Quarter 3 Report: Section 1115 Family Planning Only Demonstration Waiver
Demonstration Year: 18
Demonstration Reporting Period: January 1, 2019-March 31, 2019

Demonstration Approval Period: July 1, 2018-June 30, 2023
Project Number: 11-W-00134/0

May 31, 2019

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EXECUTIVE SUMMARY

Washington State's 1115 Family Planning Only Programs demonstration waiver was originally approved by the Centers for Medicare and Medicaid Services (CMS) in 2001 and became effective July 1, 2001. In May 2018, the waiver was approved for another 5 years through June 30, 2023. The Special Terms and Conditions (STCs) for the waiver require quarterly monitoring reports be submitted 60 days following the end of each quarter. This report provides information on enrollment, utilization, operations, and updates related to the waiver for the period January 1, 2019 - March 31, 2019. Appendix A provides background and definitions.

Washington State Health Care Authority (HCA) administers the waiver in Washington in addition to Medicaid. The waiver includes two family planning only programs: the Family Planning Only Extension, which existed prior to the waiver and the Take Charge program, which began with the waiver. The waiver extends eligibility for family planning services to uninsured women and men capable of producing children and certain groups that need confidential family planning services, all with income at or below 260 percent of the federal poverty level (FPL). Family Planning Only programs cover every FDA approved birth control method and a narrow range of family planning services that help clients use their contraceptive methods safely, effectively, and successfully to avoid unintended pregnancy.

PROGRAM UPDATES- Current Trends and Significant Program Activity

Administrative and Operational Activities

There have been no significant program changes during this quarter. Since the current waiver renewal, HCA continues to provide the same services as in the previous demonstration period and continues the same enrollment processes.

Payment rates are set and adjusted along with the Apple Health fee for service reimbursement rates every July 1.

Delivery System and Provider Participation

During this quarter HCA has continued to support the work of the non-profit organization, Upstream, to recruit provider groups and clinics to participate in their statewide project to train clinics. Training will begin in the middle of 2019 and focus on:

- how to provide same day contraceptive services
- incorporate pregnancy intention questions into routine primary care
- provide long-acting reversible contraception (LARC) services, and create referral networks for contraceptive care not offered at their clinics

Upstream has recruited 6 clinic sites to participate in their project this quarter.

During last quarter HCA received an inquiry from a health system with in-person assisters (IPAs) who provide assistance to clients wanting to apply for health coverage. Health systems, as well as all the organizations that have IPAs, will be trained on how to assist clients in applying for HCA's family planning only programs in the fourth quarter of this year. Provider trainings are scheduled for mid summer to any interested provider.

As of March 31, 201, the family planning only waiver had 25 provider groups serving clients at 148 sites. HCA continues to work with the Washington State Department of Health (DOH) to utilize the Title X clinics as the primary service providers in the Take Charge program.

Enrollment and Participation

Tables 1 and 2 show data on enrollees and participants for DY18 Quarter 3 by age group.

Enrollees are defined as all individuals in the demonstration for the specified demonstration quarter, including those newly enrolled and those still eligible from the previous demonstration quarter.
Participants are defined as all individuals who obtain one or more covered family planning service through the demonstration.

Due to small numbers and the obligation of HCA to protect the privacy of its clients, data is not stratified by gender as directed in the STCs Appendix A.

There were 9,357 total unduplicated enrollees in the third quarter of DY 18 with 99.6% enrollees being female. Clients 21-44 years old had the highest enrollment (7,601 or 81.2%) and the highest participation (640 or 60.2%). As expected, enrollment and participation is dominated by female clients since 71.0% of enrollees are post pregnancy and participants choose contraceptives predominately used by females.

During the third quarter of DY18 there was a small decrease (3.7%) in enrollment from the second quarter of DY18 and a 0.1% decrease in the number of participants. This decrease in participation occurred mostly in the Take Charge population, while the Family Planning Only Extension population increased (see Table 7 for program and population descriptions). Due to fluctuations in participation from quarter to quarter we will continue to monitor this trend as our year to year trends have been stable since the implementation of the Affordable Care Act (ACA). Once the new STC changes in application processes and provider access are completed, we expect that both enrollment and participation will increase, however changes may not be observed until DY19 reporting.

Table 1: Unduplicated Number of Enrollees by Age Group and Quarter**

	14 years old and under	15-20 years old	21-44 years old	Over 45 years old	Total Unduplicated Enrollment*
Quarter 1	14	1,833	7,473	79	9,399
Quarter 2	19	1,742	7,857	84	9,702
Quarter 3	23	1,665	7,601	68	9,357
Quarter 4					

* There were 41 male enrollees in quarter 3. Due to HCA policy regarding the release of small numbers, we cannot report enrollees by gender by age group per quarter.
**Ages for Quarters are calculated based on the last day in the quarter.

Table 2: Unduplicated Number of Participants with any Claim by Age Group and Quarter**

	20 years old and under	21 years and older	Total Participants*	Percentage of Total Unduplicated Enrollment
Quarter 1	416	627	1,045	11.1
Quarter 2	418	647	1,065	11.0
Quarter 3	424	640	1,064	11.4
Quarter 4				

*Male participants were less than 11. Due to HCA policy regarding the release of small numbers, we cannot report participation by gender by age group per quarter.
**Ages for Quarters are calculated based on the last day in the quarter.

POLICY ISSUES AND CHALLENGES

This quarter, HCA program staff continues work to implement changes to the waiver programs embodied in the new STCs. Full implementation of the required and associated policy and procedure changes is scheduled for July 1, 2019, the beginning of DY19. This one-year process allows stakeholders to provide input and comment and for HCA to accommodate adjustments to implementation activities and external contractor work flows. Table 3 shows progress on the action items outlined in our DY17 Annual Report. See Appendix A for the complete DY18 Action Plan.

System changes are the biggest challenge HCA faces. HCA is currently working through system changes and developing alternatives where system changes are not possible by the expected implementation date. The greatest focus this quarter was on changes to rules that impact the ability to proceed with policy and systems changes.

Table 3. Demonstration Year 18 Action Plan

Activity	Quarter 1 Update	Quarter 2 Update	Quarter 3 Update
Revision of Washington Administrative Code (WAC) to: • Consolidate rules that are repetitive. • Remove reference to the name Take Charge and refer to all programs that provide family planning only services as Family Planning Only (FPO). • Remove requirement that client's application for the non-pregnancy FPO must come from a specific provider list.	• Announcement to public of proposed rules changes occurred in May 2018. • HCA internal workgroup worked on revision language. • HCA internal workgroup identified the following challenges: o Need for communications plan for the name change. o Need for training of HCA staff that work with providers and clients regarding eligibility and coverage including client application processes. o Need for assessment of claims	• WAC revision language almost complete. • Initiated work on a communications plan to remove the brand name "Take Charge" and develop clear messages about what family planning services are covered for who.	• WAC revision language almost complete. • Rebranding work group meeting regularly; working to develop visuals and for providers and eventually clients.

• Remove requirement that FPO clients can only see a Take Charge provider. • Update to current clinical guidelines and practice. • Revise for clarity in language.	processing and eligibility systems changes needed to align with name change and application process change.		
Expansion of provider network to meet STC 23 that requires "freedom of choice" of provider.	• See above work on WAC changes. • Prepared proposal for state's budget to equalize payment amongst providers for the comprehensive family planning preventive visit. • Continued to work with Upstream. (see program updates) • Continued to communicate with interested providers. (see program updates)	• WAC revision language drops requirement to receive services at a limited number of providers. • The proposal for equalizing reimbursement for a comprehensive preventive family planning visit did not end up in the budget delivered to the legislature. We are continuing to advocate for this to assure that it is not a barrier to "freedom of choice of provider."	• Systems changes are being put in place for a barrier free "freedom of choice provider" launch as of July 1.
Revision of client application and process for the "Take Charge" portion of the FPO programs per STC 17. • Process change to meet STC 17 (a) requirement that application be submitted directly by a client via mail, fax, or phone. • Application requires changes to meet STC 17 (c) requirement for client attestation. • Make changes to improve clarity.	• Internal HCA workgroup began work to identify: o What portions of the application need revision. o Process changes needed to allow client applications to be submitted in various ways o Education needed for new In Person Assisters (IPA) and providers that will assist clients with application completion and submission.	• HCA internal workgroup continues to work on: o Revising the family planning only application. o Developing new processes to accept applications via phone.	• Family planning only application almost complete.

Revision of approval and denial letters to meet STC 17 (b). • Clearly identify eligibility determination period. • Need to re-apply when eligibility period has ended. • No limit on number of times can apply. • No need to report changes in income or household size during eligibility period.	• Review of letters began in March 2018. • Internal workgroup began work on creating draft letters.	• Drafted revisions of the approval letters for the two family planning only programs. • Drafted revisions to Medicaid denial letter to notify applicants that a family planning only option is available.	• Approval letters and Medicaid denial letters that include information about the family planning only programs are drafted and sent for review.

QUALITY ASSURANCE AND MONITORING

Service Utilization

Table 4 shows utilization by birth control method and age group for DY18, Quarter 3. There was a 5.9% decrease in utilization of any birth control method from Quarter 2 to Quarter 3 (990 to 935 unduplicated participants, respectively). Participants 21 years and older had a decrease of 9.7% (599 to 546 unduplicated persons, respectively) while participants 20 years and younger decreased 0.5% (391 to 389 unduplicated persons, respectively). The use of family planning methods are listed according to the most frequently used to the least frequently used, which did not change from Quarter 2 to Quarter 3. In Quarter 3, the most frequently provided family planning method for all participants is oral contraceptives (i.e., birth control pills), used by 41.2% of unduplicated participants. This is followed by contraceptive injections at 22.2% and emergency contraception pills at 13.0%. There were differences in birth control method utilization between the two age groups identified in Table 4. Participants 21 years and older utilized more intrauterine devices (71.5%), contraceptive implants (59.7%), and contraceptive injections (59.6%) than participants 20 years and younger. Participants 20 years and younger used more emergency contraceptives (65.8%) and condoms (57.9%) than the older age group. The differences between the two age groups may indicate the majority of clients 20 years and younger were more concerned with immediate needs than long term planning, whereas older participants may already have children and are more concerned about the spacing of future pregnancies or no longer desire to have children.

Table 4: Utilization by Birth Control Method and Age Group in Demonstration Year 18, Quarter 3				
Method	**Total Users**			
	20 years old and younger	21 years and older	Total Participants** (unduplicated)	Percent of all Methods
Oral Contraceptive	227	256	483	41.2
Contraceptive Injection	105	155	260	22.2
Emergency Contraception	100	52	152	13.0
Intrauterine Device (IUD)	41	103	144	12.3
Contraceptive Implant	31	46	77	6.6
Condom (male and female)	33	24	57	4.9
Vaginal Contraceptive Ring	***	***	***	***
Contraceptive Patch	***	***	***	***
Spermicide*	***	***	***	***
Sterilization- Tubal Procedure & Vasectomy	***	***	***	***
Diaphragm / Cervical Cap	***	***	***	***
Natural Family Planning	***	***	***	***
Total Participants*** (unduplicated)	389	546	935	

*Includes all topical preparations (i.e. creams, foams, and gels), films, suppositories, and sponges.

**A participant may choose more than one birth control method during the demonstration year and is recorded for each. The numbers for each method or age cohort do not add up to the totals.

***Due to HCA policy regarding the release of small numbers, some contraceptive methods (i.e., Natural Family Planning, spermicide, sterilization, contraceptive patch, vaginal contraceptive ring, and diaphragm/cervical cap) were suppressed from the table and total unduplicated participants were recalculated to avoid deriving utilization for this method.

Tables 5 and 6 show utilization of specific family planning related services for DY18 covered in HCA's Family Planning Only programs. These services are sexually transmitted infection (STI) testing specifically related to the effective and safe use of the chosen contraceptive and cervical cancer screening.

Table 5 shows the number of Neisseria gonorrhea (GC) and Chlamydia trachomatis (CT) screens and tests provided to Family Planning Only clients. Women ages 13 – 25 receive screening and all women receive testing when symptoms or exposure are reported. Men are limited to testing only when exposure or symptoms are reported. The unduplicated number of waiver participants who received a GC/CT test was 210 or 19.7% of total waiver participants in Quarter 3.

Table 5: Unduplicated Number of Participants Tested for Gonorrhea (GC)/Chlamydia (CT)* in Demonstration year 18 by Quarter		
	Total Unduplicated Number of Participants	**Percentage of Total Unduplicated Participants**
Quarter 1	227	21.7
Quarter 2	202	19.0
Quarter 3	210	19.7
Quarter 4		

*The waiver programs only cover GC and CT screening for females ages 13-25. STD testing is also covered if an exposure to a STI increases client's risk to infertility.

Table 6 shows the number of females who have received cervical cancer screening using cervical cytology (Pap test) and/or human papilloma (HPV) testing. Less than one percent of total female participants received cervical cancer screening in DY18, Quarter 3 and is a decrease of 88% from Quarter 2 (15 to 8 unduplicated female participants, respectively).

Table 6: Unduplicated Number of Female Participants who obtained a Cervical Cancer Screening* in Demonstration Year 18 by Quarter		
	Total Unduplicated Number of Participants	**Percentage of Total Unduplicated Females Participants**
Quarter 1	19	1.8
Quarter 2	15	1.4
Quarter 3	8	0.8
Quarter 4		

*The U.S. Preventive Services Task Force (USPSTF) and the American College of Obstetricians and Gynecologists (ACOG) recommend cervical cytology every 3 years for those 21-29 years old and for those 30-65 years old choosing either every 3 year cervical cytology or every 5 years with high risk human papillomavirus testing, or every 5 years with a combination of HPV testing and cytology.

Program Integrity

There is no point-of-service eligibility option in the 1115 Family Planning Only 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 ensure unusual and incorrect claims are identified and that claims are processed efficiently.

Grievances and Appeals

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

PROGRAM OUTREACH AND EDUCATION

General Outreach and Awareness

No public outreach activities were conducted in this quarter. 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 this quarter. HCA continued to update stakeholders on the progress toward implementing the changes required by the new STCs with announcements at provider and stakeholder meetings. The public has been notified of the renewal through announcements on our website.

Stakeholder Engagement

This quarter, regular meetings continued with staff from DOH's Title X program to share information and coordinate activities that impact the family planning delivery system in Washington State. HCA plans to participate in the spring Family Planning Network meeting hosted by DOH. These semiannual meetings are intended to bring together Title X providers in Washington State and provide an opportunity to obtain provider and stakeholder input and feedback. The spring meeting is scheduled for May 1, 2019.

Appendix A: Background

Action plan for Demonstration Year 18 (July 1, 2018 – June 30, 2019)

Washington State's plan for DY18 includes items specifically outlined in the renewal STCs and ongoing activities from last year:

- Ongoing activities:
  - HCA continues to 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 continues to evaluate the impact of proposed changes to other federal and state programs that provide family planning services to underinsured and uninsured populations.
  - HCA continues to work with Upstream to identify providers and regions that will benefit from their training and serves on the Steering Committee for their five year project in Washington.
  - HCA continues to communicate with family planning providers and will reinstitute regular stakeholder meetings and public forums.

- Activities related to implementing the new STCs:
  - HCA has started the process to revise the Washington Administrative Code (WAC) that governs the family planning only programs administered by HCA. In particular, the WAC needs to be revised to update for current clinical practice and allowance that a client be able to self-submit a Take Charge application. This will take approximately a year.
  - HCA plans to expand the provider network for the waiver program to include all Apple Health contracted providers that have family planning within their scope of practice.
  - HCA has started the process to revise Medicaid denial letters to include information about how to apply for family planning only services. This will take approximately a year.
  - HCA has started the process to revise the family planning only programs' approval letters to assure that it is clear that clients must reapply at the end of the eligibility period. This will take approximately a year.
  - HCA will revise the client application process for Take Charge to include mail in and phone options for clients. The application itself will be revised to include an attestation per the requirements in STC 17. This will be implemented once the WAC change is complete.
  - HCA will work with Upstream as they begin training clinics and disseminating information to the public in 2019. Information about HCA's family planning only programs will be incorporated into their provider training and public education.

Table 7. Program Description		
Program Goals	• Improve access to family planning and family planning related services • Decrease the number of unintended pregnancies • Increase the use of contraceptive methods • Increase the interval between pregnancies and births to improve positive birth and women's health outcomes • Reduce state and federal Medicaid expenditures for averted births from unintended pregnancies	
Historical population name	Family Planning Only Extension	Take Charge
Income eligibility	Income at or below 198 percent of the federal poverty level (FPL)	Income at or below 260 percent of the federal poverty level
Target population	• Recently pregnant women who lose Medicaid coverage after their 60-day post pregnancy coverage ends	• Uninsured women and men seeking to prevent unintended pregnancy • Teens and domestic violence victims who need confidential family planning services
Coverage period	Additional 10-month coverage following Medicaid 60-day post-pregnancy coverage • When coverage ends must apply for Medicaid or Take Charge	12-month coverage • No limit on how many times they can reapply for coverage
Program coverage	• 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 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.