Increasing Access to Healthcare Coverage for Uninsured, Postpartum Women in Texas

A report from the Postpartum Access to Healthcare (PATH) Project

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EXECUTIVE SUMMARY

This report provides information on access to healthcare coverage during the postpartum period for underserved women, and provides recommendations for improving access to care, specifically through the Texas women's health programs. This report is a product of the Postpartum Access to Healthcare (PATH) Project, a study of the system and experience of care during the postpartum period for underserved women in Central Texas. PATH is a project of the Texas Collaborative for Healthy Mothers and Babies (TCHMB), the state perinatal quality collaborative, and is funded by the St. David's Foundation.

Data sources for the PATH project and this report include interviews with 32 pregnant/postpartum women and with 20 providers and clinic staff who serve this population. Each woman was interviewed up to three times (late prenatal, 1-2 weeks postpartum, and 4-6 weeks postpartum). Qualitative interview data were supplemented with available quantitative data on Texas' women's health programs sourced from publicly-available Texas state agency documents. Participant recruitment was conducted in partnership with two large Federally Qualified Health Center (FQHC) systems in central Texas.

This study identified three key areas for action to increase access to public healthcare coverage for underserved women:

1. Close the information gaps among women, providers, and advocates regarding the Texas Family Planning Program and Healthy Texas Women and encourage provider participation.
2. Improve processes to facilitate women's transition between Medicaid for Pregnant Women and Healthy Texas Women.
3. Bolster the Texas Family Planning Program to expand its reach and scale its impact.

INTRODUCTION

This report is a product of the Postpartum Access to Healthcare (PATH) Project, a study of access to care during the postpartum period for underserved women in Central Texas. PATH is a project of the Texas Collaborative for Healthy Mothers and Babies (TCHMB), the state perinatal quality collaborative, and is funded by the St. David's Foundation. The study is being conducted by faculty of the UT Health Science Center at Tyler/UT System Population Health.

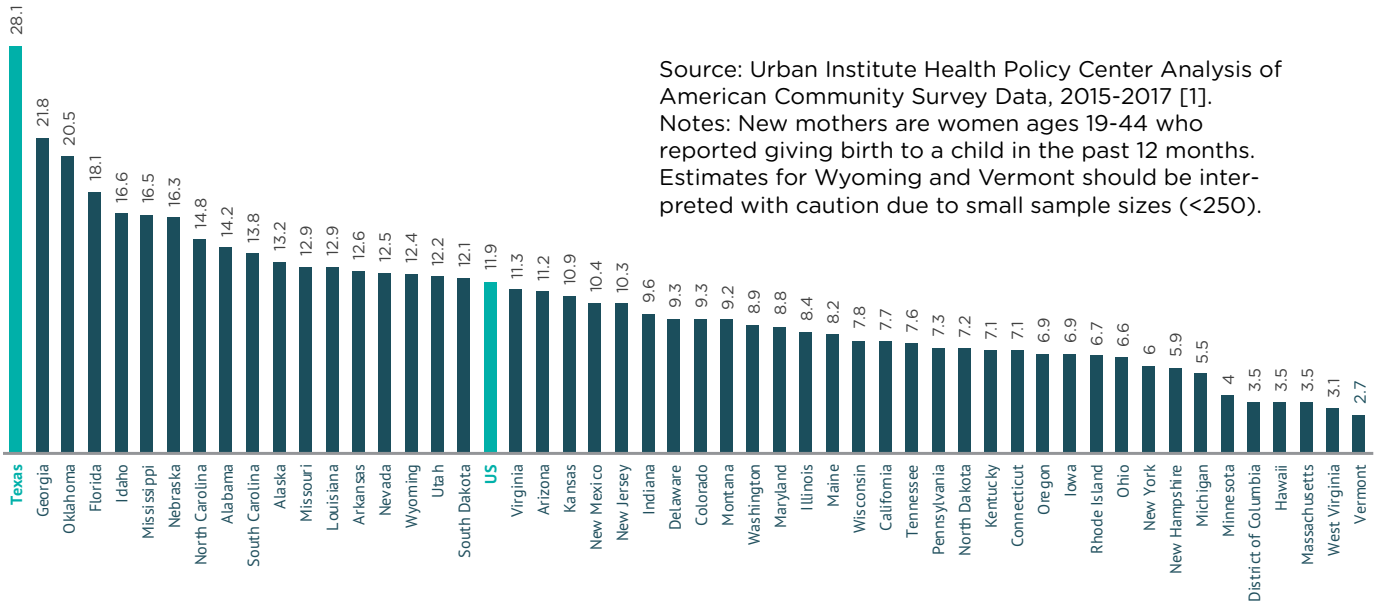
The PATH project has three aims:

1. Document the experiences of underserved women when navigating the healthcare system after delivery and through the postpartum period, including the transition between public healthcare coverage programs.
2. Assess how public healthcare coverage programs are understood, utilized, and integrated by providers and by the local healthcare systems.
3. Develop recommendations to increase access to postpartum care and improve women's experiences accessing care.

While barriers to accessing healthcare postpartum are multifaceted, a fundamental barrier is the lack of healthcare coverage or the means to pay for care. A recent analysis of U.S. Census data found that 28.1% of new mothers in Texas lacked health insurance, the highest proportion of uninsured new mothers in any state in the nation [1]. This report therefore focuses on findings from the PATH study on access to healthcare coverage during the postpartum period for underserved women in Central Texas and provides recommendations to improve access, specifically through the Texas women's health programs.

Data sources for the PATH project and this report include interviews with 32 pregnant/postpartum women and with 20 providers and clinic staff who serve this population. Each woman was interviewed up to three times (late prenatal, 1-2 weeks postpartum, and 4-6 weeks postpartum). Qualitative interview data were supplemented with available quantitative data on Texas' women's health programs sourced from state agency documents. Senate Bill (SB) 1 directs the Texas Health and Human Services Commission (HHSC) to provide an annual report on the Texas women's health programs. The report contains information on provider and client enrollment, service utilization, and cost savings. Additional data were obtained from HHSC website and from an April 2019 report by the Texas Legislative Budget Board. Sources of included qualitative data are cited in-text and listed in the references section. More details on study methods and participants are given in Appendix A.

Percent Uninsured among New Mothers, by State, 2015-2017.



Source: Urban Institute Health Policy Center Analysis of American Community Survey Data, 2015-2017 [1].
Notes: New mothers are women ages 19-44 who reported giving birth to a child in the past 12 months. Estimates for Wyoming and Vermont should be interpreted with caution due to small sample sizes (<250).

OVERVIEW OF WOMEN'S HEALTH PROGRAMS IN TEXAS

Texas currently has four state-wide programs aimed at providing low-income, uninsured women with access to medical care.

Main Healthcare Coverage Options for Low-Income, Uninsured Adult (>18 years old) Residents in Texas

Pregnant		Not Pregnant	
U.S. citizen or qualified immigrant*	**Not a U.S. citizen or qualified immigrant**	**U.S. citizen or qualified immigrant***	**Not a U.S. citizen or qualified immigrant**
Medicaid for pregnant women	CHIP Perinatal Family Planning Program	Healthy Texas Women	Family Planning Program

Medicaid for Pregnant Women

- Must be U.S. citizen or qualified immigrant
- Income below 198% Federal Poverty Line
- Full Medicaid benefits
- Coverage ends approximately two months after delivery

Healthy Texas Women (HTW)

- Must be U.S. citizen or qualified immigrant
- Income below 200% Federal Poverty Line
- For women ages 15 – 44 years old
- Covered services include annual family planning and preventive healthcare visit, contraceptive services, screening and limited treatment for select conditions

CHIP-Perinatal (CHIP-P)

- No U.S. citizenship requirements
- Income below 202% Federal Poverty Line
- Coverage is for unborn children
- Prenatal visits and up to two postpartum visits

Family Planning Program (FPP)

- No U.S. citizenship requirements
- Income below 250% Federal Poverty Line
- Men and women ages 64 and under are eligible
- List of covered services is similar to HTW, with fewer treatment services

* Qualified immigrants are typically lawful permanent residents (LPR, i.e., green card holders) who have had LPR status for at least five years. Extremely low-income (up to 14% FPL) parents and caretaker relatives and low-income persons with disabilities can also qualify for Medicaid.

Medicaid for Pregnant Women and CHIP-Perinatal

Low-income, uninsured, pregnant Texas residents who are U.S. citizens or qualified immigrants may temporarily qualify for Medicaid for pregnant women. Women who do not qualify for Medicaid for pregnant women, may be eligible to receive services through CHIP-Perinatal (CHIP-P) [2]. CHIP-P is for the unborn child and covers prenatal visits and up to two postpartum visits within 60 days of delivery. Detailed information about eligibility, benefits, and coverage periods can be found in Appendix B.

Both Medicaid for Pregnant Women and CHIP-P are administered through Managed Care Organizations (MCOs) [2]. In central Texas, there are three MCOs offering CHIP and Medicaid plans [3]. Each MCO offers

value-added benefits for both CHIP-P and Medicaid members. For instance, two of the three offer incentives for attending a postpartum visit [4].

Healthy Texas Women and the Texas Family Planning Program

Healthy Texas Women (HTW) covers the costs of a limited healthcare benefits package for qualifying women who are not pregnant. The Texas Family Planning Program (FPP) provides a narrower set of benefits and has broader eligibility requirements. For instance, both men and women are eligible, as are non-U.S. citizens and pregnant women [5].

HTW operates similarly to a Medicaid fee-for-service arrangement, with enrolled providers billing for services provided to enrolled clients. FPP operates more like a grant program, with selected applicants negotiating contracts with the state to provide FPP services. Contracting organizations receive a set amount of funds at the beginning of the year and may exhaust these funds before the end of the year.

A full listing of criteria and benefits for each program and information related to provider enrollment can be found in Appendix B. A brief history of the Texas women's health programs can be found in Appendix C.

KEY FINDINGS AND RECOMMENDATIONS

to increase access to healthcare coverage for uninsured, postpartum women in Texas

1- CLOSE THE INFORMATION GAPS

There are opportunities to close the information gaps among women, providers, and advocates regarding the details of the Texas Family Planning Program (FPP) and Healthy Texas Women (HTW).

Among pregnant and postpartum participants, only a few had any kind of healthcare coverage prior to becoming pregnant, suggesting that they may have been unaware of benefits that may have been available to them through HTW or FPP.

> *"About 12 months before I got pregnant, I was working and got laid off. And so for that whole year I didn't have insurance."*
>
> *"When I was pregnant with my first one we had our own business, me and my husband. So, I didn't have insurance for a little while. And that's when we were trying to get used to the whole running your own business."*
>
> *"I didn't have anything. I was under my dad's insurance, but he lost his job. It cut off shortly after that, and I just had no forms of insurance. That was really, really, really tough."*
>
> *"No puedo obtener un seguro médico. [I couldn't get healthcare coverage.]"*

Becoming pregnant served as an access point to healthcare coverage for many women, and in that process the healthcare clinics served a central role. As one participant in her first pregnancy reported, "It was one of the social workers, I believe, that did all the paperwork. So it was helpful because I didn't have to go to the Medicaid office." Women described the important role clinics played in enrolling them in available healthcare coverage programs.

> *"Pues allá en la clínica, ellos nos ayudan a obtener el seguro. Solo nos piden información de nuestro dinero que hacemos. [In the clinic, they helped us get healthcare coverage. They just asked us about the money we make.]"*
>
> *"Actually they did it, they had an office there where the doctor is at, at the hospital. The hospital has the clinic and inside the clinic, they have people that help you with insurance, as well. It's better than when you do your own application. Well, in my experience, because they answer the questions that you have better."*

Participants were generally aware that their coverage would end at some point after delivery, although they weren't always sure when this would occur or what would happen when their pregnancy-related healthcare coverage ended. None of the participants reported being aware of the auto-enrollment process for HTW.

> *"Right now, I'm still worried about how I'm going to get health insurance after [Medicaid for Pregnant Women coverage ends]. I'm reapplying for Medicaid. If not, I'm hoping my boyfriend can put me under his insurance. So, we're finding out about that."*
>
> *"That's probably my biggest complaint, it's just figuring it out... I think I get kicked off my insurance at the end of this month. Because I have the pregnancy Medicaid, so I think now that I'm not pregnant it expires."*

Among postpartum participants who reported being enrolled in HTW, their knowledge of the program varied.

"I have Healthy Texas Women now, but it doesn't cover a visit for something other than like birth control or a yearly check."

"I have Healthy Texas Women. [The clinic] told me. They helped me out here. Um, I don't know. I don't remember. No, I don't know what coverage I have."

Other participants had never heard of HTW, or were unsure if they had ever heard of the program:

[Interviewer]: "Do you remember ever receiving information about the Healthy Texas Women?"

[Participant]: "No, I don't remember that."

[Participant]: "No."

[Participant]: "It sounds familiar, but I am not too sure."

One participant recalled that she had applied for coverage through the HTW website but was denied coverage: "I had looked it up on their website to reapply and I'd seen that it was on there. So, that's what I applied for. I tried to apply for and got denied."

Uncertainty and confusion about HTW and FPP programs were also evident among staff and provider participants. Few participants expressed a high level of confidence in their understanding of the programs, particularly of the FPP program.

Participants had a desire to understand the healthcare coverage programs for which their uninsured patients may be eligible, but found it difficult to keep track of all the details. As one provider described: "I think as providers, there's some confusion around what exactly [Healthy Texas Women] covers. I was part of a work group that put together a landscape of all the different coverage scenes…and for a while, I had it in my bag and I changed bags and I don't have it anymore." (Obstetrician)

Both HTW and FPP were widely perceived by interviewed healthcare providers and staff as focused primarily on contraception, and not seen as supporting well-woman care or chronic disease management.

"To be honest, every time someone asks me, 'Is this covered?' I go to the website and look it up. I know they can usually get annuals, birth control…primary care is iffy depending on what it is. And then labs are usually covered, but I know sometimes depending on what the labs are that can be an issue." (Clinic Administrator)

"I know that they'll [Healthy Texas Women] cover the diagnosis of it according to the provider manual for Medicaid, but I don't know about treatment afterwards." (Clinic staff member)

"If somebody screens for diabetes or high blood pressure or something like that, that's my fuzziness of okay how do we make that transition into the next step and get her the care that she needs and that kind of stuff. Still through my office, but being able to provide that care and have it be reimbursed [through Healthy Texas Women]." (Family Practice Physician)

Interviewed healthcare providers and staff described difficulties in getting their questions about women's health programs answered, and expressed a desire for greater communication and better relationships with state-level program staff.

"I can tell you my frustration is the lack of communication from the state. I don't know who to contact."

"The communication has been the most frustrating, and you don't feel like a partner at all."

"There just isn't that contact, someone you can talk to…like I know I can pick up the phone and call 'Joe' at the state, and he's going to answer my question. And even if he doesn't have the answer, I know I can rely on him to get back with me in 24 to 48 hours."

"It would be nice if they understood that we're a team. And we're all trying to take care of underserved in our area…we want to be a team, and we want to have that communication so we can fix [problems]. But we're not having that."

Quantitative data from the most recent HHSC Texas women's health programs report suggests a need for greater engagement of providers in the HTW program. In 2018, of the approximately 238,000 Medicaid providers, only 3,085 were HTW providers [6]. Of the HTW-enrolled providers, half saw fewer than seven clients [6].

OPTIONS TO CONSIDER

a) Develop and disseminate clear, user-tested reference materials on HTW and FPP for patients and professionals who work with low-income women.

b) Improve communication and cultivate a sense of partnership between the HTW and FPP program administrators at the state level and providers of HTW and FPP services in communities.

c) Identify barriers to provider participation by surveying HTW providers, including those who saw few or no clients and those who saw large numbers of clients, and Medicaid providers who are not enrolled as an HTW provider.

d) Conduct a review of HTW provider lists and identify ways to reduce errors in HTW provider listings.

e) Educate eligible populations and facilitate enrollment in Texas Women's Health Programs.

2- IMPROVE PROCESSES TO FACILITATE WOMEN'S TRANSITION BETWEEN MEDICAID FOR PREGNANT WOMEN AND HEALTHY TEXAS WOMEN

Efficient and effective processes will improve women's transition between Medicaid for Pregnant Women and Healthy Texas Women and reduce burden on clinics to enroll patients.

In order to streamline enrollment, HHSC established a process to auto-enroll Medicaid for Pregnant Women clients ages 18 to 44 in HTW upon conclusion of their Medicaid coverage [6]. Findings suggest that auto-enrollment may not be occurring for some HTW-eligible women.

The similarity between Medicaid for pregnant women and HTW eligibility criteria suggests that a large proportion of women who were covered through Medicaid for pregnant women would be eligible for HTW. In FY2017, the number of women who were auto-enrolled from Medicaid for pregnant women into HTW (38,959 [5]) was approximately 25% of the number of Medicaid births that year (154,248 [8]).

Some of the women who gave birth under Medicaid and did not auto-enroll into HTW likely qualified for another public insurance option (e.g., women younger than age 19 may qualify for CHIP and parents in households earning up to 14% of the FPL may continue to qualify for Medicaid), and therefore would not have been auto-enrolled into HTW. However, the large difference between the number of Medicaid-covered births and number of women auto-enrolled into HTW suggests that some of those who should have been auto-enrolled into HTW were not auto-enrolled.

It may be that there were difficulties with the auto-enrollment process in 2017 that have since been resolved. (More recent auto-enrollment number are not publicly available at this time). However, interviews with clinic staff suggested that the auto-enrollment process may be excluding some clients who should be auto-enrolled.

> ***"We verify [healthcare coverage] prior to them going through the program registration or the financial screening…and that's when we verify that mom, in fact, does not have Healthy Texas Women and her Medicaid ended a month or two ago."*** (Clinic staff member)

Many staff were unaware of but pleased to learn about auto-enrollment from Medicaid for Pregnant Women into HTW. Others who had heard about auto-enrollment desired more information.

> ***"Never heard of that, that would be good."*** (Financial Screener)
>
> ***"That's good. I didn't know that."*** (Nurse Practitioner)
>
> ***"My understanding is that some people are automatically transitioned to Healthy Texas Women, if they have Medicaid. I would like to know who is going to be automatically transitioned and who isn't? I'd like to have a better sense of who would qualify for that."*** (Social Worker)

One possible challenge to reaching eligible populations with information about HTW, including auto-enrollment, may be apprehension about opening certain types of mail. As one clinic staff member described it: "I don't think our patients like to open their mail because they're afraid of what it might be. Maybe it's a bill, they don't have any money…they're not going to open that letter." However, clinic staff felt there was a window of opportunity to communicate about HTW early in the woman's pregnancy, because "[patients] will open their mail when they have initially applied for Medicaid for pregnancy."

OPTIONS TO CONSIDER

a) Conduct evaluation of the HTW auto-enrollment process and address any barriers to auto-enrollment for eligible women; communicate findings to Medicaid maternity care providers and HTW clinics.

b) When informing women that they have been enrolled in Medicaid for Pregnant Women, consider providing information on what will happen when their Medicaid coverage ends, including that they may be auto-enrolled into HTW. Let women know when they can expect to receive information if they have been auto-enrolled and what to do if they do not receive information at that time.

c) Use HTW branding (e.g., logo, color) on all communication materials, including envelopes, to distinguish HTW mail from other "official-looking" mail.

3- BOLSTER THE TEXAS FAMILY PLANNING PROGRAM TO EXPAND ITS REACH AND SCALE ITS IMPACT

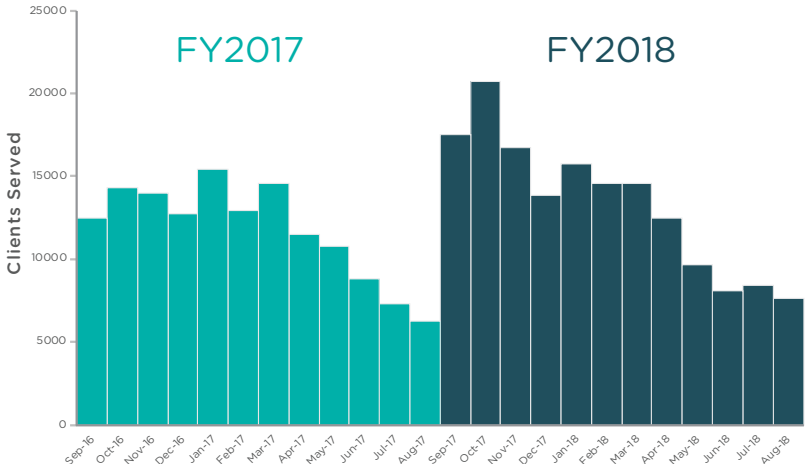
Additional funding for the Texas Family Planning Program would enable providers to meet the need for comprehensive, low-cost and accessible family planning and reproductive healthcare services among eligible men and women in Texas.

There was a widespread sense among provider and staff participants that Healthy Texas Women (HTW) and the Texas Family Planning Program (FPP) make an important contribution to addressing the widespread need for women's health services coverage. One provider believed that having HTW empowered women to contact her office seeking care, even if that care didn't end up being covered by HTW. Her office staff were then able to help connect the patient with other potential resources.

The most salient challenge to utilizing available women's health programs was the limited funding for FPP, which tended to result in funds being expended well before the end of the fiscal year. Utilization patterns show a substantial drop off towards the end of each fiscal year, with a rebound at the beginning of the next fiscal year. In the last month of FY2017, for instance, 6,228 clients were served by FPP. The number of women served then surged to 17,535 in the following month, at the start of the next fiscal year. By the end of FY2018, that number was back down to 7,660 [6].

This cycle of service delivery is a consequence of the grant-like nature of the FPP program. As the fiscal year progresses, contractors run out of FPP funds. It may be the case that this exhaustion of funding is mitigated in clinics with supplemental funding streams (such as the Medical Assistance Program (MAP) in Travis County), but many lower-resourced communities lack alternative funding. Even with supplementation from other funding streams, limited FPP funding means that as the end of the fiscal year approaches, eligible clients are no longer being served through the program. A comparison of the overall number of clients served through FPP and HTW in 2017 and 2018 show a 30% year-over-year increase for HTW compared to only a 10% increase for FPP [6].

Texas Family Planning Program: Number of Clients Served per Month, FY2017-FY2018



Data source: Texas Health and Human Services Commission. Texas Women's Health Program Report FY 2018. Available at: https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2019/tx-womens-health-fy2018-annual-report-may-2019.pdf

This constraint on funding results in uncertainty for clinics and patients, and limits expansion of services. Representatives from both clinic systems we spoke with said that they limited which clinics in their system would provide care through FPP because expanding services to additional clinics would drain funds more quickly.

Participants also reported that the funding limits created pressure to avoid covering certain high-cost services, particularly permanent sterilization and some forms of long-acting reversible contraception (LARC). Texas HHSC has made improving access to LARCs among women enrolled in HTW and FPP a priority [9]. Expanding FPP could help further this goal.

"And they don't want to add us [to the FPP program] because they said, 'Well, we'll run out anyway so what's the point of adding you guys because we'll just run out sooner,' so I get that." (Clinic staff member, describing why clinic system did not extend FPP funding to additional clinics)

"We do have an opportunity for mid-year reallocation of funds, which we ask for all the time and are denied. They won't give us additional money, but we've got the need...It makes it very difficult as we expand in our system, to try and offer the services at the other sites that need it, too." (Clinic staff member)

"You can't necessarily say to a patient, when you get done with your pregnancy, these are your options... its really difficult to explain to somebody 'so we get so much money a year and when that's all out you have to pay for it yourself.'" (Clinic staff member)

"If they want a tubal, chances are they're not getting it. Because the funding that we get from the state [through FPP] is not enough for the demand of what we have in our system." (Clinic staff member)

"I think it's been two to three years where there's been no increase [in FPP funding to the clinic system]. We've grown as a system almost 20%. We're running out of that money earlier and earlier in the year." (Clinic system administrator)

OPTIONS TO CONSIDER

a) Assess unmet need for the Texas FPP and estimate the health and economic impacts of meeting that need.

b) Consider options to support the the FPP at a level that will allow clinics to provide the full range of services covered through the program to all patients who meet the FPP eligibility criteria.

c) Develop strategies to enable participation by smaller clinics, particularly rural clinics, into the FPP.

ACKNOWLEDGMENTS

We want to express heartfelt appreciation for the many people who have made and continue to make this work possible, including the state and local stakeholders and TCHMB executive committee members who have advised us throughout the project, our partners at the St. David's Foundation, our colleagues at UT System Population Health, our interviewer team, and most importantly, the clinic staff and mothers who have shared their thoughts, experiences, and insights.

APPENDICES

A. QUALITATIVE RESEARCH METHODS

The primary data collected for this study were qualitative. To document the experiences of underserved women as they navigated local healthcare systems and public healthcare coverage options, we interviewed pregnant or postpartum women at three time points: 1) late pregnancy (32-40 weeks); 2) 1-2 months postpartum; and 3) 4-6 months postpartum.

To explore how state-level healthcare coverage programs were understood, utilized, and integrated by patients, providers, and local healthcare systems, we conducted qualitative interviews and structured group discussions with healthcare providers and clinic staff members. We sought to understand the perspectives of clinic staff who played key roles in access to healthcare services for women in our target population, either through direct patient care or through facilitating connections to the available state women's health programs.

This study was reviewed and approved by the Institutional Review Board of the University of Texas Health Science Center at Tyler (IRB #1083).

PARTICIPANT RECRUITMENT

PREGNANT/POSTPARTUM WOMEN

We worked with the two largest Federally Qualified Health Center (FQHC) clinic systems in central Texas to identify key clinics within their systems that serve pregnant women who rely on publicly-funded healthcare coverage.[1] We recruited participants from five clinics across these two clinic systems: CommUnity Care Health Centers (Rundberg Health Center, East Austin Health Center) and Lone Star Circle of Care (Austin, Georgetown and Round Rock clinics). We sought to recruit women who were at least 32 weeks pregnant and met eligibility criteria for either Medicaid for Pregnant Women or CHIP-P.

CLINIC STAFF

Our research team worked with our two clinic system partners (CommUnity Care and Lone Star Circle of Care) to recruit healthcare providers and clinic staff that interacted with underserved and uninsured pregnant and postpartum women, using a purposive sampling approach. We also recruited a rural family practice physician focused on women's healthcare who serves a large proportion of women covered through Medicaid for Pregnant Women or HTW.

DATA COLLECTION

PREGNANT/POSTPARTUM PARTICIPANTS

For our interviews with pregnant and postpartum women, we used semi-structured interview guides consisting of a set of questions grouped under general

1- We made attempts to connect with the two FQHC systems that primarily serve clients in Bastrop and Caldwell Counties, but were unsuccessful in developing a partnership with these entities for this project.

themes. These themes included:

- healthcare coverage,
- experiences receiving prenatal care,
- the process of finding their healthcare providers,
- details about their social support, and
- experiences receiving and paying for postpartum care.

Some close-ended questions were incorporated at the end of the interviews to assess demographic and health-related information.

Participants were given the option to be interviewed in either English or Spanish, at the location of their choice (e.g., at a partner clinic site, over the phone, or at the participant's homes). All interviews were audio-recorded and transcribed.

CLINIC STAFF

Semi-structured interviews were the primary data collection tool for clinic staff interviews. The clinic staff interview guides included predetermined questions that were grouped under general themes that drew on previous theoretical models and literature review. Our team then discussed the guide during meetings and initial data analysis from pregnant and postpartum participant interviews in order to include questions that reflected women's experiences with the local healthcare system.

At the request of one clinic system, we held one group discussion with clinic staff members rather than holding individual interviews. The conversation was 90 minutes long and covered a range of topics, including barriers that the clinic faced in helping postpartum patients transition to well-woman care and their experiences with public healthcare coverage programs.

ANALYSIS

Members of the research team read each transcript, identified sections that were of greatest relevance to the key project questions, and through a series of team meetings worked together to identify the key themes that are presented in this report. Throughout the PATH study, key findings were shared with the Executive Committee of the Texas Collaborative for Healthy Mothers and Babies (TCHMB) during quarterly in-person meetings. An advisory group consisting of TCHMB Executive Committee members and other state and local women's health stakeholders provided ongoing input on study design, interpretation of research findings, and development of recommendations. This report was approved by the TCHMB Executive Committee.

POPULATION DESCRIPTION

PREGNANT/POSTPARTUM PARTICIPANTS

A total of 82 women expressed interest in learning more about our study. Of the 82 women recruited, 32 (39%) women agreed to participate, signed a consent form, and completed at least one interview. A total of 55 interviews were collected from the 32 participants in the first year of the study. Interviews ranged from 17 to 149 minutes, with an average of 51.5 minutes (median = 51 minutes). Demographic characteristics of the pregnant/postpartum participants are described in the table below.

Demographic characteristics of pregnant/postpartum study participants

Total Participants (N=32)	n (%)
Race/ethnicity	
Non-Hispanic White	1 (3.1)
Non-Hispanic Black	1 (3.1)
Latina/Hispanic	29 (90.6)
Other/unknown	1 (3.1)
County of residence	
Bastrop	3 (9.4)
Caldwell	2 (6.3)
Hays	2 (6.3)
Travis	21 (65.6)
Williamson	2 (6.3)
Other	2 (6.3)
Preferred language	
English	15 (46.9)
Spanish	17 (53.1)
Coverage during pregnancy	
CHIP-Perinatal	14 (43.8)
Medicaid for Pregnant Women	16 (50.0)
Other	2 (6.3)
Immigration status	
U.S. citizen	15 (46.9)
Legal resident	3 (9.4)
Undocumented	14 (43.8)

Most pregnancy/postpartum study participants self-identified as Latina/Hispanic (90.6%), resided in Travis County (65.6%), and were covered by Medicaid for Pregnant Women (50%) or CHIP-P (43.8%). Approximately equal proportions of participants indicated their preferred language as English (46.9%) or Spanish (53.1%). Approximately 44% of study participants self-reported their immigration status as undocumented.

CLINIC STAFF

We conducted a total of nine interviews with clinic staff, which included eight individual interviews and one group discussion with 12 staff members, for a total of 20 clinic staff members interviewed. Clinic staff interviewed included eight healthcare providers [physician (n=2), nurse practitioner (n=2), licensed practice

nurse (n=2), registered nurse/women's health nurse practitioner (n=1), and licensed clinical social worker (n=1)] and 12 administrative staff [chief executive officer (n=1), practice administrator/administrative supervisor (n=3), obstetrics coordinator (n=1), surgery scheduler (n=2), financial screener (n=1), director of grants (n=1), set manager (n=1), and associate director (n=2)]. Of the 20 clinic staff members interviewed, 19 (95%) were female. Interview length ranged from 44 to 91 minutes, with an average length of 64 minutes (median =61 minutes).

LIMITATIONS

This study documented experiences of underserved women when navigating the healthcare system after delivery and through the postpartum period, including the transition between public healthcare coverage programs, and assessed how public healthcare coverage programs are understood, utilized, and integrated by providers and by the local healthcare systems. Some limitations should be considered when interpreting the findings from this study. While we sought to recruit women who were reflective of underserved women in central Texas, our final study sample did not fully represent the demographics of the target population. Future work should include targeted recruitment efforts to capture the experiences of white and non-Hispanic black women in the region. Our study population consisted of a convenience sample of women and clinic staff in central Texas. The experiences and views of study participants may differ from those who were not included in this study.

B. ADDITIONAL INFORMATION ON MEDICAID FOR PREGNANT WOMEN, CHIP-PERINATAL, HEALTHY TEXAS WOMEN, AND THE TEXAS FAMILY PLANNING PROGRAM

	Medicaid for Pregnant Women	CHIP-Perinatal
Eligibility	• Pregnant • Income at or below 198% FPL • Texas resident • U.S. citizen or qualified immigrant[2] • Do not have health insurance	• Pregnant • Income at or below 202% FPL • Texas resident • Do not qualify for Medicaid
Postpartum benefits and coverage end date	Any Medicaid-covered service that occurs on or prior to the last day of the month 60 days after the pregnancy ends.	Coverage ends at the end of the month in which the pregnancy ends, but clients can get up to two postpartum visits within 60 days of pregnancy end.

FPL, federal poverty level

2- Qualified immigrants are typically lawful permanent residents (LPR, i.e., green card holders) who have had LPR status for at least five years.

	Healthy Texas Women	Family Planning Program
Eligibility [6]	• Female • **Ages 15 through 44 years** (women age 15 through 17 must have parental or legal guardian apply on her behalf) • Income below 200% FPL • Texas resident • **U.S. Citizen or qualified immigrant** • Do not have health insurance or Medicaid • **Are not pregnant**	• **Male** or female • **Age 64 years and younger** • **Income below 250% FPL** • Texas resident • Do not have health insurance or Medicaid
Covered benefits [5]	• Annual family planning and preventive healthcare visit and additional office visits as needed • Contraceptive services • Preconception care • Cervical cancer screening and diagnosis • Screening and treatment of cervical intraepithelial neoplasia • Breast cancer screening and diagnosis • Screening and treatment for sexually transmitted infection and sexually transmitted disease • Human immunodeficiency virus (HIV) testing • Pregnancy testing • Recommended immunizations • Screening **and treatment** of diabetes, hypertension, and elevated cholesterol • **Screening and treatment of postpartum depression**	• Annual family planning and preventive healthcare visit • Contraceptive services • Preconception care • Cervical cancer screening and diagnosis • Screening and treatment of cervical intraepithelial neoplasia • Breast cancer screening and diagnosis • Screening and treatment for sexually transmitted infection and sexually transmitted disease • Human immunodeficiency virus (HIV) testing • Pregnancy testing • Recommended immunizations • Screening for diabetes, hypertension, and elevated cholesterol • **Prenatal care services**
Enrollment [6]	• Clients can apply online, by calling 2-1-1, or by mailed or faxed paper application • HTW contracted clinics often provide enrollment assistance • Clients may be deemed presumptively eligible for benefits at an HTW contracted clinic and receive services immediately. • Eligible Texas Medicaid for pregnant women clients are auto-enrolled when Medicaid coverage terminates • Clients must re-enroll every 12 months	• Eligibility determined and enrollment facilitated by a contracted clinic • Clients must re-enroll every 12 months

Differences in eligibility and covered benefits between the two programs are indicated in **bold**

Provider Eligibility and Enrollment

To be eligible to provide services through either HTW or FPP, providers must have completed the Medicaid enrollment process through TMHP. Once enrolled in Medicaid, in order to provide services through HTW, 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 [16].[3]

C. BRIEF HISTORY OF TEXAS WOMEN'S HEALTH PROGRAMS

2007 Texas launched the Women's Health Program (WHP) within the Health and Human Services Commission (HHSC), with a federal Medicaid 1115 waiver that covered 90% of costs; the WHP provided services to women ages 18-44 who are U.S. citizens or qualified immigrants and have a net family income ≤185% of the Federal Poverty Level. Services included the full range of allowable Medicaid family planning services, and screenings for specific chronic and acute health conditions [10].

2011 HHSC began enforcing a rule to exclude entities that perform or promote elective abortions from the WHP [11]; CMS did not approve HHSC's Medicaid 1115 waiver renewal due to restrictions on provider eligibility [12].

2013 Texas replaced the Medicaid-funded WHP with a state-funded program called the Texas Women's Health Program (TWHP), using state funds to cover loss of federal funds; Texas also launched the Expanded Primary Healthcare Program (EPHC) under the Texas Department of State Health Services (DSHS) [5].

2014 Sunset Commission recommended consolidating state's women's health programs to improve efficiency and effectiveness; this led to the consolidation of the TWHP with the EPHC to create Healthy Texas Women (HTW), and the transfer of the existing Texas Family Planning Program (FPP) from DSHS to HHSC [13].

2015 Legislature established the Women's Health Advisory Committee (WHAC) to help oversee the consolidation and redesign of HTW, and the redesign of the FPP [13].[4]

2016 HTW and a redesigned FPP launched on July 1. One feature of the new HTW was that eligible Medicaid for Pregnant Women clients were to be auto-enrolled into HTW upon conclusion of Medicaid (approximately 2 months after delivery). FPP was expanded to cover up to age 64 years [5].

2017 HHSC submitted a Medicaid 1115 waiver application to cover costs of the HTW program. The new waiver contains the same stipulations (excluding entities that perform or promote elective abortions from participating) that led CMS to reject the 2011 renewal application.

2020 On January 22, CMS approved the Medicaid 1115 waiver application submitted by HHSC in 2017; the waiver will fund 90% of costs for the HTW program's family planning services through December 2024 [14].

3- Certification form for providers available here: http://www.tmhp.com/Provider_Forms/Medicaid/F00124_Healthy_Texas_Women_Certification.pdf

4- The WHAC held five meetings beginning in 2015 through its scheduled expiration in 2017. A bill that would have extended its expiration date was vetoed by Governor Abbott. (https://gov.texas.gov/news/post/governor-abbott-vetoes-sb-790)

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