WASHINGTON STATE
TAKE CHARGE MEDICAID SECTION 1115
DEMONSTRATION WAIVER

01/01/2016 -03/31/2016 Third Quarter Year Fifteen

May 31, 2016

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.

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

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.

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, Washington's expanded Medicaid, and Washington's Health Benefit Exchange offering subsidized qualified health plans continues to affect the enrollment into TAKE CHARGE. TAKE CHARGE enrollees continue to gradually decline.

Total enrollees declined from 11,064 in DY14 Quarter 3 to 8,751 in DY15 Quarter 3, a 21% decline over one year. The rate of decline was greater for Population 2 (25%), than for Population 1 (18%). Population 3 remained essentially the same. Total enrollees declined from 9,244 in DY15 Quarter 2, a 5% decline in DY15 Quarter 3. The decline was the same for Population 1 and Populations 2&3 combined.

The quarter to quarter decline has slowed and 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. The number of new enrollees each quarter has leveled this quarter and is essentially unchanged from last quarter. The number of participants in DY15 Quarter 3 dropped 15% from Quarter 2. The proportion of total enrollees identified as participants has remained stable this year at 12-13%, while the proportion identified as new enrollees has dropped slightly from 29% in Quarter 1 to 25% in Quarter 3.

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

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

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

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

DY 14: SFY2015	**Quarter 4 April 1, 2015 to June 30, 2015**			
	Population 1	Population 2	Population 3	Total Population
# of Newly enrolled	2,067	747	6	2,820
# of Total Enrollees	6,267	4,153	37	10,454
# of Participants	175	862	3	1,040
# of Member Months	14,812	10,580	98	25,490

DY 14: SFY2015	**Quarter 3 January 1, 2015 to March 31, 2015**			
	Population 1	Population 2	Population 3	Total Population
# of Newly enrolled	1,756	788	6	2,550
# of Total Enrollees	6,533	4,493	38	11,064
# of Participants	232	940	7	1,179
# of Member Months	15,463	11,623	100	27,186

DY 14: SFY2015	**Quarter 2 October 1, 2014 to December 31, 2014**			
	Population 1	Population 2	Population 3	Total Population
# of Newly enrolled	3,108	718	12	3,838
# of Total Enrollees	7,662	6,989	72	14,721
# of Participants	274	1,145	1	1,420
# of Member Months	17,711	15,690	156	33,557

DY 14: SFY2015	**Quarter 1 July 1, 2014 to September 30, 2014**			
	Population 1	Population 2	Population 3	Total Population
# of Newly enrolled	1,953	904	14	2,871
# of Total Enrollees	8,041	12,532	124	20,693
# of Participants	268	2,028	11	2,307
# of Member Months	17,580	29,988	301	47,869

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 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 (public health agencies). Community health center and other health systems are expanding and filing in some of the gaps left when small clinics close.
This quarter we learned of a rural community in particular need due to multiple changes. The local family planning clinic system was purchased by Planned Parenthood. The clinic was closed. The clinic site was purchased by a Federally Qualified Health Center (FQHC) system, which reopened a clinic at the site. Although this FQHC is a TAKE CHARGE provider, the local clinic was not aware of this or how to sign up clients. Clients had to travel an hour over a mountain pass to get to the nearest Planned Parenthood. We worked with the operations manager to reintroduce TAKE CHARGE at this site and how to enroll clients. This community now has access. A similar situation occurred where a hospital based clinic system purchased small rural clinics and even though they are a TAKE CHARGE provider the local clinic manager did not know about TAKE CHARGE. Again, in this situation we worked with the operations manager to establish TAKE CHARGE in these new clinics.

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

We received many responses from stakeholders to our letter requesting input on options for transitioning out of the 1115 TAKE CHARGE demonstration waiver. The overwhelming recommendation was to apply for a family planning only state plan amendment (SPA). This among other options was presented to the HCA's leadership team for a decision in April. The SPA option was recommended by staff.

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

	Demonstration Year 15 (SFY 2016) (July 1, 2015 – June 30, 2016)			
	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				$695,000
Total Annual Expenditures				$2,161,000

*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.

	Demonstration Year 14 (SFY 2015) (July 1, 2014 – June 30, 2015)			
	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	$858,950	$178,403	$1,037,353	$909,000
Quarter 2 Expenditures	$150,268	$86,660	$236,928	$730,000
Quarter 3 Expenditures	$358,459	$96,848	$455,307	$389,000
Quarter 4 Expenditures	$409,069	$57,323	$466,392	$676,000
Total Annual Expenditures	$1,776,746	$419,234	$2,195,980	$2,704,000

Activities for Next Quarter

Once HCA leadership decides if we will apply for a family planning only SPA we will let stakeholders know, begin the planning process for internal systems changes and external communications. We will continue discussions with stakeholders and CMS regarding the transition.