

**WASHINGTON STATE  
TAKE CHARGE MEDICAID SECTION 1115  
DEMONSTRATION WAIVER**

**04/01/2017 -06/30/2017 Fourth Quarter Year Sixteen**

**August 29, 2017**

**Introduction**

Washington State's TAKE CHARGE program, which began July 2001, 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. Program goals are to improve the health of women, children, and families by decreasing unintended pregnancies and lengthening intervals between births, and to reduce state and federal Medicaid expenditures for births from unintended pregnancies. The Centers for Medicare and Medicaid Services (CMS) approved the TAKE CHARGE program as a family planning demonstration program (1115 waiver). For the first ten years of the waiver, TAKE CHARGE 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 TAKE CHARGE program.

**Executive Summary**

**Demonstration Population:**

The TAKE CHARGE family planning demonstration includes 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% of the FPL, seeking to prevent an unintended pregnancy.
- Men with family incomes at or below 260% of the FPL, seeking to prevent an unintended pregnancy.

**Goals of Demonstration:**

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

**Program Highlights:**

- TAKE CHARGE 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.

<b>Demonstration Year (DY)</b>	<b>Begin Date</b>	<b>End Date</b>	<b>Quarterly Report Due Date (60 days following end of quarter)</b>
Quarter 1	July 1 <sup>st</sup>	September 30 <sup>th</sup>	November 29 <sup>th</sup>
Quarter 2	October 1 <sup>st</sup>	December 31 <sup>st</sup>	March 1 <sup>st</sup>
Quarter 3	January 1 <sup>st</sup>	March 31 <sup>st</sup>	May 30 <sup>th</sup>
Quarter 4	April 1 <sup>st</sup>	June 30 <sup>th</sup>	August 29 <sup>th</sup>

**Significant program changes:**

- There have been no program changes since last quarter.

**Policy issues and challenges:**

- There have been no policy changes since the last quarter.

**Enrollment**

Enrollees are defined as all individuals enrolled in the demonstration for the specified quarter of the demonstration year, including those newly enrolled and the total enrollees during the quarter.

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

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

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.

The impact of the ACA which included Washington expanding Medicaid and offering subsidized qualified health plans on Washington’s Health Benefit Exchange continues to affect enrollment into TAKE CHARGE. TAKE CHARGE enrollees may have leveled off with only a slight decline from year to year.

Total enrollees increased from 8,651 in DY15 Quarter 4 to 8,737 in DY16 Quarter 4, a 0.1% increase over one year. Population 1 increased by 4% while Population 2 declined by 3%. Population 3 declined by 17%. DY16 Quarter 4 total enrollees increased very slightly (less than 1%) from 8,707 in DY16 Quarter 3. Essentially the waiver total enrollees have remained stable for four quarters. This is likely due to a saturation rate of those who are both eligible for and able to afford a qualified health plan or have become eligible for expanded Medicaid.

The number of participants in DY16 Quarter 4 decreased 21% from DY16 Quarter 3. This decrease is due to the 57% decrease in participants in Population 1 and the 15% decrease in participants in Population 2. Population 1 remains a very small number since most recently pregnant women obtain their preferred method of contraception during the 60 day postpartum period and therefore do not need services during the next 10 months. This trend may have been influenced by the requirement to provide a 12 month supply of hormonal methods and the continued increase in choosing a long acting reversible contraceptive (LARC). Population 2 accounts for 92% of the total participants this quarter. The increase in enrollees and decrease in participants is mostly due to the lack of need amongst the recently pregnant women who are automatically enrolled. Population 2, the uninsured and confidential teens has remained stable. The proportion of total enrollees identified as participants decreased to 11%. The proportion identified as new enrollees remained stable at 26% in DY16 Quarter 4.

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

<i>DY 16: SFY2017</i>	<b>Quarter 4</b>			
	<b>April 1, 2017 to June 30, 2017</b>			
	<i>Population 1</i>	<i>Population 2</i>	<i>Population 3</i>	<i>Total Population</i>
<b># of Newly enrolled</b>	1,523	715	8	2,246
<b># of Total Enrollees</b>	5,473	3,235	30	8,737
<b># of Participants</b>	79	864	1	944
<b># of Member Months</b>	13,354	8,170	78	21,602

<b>DY 16: SFY2017</b>	<b>Quarter 3 January 1, 2017 to March 31, 2017</b>			
	<i>Population 1</i>	<i>Population 2</i>	<i>Population 3</i>	<i>Total Population</i>
<b># of Newly enrolled</b>	1,563	634	10	2,207
<b># of Total Enrollees</b>	5,511	3,161	35	8,707
<b># of Participants</b>	185	1,016	0	1,201
<b># of Member Months</b>	13,487	8,176	86	21,749

<b>DY 16: SFY2017</b>	<b>Quarter 2 October 1, 2016 to December 31, 2016</b>			
	<i>Population 1</i>	<i>Population 2</i>	<i>Population 3</i>	<i>Total Population</i>
<b># of Newly enrolled</b>	1,696	628	8	2,332
<b># of Total Enrollees</b>	5,606	3,187	34	8,826
<b># of Participants</b>	167	765	2	934
<b># of Member Months</b>	13,443	8,268	93	21,804

<b>DY 16: SFY2017</b>	<b>Quarter 1 July 1, 2016 to September 30, 2016</b>			
	<i>Population 1</i>	<i>Population 2</i>	<i>Population 3</i>	<i>Total Population</i>
<b># of Newly enrolled</b>	1,629	673	8	2,310
<b># of Total Enrollees</b>	5,375	3,304	35	8,712
<b># of Participants</b>	157	978	1	1,135
<b># of Member Months</b>	12,579	8,381	93	21,053

<b>DY 15: SFY2016</b>	<b>Quarter 4 April 1, 2016 to June 30, 2016</b>			
	<b>Population 1</b>	<b>Population 2</b>	<b>Population 3</b>	<b>Total Population</b>
<b># of Newly enrolled</b>	1,519	697	12	2,228
<b># of Total Enrollees</b>	5,264	3,352	36	8,651
<b># of Participants</b>	213	1,123	5	1,340
<b># of Member Months</b>	12,766	8,548	98	21,412

<b>DY 15: SFY2016</b>	<b>Quarter 3 January 1, 2016 to March 31, 2016</b>			
	<b>Population 1</b>	<b>Population 2</b>	<b>Population 3</b>	<b>Total Population</b>
<b># of Newly enrolled</b>	1,593	614	10	2,217
<b># of Total Enrollees</b>	5,347	3,368	36	8,751
<b># of Participants</b>	250	800	4	1,054
<b># of Member Months</b>	12,721	8,650	90	21,461

<b>DY 15: SFY2016</b>	<b>Quarter 2 October 1, 2015 to December 31, 2015</b>			
	<b>Population 1</b>	<b>Population 2</b>	<b>Population 3</b>	<b>Total Population</b>
<b># of Newly enrolled</b>	1,545	655	7	2,207
<b># of Total Enrollees</b>	5,631	3,581	34	9,244
<b># of Participants</b>	217	1,018	2	1,237
<b># of Member Months</b>	13,435	9,277	88	22,800

<i>DY 15: SFY2016</i>	<b>Quarter 1 July 1, 2015 to September 30, 2015</b>			
	Population 1	Population 2	Population 3	Total Population
<b># of Newly enrolled</b>	2,152	764	10	2,985
<b># of Total Enrollees</b>	6,262	3,856	33	10,149
<b># of Participants</b>	227	990	4	1,221
<b># of Member Months</b>	14,750	9,826	86	24,662

### **Service Utilization**

Since providers have a year to bill for services provided, utilization reviews are done once each year at the time of the annual report.

### **Provider Participation**

We have good provider distribution across the state that reflects Washington’s population density. There is at least one TAKE CHARGE 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 enrollees to drive 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. Washington has embarked on a health delivery transformation process called Healthier Washington that includes projects and strategies to improve reproductive health care in the state. Reproductive health performance measures are included in one of the domains that the Accountable Communities of Health (ACHs) may choose to focus on for projects.

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 (LHJ) (public health agencies). Community health centers and other health systems are expanding and filling in some of the gaps left when small clinics close. HCA continues to work with Washington State Department of Health (DOH) to utilize the Title X clinics as service providers in the Take Charge program. This quarter DOH has trained two new Federally Qualified Health Centers (FQHCs) in Title X. One of these clinics systems is already a TAKE CHARGE provider the other is interested in becoming one.

### **Program Outreach Awareness and Notification**

#### **General Outreach and Awareness**

- No general public outreach was conducted during this quarter regarding the Waiver.

**Target Outreach Campaign(s) (if applicable)**

- No targeted outreach campaigns were conducted this quarter.

**Program Evaluation, Transition Plan and Monitoring**

During this quarter Health Care Authority (HCA) staff has been working on further defining the steps necessary to complete the 1115 waiver application and to determine what the agency will need to do to meet CMS requirements to program our family planning only program application onto our state health benefit exchange while maintaining confidentiality.

We continue to support providers in their efforts to help clients become enrolled in Apple Health (Medicaid) or subsidized insurance through Washington's Health Benefit Exchange. HCA also works in communities around the state to help residents enroll in Apple Health (Medicaid).

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

## Quarterly Expenditures

	<b>Demonstration Year 16 (SFY 2017)</b> <b>(July 1, 2016 – June 30, 2017)</b>			
	Service Expenditures as Reported on the CMS -64	Administrative Expenditures as Reported on the CMS -64	Total Expenditures as Reported on the CMS -64	Expenditures as requested on the CMS- 37
Quarter 1 Expenditures	\$395,295	\$7,969	\$403,264	\$663,118
Quarter 2 Expenditures	\$308,417	\$928	\$309,345	\$619,130
Quarter 3 Expenditures	\$274,577	\$7,618	\$282,194	\$1,000,951
Quarter 4 Expenditures	\$353,028	\$11,107	\$364,135	\$715,958
<b>Total Annual Expenditures</b>	\$1,331,317	\$27,622	\$1,358,938	\$2,999,157

	<b>Demonstration Year 15 (SFY 2016)</b> <b>(July 1, 2015 – June 30, 2016)</b>			
	Service Expenditures as Reported on the CMS -64	Administrative Expenditures as Reported on the CMS -64	Total Expenditures as Reported on the CMS -64	Expenditures as requested on the CMS- 37
Quarter 1 Expenditures	\$330,618	\$132,388	\$463,006	\$382,000
Quarter 2 Expenditures	\$385,093	-\$14,384*	\$370,709	\$571,000
Quarter 3 Expenditures	\$349,903	\$54.88*	\$349,958	\$513,000
Quarter 4 Expenditures	\$374,118	\$18,247	\$392,365	\$342,000
<b>Total Annual Expenditures</b>	\$1,439,732	\$136,305	\$1,576,037	\$1,808,000

\*There was a credit to administrative expenditures in Quarter 2 due to payroll moving an employee's allocation to a different program. This affected both Quarter 2 and 3 costs.

## Activities for Next Quarter

We will continue discussions with stakeholders and CMS about applying for a new waiver. We will submit our application for an extension of the current waiver STCs for 5 years. During the next quarter we will finish reviewing the updated set of STCs to determine if any changes in program policy are needed. A timeline will be developed and presented to CMS and HCA executive leadership during the next quarter.