

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

07/01/2013 -12/31/2013 FIRST AND SECOND QUARTERS YEAR THIRTEEN
Submitted February 28, 2014

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 13 Quarter 1	July 1	September 30	November 29
DY 13 Quarter 2	October 1	December 31	March 1
DY 13 Quarter 3	January 1	March 31	May 30
DY 13 Quarter 4	April 1	June 30	August 29

Significant program changes

There have been no significant program changes to TAKE CHARGE since the 4th Quarter report in August 2013. There will be some program changes beginning January 1, 2014 with the implementation of the Affordable Care Act.

Policy issues and challenges

Beginning January 1, 2014, with the goal of moving as many clients off of TAKE CHARGE and into full insurance coverage, HCA will be making several adjustments to eligibility for the Waiver:

- Clients with insurance will no longer be eligible for TAKE CHARGE. All family planning services covered under the Waiver will be covered without co-pay or deductibles.
- Adults, 19 and older, who have incomes of 150% of the Federal Poverty Level or below must first apply for and be denied by Apple Health before they can be enrolled in TAKE CHARGE.
- As directed by the legislature, the Agency will be requiring hormonal contraceptives be dispensed in a 12-month supply unless there is a medical indication not to or the client requests a smaller supply. Information regarding this policy change was distributed to prescribers and pharmacists in late December 2013. Research from the California

Waiver suggests that there could be a significant drop in unintended pregnancies and Medicaid paid births.

- In December 2013, an updated transition plan was sent to CMS.

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 slightly (an increase of 3.4% in total enrollees from DY12 Quarter 1 to DY13 Quarter 2). After a nearly three-fold increase from DY12 Quarter 1 to DY12 Quarter 2, new enrollees for Populations 2 and 3 (women and men with incomes at or below 250% of the FPL) stabilized, and in DY13, new enrollees for Population 2 decreased by 48% in Q2 compared to Q1. Because decreases in Populations 2 and 3 are offset by increases in Population 1, we have observed very little change in the total demonstration new enrollees overall. While the overall participation rate increased steadily during DY12, reaching a high point of 22.9% in DY13 Q1, it has subsequently decreased to 18.7% in Q2. After the expansion of eligibility that took effect October 1, 2012, (beginning of Quarter 2) we observed increases in enrollment in Populations 2 and 3; we attribute the current decline in new enrollees in Populations 2 and 3 in DY13 Q2 to the October 1, 2013 implementation of Washington's Health Insurance Exchange, and to the resulting expanded enrollment in Medicaid and other health insurance. As the total number of enrollees in Populations 2 and 3 decreases relative to Population 1, the participation rate tends to decrease 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 (below) show data on enrollees, participants, and member months within the demonstration.

DY 11: SFY2012	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

DY 12: SFY2013	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

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

DY 13: SFY2014	Quarter 1 July 1, 2013 to September 30, 2013			
	Population 1	Population 2	Population 3	Total Population
# of Newly enrolled	6,258	8,081	129	14,464
# of Total Enrollees	23,065	46,287	598	69,876
# of Participants	1,976	13,962	91	16,029
# of Member Months	55,909	122,629	1,568	180,106

DY 13: SFY2014	Quarter 2 October 1, 2013 to December 31, 2013			
	Population 1	Population 2	Population 3	Total Population
# of Newly enrolled	7,009	4,234	75	11,318
# of Total Enrollees	23,348	43,369	536	67,222
# of Participants	1,933	10,582	69	12,584
# of Member Months	57,545	119,098	1,481	178,124

Service and Providers

- **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**
 - As of December 31, 2013, the TAKE CHARGE Waiver had 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, fewer clinics are located in sparsely populated counties of Eastern Washington. In these counties, residents routinely travel to small towns to access goods and services such as groceries, banks, local government agencies, and medical care.
 - In the last year, a number of hospitals and medical clinics have been purchased by Catholic entities. We are monitoring this phenomenon closely to see if this results in decreased access to family planning services. It is of concern to our Department of Health as well.

Program Outreach Awareness and Notification

- **General Outreach and Awareness**
 - No general public outreach was conducted these past two quarters regarding the Waiver. However, the Health Care Authority has been actively engaged in multimedia outreach regarding health care reform, promoting Washington's Apple Health and access to insurance through the State Insurance Exchange.
- **Target Outreach Campaign(s) (if applicable)**
 - All providers have been actively engaging clients in conversations about applying for Apple Health and for insurance through the State Insurance Exchange. A

number of the larger clinics have trained Application Assistors to help clients with the application process.

- There will be an outreach campaign in early 2014 targeting the “Young Invincibles” urging them to enroll in comprehensive health insurance instead of the narrow coverage under the Family Planning Waiver.

Program Evaluation, Transition Plan and Monitoring

The evaluation team in Research and Data Analysis proposed a Client Survey to be administered 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.

	Demonstration Year 11 (April 1, 2013– 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	\$9,326,493	\$164,514	\$9,491,007	\$3,485,754
Total Annual Expenditures	\$9,326,493	\$164,514	\$9,491,007	\$3,485,754

	Demonstration Year 12 (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	\$4,727,206	\$3,912,507
Quarter 4 Expenditures	\$9,326,493	\$164,514	\$9,491,007	\$3,643,423
Total Annual Expenditures	\$21,993,913	\$674,333	\$22,668,246	\$15,243,618

	Demonstration Year 13 (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	\$4,933,555	\$23,593	\$4,957,148	\$4,394,192
Quarter 2 Expenditures	\$5,338,249	\$65	\$5,338,314	\$3,679,638
Quarter 3 Expenditures				\$4,205,285
Quarter 4 Expenditures				\$3,711,797
Total Annual Expenditures				\$15,990,912

Activities for Next Quarter

- Continue to track new enrollees in Population 2 to identify optimal timing for proposed client survey.
- Monitor prescribing and dispensing practices of hormonal contraceptives for the “Twelve Month Supply Project.”
- Continue to support providers in their efforts to help clients become enrolled in Apple Health or insurance through Washington’s Health Plan Finder.
- Explore options for increasing access to Long Acting Reversible Contraceptives (LARCs), especially post-delivery.