Washington State Health Care Authority

TAKE CHARGE Family Planning Waiver – Section 1115 Demonstration Year Fifteen Annual Report July 1, 2015 through June 30, 2016

September 30, 2016

TABLE OF CONTENTS

INTRODUCTION

Washington State's 1115 waiver family planning demonstration was approved by the Centers for Medicare and Medicaid Services (CMS) in 2001 and includes two programs. The Family Planning Only extension, which existed prior to the waiver, provides family planning only services for 10 months to those women who have recently been pregnant and do not qualify for full coverage Medicaid after their pregnancy medical coverage ends 60 days after the pregnancy ended. The TAKE CHARGE program began in July 2001 and expanded Medicaid coverage for family planning services to men and women with family incomes at or below 200% of the federal poverty level (FPL). Beginning on October 1, 2012, clients with incomes up to 250% of FPL were eligible to apply for TAKE CHARGE. With the implementation of the Affordable Care Act (ACA) and the use of MAGI for determination of income the limit was increased to 260% of FPL effective October 1, 2013. Both programs goals are to improve the health of women, children, and families by decreasing unintended pregnancies and lengthening intervals between births and reducing state and federal Medicaid expenditures for births from unintended pregnancies. For the first ten years of the waiver was administered by the Washington State Department of Social and Health Services (DSHS) Health and Recovery Services Administration (HRSA). On July 1, 2011, Washington State Medicaid merged with the Washington State Health Care Authority (HCA). The re-organized Health Care Authority now administers the 1115 family planning demonstration waiver.

The current waiver expires December 31, 2016. The current extension was received on November 12, 2015. The 1115 waiver fiscal year is July 1-June 30 to coincide with Washington State's fiscal year.

EXECUTIVE SUMMARY

Demonstration Population

The family planning demonstration waiver includes the following three groups of clients:

- Recently pregnant women who would otherwise lose Medicaid coverage after their maternity coverage ends.
- Women with family incomes at or below 260%, seeking to prevent an unintended pregnancy.
- Men with family incomes at or below 260%, seeking to prevent an unintended pregnancy.

Program Goals

- Decrease unintended pregnancies.
- Lengthening intervals between births.
- Reduce state and federal Medicaid expenditures for births from unintended pregnancies.

Program Highlights

- The family planning demonstration waiver covers every FDA approved birth control method and a narrow range of family planning services that help clients to use their contraceptive methods safely, effectively, and successfully to avoid unintended pregnancy. The types of birth control include:
    - Oral Contraceptives.
    - Contraceptive Ring and Patch.
    - Male and Female Condoms.
    - Spermicides.
    - Contraceptive Injections.
    - Contraceptive Implants.
    - Intrauterine Devices.

- Emergency Contraception.
- Male and Female Sterilizations.
- Diaphragms and Cervical Caps.
- Natural Family Planning.
- Abstinence Counseling.

- Family planning-related services for women include an annual comprehensive family planning preventive medicine visit, screening for GC/CT for women ages 13 through 25, cervical cancer screening, and services directly related to successfully using a chosen method of contraception.

- Family planning-related services for men include an annual counseling session for reducing the risk of unintended pregnancy, condoms and spermicides, and services directly related to vasectomies.

Significant Program Changes

There have been no significant program changes in the past demonstration year. Washington State is fully invested in Health Care Reform and continues to support all efforts to provide citizens with access to comprehensive insurance coverage that far surpasses the coverage that the family planning only programs offer. We are equally invested in seeing that all women, whose pregnancies and births are paid for by Medicaid, have access to the services they need to plan and space their pregnancies.

The waiver population has declined substantially since the Affordable Care Act went into effect and un-insurance rates in Washington State dropped from 13.9% in 2012 to 7.3% in 2015. This past demonstration year the TAKE CHARGE eligible population declined by 14.8% while the post pregnancy eligible population declined by 15.3%. Provider participation has declined as well. Local Health Jurisdictions (LHJs) in rural areas are discontinuing providing direct clinical services and health systems are merging and expanding. As a result HCA increased outreach to providers to make sure that access to family planning services remains distributed across the state and particularly in rural areas.

In September 2015, HCA implemented an enhanced flat fee for long acting reversible contraception (LARC) insertion procedure codes. This enhanced fee was also applied to services provided in the family planning only programs operated under the 1115 waiver. In addition, HCA began allowing hospitals to unbundle the LARC device from the delivery DRG for immediate postpartum LARC insertions. Although inpatient services are not covered by the family planning only programs, increased use of LARC by postpartum women means less women will need family planning services after pregnancy medical ends. Since September HCA has seen a rise in both the numbers of women choosing LARC and the costs associated with providing the benefit.

Policy Issues and Challenges

The biggest challenge this demonstration year has been transitioning the current waiver program to a Family Planning Only State Plan Amendment (SPA). With strong encouragement from stakeholders and CMS, HCA began the process to transition services to a Family Planning Only SPA by December 31, 2016. However, in June we received new guidance from central office CMS staff that significant and costly changes would be required to the client application and renewal process. HCA requested a meeting with central office CMS staff to discuss this further and decide whether or not we will be able to implement the SPA or if we will need to extend the waiver. Stakeholders have been notified that a transition to a SPA is delayed and they are concerned that Washington may not be able to continue to serve this small but vulnerable population.

ENROLLMENT AND RENEWAL

This demonstration has three eligible populations:

- Population 1: Women losing Medicaid coverage at the conclusion of the 60-day postpartum period.
- Population 2: Women who have an income at or below 260% of the FPL.
- Population 3: Men who have income at or below 260% of the FPL.

Enrollees are defined as all individuals enrolled in the demonstration for the specified demonstration year, including those newly enrolled and those still eligible from the previous demonstration year.

Participants are defined as all individuals who obtain one or more covered family planning service through the demonstration.

Member months refer to the number of months in which persons enrolled in the demonstration are eligible for services.

Enrollment Trends over Current Demonstration Extension

The impact of the ACA, Washington's expanded Medicaid, and Washington's Health Benefit Exchange offering subsidized qualified health plans continues to affect enrollment into the family planning only programs. Enrollment continued to decline over the past demonstration year and based on quarter to quarter changes appears to have stabilized. This is likely due to a saturation rate of those who are both eligible for and able to afford a qualified health plan or become eligible for expanded Medicaid.

Total enrollees declined from 29,305 in demonstration year (DY) 14 to 16,600 in DY15, a 43% decline over the year. The rate of decline was greater for Populations 2 and 3 (61% and 58% respectively), than for Population 1 (26%). The number of participants decreased 37% over the past year from 7,010 in DY14 to 4,389 in DY 15. Populations 2 and 3 had a greater decline than Population 1, which declined 29%.

The proportion of total enrollees identified as participants has remained stable this year at 26% (DY14 was 24%) indicating that the 1115 waiver program continues to meet the need of those enrolled. The proportion of participants among enrollees during the past year was highest for Population 2 at 61% and lowest for Population 1 at 8%. The proportion of participants amongst enrollees for Population 1 remained the same as in DY 14 while Population 2 showed an increase to 61% in DY15 from 40% in DY14. For Population 1, many women receive family planning services as part of pregnancy medical during the immediate postpartum period (60 days after delivery) before they enrolled in the Family Planning Only extension program and would not be counted as participants for the current year. For all three Populations, clients who received family planning services in the prior year and remained eligible and enrolled in DY15 may not have needed or received additional services in DY15 and are not counted as participants. This would include those using LARCs and those who received 12 month supply of self-administered contraception at the end of a demonstration year.

The following tables show data on enrollees, participants, clients, and member months within the demonstration since July 2012.

Table 1: Demonstration Year 12 July 1, 2012 – June 30, 2013				
	Population 1	**Population 2**	**Population 3**	**Total Population (Unduplicated)**
# of Total Enrollees	41,692	59,398	772	100,441
# of Participants	8,283	40,946	284	49,082
# of Clients (Unduplicated)	7,170	38,511	218	45,899
# of Member Months	221,772	415,713	5,122	642,607

Table 2: Demonstration Year 13 July 1, 2013 – June 30, 2014				
	Population 1	**Population 2**	**Population 3**	**Total Population (Unduplicated)**
# of Total Enrollees	35,220	53,671	695	89,204
# of Participants	5,863	32,366	214	38,340
# of Clients (Unduplicated)	4,964	30,688	180	35,832
# of Member Months	180,729	369,973	4,412	555,114

Table 3: Demonstration Year 14 July 1, 2014 – June 30, 2015				
	Population 1	**Population 2**	**Population 3**	**Total Population (Unduplicated)**
# of Total Enrollees	14,715	14,590	137	29,305
# of Participants	1,214	5,796	28	7,010
# of Clients (Unduplicated)	1,027	5,571	20	6,618
# of Member Months	66,232	67,764	614	133,996

Table 4: Demonstration Year 15 July 1, 2015 – June 30, 2016				
	Population 1	**Population 2**	**Population 3**	**Total Population (Unduplicated)**
# of Total Enrollees	10,820	5,743	57	16,600
# of Participants	861	3,512	16	4,383
# of Clients (Unduplicated)	689	3,178	13	3,882
# of Member Months	53,791	36,219	343	90,010

Enrollment Trends over Life of Demonstration

Washington's family planning only waiver has experienced many changes over the past fifteen years. Although Population 1 (women losing Medicaid pregnancy coverage after the end of the postpartum period) fluctuated modestly until January 2014, the caseload for women and men (populations 2 & 3) with incomes at or below 260% of the FPL has shown greater change.

Population 1 remained steady around 40,000 total enrollees until DY14 when there was a dramatic drop due to full ACA implementation. DY15 had 10,820 total enrollees. Many of these clients become eligible for expanded Medicaid after the birth of their baby. Monthly enrollment peaked at 19,230 in November 2013 and has decreased by 77% to 4,307 in June 2016.

After Population 2 & 3's caseload peaked in May 2005 (DY5) at 90,294 clients, the number of enrollees declined and stabilized at a lower level in January 2009 (DY8). The caseload rose slightly after that and then started another downward trend. There was a peak just prior to full ACA implementation in October 2013 (DY13) at 42,021 clients. Since then monthly enrollment has decreased by 93% to 2,858 in June 2016.

A number of TAKE CHARGE program and eligibility changes potentially contributed to the declines in population 2 & 3's caseload:

- January 2006: New billing instructions – specified a more limited scope of services, especially for men.
- November 2006: New billing instructions – clients with health insurance became ineligible except for good cause; Social Security Number (SSN) required, documentation of citizenship (affidavit permitted for those without other documentation), and proof of identify required; sexually transmitted disease and infection (STD/STI) services limited to urogenital Neisseria gonorrhea (GC) and Chlamydia trachomatis (CT) for women ages 13 – 25; and services for men were limited. New billing instructions were based in part on Special Terms and Conditions (STCs) effective July 2006.
- August 2008: Citizenship documentation became required. Use of a previously permitted affidavit was discontinued.
- April 2010: New Medicaid billing system (ProviderOne) implemented. This resulted in some discontinuities in data during the transition period.
- September 2010: Dependent provision of ACA took effect. Parents allowed to cover dependents up to age 26 on their health insurance.

- October 2012: STCs of the renewal granted in July 2012 were implemented. Eligibility was changed allowing men and women up to 250% FPL (up from 200% FPL). The new STCs also allowed men and women with creditable health insurance to apply for TAKE CHARGE.
- October 2013: Medicaid expansion includes eligibility for adults up to 138% of the FPL. TAKE CHARGE eligibility increased to 260% of the FPL.
- January 2014: Health insurance available through the health benefit exchange takes effect. Clients with health insurance no longer eligible for TAKE CHARGE. Clients must first apply for Medicaid and be denied before they can enroll in TAKE CHARGE.

The following graph and tables show the enrollment figures over the life of the demonstration, from DY1 (July 2001 – June 2002) through DY15 (July 2015 – June 2016).

Figure 1. Enrollment of Clients ≤ 260% of FPL
As of September 9, 2016
Population 2 + Population 3 (TAKE CHARGE)

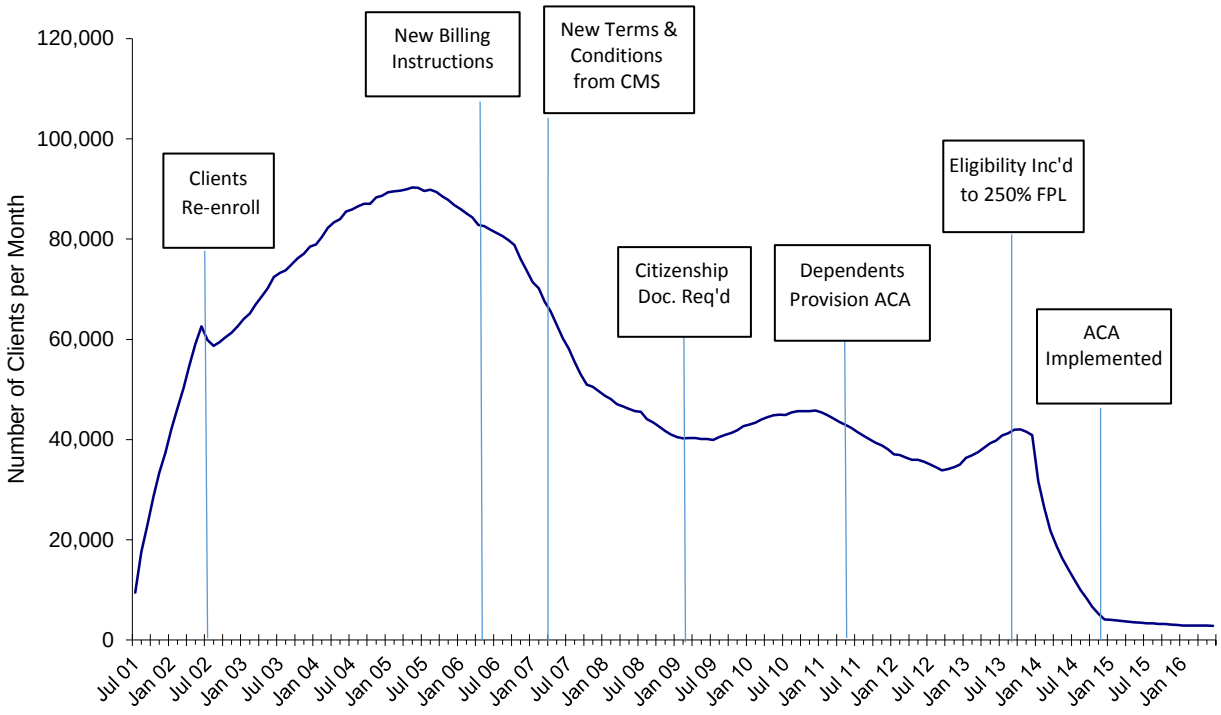

Table 5. Total Number of Enrollees July 1, 2001 – June 30, 2016				
Year	**Population 1**	**Population 2**	**Population 3**	**Total Population (Unduplicated)**
DY1	32,897	55,525	3,454	90,159
DY2	36,682	94,501	7,441	136,178
DY3	39,038	114,222	8,880	159,231
DY4	40,031	127,818	9,725	174,859
DY5	39,805	125,261	8,218	170,759
DY6	39,881	110,586	4,454	152,649
DY7	39,054	84,117	1,333	122,696
DY8	38,628	68,908	763	106,785
DY9	38,908	70,794	924	109,054
DY10	40,663	70,577	1,042	110,731
DY11	41,689	64,374	1,013	105,688
DY12	41,692	59,398	772	100,441
DY13	35,220	53,671	695	89,204
DY14	14,715	14,590	137	29,305
DY15	10,820	5,743	57	16,600

Table 6. Total Number of Participants July 1, 2001 – June 30, 2016				
Year	**Population 1**	**Population 2**	**Population 3**	**Total Population (Unduplicated)**
DY1	10,659	52,830	3,030	65,716
DY2	14,433	75,333	4,029	92,577
DY3	15,702	92,963	5,005	112,198
DY4	17,431	124,074	8,809	148,633
DY5	14,483	94,349	3,643	111,410
DY6	15,132	99,584	3,270	116,845
DY7	13,378	57,925	382	70,948
DY8	11,719	49,128	339	60,625
DY9	11,398	55,702	440	66,903
DY10	9,837	52,534	412	62,259
DY11	8,681	40,582	325	49,245
DY12	8,283	40,946	284	49,082
DY13	5,863	32,366	214	38,340
DY14	1,214	5,796	28	7,010
DY15	861	3,512	16	4,383

Table 7. Total Number of Member Months July 1, 2001 – June 30, 2016				
Year	**Population 1**	**Population 2**	**Population 3**	**Total Population (Unduplicated)**
DY1	175,198	414,923	21,688	611,809
DY2	197,296	689,403	48,269	934,968
DY3	215,662	872,924	58,701	1,147,287
DY4	219,399	992,539	63,457	1,275,395
DY5	211,959	972,303	54,811	1,239,073
DY6	216,157	836,982	28,231	1,081,370
DY7	207,547	590,616	6,601	804,764
DY8	197,789	491,898	4,710	694,397
DY9	202,976	506,167	5,618	714,761
DY10	213,686	527,041	6,859	747,586
DY11	222,363	449,578	6,203	678,144
DY12	221,772	415,713	5,122	642,607
DY13	180,729	369,973	4,412	555,114
DY14	66,232	67,764	614	133,996
DY15	53,791	36,219	343	90,010

Annual Disenrollment and Retention Figures - Current Demonstration Year

Disenrollment for the purpose of this report is defined as having a gap in enrollment of more than four months. Retention is defined as those continuously enrolled or experiencing a gap in eligibility of no more than four months. Of the 16,600 clients enrolled in the family planning waiver in DY15, 6,682 (40%) were retained.

Of the total 9,918 clients whose eligibility ended in DY15 and did not re-enroll in the waiver after a gap of more than four months, 70.1% completely dis-enrolled. Twenty eight percent (27.7%) of clients who dis-enrolled from the family planning only programs returned to another Medicaid program after a gap of more than four months. These included full coverage, pregnancy medical, and state funded programs. Two percent re-enrolled in the family planning only waiver programs. Clients with a sterilization procedure (18, or 0.2%) represented the smallest group of dis-enrolled clients. As a result of Medicaid expansion and health care reform, the pattern of disenrollment and retention dramatically changed in DY13. Over the past two years patterns have been similar and appear to be returning to pre ACA patterns.

Over this demonstration period annual retention of enrolled clients decreased from 52% in DY12 to 29% in DY14 and has risen to 40% in DY15. The proportion of dis-enrolled clients who did not renew their eligibility without a specific reason has fluctuated from close to three-fourths in DY12 down to one half in DY13 and back up to close to the pre-ACA level at 70.1% in DY15. These dis-enrollments could be due to obtaining commercial coverage or increases in use of LARCs. There were similar fluctuations in the rate of those who dis-enrolled and then became eligible for full Medicaid benefits either through expanded Medicaid or pregnancy or another state funded program (20.4% in DY12 to

48.5% in DY13 to 27.7% in DY15). These fluctuations show the impact that health reform has had on the family planning waiver program and that more of those dis-enrolling are obtaining complete health coverage through Medicaid expansion.

Table 8. Annual Disenrollment and Retention Figures
Demonstration Period: July 1, 2012 – June 30, 2016 (DY12-DY15)

Reason for Disenrollment/# and % Enrollees	July 1, 2012 – June 30, 2013		July 1, 2013 – June 30, 2014		July 1, 2014 – June 30, 2015		July 1, 2015 – June 30, 2016	
	n	%	n	%	n	%	n	%
Sterilization	221	0.4%	139	0.2%	44	0.2%	18	0.2%
Eligible for Full Benefits Due to Pregnancy	5,378	10.5%	3,315	4.8%	874	4.0%	683	6.9%
Eligible for Full Benefits	4,693	9.2%	29,227	42.6%	5,203	24.0%	1,807	18.2%
Re-enrolled	2,788	5.4%	602	0.9%	251	1.2%	202	2.0%
Did not Renew	37,840	73.8%	34,646	50.4%	14,849	68.4%	6,952	70.1%
Eligible for Other State- Funded Program	354	0.7%	747	1.1%	472	1.2%	256	2.6%
Total Disenrollment Number	51,274		68,676		21,693		9,918	

Note: the above table reflects both exits from and entries into the demonstration waiver. Clients who both exit and enter will be counted twice.

SERVICE AND PROVIDERS

Service Utilization

As shown in the tables below, the most frequently provided family planning method for female clients is birth control pills, with 41.1% of Population 1 and 54.3% of Population 2 having received birth control pills during DY15. In DY15 both groups frequently received emergency contraception pills as well: 14.4% of Population 1 and 54.6% of Population 2. Use of contraceptive implants decreased in DY15, notably among Population 1 at 3.4% compared to 5.1% in DY14, 4.1% in DY13 and 2.4% in DY12. IUD insertion rates have remained relatively stable for Population 1 at 14-16% since DY12. Population 2 had a decline in IUD insertions from DY 12 to DY 14, but has increased to 8.5% in DY 15 the same rate as seen in DY12.

During DY15 use of hormone injections was greater in Population 2 at 18.1% while Population 1 was at 9.2%. The use of hormone injections has varied from year to year, but not by much. Female sterilization has a low rate of use among the waiver populations, mostly because many women get sterilized immediately after a delivery while they are covered under pregnancy medical. Population 1 has a higher use of female sterilization than Population 2 (2.8% and 0.1% respectively). The use of sterilization increased in DY15 from previous years amongst Population 1. The difference between these populations may be explained by the different characteristics of these two groups of women. Population 1 is comprised of recently pregnant women for whom a non-reversible family planning method may be more desirable and appropriate than for the younger, often single women in Population 2, the majority of whom have not had children.

In DY 15 all male participants used vasectomy as their form of contraception. This is the reason that men enroll in TAKE CHARGE. Since ACA men have had access to health care coverage through expanded Medicaid and affordable qualified health plans.

Table 9: Use of Family Planning Methods July 1, 2012 - June 30, 2013 (DY12)							
Family Planning Method	**Population 1**		**Population 2**		**Population 3**		**Total Clients (unduplicated)**
	n	%	n	%	n	%	
Birth Control Pills	3,711	44.8%	22,355	54.6%	4*		26,070
Emergency Contraception	1,572	19.0%	20,400	49.8%	4*		21,976
Male Condom	684	8.3%	9,638	23.5%	20	7.0%	10,342
Hormone Injection	953	11.5%	6,263	15.3%	1*		7,217
Vaginal Ring	566	6.8%	4,640	11.3%	0	0.0%	5,206
IUD insertion	1,163	14.0%	3,475	8.5%	0	0.0%	4,638
Transdermal Patch	392	4.7%	2,018	4.9%	0	0.0%	2,410
Spermicide/ Topical CC	108	1.3%	1,486	3.6%	3*		1,597
Contraceptive Implant	198	2.4%	923	2.3%	0	0.0%	1,121
Female Sterilization	172	2.1%	204	0.5%	0	0.0%	376
Female Condom	16	0.2%	196	0.5%	0	0.0%	212
Male Sterilization	0	0.0%	0	0.0%	188	66.2%	188
Diaphragm/cap	26	0.3%	42	0.1%	0	0.0%	68
Natural Family Planning	0	0.0%	0	0.0%	14	4.9%	14
Total Participants	8,681		40,582		325		49,245

*Gender Incorrect.

Table 10: Use of Family Planning Methods July 1, 2013 - June 30, 2014 (DY13)							
Family Planning Method	**Population 1**		**Population 2**		**Population 3**		**Total Clients (unduplicated)**
	n	%	n	%	n	%	
Birth Control Pills	2,434	49.0%	17,436	56.8%	5*		19,875
Emergency Contraception	1,162	23.4%	15,814	51.5%	10*		16,986
Male Condom	535	10.8%	7,603	24.8%	22	12.2%	8,160
Hormone Injection	728	14.7%	5,471	17.8%	2*		6,201
Vaginal Ring	360	7.3%	3,139	10.2%	1*		3,500
IUD insertion	759	15.3%	2,385	7.8%	0	0.0%	3,144
Transdermal Patch	219	4.4%	1,595	5.2%	1*		1,815
Spermicide/ Topical CC	93	1.9%	1,193	3.9%	4*		1,290
Contraceptive Implant	204	4.1%	879	2.9%	0	0.0%	1,083
Female Sterilization	126	2.5%	108	0.4%	0	0.0%	234
Female Condom	29	0.6%	354	1.2%	1*		384
Male Sterilization	0	0.0%	0	0.0%	151	83.9%	151
Diaphragm/cap	15	0.3%	24	0.1%	0	0.0%	39
Natural Family Planning	0	0.0%	0	0.0%	7	3.9%	7
Total Participants	5,863		32,366		214		38,340

*Gender Incorrect.

Table 11: Use of Family Planning Methods July 1, 2014 - June 30, 2015 (DY14)							
Family Planning Method	**Population 1**		**Population 2**		**Population 3**		**Total Clients (unduplicated)**
	n	%	n	%	n	%	
Birth Control Pills	494	48.1%	3,220	57.8%	0	0.0%	3,714
Emergency Contraception	226	22.0%	2,814	50.5%	1*		3,041
Male Condom	93	9.1%	1,224	22.0%	3	15.0%	1,320
Hormone Injection	172	16.7%	1,098	19.7%	0	0.0%	1,270
Vaginal Ring	57	5.6%	456	8.2%	0	0.0%	513
IUD insertion	144	14.0%	325	5.8%	0	0.0%	469
Transdermal Patch	60	5.8%	260	4.7%	0	0.0%	320
Spermicide/ Topical CC	15	1.5%	179	3.2%	0	0.0%	194
Contraceptive Implant	52	5.1%	202	3.6%	0	0.0%	254
Female Sterilization	19	1.9%	10	2.0%	0	0.0%	29
Female Condom	3	0.3%	52	0.9%	0	0.0%	55
Male Sterilization	0	0.0%	0	0.0%	17	85.0%	17
Diaphragm/cap	2	0.2%	1	0.1%	0	0.0%	3
Natural Family Planning	0	0.0%	0	0.0%	0	0.0%	0
Total Participants	1,214		5,796		28		7,010

*Gender Incorrect.

Table 12: Use of Family Planning Methods July 1, 2015 - June 30, 2016 (DY15)							
Family Planning Method	**Population 1**		**Population 2**		**Population 3**		**Total Clients (unduplicated)**
	n	%	n	%	n	%	
Birth Control Pills	354	41.1%	1,906	54.3%	0	0.0%	2,257
Emergency Contraception	124	14.4%	1,884	53.6%	0	0.0%	1,862
Male Condom	41	4.8%	612	17.4%	2	12.5%	655
Hormone Injection	79	9.2%	635	18.1%	0	0.0%	713
Vaginal Ring	37	4.3%	181	5.2%	0	0.0%	218
IUD Insertion	138	16.0%	299	8.5%	0	0.0%	320
Transdermal Patch	29	3.4%	107	3.0%	0	0.0%	136
Spermicide/Topical CC	4	0.5%	89	2.5%	0	0.0%	93
Contraceptive Implant	29	3.4%	129	3.7%	0	0.0%	158
Female Sterilization	24	2.8%	3	0.1%	0	0.0%	25
Female Condom	0	0.0%	1	0.0%	0	0.0%	1
Male Sterilization	0	0.0%	0	0.0%	13	81.3%	13
Diaphragm/Cap	0	0.0%	1	0.0%	0	0.0%	1
Natural Family Planning	2	0.2%	6	0.2%	0	0.0%	8
Total Participants	**861**		**3,512**		**16**		**4,389**

Provider Participation

As of June 30 2016, the family planning only waiver had 32 providers serving clients at 141 sites. We have good provider distribution across the state that reflects Washington's population density. There is at least one provider in most counties and more in the more populous counties. As expected, fewer clinics are located in sparsely populated counties of Eastern Washington requiring driving to commercial centers to access services.

The provider landscape has changed in response to ACA and will continue to change as innovative payment systems are introduced that focus on quality metrics. As Washington residents obtain health coverage and establish themselves with health homes, small clinics with single purposes are finding their caseloads declining significantly. This has particularly affected local health jurisdictions (LHJs - public health agencies). Over the past year, two LHJs serving rural communities closed their clinics. One private family planning specialty clinic system also closed and was bought and consolidated by Planned Parenthood. Federally Qualified Health Centers (FQHCs) and other large health systems are expanding and filling in some of the gaps left when these small clinics close. This actually has expanded services in some rural areas as there are now full service clinics open daily that provide family planning. HCA is working with these clinic systems to improve their knowledge of the family planning only program so that uninsured people continue to have access to family planning services in these areas.

In the future it may be necessary to expand the provider network to include all contracted Medicaid providers so that transportation is not an issue for uninsured people, especially teens. If Washington is successful in moving to a Family Planning Only SPA this provider network expansion would be implemented.

PROGRAM OUTREACH, AWARENESS, AND NOTIFICATION

General Outreach and Awareness

No public outreach activities were conducted in the past demonstration year. The major outreach of the agency has been focused on connecting clients to full scope coverage through Apple Health or a referral to a qualified health plan.

Target Outreach Campaign(s)

No public outreach activities were conducted in the past demonstration year. Targeted outreach was focused on requesting input from stakeholders on the future direction for the waiver program. HCA received strong support from stakeholders to pursue an application for a Family Planning Only SPA and initiated discussions with CMS on moving in that direction. HCA continues to update stakeholders on the progress toward this goal.

PROGRAM EVALUATION, TRANSITION PLAN, AND MONITORING

Program Integrity and Audit

There is no point-of-service eligibility option in the TAKE CHARGE waiver. All applications are processed by a dedicated special eligibility unit at HCA.

HCA continues to work with the ProviderOne billing system to strengthen and build edits and audits to insure unusual and incorrect claims are identified and that such claims pay correctly.

Quality Assurance, Monitoring, and Evaluation

Throughout the year as providers and clients ask questions areas for improvement are identified. Over the

past year a thorough review of program clinical policies was completed. Provider billing guides and Medicaid rules will be updated over the next year to incorporate feedback from providers and to reflect current national clinical standards and guidelines. The provider directory and website information has been improved and updated as part of an agency wide website redesign.

There was no formal evaluation of the family planning program during the past year. Findings from the TAKE CHARGE Health Insurance Survey report, an interim evaluation report completed in May 2015, were presented to Washington State Department of Health staff in a Learning Session on August 26, 2015. The results were used with additional input from stakeholders to inform recommendations for our transition plan.

Feedback and Grievances

There were no grievances made and no public hearings during this year. HCA did send out tribal and public notices announcing our intention to transition to a Family Planning Only SPA. Given the current discussions with CMS about whether Washington will extend the current waiver or continue to transition to a SPA, new notices will go out once a decision is made.

Transition Plan

Based on the TAKE CHARGE Health Insurance Survey findings, we concluded that a small number of women in Washington continue to have clear needs for family planning coverage that are not being met, except through the TAKE CHARGE family planning program. Many women least able to afford health insurance are the same women with the greatest need to prevent unintended pregnancy. With this in mind, HCA leadership approved the recommendation to apply for a family planning only state plan amendment (SPA), after also receiving guidance from CMS that the transition to a SPA would be seamless. We were on track to complete this process by December 31, 2016. However, in June we received new guidance from central office CMS staff that significant and costly changes would be required to the general Medicaid application and renewal process in order to implement the family planning only SPA. These changes are not feasible and we have requested a meeting with central office CMS staff to discuss further and decide whether or not we will be able to implement the SPA. Discussions are ongoing at the time of this report.

INTERIM EVALUATION OF GOALS AND PROGRESS

Goal: Increase access to family planning services.

This past demonstration year we watched our enrollment continue to decline. This is due to increase availability of full health coverage through expanded Medicaid and qualified health plans. Although some small family planning clinics have closed, FQHCs and other health systems have expanded and filled in the gaps. Access to family planning services is still widely available. Further analysis would need to be done to explore the effect of potential changes to the current waiver that would allow more individuals access family planning services.

Goal: Reduce the number of unintended pregnancies in Washington.

Washington relies on the Pregnancy Risk Assessment Monitoring System (PRAMS) survey to describe unintended pregnancy rates. PRAMS survey results are individually linked to Medicaid clients so the survey results can be reported for the target population of our family planning waiver. The questions in the PRAMS survey were changed for the survey year of 2013. As a result unintended pregnancy rates computed from 2013 on are not directly comparable to those prior to 2013. We have decided not to report results until the Washington Department of Health determines the best methodology for this measure.

HCA is participating in a multi-agency unintended pregnancy workgroup that is working on a coordinated approach to developing strategies that address unintended pregnancy rates and numbers. The family planning waiver is an essential component of these strategies.

ANNUAL EXPENDITURES

The State is required to provide quarterly reports using the Forms CMS-64 and CMS-37 to report expenditures for services provided under the family planning waiver. The tables below show the service and administrative expenditures and the Per Member Per Month (PMPM) expenditures for the demonstration since July 2012.

Table 13: Annual Service and Administrative Expenditures
July 1, 2012 – June 30, 2016

	Service Expenditures CMS-64		Administrative Expenditures CMS-64		Total Expenditures CMS-64	Expenditures CMS-37
	Total Computable	Federal Share	Total Computable	Federal Share		
DY12	$17,459.759.00	$15,810,175.00	$671,480.00	$591,716.00	$18,131,240.00	$15,243,618
DY13	$14,292,091.00	$12,933,646.00	$334,514.00	$300,824.00	$14,626,605.00	$16,931,739
DY14	$1,776,745.69	$1,587,085.19	$419,234.24	$377,200.10	$2,195,979.93	$2,705,681
DY15	$1,439,732.01	$1,256,326.94	$136,305.48	$122,582.55	$1,576,037.49	$1,808 ,000

Table 14: Per Member Per Month (PMPM) Expenditures
July 1, 2012 – June 30, 2016

	DY12	DY13	DY14	DY15
# Member Months	642,607	555,114	133,996	90,010
PMPM	$28.22	$26.35	$16.39	$17.51
Total Expenditures *(Member months multiplied by PMPM)*	$18,131,240.00	$14,626,605.00	$2,195,979.93	$1,576,037.49

ACTUAL NUMBER OF BIRTHS TO TAKE CHARGE WAIVER PARTICIPANTS

The number of actual births that occur to TAKE CHARGE waiver participants (population 2) within each demonstration year over the lifetime of the demonstration is shown in the following table. Participants include all individuals who obtain one or more covered family planning service each year. The drop in births mirrors the dramatic drop in demonstration participants since the implementation of ACA.

Table 15. Actual Number of Births to TAKE CHARGE Waiver Participants (population 2)	
DY1	4,367
DY2	5,965
DY3	6,186
DY4	4,658
DY5	4,310
DY6	4,363
DY7	4,184
DY8	3,807
DY9	4,135
DY10	3,726
DY11	3,138
DY12	3,145
DY13	1,743
DY14	460
DY15	335

COST OF MEDICAID-FUNDED BIRTHS

The average total Medicaid expenditures for a Medicaid-funded birth for each demonstration year are shown in the following table. The cost of a birth includes prenatal services, delivery and pregnancy-related services, and services to infants from birth up to age 1. The services are limited to those that are available to women who are eligible for Medicaid because of their pregnancy and their infants. Average expenditures for infant medical care for DY15 may increase as claims continue to be processed.

Table 16: Cost of Medicaid-Funded Births			
	Average Expenditure for Maternity Care	**Average Expenditure for Infant Care**	**Average Expenditure for Maternity & Infant Care**
DY1	$6,956	$4,910	$11,866
DY2	$7,154	$4,993	$12,147
DY3	$7,398	$5,612	$13,010
DY4	$7,762	$6,323	$14,085
DY5	$7,784	$6,638	$14,422
DY6	$7,807	$6,866	$14,673
DY7	$8,373	$7,360	$15,733
DY8	$8,770	$7,072	$15,842
DY9	$8,618	$5,970	$14,588
DY10	$9,147	$7,840	$16,987
DY11	$9,371	$7,559	$16,930
DY12	$9,448	$5,619	$15,067
DY13	$9,462	$5,874	$15,336
DY14	$9,507	$4,908	$14,415
DY15	$9,736	$4,791	$14,527

ACTIVITIES FOR NEXT YEAR

Washington State's plan for DY16 include:

- HCA will continue dialogue with stakeholders to discuss how to better support and encourage clients to transition to comprehensive insurance coverage. We will also continue to support providers in their efforts to help clients become enrolled in Apple Health or insurance through Washington's Health Plan Finder.
- HCA will continue discussions with CMS about transitioning the TAKE CHARGE Waiver to a Family Planning Only SPA.