Washington State Health Care Authority

Quarter 3: Section 1115 Family Planning Only Demonstration Waiver
Demonstration Year 20: July 1, 2021 - June 30, 2021
Demonstration Reporting Period: January 1, 2021 - March 31, 2021

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

May 28, 2021

Contents

EXECUTIVE SUMMARY

Washington State's 1115 Family Planning Only (FPO) 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 five years through June 30, 2023. The Special Terms and Conditions (STCs) for the waiver require quarterly monitoring reports must be submitted 90 days following the end of each quarter. This report provides information on enrollment, utilization, operations, and updates related to the waiver. Washington uses the state fiscal year (SFY) as our demonstration year (DY) period. This report covers services provided during quarter 3 of DY20 January 1, 2021 through March 31, 2021. Appendix B provides background and definitions of the program.

Total enrollees decreased by 15.0% from 4,343 in DY20 Quarter 2 to 3,691 in Quarter 3 and participation declined slightly by 3.2% (from 621 to 601 participants). Newly enrolled clients declined slightly by 0.4% from 851 in DY20 Quarter 2 to 848 in Quarter 3. Client enrollment and participation remain predominantly female, driven by the fact that 59.7% of enrollees are post pregnancy. In DY20 to date, the most frequently provided family planning method for all participants was oral contraceptives (i.e., birth control pills) used by 36.0% of unduplicated participants.

Besides family planning and contraceptive care, waiver clients also have access to Neisseria gonorrhea (GC) and Chlamydia trachomatis (CT) screens and tests and cervical cancer screenings. To date, 274 unduplicated waiver participants received a GC/CT test or 3.7% of total waiver enrollees for the demonstration year. Additionally, 19 (or 0.3%) of the unduplicated female participants to date have received a cervical cancer screen while enrolled in the demonstration waiver.

The 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 – Pregnancy Related (formally known as Family Planning Only Extension), which existed prior to the waiver and the Family Planning Only program (formally known as Take Charge), which began with the waiver. The waiver extends eligibility for family planning services to uninsured people 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-related services that help clients use their contraceptive methods safely and effectively to avoid unintended pregnancy.

PROGRAM UPDATES

Current Trends and Significant Program Activity

Administrative and Operational Activities

HCA released the revised Family Planning Only application that gives the applicant the option to make an informed choice to waive their right to apply to full-scope Apple Health. The application was released in January 2021 and preliminary FPO application data show an increase in application approvals. Application approval percentage increased by 35% from 53% in January through March 2020 to 88% in March 2021. There was a cumulative total of 523 approved FPO applications out of 993 applications in January through March 2020. In March 2021, 122 out of 139 applications were approved.

HCA is continuing to allow FPO benefit services to be delivered through telemedicine and temporary COVID pandemic telehealth mediums effective January 1, 2020 until the HCA determines discontinuation. This

guidance was created in March 2020, edited in April 2020 and is included in Appendix A of this report here. As mentioned in a previous quarter report (DY19 Quarter 4), FPO services provided through telemedicine mediums will not expire and are included in current physician billing guides.

Delivery System and Provider Participation

Access to family planning services is widely available through expanded Medicaid, qualified health plans and other commercial insurance. HCA continues to support efforts to provide Washington residents with access to comprehensive insurance coverage that surpasses the coverage that the FPO programs offer. HCA is invested in seeing that all persons, whose pregnancies and births are paid for by Medicaid, have access to the services they need to plan and space their pregnancies.

HCA also administers a state funded FPO program for populations that do not meet the waiver criteria. HCA recently created and released a separate FPO application for the state-funded program in March 2021.

There are still gaps in coverage for some Medicaid enrollees, young adults covered by their parents' insurance who desire confidentiality, and some immigrant populations. These groups are currently not eligible for the waiver.

Family Planning providers and advocates are also working with HCA to ensure that the waiver population and those not eligible for the waiver are provided services needed to continue to improve access to family planning and family planning-related services, decrease unintended pregnancies and lengthen intervals between pregnancies and births to improve positive birth and health outcomes.

Enrollment and Participation

Total enrollees has decreased 15.0% over the past demonstration quarter, from 4,343 in DY20 Quarter 2 to 3,691 in DY20 Quarter 3 Notably, this decrease started during the fourth quarter of DY19, due to impacts from COVID-19 on client financial eligibility and delivery of healthcare services, we expected decreases in enrollment and participation during Quarter 4 as it coincided with Washington State's Governor Inslee's 'Stay Home, Stay Healthy' quarantine directives.

We also hypothesize that the decrease in enrollment may be caused by the Public Health Emergency extension of benefits for the Apple Health pregnancy population. Clients that lose the Apple Health pregnancy benefit are automatically enrolled into the Family Planning Pregnancy Related program. Before the COVID-19 pandemic, the Family Planning Pregnancy Related program contributed approximately 70 percent of our enrollees. We plan to include results of the short- and long-term impacts from COVID-19 in the 2018 – 2023 evaluation report.

We will continue to monitor this enrollment and participation as the quarter-to-quarter trends had been stable since the implementation of the Affordable Care Act (ACA).

Of the 3,691 total unduplicated enrollees in the third quarter of DY20, 99.2% enrollees were female. Clients 21-44 years old had the highest enrollment (2,983 or 81.4%) and the highest participation (437 or 72.7%). As expected, enrollment and participation is dominated by female clients since 59.7% of enrollees are post pregnancy and participants choose contraceptives predominately used by females (see Table 9 for program and population descriptions).

Tables 1 through 4 show data on enrollees and participants for DY20 by sex and age group.
Enrollees are 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 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, cell numbers less than 11 are suppressed and noted.

Table 1: Unduplicated Number of Female 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 Female Enrollment*
Quarter 1	10	952	4,712	63	5,737
Quarter 2	*	743	3,518	*	4,319
Quarter 3	*	631	2,983	*	3,663
Quarter 4					
Year End					

**Ages for Quarters are calculated based on the last day in the quarter while Age for "Year End" is based on the last day of the DY. Given that a client may age into an older age cohort throughout their 12-month program eligibility period, "Year End" is not a sum of each age cohort.

Table 2: Unduplicated Number of Male 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 Male Enrollment*
Quarter 1	*	*	15	*	24
Quarter 2	*	*	15	*	24
Quarter 3	*	*	16	*	28
Quarter 4					
Year End					

* Due to HCA policy regarding the release of small numbers, numbers less than 11 are suppressed.
**Ages for Quarters are calculated based on the last day in the quarter while Age for "Year End" is based on the last day of the DY. Given that a client may age into an older age cohort throughout their 12-month program eligibility period, "Year End" is not a sum of each age cohort.

Table 3: Unduplicated Number of Female Participants with any Claim by Age Group and Quarter**

	14 years old and under	15-20 years old	21-44 years old	Over 45 years old	Total Female Users*	Percentage of Total Unduplicated Enrollment
Quarter 1	*	113	216	*	340	5.9

Quarter 2	*	201	401	*	618	14.2
Quarter 3	*	151	437	*	600	16.3
Quarter 4						
Year End						

* Due to HCA policy regarding the release of small numbers, numbers less than 11 are suppressed.

**Ages for Quarters are calculated based on the last day in the quarter.

Table 4: Unduplicated Number of Male Participants with any Claim by Age Group and Quarter**

	14 years old and under	15-20 years old	21-44 years old	Over 45 years old	Total Male Users*	Percentage of Total Unduplicated Enrollment
Quarter 1	*	*	*	*	*	0.0
Quarter 2	*	*	*	*	*	0.1
Quarter 3	*	*	*	*	*	0.1
Quarter 4						
Year End						

* Due to HCA policy regarding the release of small numbers, numbers less than 11 are suppressed.

**Ages for Quarters are calculated based on the last day in the quarter.

POLICY ISSUES AND CHALLENGES

The HCA program staff continue to work with providers to clarify questions that arise from the Family Planning Only programs billing guide to ensure that is more user and reference friendly. The program staff continue to respond to and clarify billing questions and directly resolve billing issues for Family Planning providers on an ad hoc basis.

Table 5: Demonstration Year 20 Action Plan				
Activity	**Quarter 1 Update**	**Quarter 2 Update**	**Quarter 3 Update**	**Quarter 4 Update**
• **Add the HPV vaccine benefit to the Family Planning Only programs services package.**	• HCA received conditional approval from CMS to move forward to add the HPV vaccine to its FPO benefit package. • HCA is working internally to get leadership and finance approval for program implementation.	• HCA continues to work internally to get leadership and finance approval for program implementation.	• HCA continues to work internally to get leadership and finance approval for program implementation. We are close to a decision for implementation.	
• **Evolve the benefits package for the Family Planning Only programs through research and financial analysis and feasibility.** • Increase the number of clients receiving cervical cancer screening and gonorrhea and chlamydia screening and testing.	• HCA is soliciting provider feedback and researching ways to increase the number of clients receiving cervical cancer screening and gonorrhea and chlamydia screening and testing.	• HCA is working on a situation and financial analysis for internal leadership and finance review and approval.	• HCA is continuing to work on a situation and editing the financial analysis for internal leadership and finance review and approval.	
• **Expand eligibility and ensure access to underinsured people, as changes occur in requirements for insurance coverage related to family planning needs on a national level.**	• HCA is working with providers and navigators to make the application and application approval process for the FPO program as user-friendly and easy to navigate as possible while considering ongoing changes insurance eligibly requirements and other barriers.	• HCA continues to analyze and data and monitor potential gaps in coverage for populations and benefits.	• HCA continues to analyze and data and monitor potential gaps in coverage for populations and benefits.	

• **Communicate with family planning providers, navigators and administrators on their needs for their clients and will create training and resources based off these needs.**	• HCA is working with providers and navigators to determine best practices for their client application process to share during training and for upcoming written resources.	• HCA is working with Seattle King County Public Health on a user-friendly FAQ sheet for FPO clients to better understand their benefits and the program.	• HCA is setting up individuals provider/navigator meetings to discuss the FPO application process and provide feedback for seamless client access to the program.	

QUALITY ASSURANCE AND MONITORING

Service Utilization

Table 6 shows utilization by birth control method and age group for DY20 (includes quarters 1, 2, and 3). The use of family planning methods are listed according from the most frequently used to the least frequently used. To date, the most frequently provided family planning method for all participants is oral contraceptives (i.e., birth control pills), used by 35.8% of unduplicated participants. This is followed by hormonal injections at 15.4% and emergency contraceptives at 15.3%.

Table 6: Utilization by Birth Control Method and Age Group in Demonstration Year 20 (to date)

Method	Total Users					
	14 years old and under	15-20 years old	21 – 44 years old	45 years old and older	Total Participants** (unduplicated)	Percent of all Methods
Oral Contraceptive	*	189	318	*	518	35.8
Hormonal Injection		66	147	*	223	15.4
Emergency Contraception	*	99	114	*	221	15.3
Intrauterine Device (IUD)	*	46	157	*	204	14.1
Contraceptive Implant		40	73	*	113	7.8
Condom (male and female)	*	34	35	*	70	4.8
Vaginal Contraceptive Ring	*	*	35	*	43	3.0
Contraceptive Patch	*	*	25	*	39	2.7
Spermicide***	*	*	*	*	*	*
Sterilization- Tubal Procedure & Vasectomy	*	*	*	*	*	*
Diaphragm / Cervical Cap	*	*	*	*	*	*
Natural Family Planning	*	*	*	*	*	*
Total Participants*** (unduplicated)	*	329	707	*	1,061	

*Due to HCA policy regarding the release of small numbers, some contraceptive methods (i.e., Natural Family Planning, spermicide, sterilization, and diaphragm/cervical cap) were suppressed from the table and total unduplicated participants were recalculated to avoid deriving utilization for this method.
**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.
***Includes all topical preparations (i.e. creams, foams, and gels), films, suppositories, and sponges.

Table 7 shows the number of Neisseria gonorrhea (GC) and Chlamydia trachomatis (CT) screens and tests provided to Family Planning Only clients. These services are sexually transmitted infection (STI) testing specifically related to the effective and safe use of the chosen contraceptive and cervical cancer screening. 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. To date, 274 of the unduplicated number of waiver participants received a GC/CT test or 3.7% of total waiver enrollees (7,447, to date) for the demonstration year.

Table 7: Number of Participants Tested for any STD by Demonstration year (to date)		
	Total Tests	
	Number	% of total Enrolled
Unduplicated number of participants who obtained an STD test	274	3.7

*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 8 shows the number of females who have received cervical cancer screening using cervical cytology (Pap test) and/or human papilloma (HPV) testing. Nineteen of the female participants received cervical cancer screening in DY20 to date.

Table 8: Total Number of Female Participants who obtained a Cervical Cancer Screening (to date)		
Screening Activity	Number	% of total Females Enrolled
Unduplicated number of female participants who obtained a cervical cancer screening	19	0.3

*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 were no program integrity updates in DY20 Quarter 3.

Grievances and Appeals

There were no grievances and appeals made DY20 Quarter 3.

PROGRAM OUTREACH AND EDUCATION

General Outreach and Awareness

HCA continues to communicate with FPO providers on program updates and additional coverage for FPO clients related to the COVID 19 Public Health Emergency policies.

Target Outreach Campaign(s)

In DY20 Quarter 3, HCA program staff scheduled targeted meetings with three top FPO providers including Seattle King County Public Health, Neighborcare, and Planned Parenthood to address missing client information on FPO applications and to discuss ways to improve access to the FPO program for their clients. These meetings are currently being scheduled and HCA will have a report out of the meetings in the next quarterly report.

Stakeholder Engagement

After the revised FPO application was released in January 2021, HCA has received significant positive feedback from stakeholders including Planned Parenthood, Seattle King County Public Health, Columbia Basin Health Association, SeaMar, Neighborcare and other Family Planning advocate groups. A few of these stakeholders also co-presented on a webinar for our state-funded FPO application.

Annual Post Award Public Forum

There were no annual post aware public forum activities DY20 Quarter 3.

Washington State Health Care Authority

Family Planning Only (FPO) Program billing guide for telemedicine/telehealth services offered during the COVID-19 pandemic

In this time of the COVID-19 pandemic, the Health Care Authority (HCA) is aware that usual and customary ways of providing and billing/reporting services may not be feasible. It is also understood that different providers will have different capabilities. Therefore, in the interest of public health, HCA's Apple Health (Medicaid) program is trying to be as flexible as possible and is creating new policies that will allow you to provide medically necessary services and bill or report the encounter with the most appropriate code you determine applicable, using the guidance below.

This FAQ reinforces HCA's current policies regarding telemedicine as defined in WAC 182-531-1730 and covers the new telehealth policies that will only be in effect during this health care crisis. We will update this FAQ as necessary to respond to new information as it develops.

The FAQ below was revised after new information was released Friday, March 20, by the Centers for Medicare & Medicaid Services (CMS) in an all-state call about the use of telehealth in Medicaid. Note: Medicaid is not subject to the same policies as Medicare.

Frequently asked questions

Is the COVID-19 vaccine administration a covered service for Family Planning Only clients?

Yes. The COVID-19 vaccine administration is a covered service for Family Planning Only clients retroactive to dates of service on and after April 1, 2021. For more information, please review the COVID vaccine clinical policy.

Can providers use telemedicine/telehealth to serve clients receiving Family Planning Only benefits?

Yes. Clients under the Family Planning Only – Pregnancy Related program and the Family Planning Only program (formerly referred to as TAKE CHARGE) are eligible for telemedicine/telehealth services ***temporarily*** during the COVID-19 outbreak.

The availability of telemedicine/telehealth during the pandemic allows Family Planning Only clients, particularly those in medically underserved areas of the state, improved access to essential family planning services that may not otherwise be available.

ProviderOne has been updated to allow reimbursement for telemedicine/telehealth services for Family Planning Only clients, dating back to the start of the pandemic.

What modes of technology can I use to provide services to my patients?

Please refer to Part II of Apple Health (Medicaid) clinical policy and billing for COVID-19 FAQs. Part II describes technologies and modalities, which may be used to provide services to Family Planning Only clients.

(Revised 04/12/2021)

How do I bill for services provided to Family Planning Only clients via telemedicine or telehealth?
Please refer to Part II of Apple Health (Medicaid) clinical policy and billing for COVID-19 FAQs. Part II outlines how to bill for telemedicine/telehealth services.

The following codes are covered for Family Planning Only clients receiving services via telemedicine/telehealth: CPT® 99201, 99202, 99203, 99204, 99211, 99212, 99213, 99214.

Comprehensive prevention family planning visits are also covered via telemedicine/telehealth, billed with an FP modifier: CPT® 99384, 99385, 99386, 99394, 99395, 99396, 99401. Comprehensive prevention family planning visits will continue to be limited to once every 365 days.

Bill any of above codes, as appropriate, using modifier CR (catastrophe/disaster) at the line level.

Telemedicine/telehealth services are paid at the same rate as if the services were provided face-to-face.

All services provided to Family Planning Only clients require a primary focus AND diagnosis of family planning.

What other codes could be used if the options described above are not applicable to the care provided?
If you are a licensed provider who can bill an E&M code and using the usual procedure code with one of the options above is not applicable, below is a matrix of codes that are also available for telephone and digital evaluation visits. Please see the COVID-19 fee schedule for rates.

Bill these codes using modifier CR (catastrophe/disaster) at the line level.

CPT® Code	Short Description
99441	PHONE E/M PHYS/QHP 5-10 MIN
99442	PHONE E/M PHYS/QHP 11-20 MIN
99443	PHONE E/M PHYS/QHP 21-30 MIN
99421	OL DIG E/M SVC 5-10 MIN
99422	OL DIG E/M SVC 11-20 MIN
99423	OL DIG E/M SVC 21+ MIN

Code	Description
G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5- 10 minutes of medical discussion

Please note that the revised date on this document only pertains to formatting changes, there have been no policy changes. For questions related to FPO telemedicine billing and claims, please email HCAFamilyPlanning@hca.wa.gov.

Appendix B: Background and Definitions

Definition of Terms

The following terms are used in the report and defined here.

Enrollees are defined as all individuals enrolled in the demonstration for the specified demonstration year, including those newly enrolled and those still eligible from the previous demonstration year. This is also called the eligible population.

Participants are defined as all individuals who obtain one or more covered family planning services through the demonstration.

Disenrollment is defined as having a gap in enrollment of more than four months.

Retention is defined as those continuously enrolled or experiencing a gap in eligibility of no more than four months.

Re-enroll is defined as clients who dis-enroll, then re-enroll with a gap greater than 4 months or were previously pregnant, but re-enrolled after pregnancy ended.

Full benefits include all full eligible clients, including the new Medicaid Expansion program, and Parent/Caretaker.

Member months refer to the number of months in which persons enrolled in the demonstration are eligible for services.

Table 9. 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
Current demonstration population name	Family Planning Only – Pregnancy Related	Family Planning Only
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 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 comprehensive family planning preventive visit for reducing the risk of unintended pregnancy, condoms and spermicides, and services directly related to vasectomies.