Women's Health Program

Evaluation Plan

Texas Health and Human Services Commission
Strategic Decision Support
Program Performance and Evaluation
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TABLE OF CONTENTS

CHAPTER 1: INFORMATION ABOUT THE DEMONSTRATION

The Texas Women's Health Program (WHP) is a Section 1115(a) waiver demonstration approved by the U. S. Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) on December 21, 2006. The demonstration started January 1, 2007 and will end December 31, 2011. The Texas Health and Human Services Commission (HHSC) Medicaid/CHIP Division is managing the demonstration.

The WHP is designed to enhance women's healthcare services by increasing access to Medicaid family planning by women who have limited healthcare resources. The target population is women aged 18 to 44 with a net family income at or below 185 percent of the federal poverty level (FPL) that would not otherwise be eligible for Medicaid.

The WHP includes three key interventions intended to increase the target population's access to Medicaid family planning services:

- extending eligibility for Medicaid family planning services to women aged 18 to 44 with a net family income at or below 185 percent FPL who would not be eligible for Medicaid without this program;

- minimizing the obstacles to enrollment for Medicaid family planning services by simplifying the provider enrollment process, implementing an adjunctive eligibility process through accessible statewide health and human services programs, and providing continuous eligibility for 12 months; and

- piloting culturally appropriate outreach efforts to Spanish-speaking/Hispanic populations.

Special Terms and Conditions for the Evaluation

CMS and HHSC agreed on several Special Terms and Conditions related to the WHP, including the following requirements for the evaluation.

Cooperation with CMS

- Texas will be responsible for the accuracy and completeness of the information contained in all technical documents and reports.

- Texas will cooperate fully with CMS and any independent evaluator selected by CMS to assess the impact of the demonstration and/or to examine the appropriateness of the averted birth budget neutrality methodology.

- Texas will follow the averted birth budget neutrality methodology required by CMS and described in "Attachment A" to the Special Terms and Conditions. If a federally contracted evaluation determines that the methodology should be changed and CMS concurs, Texas will negotiate a new methodology with CMS.

- If requested by the CMS Project Officer, Texas will submit to CMS analytic data files and appropriate documentation representing the data developed/used in end-product analyses generated under the demonstration. The content and format of these files will be negotiated with the CMS Project Officer, and Texas may limit the access to CMS internal use.

Communication with CMS Project Officer

- Texas will immediately communicate any significant new findings to the CMS Project Officer before formal dissemination to the general public.

- Texas will notify the CMS Project Officer before formal presentation of any report or statistical or analytical material based on information obtained through the demonstration.

- Texas will submit drafts of annual and final reports to the CMS Project Officer for comments, and will incorporate all CMS comments and evaluation findings.

Reporting

- Texas will submit a narrative progress report to CMS thirty days following the end of each demonstration quarter. These quarterly reports will include information about the progress of the evaluation.

- Texas will submit an annual report to CMS ninety days after the end of each demonstration year. The last annual report will be the "final demonstration report". These reports will address all CMS-recommended components.

- Texas will not release or publish the final report without permission from the CMS Project Officer within the first four months following receipt of the report by the CMS Project Officer (except as required by law).

WHP Strategy, Performance Goals, and Hypotheses

The overarching goal of the WHP is to increase access to Medicaid family planning for members of the target population: women aged 18 to 44 with a net family income at or below 185 percent FPL who are not otherwise eligible for Medicaid.

Strategy

The WHP strategy is to use three types of interventions to increase the target population's access to Medicaid family planning services:

- extend eligibility for Medicaid family planning services to members of the target population who enroll in the WHP;

- make it as easy as possible for the target group to enroll in the WHP by simplifying the provider enrollment process, implementing an adjunctive eligibility process through accessible statewide health and human services programs, and providing continuous eligibility for 12 months; and

- use a variety of methods to outreach women who may be eligible for the program, including efforts specifically designed for Spanish-speaking/Hispanic populations.

Performance Goals

The WHP has ten specific performance goals for changes in the target population.

Goal 1: Increase access to Medicaid family planning services.

Goal 2: Increase Hispanic women's access to Medicaid family planning services.

Goal 3: Increase the use of Medicaid family planning services.

Goal 4: Provide WHP participants diagnosed with a medical condition not covered by the family planning benefit package with referrals to appropriate health providers.

Goal 5: Reduce the number of births.

Goal 6: Reduce growth rate of Medicaid-covered Hispanic births.

Goal 7: Increase the spacing between pregnancies to an interval of 24-59 months among WHP participants with a prior birth.

Goal 8: Reduce the number of low birth weight deliveries.

Goal 9: Reduce the number of premature deliveries.

Goal 10: Reduce Medicaid costs expended for pregnancy, prenatal care, delivery, & infant care.

Hypotheses

HHSC has the following hypotheses about the outcomes of the WHP.

- WHP participants will have a lower birthrate than would have been expected without the WHP.

- Hispanic WHP participants will have a lower birthrate than would have been expected without the WHP.

- WHP participants will be more likely to increase the spacing between pregnancies to an interval of 24-59 months than similar women who did not participate in the WHP.

- A lower birthrate among WHP participants will reduce Medicaid expenditures for pregnancy, prenatal care, delivery, & infant care.

The WHP evaluation will test these hypotheses.

CHAPTER 2: EVALUATION DESIGN

Management and Coordination of the Evaluation

Organization Conducting the Evaluation

The Evaluation Department of the HHSC Center for Strategic Decision Support (SDS) will evaluate the WHP. This internal evaluation department has many years of experience evaluating statewide health and human services programs. The Evaluation Department includes professional evaluators with expert knowledge of the HHSC and Department of State Health Services (DSHS) data systems that will be used for this evaluation, and with ongoing, unlimited access to the data. The internal evaluation department has direct access to policy experts, and is informed about policy and procedure changes that may affect the evaluation.

In addition to the Evaluation Department, SDS includes the demographers that will be providing population data for the evaluation and twenty-five analysts that work with HHSC and DSHS data and policies every day. SDS is located within the HHSC Financial Services Division. Financial Services also includes the budget and accounting staff who will be contributing to the evaluation.

The SDS Evaluation Department is uniquely positioned to evaluate the WHP and coordinate with CMS. State statute designates HHSC as an oversight agency and consolidates the evaluation function for all state health and human services agencies under SDS.

Timeline for Implementation of the Evaluation and Reporting Deliverables

Data collection for the WHP evaluation began on the first day of the WHP, and data will be collected throughout the demonstration. The evaluation reporting timeline is presented in Table 1.

Table 1. WHP Evaluation Reporting Timeline

Report	Includes Data As Of…	Delivery to CMS
Year 1 Quarter 1	End of March, 2007	End of April, 2007
Year 1 Quarter 2	End of June, 2007	End of July, 2007
Year 1 Quarter 3	End of September, 2007	End of October, 2007
Year 1 Annual	**End of December, 2007**	**End of March, 2008**
Year 2 Quarter 1	End of March, 2008	End of April, 2008
Year 2 Quarter 2	End of June, 2008	End of July, 2008
Year 2 Quarter 3	End of September, 2008	End of October, 2008
Year 2 Annual	**End of December, 2008**	**End of March, 2009**
Year 3 Quarter 1	End of March, 2009	End of April, 2009
Year 3 Quarter 2	End of June, 2009	End of July, 2009
Year 3 Quarter 3	End of September, 2009	End of October, 2009
Year 3 Annual	**End of December, 2009**	**End of March, 2010**
Year 4 Quarter 1	End of March, 2010	End of April, 2010
Year 4 Quarter 2	End of June, 2010	End of July, 2010
Year 4 Quarter 3	End of September, 2010	End of October, 2010
Year 4 Annual	**End of December, 2010**	**End of March, 2011**
Year 5 Quarter 1	End of March, 2011	End of April, 2011
Year 5 Quarter 2	End of June, 2011	End of July, 2011
Year 5 Quarter 3	End of September, 2011	End of October, 2011
Final Report	**End of December, 2011**	**End of March, 2012**

Performance Measures

The WHP evaluation will examine the implementation and impact of the WHP through a set of annual performance measures. The annual performance measures will be used to assess the extent to which the WHP accomplishes its goals each year, to track changes from year to year, and to determine whether Texas' hypotheses about the WHP were correct. The performance measures will also provide WHP staff with information that will be useful for identifying opportunities for program improvement.

Table 2 presents the ten goals of the WHP and the performance measures related to each goal. Table 2 also identifies the source of the data for each measure and provides comments about the performance measures and data. The comments include the rationale for performance measures that do not correspond directly to the related goal. They also include a description of any potential variability

due to the reliability and/or validity of performance measures that include estimates. Most of the performance measures are based on an analysis of comprehensive state data and therefore do not include any comment about reliability or validity.

Integration of State Quality Improvement Strategy

The State Quality Improvement Strategy is not applicable to the WHP.

Table 2. WHP Goals and Annual Performance Measures

#	Goal for Target Population	Annual Performance Measure	Data Sources*	Comments
1	Increase access to Medicaid family planning services.	Number of women enrolled in the WHP	Monthly Medicaid eligibility files and WHP client database (number of WHP enrollees)	WHP enrollees were not eligible for Medicaid family planning services prior to the WHP, so all WHP enrollees increase access to the services. For the same reason, all WHP participants (i.e., enrollees that received a covered service) increase the use of Medicaid family planning services.
2	Increase Hispanic women's access to Medicaid family planning services.	Number of Hispanic women enrolled in the WHP	Monthly Medicaid eligibility files and WHP client database (number of Hispanic WHP enrollees)	
3	Increase the use of Medicaid family planning services.	Percentage of WHP enrollees that received one or more covered Medicaid family planning service(s) through the demonstration	WHP client database (number of WHP enrollees, identifying information for matching to Medicaid claims) Monthly Medicaid claims files (whether WHP enrollee received covered service)	
4	Provide WHP participants diagnosed with a medical condition not covered by the family planning benefit package with referrals to appropriate health providers.	Proportion of WHP providers indicating that they have a resource to which they could refer WHP participants for treatment of a medical condition not covered by the family planning benefit package	Provider Survey	Primary care referrals are for medical conditions related to method of contraception.
5	Reduce the number of births.	WHP participant fertility rate	WHP client database (number of WHP participants, identifying information for matching to Bureau of Vital Statistics) Bureau of Vital Statistics (BVS) birth data (number of births to WHP participants)	Also calculate age distribution of WHP participants (used for base year fertility rate).

Table 2. WHP Goals and Annual Performance Measures

#	Goal for Target Population	Annual Performance Measure	Data Sources*	Comments
		Base year (2003) fertility rate for target population (comparison group)	Monthly Medicaid claims files for 2003 (number of Medicaid-paid births to women in target population, age of mother) Census data (number of women in target population in 2003 by age group)	Number of women in target population by age group will be projected based on Census data. Base year (2003) fertility rate will be adjusted for the age distribution of WHP participants. Validity of base year fertility rates will depend on the accuracy of the projections.
6	Reduce growth rate of Medicaid-covered Hispanic births.	Hispanic WHP participant fertility rate	WHP client database (number of Hispanic WHP participants, identifying information for matching to BVS) BVS birth data (number of births to Hispanic WHP participants)	Also calculate age distribution of Hispanic WHP participants (used for base year fertility rate).
		Base year (2003) fertility rate for Hispanics in target population (comparison group)	Monthly Medicaid claims files for 2003 (number of Medicaid-paid births to Hispanic women in target population, age of mother) Census data (number of Hispanic women in target population in 2003 by age group)	Number of Hispanic women in target population by age group will be projected based on Census data. Base year (2003) fertility rate will be adjusted for the age distribution of Hispanic WHP participants. Validity of base year fertility rates will depend on the accuracy of the projections.

Table 2. WHP Goals and Annual Performance Measures

#	Goal for Target Population	Annual Performance Measure	Data Sources*	Comments
7	Increase the spacing between pregnancies to an interval of 24-59 months among WHP participants with a prior birth.	Of WHP participants who had a Medicaid-paid delivery ten months or more after first receiving WHP services and had a previous child receiving Medicaid, percentage where new child was born 24-59 months after previous child receiving Medicaid	WHP client database (number of WHP participants, identifying information for matching to Medicaid eligibility and BVS) Monthly Medicaid eligibility files (date of birth of youngest previous child) BVS birth data (birth dates of babies born to WHP participants)	Validity of comparison will be limited by the possibility that the new mother's youngest previous child is not receiving Medicaid with the mother listed as a household member. HHSC policy staff indicates that this is rare unless the child does not live with the mother.
		Of women not participating in the WHP who had a Medicaid-paid delivery ten months or more after the beginning of the demonstration period and had a previous child receiving Medicaid, percentage where new child was born 24-59 months after previous child receiving Medicaid (comparison group)	Monthly Medicaid eligibility files (number of women in comparison group, identifying information for matching to BVS, date of birth of youngest previous child) BVS birth data (birth dates of babies born to comparison group)	Validity of comparison will be limited by the possibility that the new mother's youngest previous child is not receiving Medicaid with the mother listed as a household member. HHSC policy staff indicates that this is rare unless the child does not live with the mother.
8	Reduce the number of low birth weight deliveries.	For WHP participants who had a Medicaid-paid delivery ten months or more after first receiving WHP services, percentage where baby had a low birth weight	WHP client database (number of WHP participants, identifying information for matching to BVS) BVS birth data (birth date and birth weight of babies born to WHP participants)	Birth weights under 5 pounds 8 ounces will be considered "low birth weight".

Table 2. WHP Goals and Annual Performance Measures

#	Goal for Target Population	Annual Performance Measure	Data Sources*	Comments
		For women not participating in the WHP who had a Medicaid-paid delivery ten months or more after the beginning of the demonstration period, percentage where baby had a low birth weight (comparison group)	Monthly Medicaid eligibility files (number of women in comparison group, identifying information for matching to BVS) BVS birth data (birth date and birth weight of babies born to comparison group)	
9	Reduce the number of premature deliveries.	For WHP participants who had a Medicaid-paid delivery ten months or more after first receiving WHP services, percentage where baby was premature	WHP client database (number of WHP participants, identifying information for matching to BVS) BVS birth data (attending physician's assessment of gestation period for babies born to WHP participants)	Reliability and validity of assessment of gestation period depend on the degree to which the attending physicians provide accurate assessments.
		For women not participating in the WHP who had a Medicaid-paid delivery ten months or more after the beginning of the demonstration period, percentage where baby was premature (comparison group)	Monthly Medicaid eligibility files (number of women in comparison group, identifying information for matching to BVS) BVS birth data (attending physician's assessment of gestation period for babies born to comparison group)	
10	Reduce Medicaid costs expended for pregnancy, prenatal care, delivery, & infant care.	WHP participant fertility rate	WHP client database (number of WHP participants, identifying information for matching to BVS) BVS birth data (number of births to WHP participants)	Also calculate age distribution of WHP participants (used for base year fertility rate).

Table 2. WHP Goals and Annual Performance Measures

#	Goal for Target Population	Annual Performance Measure	Data Sources*	Comments
		Base year (2003) fertility rate for target population (comparison group)	Monthly Medicaid claims files for 2003 (number of Medicaid-paid births to target population, age of mother) Census data (number of women in target population in 2003 by age group)	Number of women in target population by age group will be projected based on Census data. Base year (2003) fertility rate will be adjusted for the age distribution of WHP participants. Validity of base year fertility rates will depend on the accuracy of the projections.
		Estimated savings from averted births	Monthly Medicaid claims files (total expenditures for prenatal services, delivery- and pregnancy-related costs, and costs for infants through the first year of life; number Medicaid-paid deliveries) Other annual performance measures (WHP participant fertility rate, base year fertility rate)	Average cost of Medicaid birth will be calculated from birth-related Medicaid expenditures and number of Medicaid-paid deliveries. Estimated number of averted births will be calculated from WHP participant fertility rate and base year fertility rate. Estimated savings from averted births calculated from estimated number of averted births and average cost of Medicaid birth.

* Two data sources critical to the evaluation are subject to lags in data availability: Medicaid monthly claims files and BVS birth records. Claims for most Medicaid services are available within three months of the date of service, and most birth records are available within three months of the birth. The annual performance measures will be based on the data available at the end of the demonstration year. Annual performance measures that include Medicaid claims data or BVS birth records will be identified as incomplete, and will be revised in the next Annual Report.

Analysis Plan

The WHP will be evaluated using the performance measures presented in Table 2. The performance measures include descriptive measures that will provide information about WHP implementation. They also include outcome measures for WHP participants and women in appropriate comparison groups. The evaluation will test HHSC's hypotheses about WHP outcomes by comparing outcomes for WHP participants to those for the comparison group using chi-square and other appropriate analysis techniques.

The performance measures and the hypotheses tests will be used to identify demonstration successes and opportunities for improvement, to revise the WHP strategy or goals if necessary, and to develop recommendations for improving the WHP and similar programs in other states.

Two data sources critical to the evaluation are subject to lags in data availability.

- **Monthly Medicaid claims files.** Although the monthly Medicaid claims files include all claims paid during the month, they do not include claims for all services provided during the month. There is a lag between the time the service is provided and the claim is submitted and paid. Most claims are submitted and paid within three months of the service date, but some claims are submitted and paid much later.

- **BVS birth records.** There is a lag between the date of birth and when the birth record is available through BVS. Most birth records are available within three months of the birth, but some birth records are not available until much later.

The annual performance measures will be based on the data available at the end of the demonstration year. Annual performance measures that include Medicaid claims data or BVS birth records will be identified as incomplete, and will be revised for the next Annual Report.

CHAPTER 3: EVALUATION REPORTS TO BE PROVIDED TO CMS

HHSC will provide ongoing quarterly progress reports, annual progress reports, and the final report to CMS in accordance with the Special Terms and Conditions and the schedule presented in Table 1.

- Quarterly progress reports will include a narrative description of progress on the evaluation. They will include activities undertaken during the quarter, the number enrolled in the program to date, and the number of enrollees that had a Medicaid family planning services claim paid during the quarter. Quarterly progress reports will be submitted to CMS thirty days following the end of each demonstration quarter. The fourth quarterly report each year will be the annual progress report.

- Annual progress reports will include the results of the annual performance measures analysis and the tests of the WHP hypotheses. The report will discuss the demonstration successes and opportunities for improvement, and will include recommendations for improving the WHP. Annual progress reports will be submitted to CMS ninety days after the end of each demonstration year. The last annual report will be the final demonstration report.

- The final demonstration report will include the information that would have been in the last annual report and a discussion of the principal conclusions of the evaluation. The final report will be submitted to CMS ninety days after the end of the demonstration.

HHSC will coordinate with the CMS Project Officer regarding the release of WHP evaluation results, as described in the Special Terms and Conditions.