



Quarter 1 Report: Section 1115 Family Planning Only Demonstration Waiver
Demonstration Year: 18
Demonstration Reporting Period: July 1, 2018-September 30, 2018

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

April 10, 2019, revised

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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 July 1, 2018-September 30, 2018. 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 at 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 in to 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 four health systems to participate in their project this quarter.

During this quarter HCA received additional inquiries from clinics to participate in the Take Charge program. In consultation with providers, HCA decided not to take new applications for Take Charge providers since the requirement for a special application will be eliminated once the Washington Administrative Code (WAC) changes are complete. We anticipate the WAC changes will be complete by July 1, 2019. They changes will allow any provider offering family planning services to serve clients enrolled in the waiver Family Planning Only Programs. These providers agreed that waiting reduces their administrative burden and would not decrease access to services for patients.

As of September 30 2018, 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 1 by age cohort.

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 9,399 total unduplicated enrollees in the first quarter of DY 18 with 99.6% enrollees being female. Clients 21-44 years old had the highest enrollment (7,473 or 79.5%) and the highest participation (627 or 60.0%). As expected enrollment and participation is dominated by female clients since 68% of enrollees are post pregnancy and participant contraceptives chosen are predominately used by females.

During the first quarter of DY18 there was a small increase (4%) in enrollment from the last quarter of DY17 and a 22% decrease in the number of participants. This occurred mostly in the Take Charge population (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 both enrollment and participation will increase, however changes may not be observed until DY19 reporting.

| Table 1: Unduplicated Number of Enrollees by 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 | | | | | |
| Quarter 3 | | | | | |
| Quarter 4 | | | | | |

*Due to HCA policy regarding the release of small numbers enrollment is not reported by gender.

**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 | | | | |
| Quarter 3 | | | | |
| 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.

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 |
| <p>Revision of Washington Administrative Code (WAC) to:</p> <ul style="list-style-type: none"> • 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. • Remove requirement that FPO clients can only see a Take Charge provider. • Update to current clinical guidelines and practice. • Revise for clarity in language. | <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Need for communications plan for the name change. ○ Need for training of HCA staff that work with providers and clients regarding eligibility and coverage including client application processes. ○ Need for assessment of claims processing and eligibility systems changes needed to align with name change and application process change. | |
| <p>Expansion of provider network to meet STC 23 that requires “freedom of choice” of provider.</p> | <ul style="list-style-type: none"> • 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) | |

| | | |
|---|---|--|
| <p>Revision of client application and process for the “Take Charge” portion of the FPO programs per STC 17.</p> <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • Internal HCA workgroup began work to identify: <ul style="list-style-type: none"> ○ What portions of the application need revision. ○ Process changes needed to allow client applications to be submitted in various ways ○ Education needed for new In Person Assistors (IPA) and providers that will assist clients with application completion and submission. | |
| <p>Revision of approval and denial letters to meet STC 17 (b).</p> <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • Review of letters began in March 2018. • Internal workgroup began work on creating draft letters. | |

QUALITY ASSURANCE AND MONITORING

Service Utilization

Table 4 shows utilization by birth control method and age group for DY18, Quarter 1. The most frequently provided family planning method for all participants is birth control pills, used by 35.2%. This is followed by contraceptive injections at 22.3% and emergency contraception pills at 16.1%. 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 (73.1%), implants (61.4%), and birth control pills (58.5%) than participants 20 years and younger. Participants 20 years and younger used more emergency contraceptives (60.6%) 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 1 | | | | |
|---|--------------------------|--------------------|-------------------------------------|------------------------|
| Method | Total Users | | | |
| | 20 years old and younger | 21 years and older | Total Participants** (unduplicated) | Percent of all Methods |
| Oral Contraceptive | 163 | 230 | 393 | 35.2 |
| Contraceptive Injection | 108 | 141 | 249 | 22.3 |
| Emergency Contraception | 109 | 71 | 180 | 16.1 |
| Intrauterine Device (IUD) | 35 | 95 | 130 | 11.6 |
| Contraceptive Implant | 27 | 43 | 70 | 6.3 |
| Condom (male and female) | 30 | 29 | 59 | 5.3 |
| Vaginal Contraceptive Ring | *** | *** | *** | *** |
| Contraceptive Patch | 18 | 17 | 35 | 3.1 |
| Spermicide* | *** | *** | *** | *** |
| Sterilization- Tubal Procedure & Vasectomy | *** | *** | *** | *** |
| Diaphragm / Cervical Cap | *** | *** | *** | *** |
| Natural Family Planning | *** | *** | *** | *** |
| Total Participants*** (unduplicated) | 373 | 553 | 926 | |

*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 will be 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, vaginal contraceptive ring, spermicide, sterilization, 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, Quarter1 that are covered in HCA’s Family Planning Only programs. These services are 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 gonorrhoea (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 227 or 21.7% of total waiver participants in Quarter 1.

| Table 5: Unduplicated Number of Participants Tested for Gonorrhoea (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 | | |
| Quarter 3 | | |
| Quarter 4 | | |

*The waiver programs only cover GC and CT screening for 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 two percent of total female participants received cervical cancer screening in DY18, Quarter 1.

| 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 | | |
| Quarter 3 | | |
| 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 HCA started scheduling regular stakeholder meetings with key health system participants in the Family Planning Only Programs. Next quarter, HCA will resume regular meetings with staff from DOH’s Title X program to share information and coordinate activities that impact the family planning delivery system in Washington State. Next quarter DOH will resume regular Family Planning Network meetings that HCA will

attend. These semiannual meetings are intended to bring together the Title X providers in Washington State and will provide an opportunity for HCA to obtain provider and stakeholder input and feedback.

Annual Post Award Public Forum

During this quarter HCA did the following to let the public know about the approval of renewal of our 1115 Family Planning Only Demonstration waiver:

- Posted an announcement on our website with the approval letter and STCs and an email address to send comments and questions.
- Announced the approval at the Washington State Perinatal Collaborative meeting on May 10, 2018.

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

| Table 7. Program Description | |
|------------------------------|---|
| Program Goals | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> Recently pregnant women who lose Medicaid coverage after their 60-day post pregnancy coverage ends | <ul style="list-style-type: none"> Uninsured women and men seeking to prevent unintended pregnancy Teens and domestic violence victims who need confidential family planning services |
| Coverage period | <p>Additional 10-month coverage following Medicaid 60-day post-pregnancy coverage</p> <ul style="list-style-type: none"> When coverage ends must apply for Medicaid or Take Charge | <p>12-month coverage</p> <ul style="list-style-type: none"> No limit on how many times they can reapply for coverage |
| Program coverage | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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. |