

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

07/01/2014 -09/30/2014 First Quarter Year Fourteen

November 26, 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 14 Quarter 1	July 1 st	September 30 th	November 29 th
DY 14 Quarter 2	October 1 st	December 31 st	March 1 st
DY 14 Quarter 3	January 1 st	March 31 st	May 30 th
DY 14 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 4th Quarter report in August 2014.

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 TC. All of the 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.
- As directed by the legislature, we will be requiring that hormonal contraceptives be dispensed in a 12 month supply unless there is a medical indication not to or the client herself requests a smaller supply. Information regarding this policy change was distributed to prescribers and pharmacists in late December. Research from the California Waiver suggests that there could be a significant drop in unintended pregnancies and Medicaid paid births.
- In December of 2013, an updated transition plan was sent to CMS.

Enrollment

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

From the first quarter of DY12 through the second quarter of DY13, we observed very little change overall in the total demonstration new enrollees: decreases in Populations 2 and 3 were offset by increases in Population 1. In the third quarter of DY13, we began to see the major impact of health care reform. In Quarter 4, total new enrollees has declined by 74%, from 11,318 in Quarter 2 to 6,149 in Quarter 3 and 2,988 in Quarter 4. Changes of this magnitude also impact total enrollees, the number of participants, and the number of member-months. All these measures showed declines of 50 to 70%, with smaller declines in total enrollees and member-months, and larger declines in the number of participants.

In DY14, quarter 1, overall enrollment continued to decline for all three eligible populations. New enrollees increased slightly (4%) for Population 1 and decreased by 17.7% for Population 2.

Washington's health insurance exchange was implemented October 1, 2013. Approximately 300,000 newly eligible and 150,000 previously eligible but not enrolled adults have signed up for Washington Medicaid since Oct 1 (AP, 5/4/2014). This expanded enrollment in Medicaid has contributed to the decline in the Populations 2 and 3. In addition, as of 4/23/2014, more than 164,000 people had enrolled in private health insurance plans through Washington's exchange.

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 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 250% of the FPL
- Population 3: Men who have income at or below 250% of the FPL

<i>DY 11:</i> <i>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:</i> <i>SFY2013</i>	Quarter 1 July 1, 2012 to September 30, 2012				Quarter 2 October 1, 2012 to December 31, 2012			
	Population 1	Population 2	Population 3	Total Population	Population 1	Population 2	Population 3	Total Population
# of Newly enrolled	6,401	3,575	66	10,041	6,821	10,039	154	17,014
# of Total Enrollees	22,590	36,457	479	59,496	22,711	38,833	519	62,010
# of Participants	2,077	9,101	56	11,234	2,205	9,493	68	11,766
# of Member Months	54,758	97,588	1,305	153,651	55,351	101,533	1,370	158,254

<i>DY 12:</i> <i>SFY2013</i>	Quarter 3 January 1, 2013 to March 31, 2013				Quarter 4 April 1, 2013 to June 30, 2013			
	Population 1	Population 2	Population 3	Total Population	Population 1	Population 2	Population 3	Total Population
# of Newly enrolled	6,355	9,306	162	15,822	6,586	8,681	167	15,434
# of Total Enrollees	22,846	42,154	571	65,493	23,216	44,445	602	68,175
# of Participants	2,071	12,180	91	14,341	2,108	12,739	87	14,934
# of Member Months	55,728	109,244	1,440	166,412	56,845	116,129	1,496	174,470

<i>DY 13:</i> <i>SFY2014</i>	Quarter 1 July 1, 2013 to September 30, 2013				Quarter 2 October 1, 2013 to December 31, 2013			
	Population 1	Population 2	Population 3	Total Population	Population 1	Population 2	Population 3	Total Population
# of Newly enrolled	6,258	8,081	129	14,464	7,009	4,234	75	11,318
# of Total Enrollees	23,065	46,287	598	69,876	23,348	43,369	536	67,222
# of Participants	1,976	13,962	91	16,029	1,933	10,582	69	12,584
# of Member Months	55,909	122,629	1,568	180,106	57,545	119,098	1,481	178,124

<i>DY 13:</i> <i>SFY2014</i>	Quarter 3 January 1, 2014 to March 31, 2014				Quarter 4 April 1, 2014 to June 30, 2014			
	Population 1	Population 2	Population 3	Total Population	Population 1	Population 2	Population 3	Total Population
# of Newly enrolled	3,441	2,670	38	6,149	1,878	1,098	13	2,988
# of Total Enrollees	17,867	32,007	359	50,229	10,780	19,396	212	30,383
# of Participants	972	4,647	16	5,635	525	2,865	9	3,399
# of Member Months	40,210	78,978	894	120,082	25,916	48,792	513	75,221

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 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 September 15, 2014, the TAKE CHARGE waiver had 52 providers serving clients at 163 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 a second outreach campaign in the fall of 2014 targeting the "Young Invincibles" urging them to get comprehensive Health Insurance instead of the narrow coverage under the Family Planning waiver.

Program Evaluation, Transition Plan and Monitoring

Administration of the mail-only client survey to ascertain the reasons for lack of health insurance (other than family planning coverage) began September 16, after approval of our Study Amendment Request by the Washington State Institutional Review Board (9/5/2014). As of November 18, 343 surveys had been completed. Only 6 clients refused participation in the survey; however, no response was received from 75% of the survey sample. A valid current mailing address could not be found for less than 10% of the sample. Among the clients who did not fall into the unable to locate category, the response rate was 19.4% (343 out of 1,764).

The Transition Plan will be updated when the results of the client survey are evaluated.

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, 2012 – 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 (SFY 14) (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	\$2,115,013	\$310,773	\$2,425,786	\$3,736,993
Quarter 4 Expenditures	\$2,115,013	\$234,787	\$2,040,364	
Total Annual Expenditures	\$14,192,394	\$569,218	\$14,761,612	\$11,810,823

	Demonstration Year 14 (July 1, 2014– September 31, 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	\$858,950	\$36	\$858,986	
Total Annual Expenditures				

Activities for Next Quarter

- 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), including post-delivery.
- The evaluation team plans to analyze survey responses and prepare a brief narrative report during quarter 2.