



HHS Women's Health Programs

Texas Women's Health Program	Family Planning Program (FP)	Expanded Primary Health Care Program	Title V Prenatal	Medicaid – Women's Services	CHIP Perinatal	Breast and Cervical Cancer Screening	Medicaid for Breast and Cervical Cancer
Clients: ~117,000 (average monthly) women enrolled in FY13	Clients: ~49,000 women served in FY13	Clients: ~170,000 women served annually	Clients: ~14,000 women served in FY13	Clients: ~533,000 (average monthly) women enrolled in FY13	Clients: ~37,000 (average monthly) women enrolled in FY13	Clients: ~43,000 women served in FY13	Clients: ~4,700 (average monthly) women enrolled in FY13
Eligibility: 185% FPL, Women Age 18-44 seeking family planning, US Citizens or eligible immigrants	Eligibility: 250% FPL, Women of childbearing age who have not been sterilized and men who have not been sterilized, Texas resident.	Eligibility: 200% FPL, Women Age over age 18, Texas Residents	Eligibility: 185% FPL, women of child bearing age, Texas resident	Eligibility: Medicaid-income eligible (varies by program), US Citizens or eligible immigrants, Texas residents (includes TANF, both child and adult, STAR Health, pregnant, and federal mandate clients)*	Eligibility: 200% FPL, US Citizens or eligible immigrants, Texas residents, currently pregnant	Eligibility: 200% FPL, women age 21-64, Texas resident	Eligibility: 200% FPL, women ages 64 or younger, US Citizens or eligible immigrants, Texas residents, diagnosed and in need of treatment for either breast or cervical cancer
Annual Funding: \$36 million General Revenue	Annual Funding: \$21.6 million All Funds (\$18.8M General Revenue, \$2.8M Federal/Other)	Annual Funding: \$50 million General Revenue	Annual Funding: GR- \$1.2M Fed (Title V) \$291K	Annual Costs: \$3.7 billion All Funds (\$1.5 billion General Revenue)	Annual Funding: \$205 million All Funds (\$58.5 million General Revenue)	Annual Funding: GR – \$2.9M Fed (CDC and Title XX) - \$6.4M Fed (Title XX) - \$3M	Annual Costs: \$91.2 million All Funds (\$26 million General Revenue)

*Excludes Emergency Medicaid - Birth Costs to Undocumented Persons, which provided labor and delivery services for approx. 52,000 women in FY13 through emergency services for undocumented persons.

"Medicaid cost estimate reflects using a per member, per month cost for medical and vendor drug costs for all client risk groups, based on the total number of female clients age 18 and above, as well as older adolescent females (15-17) in the non-disabled Children's and Foster Care groups."



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<p><i>Covered Services*</i></p> <p>pelvic examination, STD screening and treatment, HIV screening, diabetes screening, high blood pressure screenings, cholesterol screenings, breast & cervical cancer screenings, clinical breast exam, pap tests (initial and follow-up testing), and Contraceptives.</p>	<p><i>Covered Services**</i></p> <p>pelvic examination, STD screening and treatment, HIV screening, diabetes screening, high blood pressure screenings, cholesterol screenings, breast & cervical cancer screenings, clinical breast exam, pap tests (initial and follow-up testing), and contraceptives.</p>	<p><i>Priority Services**</i></p> <p>pelvic examination, STD screening and treatment, HIV screening, diabetes screening, high blood pressure screenings, cholesterol screenings, breast & cervical cancer screenings, clinical breast exam, pap tests (initial and follow-up testing), immunizations and contraceptives.*</p>	<p><i>Covered Services:</i></p> <p>pelvic examination, STD screening and treatment, HIV screening, diabetes screening, high blood pressure screenings, cholesterol screenings, pap tests, prenatal labs, ultrasound, non-stress test, dental services, and post-partum visit.</p>	<p><i>Covered Services</i></p> <p>Full Medicaid acute care benefits for qualifying women. In addition, pregnant women have access to family planning annual exams, other family planning office or outpatient visits, laboratory services, radiology services, contraceptive devices and related procedures, drugs and supplies, medical counseling and education, sterilization and sterilization-related procedures, prenatal visits, prescriptions, prenatal vitamins, labor and delivery, postpartum visits.</p>	<p><i>Covered Services:</i></p> <p>Up to 20 prenatal visits, prescriptions and prenatal vitamins, labor and delivery of the baby, two post-partum visits, and regular check-ups, immunizations and prescriptions for the baby after the baby leaves the hospital.</p>	<p><i>Covered Services:</i></p> <p>pelvic examination, high blood pressure screenings, breast & cervical cancer screenings, clinical breast exam pap tests (initial and follow-up testing) mammograms, diagnostic services for women with abnormal breast or cervical cancer test results, cervical dysplasia treatment, and individualized case management.</p>	<p><i>Covered Services</i></p> <p>Full Medicaid benefits during active cancer treatment, including cancer related services, such as: diagnostic services, surgery, chemotherapy, radiation, reconstructive surgery, medication (ongoing hormonal treatment), and active disease surveillance.</p>

*Additional EPHC services: mammograms, diagnostic services for abnormal breast or cervical cancer test results, cervical dysplasia treatment, individualized case management, and prenatal medical and dental services.

**Full Medicaid acute care benefits are only available during pregnancy and up to two months after birth for certain income-eligible women.