pregnancies and promote better birth outcomes, Texas is working to increase access to LARCs. LARCs are highly effective for preventing pregnancy, easy to use, and last for several years. These devices are the most effective method of reversible contraception with less than 1 pregnancy per 100 women in a year.¹⁴ LARC devices include the intrauterine device (IUD) and subdermal contraceptive device, commonly referred to as the implant.

Long-acting forms of contraception reduce the need for follow-up visits related to contraception. Often, clients with a LARC will have no need to see a doctor for contraceptive services for multiple years. In addition, it is expected that with an increase in LARC utilization, Texas will see an increase in state savings due to unintended births averted. This report provides a count of the number of women in HTW and FPP receiving a LARC in fiscal year 2017.

In fiscal year 2017, 10,203 HTW and 7,675 FPP unduplicated clients received a LARC (see Table 14). For HTW, the highest LARC utilization was found in the Gulf Coast and Lower South Texas HHSC regions. These regions include the cities of Houston, Galveston, Corpus Christi, Laredo, McAllen, and Brownsville. For FPP, the highest LARC utilization was found in the Gulf Coast and Metroplex HHSC regions including the cities of Houston, Galveston, Dallas, Fort Worth, and Arlington.

¹⁴ U.S. Department of Health and Human Services Centers for Disease Control and Prevention. (2011). *Effectiveness of Family Planning Methods*. Retrieved from https://www.cdc.gov/reproductivehealth/UnintendedPregnancy/PDF/Contraceptive_methods_5_08.pdf

Table 14. FY 2017 LARC Utilization for HTW and FPP by HHSC Region

HHSC Region	FPP Clients	HTW Clients
Region 1 - High Plains	182	547
Region 2 - Northwest Texas	23	205
Region 3 - Metroplex	2,232	1,708
Region 4 - Upper East Texas	145	349
Region 5 - Southeast Texas	120	266
Region 6 - Gulf Coast	1,768	2,137
Region 7 - Central Texas	1,252	995
Region 8 - Upper South Texas	532	1,335
Region 9 - West Texas	21	233
Region 10 - Upper Rio Grande	26	525
Region 11 - Lower South Texas	1,373	1,926
Unknown/Missing	1	24
Total Fee-for-Service Clients	7,675	10,250

8. Conclusion

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

The findings presented in this report, including the number of clients served, client and provider enrollment, services utilized, and the savings to state and federal funds due to HTW and FPP activities, underscore the significant impact women's health programs make in the lives of Texans and the positive impact to state and federal budgets.

HHSC is dedicated to serving the women of Texas through HTW and FPP. With their launch, HTW and the redesigned FPP have ensured women in Texas are able to get the family planning and women's health services they need. In the future, HHSC will continue to seek improvements to the current programs to ensure continued access and care for Texas women.

List of Acronyms

Acronym	Full Name
BCCS	Breast and Cervical Cancer Services
EPHC	Expanded Primary Health Care Program
FPL	Federal Poverty Level
FPP	Family Planning Program
HHSC	Health and Human Services Commission
HIV	Human Immunodeficiency Virus
HTW	Healthy Texas Women
LARC	Long-Acting Reversible Contraception
NDC	National Drug Code
NPI	National Provider Identification Number
PSA	Public Service Announcement
TIERS	Texas Integrated Eligibly Redesign System
TMHP	Texas Medicaid Healthcare Partnership

Appendix A: Data Sources

TMHP claims, Texas Integrated Eligibility Redesign System (TIERS) enrollment, contractor or provider, and program data were used for this report. Table 1 provides a summary of the data used for addressing each section of the report:

Table 1. Data Sources

Report Section	Data Source
Enrollment Levels	TMHP/TIERS Client Enrollment Data
Estimated Program Savings	TMHP Client Data
Outreach Activities	Program Data
Providers	TMHP Provider Enrollment Data
Program Clients	TMHP Claims
LARC Utilization	TMHP Claims
Service Utilization	TMHP Claims

Appendix B: Data Analytic Methodologies

Enrollment Levels and Service Utilization

Program Enrollment

The analysis of program enrollment was performed by examining eligibility files for HTW clients each month of fiscal year 2017. The number was then averaged across the fiscal year.

Service Utilization

Service utilization analysis was performed for clients who received a clinical service in fiscal year 2017 paid for by HTW or FPP. The lists below describe how HTW and FPP medical claims data are defined in the TMHP claims data warehouse.

For HTW:

- Client Type Program 68 on at least one line in the claim (indicates that the service is being billed for a client enrolled in the HTW program)
- Claim Program Code 100 (HTW fee-for-service claims)
- Claim types 020, 023, 030, 031, and 058 (includes physician, outpatient hospital claims, and family planning services)
- Header claim status codes E, P, and I (claim is partially paid, paid, or informational)
- Detail status code E, P, and I (individual service/line of claim is partially paid, paid, or informational)
- Dates of service between 9/1/2016-8/31/2017

For FPP:

- Claim Program Code 300 (FPP fee-for-service claims)
- Claim type 056 for FPP (claims specifically attributed to Family Planning Program)
- Header claim status codes E, P, and I (claim is partially paid, paid, or informational)
- Detail status code E, P, and I (individual service/line of claim is partially paid, paid, or informational)
- Dates of service between 9/1/2016-8/31/2017

Client counts represent the unduplicated count of clients in each category and were calculated as the distinct count of clients using the clients' identification number.

Geographic region was based on the client's county of residence using information from TIERS and TMHP for the period of program enrollment at the time of service or most recently preceding the client's date of service. HHSC region was determined based on client's county of residence. Service utilization results were provided by distinct age groups at the time of service:

- Less than 18 years
- 18-20 years
- 21 years or older

Service Utilization by Procedure Code

For the analysis examining utilization by procedure code, counts were provided for services HTW and FPP clients received in fiscal year 2017 for each service's procedure code. Number of clients, number of services, and service paid amount are provided. Services are defined as the procedure code that was paid on and are counted at each detail line of the claim. Some procedures were submitted to TMHP using informational claims, in which case the service paid amount may total to \$0.

Estimated Program Savings

HTW Estimated Program Savings

The estimated Medicaid savings due to participation in HTW include:

- Prenatal and acute care for Pregnant Women's Medicaid.
- Labor and delivery.
- Medicaid for Breast and Cervical Cancer (MBCC) program cervical cancer screenings and treatment of cervical dysplasia.
- One year of infant health care.
- CHIP Perinatal services.

The savings attributed to the caseload in fiscal year 2017 will be realized in fiscal years 2017, 2018, 2019 and 2020. This is due to the potential averted birth timeframe, the lag time of nine months for births and the 12 months of coverage for infants after they are born. The estimated Medicaid savings due to participation in HTW include the costs of prenatal and acute care for Pregnant Women's Medicaid, delivery, and the first year of infant care. The estimated CHIP savings are for a limited number of participants between 198 and 200 percent FPL who would be eligible for the CHIP Perinatal program as pregnant women. There are also some additional

savings (less than \$1 million) due to the estimated reduction in MBCC caseload due to cervical cancer screens and treatment of cervical dysplasia if necessary.

FPP Estimated Program Savings

The estimated Medicaid savings due to participation in FPP include:

- Labor and delivery
- One year of infant health care
- CHIP Perinatal services

The savings attributed to the caseload in fiscal year 2017 will be realized in fiscal years 2017, 2018, 2019 and 2020. This is due to the potential averted birth timeframe, the lag time of nine months for births, and the 12 months of coverage for infants after they are born. The estimated Medicaid savings include only the costs of delivery (emergency services for undocumented) and the first year of infant care. The estimated CHIP savings are from perinatal program costs for prenatal care for pregnant women.

Providers

To become an HTW provider, a provider must have completed the Medicaid enrollment process through TMHP. Once enrolled in Medicaid, a provider must certify compliance with Texas Human Resources Code, Section 32.024(c-1), prohibiting providers from performing elective abortions or affiliating with providers of elective abortions.

Because HHSC consolidated the TWHP and EPHC programs into HTW in July 2016, fiscal year 2016 does not include a complete year of data. As such, the report includes the number of fee-for-service providers enrolled in HTW in fiscal year 2017 and the number of fee-for-service providers enrolled in TWHP in fiscal year 2015. TMHP provided the data required to determine the number of fee-for-service providers enrolled in HTW.

Program Clients

The service utilization data was grouped based on the providers who billed for the service. In FPP, all providers must be contracted with the state. In HTW, clients can receive services from both contracted and enrolled fee-for-service providers. In fiscal year 2017, contracted providers were matched to billing providers on the claim based on the Texas Provider Identification Number and the National Provider Identification

Number (NPI). For FPP and HTW, claims information was then aggregated by provider. The overall average and median number of clients served per contracted and non-contracted providers was also provided.

Long-Acting Reversible Contraceptives

Medical and pharmacy claims were examined to calculate the total number of women in HTW and FPP receiving a LARC in fiscal year 2017. Medical LARC claims were defined as contraceptive implants and intrauterine devices and the insertion of these implants or devices based on the following procedure codes (see Table B1).

Table B1. Medical Procedure Codes Associated with LARC Insertion

Procedure Code	Procedure Description
11981	INSERT DRUG IMPLANT DEVICE
11983	REMOVE/INSERT DRUG IMPLANT
58300	INSERT INTRAUTERINE DEVICE
J7296	LEVONORGESTREL IU 19.5MG (Kyleena)
J7297	LEVONORGESTREL IU 52MG 3 YR (Liletta)
J7298	LEVONORGESTREL IU 52MG 5 YR (Mirena)
J7300	INTRAUT COPPER CONTRACEPTIVE
J7301	SKYLA 13.5MG
J7302	LEVONORGESTREL IU 52 MG
J7307	ETONOGESTREL IMPLANT SYSTEM

Pharmacy LARC claims were identified using the National Drug Codes (NDC) (see Table B2). Client and prescription counts were based on paid claims only. Paid amounts included all claim types to account for adjustments. A prescription is defined as the unique combination of recipient number, pharmacy NPI, prescription number, refill number, prescriber NPI, prescription fill date, and NDC.

Table B2. Pharmacy NDCs Associated with LARC Insertion

NDC	Generic Drug Name	BRAND NAME	LABEL NAME
00052433001	ETONOGESTREL	NEXPLANON	NEXPLANON 68 MG IMPLANT
50419042101	LEVONORGESTREL	MIRENA	MIRENA SYSTEM
50419042201	LEVONORGESTREL	SKYLA	SKYLA SYSTEM
50419042301	LEVONORGESTREL	MIRENA	MIRENA SYSTEM
50419042401	LEVONORGESTREL	KYLEENA	KYLEENA 19.5 MG SYSTEM
51285020401	COPPER	PARAGARD T 380-A	PARAGARD T 380-A IUD