

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

*04/01/13 – 06/30/13 FOURTH QUARTER YEAR TWELVE*  
Submitted August 30, 2013

**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. 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 reorganized Health Care Authority now administers the TAKE CHARGE program.

**Executive Summary**

**Demonstration Population:**

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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 250% of the FPL, seeking to prevent an unintended pregnancy; and
- Men with family incomes at or below 250% of the FPL, seeking to prevent an unintended pregnancy.

**Goals of Demonstration:**

- Decrease unintended pregnancies, and;
- Reduce state and federal Medicaid expenditures for births from unintended pregnancies.

**Program Highlights:**

- TAKE CHARGE will continue to cover nearly 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
- Natural Family Planning
- Abstinence Counseling
- Family planning-related services for women include an annual comprehensive family planning preventive medicine visit and a GC/CT screening for women ages 13 – 25.
- Men’s family planning-related services include one counseling session for reducing the risk of unintended pregnancy, condoms and spermicides and services directly related to vasectomies.

Demonstration Year (DY)	Begin Date	End Date	Quarterly Report Due Date (60 days following end of quarter)
DY 12 Quarter 1	July 1	September 30	November 29
DY 12 Quarter 2	October 1	December 31	March 1
DY 12 Quarter 3	January 1	March 31	May 30
DY 12 Quarter 4	April 1	June 30	August 29

**Significant program changes**

- There have been no significant program changes to TAKE CHARGE since the 2<sup>nd</sup> Quarter report in March 2013.

**Policy issues and challenges**

- The Agency requested guidance from CMS in March about available options for clients now covered under the waiver as the Agency moves forward with implementation of the Affordable Care Act (ACA).
- The Agency requested permission (without a formal amendment) to provide some very limited services using telehealth especially in rural areas that have challenges with clinician shortages and funding cutbacks. We sent a written request and responded to questions from Kelly Heilman in Baltimore and Janice Adams in the Region X Office. We are awaiting a reply.

## Enrollment

Since the first Quarter of DY12, enrollment for Population 1 (women enrolled post-pregnancy, both those newly enrolled and the total number of enrollees) has increased very slightly (an increase of less than 3% in total enrollees from Quarter 1 to Quarter 4). After a nearly three-fold increase from Quarter 1 to Quarter 2, new enrollees for Populations 2 and 3 (women and men with incomes at or below 250% of the FPL) have stabilized, with slight decreases in Population 2 and slight increases in Population 3. Overall this has resulted in a 54% increase in the total demonstration new enrollees; total enrollees increased by 15%. The participation rate has increased steadily, from 18.9% in the first Quarter of DY12 to 21.9% in the fourth Quarter. These changes reverse a trend in declining enrollment that began after the Dependents Provision of the ACA took effect in September 2010. We attribute these increases to the expansion of eligibility that took effect October 1, 2012 (beginning of Quarter 2). As the total enrollees in Populations 2 and 3 increase, relative to Population 1, the participation rate tends to increase as well.

Enrollees are defined as all individuals enrolled in the demonstration for the specified quarter of the demonstration years, 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. Member months refer to the number of months in which persons enrolled in the demonstration are eligible for services.

This demonstration had 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 250% of the FPL
- Population 3: Men who have income at or below 250% of the FPL

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

<b>DY 11: SFY2012</b>	<b>Quarter 4 April 1, 2012 to June 30, 2012</b>			
	Population 1	Population 2	Population 3	Total Population
<b># of Newly enrolled</b>	6,455	6,472	135	13,058
<b># of Total Enrollees</b>	22,666	40,643	549	63,772
<b># of Participants</b>	2,291	12,168	88	14,544
<b># of Member Months</b>	55,224	106,141	1,393	162,758

<b>DY 12: SFY2013</b>	<b>Quarter 1 July 1, 2012 to September 30, 2012</b>			
	Population 1	Population 2	Population 3	Total Population
<b># of Newly enrolled</b>	6,401	3,575	66	10,041
<b># of Total Enrollees</b>	22,590	36,457	479	59,496
<b># of Participants</b>	2,077	9,101	56	11,234
<b># of Member Months</b>	54,758	97,588	1,305	153,651

<b>DY 12: SFY2013</b>	<b>Quarter 2 October 1, 2012 to December 31, 2012</b>			
	Population 1	Population 2	Population 3	Total Population
<b># of Newly enrolled</b>	6,821	10,039	154	17,014
<b># of Total Enrollees</b>	22,711	38,833	519	62,010
<b># of Participants</b>	2,205	9,493	68	11,766
<b># of Member Months</b>	55,351	101,533	1,370	158,254

<b>DY 12: SFY2013</b>	<b>Quarter 3 January 1, 2013 to March 31, 2013</b>			
	Population 1	Population 2	Population 3	Total Population
<b># of Newly enrolled</b>	6,355	9,306	162	15,822
<b># of Total Enrollees</b>	22,846	42,154	571	65,493
<b># of Participants</b>	2,071	12,180	91	14,341
<b># of Member Months</b>	55,728	109,244	1,440	166,412

<b>DY 12: SFY2013</b>	<b>Quarter 4 April 1, 2013 to June 30, 2013</b>			
	Population 1	Population 2	Population 3	Total Population
<b># of Newly enrolled</b>	6,586	8,681	167	15,434
<b># of Total Enrollees</b>	23,216	44,445	602	68,175
<b># of Participants</b>	2,108	12,739	87	14,934
<b># of Member Months</b>	56,845	116,129	1,496	174,470

### Service and Providers

- *Service Utilization*
  - No notable trends reported in services utilization since our annual report was submitted in October. Because Medicaid providers have a year to bill for services and the waiver was only implemented 10 months ago, we will wait until our annual report to look at changes in utilization.
  
- *Provider Participation*
  - As of June 30th there are 52 providers serving clients at 164 sites. 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, few clinics are located in the very sparsely populated counties of Eastern Washington. In these counties, residents routinely travel to small towns in order to access goods and services such as groceries, banks, local government agencies, and medical care.

### Program Outreach Awareness and Notification

- *General Outreach and Awareness*
  - There were no outreach activities planned for this quarter.
  
- *Target Outreach Campaign(s) (if applicable)*
  - There were no targeted outreach campaigns planned for this quarter.

### Program Evaluation, Transition Plan and Monitoring

- The evaluation team in Research and Data Analysis proposed a Client Survey to be administered in mid-2014. This survey will ask women who have recently enrolled in the TAKE CHARGE family planning program why they do not have other health insurance and probe their understanding and expectations about the affordability of health insurance in the future. Understanding the reasons that account for the lack of health insurance (other than family planning coverage) in these women may help to reduce barriers to getting health insurance and to achieve nearly universal coverage after health care reform. Approval from CMS (a modification to the evaluation plan) and from the Washington State Institutional Review Board will be obtained prior to administering the survey.

### Quarterly Expenditures

We have utilized the charts below to include expenditure data, as reported on the Form CMS-64. We have provided information to date, over the lifetime of the Demonstration extension.

	<b>Demonstration Year 11 (April 1, 2013– June 30, 2012)</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 4 Expenditures	\$9,326,493	\$164,514	\$9,491,007	\$3,485,754
<b>Total Annual Expenditures</b>	<b>\$9,326,493</b>	<b>\$164,514</b>	<b>\$9,491,007</b>	<b>\$3,485,754</b>

	<b>Demonstration Year 12 (July 1, 2012 – June 30, 2013)</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	\$3,848,004	\$151,670	\$3,999,674	\$4,121,158
Quarter 2 Expenditures	\$4,283,712	\$166,647	\$4,450,359	\$3,566,530
Quarter 3 Expenditures	\$4,535,704	\$191,502	\$4,727,206	\$3,912,507
Quarter 4 Expenditures	\$9,326,493	\$164,514	\$9,491,007	\$3,643,423
<b>Total Annual Expenditures</b>	<b>\$21,993,913</b>	<b>\$674,333</b>	<b>\$22,668,246</b>	<b>\$15,243,618</b>

	<b>Demonstration Year 13 (July 1, 2013 – June 30, 2014)</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				\$4,475,249
Quarter 2 Expenditures				\$3,679,638
Quarter 3 Expenditures				\$4,205,285
Quarter 4 Expenditures				\$3,711,797
<b>Total Annual Expenditures</b>				<b>\$16,071,969</b>

**Activities for Next Quarter**

- Submit amendment for the waiver extension period 01/01/2014 - 12/31/2014
- Complete the process of updating the Washington Administrative Codes and the Medicaid Provider Guides to reflect the changes in the waiver renewal.
- Secure funding to cover the use of an evaluation of and the costs of implementing the "12-Month Supply Project."