

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

01/01/13 – 03/31/13 THIRD QUARTER YEAR TWELVE
Submitted May 31, 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:

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 st	September 30 th	November 29 th
DY 12 Quarter 2	October 1 st	December 31 st	March 1 st
DY 12 Quarter 3	January 1 st	March 31 st	May 30 th
DY 12 Quarter 4	April 1 st	June 30 th	August 29 th

Significant program changes

- There have been no significant program changes to TAKE CHARGE since the Quarter Two 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 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 answered questions from Ms. Heilman in Baltimore and Ms. Adams in the Region X office. We are awaiting a reply.

Enrollment

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

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 remained stable. The nearly three-fold increase in new enrollees for Populations 2 and 3 (women and men with incomes at or below 250% of the FPL) seen in Quarter 2 have been sustained. Comparing Quarter 3 with Quarter 1, this resulted in a 57% increase in the total demonstration new enrollees; total enrollees increased by 10.1%. The participation rate has increased slightly, to 21.9% in the third quarter, compared to 18.9% in the first quarter of DY12 and 19.0% in the second. 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.

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

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

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

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

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

Service and Providers

- *Service Utilization*

There are no notable trends reported in services utilization since our annual report was submitted in October. We are considering adding telemedicine as a method of delivering some family planning services, especially in rural parts of the state that has satellite clinics. This service delivery method is already available for full scope Medicaid clients. It has not been previously available for waiver participants.

- *Provider Participation*

- We currently have 52 providers serving clients at 164 sites, with 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 prepared an Evaluation Design Report, submitted to CMS on October 26, 2012. As no comments have been received, we will proceed with evaluation activities as described in the EDR.
- We still occasionally get a phone call from a client stating that they were not able to get emergency contraception at a pharmacy. We follow up on these calls immediately. Usually the pharmacist in question was from out of state doing vacation doing fill in coverage for one of the big chain pharmacies. Occasionally the refusal was from a new employee not aware of the over the counter exception In Washington Medicaid rules for emergency contraception.
- On December 13, 2012, in partnership with the University of Washington, we held a Safe Table Forum titled “A New Era for Washington Family Planning Services: What Will the ACA Bring?” As described by the University Of Washington School Of Public Health, “Safe Table Forums bring together stakeholders in Washington’s health system for informed discussion on timely, often challenging topics from multiple perspectives. The report from this forum will be included in the Quarter Three Report.
- We are also anticipating that we will have some forthcoming guidance from CMS about the place of Family Planning waivers in health care reform, especially now that the elections are over.

Quarterly Expenditures

We have utilized the chart 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.

	Demonstration Year 11 – SFY 2012 (July 1, 2011 – June 30, 2012)			
	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	3,170,436	115,726	3,286,161	3,485,754
Total Annual Expenditures	3,170,436	115,726	3,286,161	3,485,754

	Demonstration Year 12 – SFY 2013 (July 1, 2012 – June 30, 2013)			
	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	4,727,205	3,912,507
Quarter 4 Expenditures				3,596,999
Total Annual Expenditures	12,667,420	509,819	13,177,238	15,197,195

	Demonstration Year 13 – SFY 2014 (July 1 2013 – June 30, 2014)			
	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
Total Annual Expenditures				16,071,969

Activities for Next Quarter

- Begin dialog with CMS regarding continuation of the waiver after December 31, 2013.
- The Evaluation Team in Research and Data Analysis will assist in preparation of the renewal application and design evaluation activities for the next waiver period, in addition to ongoing program monitoring activities for the current waiver period.
- Request a decision on using Telemedicine to provide some family planning office visits in communities where access to a clinician has been impacted by the recession and budget cuts.
- Complete the process of updating the Washington Administrative Codes and the Medicaid Provider Guides to reflect the changes in the waiver renewal.