Washington State Health Care Authority

Annual Report: Section 1115 Family Planning Only Demonstration Waiver (Take Charge) Demonstration Year 16: July 1, 2016-June 30, 2017

October 31, 2017

TABLE OF CONTENTS

	Page
INTRODUCTION	3
EXECUTIVE SUMMARY	3
ENROLLMENT AND RENEWAL	4
SERVICE AND PROVIDERS	12
PROGRAM OUTREACH, AWARENESS, AND NOTIFICATION	16
PROGRAM EVALUATION, TRANSITION PLAN, AND MONITORING	16
INTERIM EVALUATION OF GOALS AND PROGRESS	17
ANNUAL EXPENDITURES	17
ACTUAL NUMBER OF BIRTHS TO TAKE CHARGE WAIVER PARTICIPANTS	18
COST OF MEDICAID-FUNDED BIRTHS	19
ACTIVITIES FOR NEXT YEAR	20

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 the Washington State Department of Social and Health Services (DSHS) Health and Recovery Services Administration (HRSA) administered the program. 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, 2017. The current extension was received on December 21, 2016. 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 gonorrhea and chlamydia 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 14.5% in 2012 to 7.3% in 2015. This past demonstration year the TAKE CHARGE eligible population declined by 9% while the post pregnancy eligible population declined by 6.7%. Since July 2012 the entire waiver population has declined by 85%. Provider participation has declined over the course of the demonstration, however it has stabilized over the past year. In past years Local Health Jurisdictions (LHJs) in rural areas discontinued providing direct clinical services and some small single service focus clinics have closed. In these communities federally qualified health centers (FQHCs) and other health systems expanded to fill in the gaps. HCA has maintained access to family planning services across the state and particularly in rural areas by contracting with these providers.

Policy Issues and Challenges

There have been no policy issues or challenges this past year. Early in DY 16 HCA decided to discontinue efforts toward transitioning to a SPA and decided to pursue renewal of the waiver. The waiver option will provide more flexibility in maintaining the current eligibility criteria of Washington State's family planning only programs. Stakeholders were informed of this direction change and discussions began with CMS to initiate a waiver renewal application. Over the past year HCA has prepared to apply for a renewal of the 1115 Family Planning Only waiver in consultation with CMS and is ready to submit an application at the end of November 2017.

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 16,600 in demonstration year (DY) 15 to 15,345 in DY16, a 7.6% decline over the year. The rate of decline was greatest for Population 2 at 9%, while Population 1 declined by 6.8%. The number of participants decreased 19% over the past year from 4,389 in DY15 to 3,566 in DY 16. Population 1 had the greatest decline in participants at 49%.

The proportion of total enrollees identified as participants has remained relatively stable this year at 23% (DY15 was 26%) 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 59% and lowest for Population 1 at 4%. 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 DY16 may not have needed or received additional services in DY16 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	4,389
# of Clients (Unduplicated)	689	3,178	13	3,882
# of Member Months	53,791	36,219	343	90,010

Table 5: Demonstration Year 16 July 1, 2016 – June 30, 2017				
	Population 1	**Population 2**	**Population 3**	**Total Population (Unduplicated)**
# of Total Enrollees	10,085	5,217	56	15,345
# of Participants	439	3,106	21	3,566
# of Clients (Unduplicated)	393	2,986	13	3,392
# of Member Months	52,831	32,908	334	86,073

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. DY16 had 10,085 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 to 4,931 in June 2017.

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 to 2,746 in June 2017.

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 included eligibility for adults up to 138% of the FPL. TAKE CHARGE eligibility increased to 260% of the FPL.
- January 2014: Health insurance became available through the health benefit exchange. Clients with health insurance were no longer eligible for TAKE CHARGE. Clients must first apply for Medicaid and be denied before enrolling 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 DY16 (July 2016 – June 2017).

Figure 1. Enrollment of Clients <= 260% of FPL
As of October 11, 2017
Population 2 + Population 3

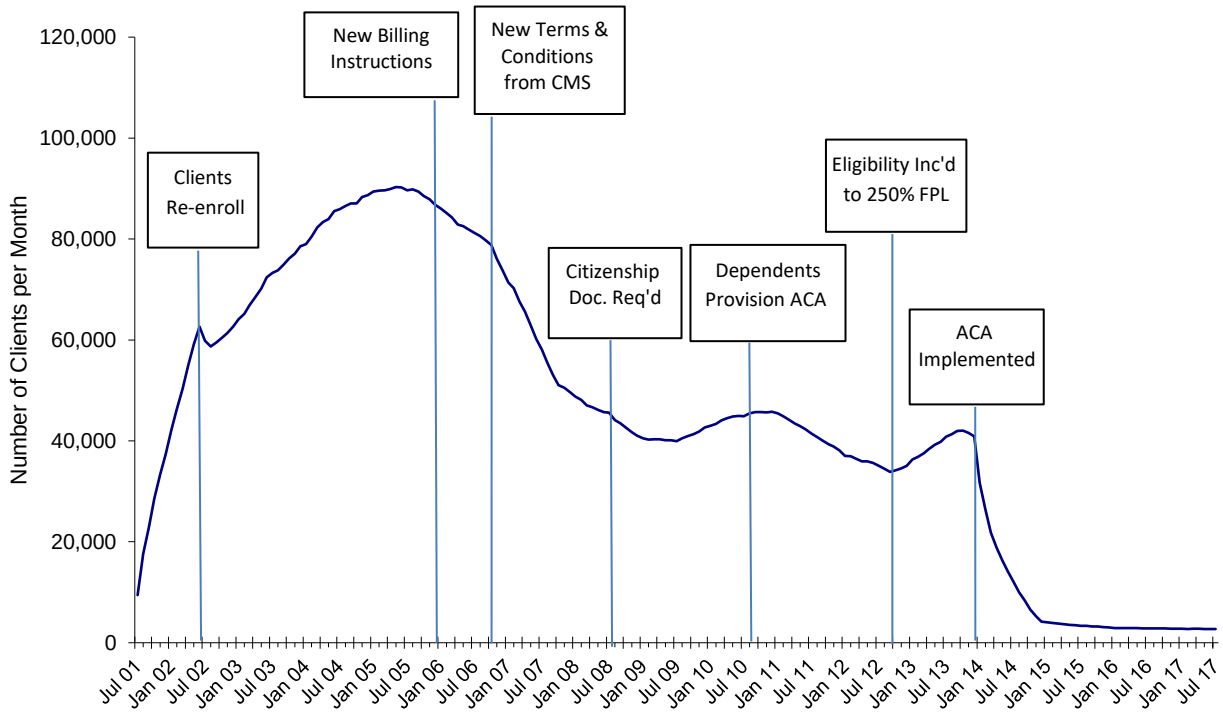

Table 6: Total Number of Enrollees July 1, 2001 – June 30, 2017				
Year	**Population 1**	**Population 2**	**Population 3**	**Total Population (Unduplicated)**
DY1	32,897	55,525	3,454	90,159
DY2	36,682	94,501	7,441	136,178
DY3	39,038	114,222	8,880	159,231
DY4	40,031	127,818	9,725	174,859
DY5	39,805	125,261	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
DY16	10,085	5,217	56	15,345

Table 7: Total Number of Participants July 1, 2001 – June 30, 2017				
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	4,389
DY16	439	3,106	21	3,566

Table 8: Total Number of Member Months July 1, 2001 – June 30, 2017				
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
DY16	52,831	32,908	334	86,073

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 15,345 clients enrolled in the family planning waiver in DY16, 6,836 (45%) were retained.

Of the total 8,509 clients whose eligibility ended in DY16 and did not re-enroll in the waiver after a gap of more than four months, 72.1% completely dis-enrolled. Twenty five percent (24.6%) 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 (1.3%) 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 three years patterns have been similar and appear to have returned 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 45% in DY16. 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 72.1% in DY16. 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 24.6% in DY16). 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 9: Annual Disenrollment and Retention Figures
Demonstration Period: July 1, 2012 – June 30, 2017 (DY12-DY16)

Demonstration Year	Sterilization (Enrollees/ Percentage %)	Eligible for Full Benefits Due to Pregnancy	Eligible for Full Benefits	Re-enrolled	Did not Renew	Eligible for Other State-Funded Program	Total Disenrollment Number
DY 12	221	5,378	4,693	2,788	37,840	354	51,274
	0.4%	10.5%	9.2%	5.4%	73.8%	0.7%	
DY 13	139	3,315	29,227	602	34,646	747	68,676
	0.2%	4.8%	42.6%	0.9%	50.4%	1.1%	
DY 14	44	874	5,203	251	14,849	472	21,693
	0.2%	4.0%	24.0%	1.2%	68.4%	1.2%	
DY 15	18	683	1,807	202	6,952	256	9,918
	0.2%	6.9%	18.2%	2.0%	70.1%	2.6%	
DY 16	107	589	1,238	172	6,134	269	8,509
	1.3%	6.9%	14.5%	2.0%	72.1%	3.2%	

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 47% of total waiver participants having received birth control pills during DY16. In DY16 48% of these clients also received emergency contraception pills. Population 2 has a much higher usage rate of pills than Population 1, 52% and 12% respectively. Usage of long acting reversible contraceptives (LARCs) has increased this year. Contraceptive implants account for 8.4% of the total participants choices and IUD insertions accounted for 15.6% in DY 16 up from 3.6% and 7% respectively in DY15. Population 1 has a higher usage rate of LARCs than Population 2, especially of IUDs. 41.5% of Population 1 chose IUDs compared to 12% of Population 2. The differences between the two populations for pill and LARC usage may be due to the differences in age and that Population 1 already have children and are more concerned about spacing of future pregnancies or no longer having children.

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 (5.5% and 0.1% respectively). 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 16 all but one of the male participants used vasectomy as their form of contraception. This is the reason that men enroll in TAKE CHARGE. Since the ACA, men have had access to health care coverage through expanded Medicaid and affordable qualified health plans through which they can obtain vasectomies. This explains the decline in male participation in the waiver program.

Table 10: 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 11: 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 12: 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 13: 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**

Table 14: Use of Family Planning Methods July 1, 2016 - June 30, 2017 (DY16)							
Family Planning Method	**Population 1**		**Population 2**		**Population 3**		**Total Clients (unduplicated)**
	n	%	n	%	n	%	
Birth Control Pills	52	11.8%	1,627	52.4%	0	0.0%	1,679
Emergency Contraception	84	19.1%	1,626	52.4%	1*		1,711
Male Condom	26	5.9%	584	18.8%	1	4.8%	611
Hormone Injection	68	15.5%	601	19.3%	0	0.0%	669
Vaginal Ring	7	1.6%	171	5.5%	0	0.0%	178
IUD Insertion	182	41.5%	374	12.0%	0	0.0%	556
Transdermal Patch	5	1.1%	91	2.9%	0	0.0%	96
Spermicide/Topical CC	8	1.8%	112	3.6%	0	0.0%	120
Contraceptive Implant	46	10.5%	255	8.2%	0	0.0%	301
Female Sterilization	24	5.5%	2	0.1%	0	0.0%	26
Female Condom	0	0.0%	7	0.2%	0	0.0%	7
Male Sterilization	0	0.0%	0	0.0%	12	57.1%	12
Diaphragm/Cap	0	0.0%	3	0.1%	0	0.0%	3
Natural Family Planning	5	1.1%	4	0.1%	0	0.0%	9
Total Participants	**439**		**3,106**		**21**		**3,566**

*Gender incorrect.

Provider Participation

As of June 30 2017, the family planning only waiver had 25 providers serving clients at 148 sites. We have good provider distribution across the state that reflects Washington's population density. There is at least one provider in most counties (31 out of 39 counties have a provider) 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 the 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). Community health centers and other health systems expanded to fill in some of the gaps left when small clinics closed. HCA continues to work with the Washington State Department of Health (DOH) to utilize the Title X clinics as service providers in the Take Charge program.

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.

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 renewal of the 1115 Family Planning Only waiver and initiated discussions with CMS about 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 provider billing guides were updated to incorporate feedback from providers and reflect current national clinical standards and guidelines.

There was no formal evaluation of the family planning program during the past year. Quarterly reports include data that is evaluated to monitor the effects of the waiver program. Monthly reports are shared with the program manager and posted on the HCA website for stakeholders to review. Feedback from stakeholders is obtained at quarterly statewide Family Planning Provider Task Force meetings that are conducted by DOH.

Feedback and Grievances

There were no grievances made and no public hearings during this year.

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 maintained a commitment to this program. HCA is pursuing a renewal for five years of the current 1115 family planning only waiver program. There will be no lapse in coverage for clients. HCA continues to actively work with community organizations to assist people in obtaining full scope health care coverage through Washington's Apple Health Medicaid programs or the state's health benefit exchange.

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 the 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 to 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 participated in a multi-agency unintended pregnancy workgroup that provided recommendations for strategies to address unintended pregnancy rates in Washington. The family planning only waiver is an essential component of these strategies. In conjunction with the state DOH, HCA participated in a nationwide learning collaborative regarding LARCs. The state also received a private donation to bring provider and clinic LARC training to the state in the coming year.

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 15: Annual Service and Administrative Expenditures
July 1, 2012 – June 30, 2017

	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
DY16	$1,331,302.00	$1,142,321.00	$27,622.00	$24,770.00	$1,358,924.00	$2,999,157

Table 16: Per Member Per Month (PMPM) Expenditures
July 1, 2012 – June 30, 2017

	DY12	DY13	DY14	DY15	DY16
# Member Months	642,607	555,114	133,996	90,010	86,073
PMPM	$28.22	$26.35	$16.39	$17.51	$15.79
Total Expenditures	$18,131,240.00	$14,626,605.00	$2,195,979.93	$1,576,037.49	$1,331,302.00
Total Expenditures = Member Months multiplied by PMPM					

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 17: 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
DY16	102

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 DY16 may increase as claims continue to be processed.

Table 18: 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	$10,049	$6,859	$16,908
DY16	$10,440	$5,167	$15,607

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 the application process for renewal of the waiver for another five years.
- HCA will evaluate the need to expand eligibility to underinsured people as changes occur in requirements for insurance coverage related to family planning needs on a national level.
- HCA will evaluate the possibility of expanding the provider network for the waiver program to include all Apple Health contracted providers that have family planning within their scope of practice.