



**Quarter 4 & Annual Report: Section 1115 Family Planning Only
Demonstration Waiver**

Demonstration Year 22: July 1, 2022 - June 30, 2023

Demonstration Reporting Period: April 1, 2023 – June 30, 2023

Demonstration Approval Period: July 1, 2018 - June 30, 2023

Project Number: 11-W-00134/0

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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 that 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 adds services provided during quarter 4 of DY22 April 1, 2023, through June 30, 2023, compares demonstration year (DY) 2022 to DY 21, where appropriate, and annual report information. Appendix B provides background and definitions of the program.

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 (FPO) program (formally known as Take Charge), which began with the waiver. However, Family Planning-Pregnancy Related (FPO-PR) eligible clients are more likely to participate in Washington's After-Pregnancy Coverage (APC) which offers 12-months of comprehensive coverage after the end of a pregnancy. 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 (FPO) covers a single comprehensive sexual and reproductive health visit every 365-days, a range of FDA approved birth control methods, and a limited scope of family planning-related services that help clients use their contraceptive methods safely and effectively to avoid unintended pregnancy and improve or maintain health outcomes as a result of access to family planning and family-planning related services.

As of April 2023 in Washington, we are undergoing the public redetermination process post-Public Health Emergency (PHE) orders. This, along with the pregnancy-related coverage expansion, will more than likely have an impact on rates within FPO.

Compared to the previous year, total enrollment decreased 5.5% (5,013 in DY21 to 4,740 in DY22) and overall participation decreased over the past demonstration year by 5.7% from 1,135 in DY21 to 1,070 in DY22.

Compared to the previous quarter, total enrollment increased by 0.4% from 3,855 in DY22 Quarter 3 to 3,872 in DY22 Quarter 4. Participation increased by 5.0% (from 343 to 360 participants). Newly enrolled clients decreased by 75.0% from 787 in DY22 Quarter 3 to 197 in DY22 Quarter 4. Client enrollment and participation remain predominantly those who identify as female. In DY22, the most frequently provided family planning method for all participants was emergency contraceptives used by 26.1% of unduplicated participants.

FPO includes coverage of screens and tests for *Neisseria gonorrhoea* (GC) and *Chlamydia trachomatis* (CT) and screening for cervical cancer. To date, 343 unduplicated waiver participants received a GC/CT test or 7.2% of total waiver enrollees for the demonstration year. Between Q3 and Q4 of DY22, the rates of STI testing doubled! According to our partners at Office of Infectious Disease, rates of GC/CT, syphilis, and congenital syphilis are increasing dramatically in Washington.¹ These data reflect a high-priority and opportunity for our staff to engage more in promoting STI screening, testing, and treatment through FPO.

¹ [STI and HBV Legislative Advisory Group Recommendation \(wa.gov\)](#)

Additionally, 43 (or 0.9%) of the unduplicated female identifying enrollees to date have received a cervical cancer screen while enrolled in the demonstration waiver. This rate is similar to the DY21 of 38 cervical cancer screens (or 0.8% of total females enrolled).

The fluctuations in enrollment and participation in DY21 and DY22 coincide with Washington State's Governor Inslee's 'Stay Home, Stay Healthy' quarantine directives.

PROGRAM UPDATES

Current Trends and Significant Program Activity

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. However, FPO plays a critical role for those populations who are ineligible for comprehensive Medicaid coverage and for those seeking confidential services.

The Supreme Court Dobbs decision in June of 2022, resulting trigger laws, and ongoing state and legal efforts to reduce or eliminate access to abortion care has elevated the critical importance of robust access to contraceptive care for all who desire it. Washington is committed to assuring access to contraceptive care for all WA residents. For example, in 2022, Governor Inslee directed the Washington State Patrol to refrain from providing any cooperation or assistance to out-of-state law enforcement agency if the matter concerned abortion-related conduct that is lawful in Washington (RCW 9.02.120). Washington's AG Ferguson co-led a multi-state lawsuit against the FDA to remove burdensome and unnecessary restrictions on prescribing and dispensing Mifepristone. Washington's recent 2023 legislative session passed several bills protecting both patients and providers while strengthening access to reproductive health care.

HCA has been following the progress of FDA meetings to allow Opill, a progestin-only pill, to switch from prescription to over-the-counter status. Knowing our FPO clients utilize the oral contraceptive pill at higher rates than other methods, we believe this will be a major win for Washingtonians, especially those with less access to primary care. Starting in June of 2023, HCA Family Planning, Office of Tribal Affairs, and Pharmacy staff partnered with sexual and reproductive health staff and pharmacy quality assurance staff at Washington Department of Health to initiate a yearlong quality improvement process to ensure prescribing, distributing, and billing for either over-the-counter or prescription contraception at pharmacies is seamless for clients and providers.

HCA also administers a state-funded FPO program for populations that do not meet the waiver criteria. This state-funded program began in January of 2020. HCA 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 (i.e., those between 19 and 26 years of age) covered by their parents' insurance who desire confidentiality and some immigrant populations. These groups are currently not eligible for the federal waiver.

Family Planning providers and advocates are also working with HCA to ensure that the waiver population and those not eligible for the waiver continue to have access to family planning and family planning-related services to decrease unintended pregnancies, lengthen intervals between pregnancies and births, and

support positive birth and health outcomes.

Enrollment and Participation

Total enrollees increased 0.4% over the past demonstration quarter, from 3,855 in DY22 Quarter 3 to 3,872 in DY22 Quarter 4. Of the 3,872 total unduplicated enrollees in the fourth quarter of DY22, 97.0% enrollees identified as female. Clients 21-44 years old had the highest enrollment (2,917 or 75.3% of those enrolled) and the highest participation (238 or 66.1% of those participating). As expected, and aligning with historical patterns, enrollment and participation are dominated by female-identifying clients (see Table 9 for program and population descriptions). However, we continue to see a slight increase in male enrollment.

There were no new enrollees among Family Planning Pregnancy Related (FPO-PR) due to the establishment of After-Pregnancy Care (APC) program coverage in June 2021. Historically and prior to the PHE, clients who lost the Apple Health pregnancy benefit at approximately two months after end of pregnancy were automatically enrolled into FPO-PR. However, with continuous Medicaid eligibility during the PHE clients have remained on comprehensive coverage and did not transition onto FPO-PR. The continuous Medicaid eligibility ended with the PHE in May 2023, and HCA is actively working on communications and outreach to ensure both clients and providers are aware and understand client options through the yearlong redetermination process. Throughout redetermination, we expect FPO-PR enrolled clients to transition to other programs given their eligibility for pregnancy-related coverage is likely to change during that period.

Before the COVID-19 pandemic, FPO-PR clients represented approximately 70 percent of the FPO program’s enrollees. However, during DY22 quarter 4, FPO-PR represents only 29.2% of FPO enrollees, as clients remain on their current Medicaid coverage during the PHE. The State plans to include results of the short- and long-term impacts from COVID-19 in the 2018-2023 evaluation report. The State will continue to monitor this enrollment and participation as the quarter-to-quarter trends have been stable since the implementation of the Affordable Care Act (ACA).

Tables 1 through 4 show data on enrollees and participants for DY22 by sex and age group. 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.

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 all individuals who obtain one or more covered family planning service through the demonstration.

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	*	850	3,222	*	4,164
Quarter 2	*	797	2,456	*	3,337
Quarter 3	*	787	2,842	*	3,743
Quarter 4	*	796	2,837	*	3,757
Year End	21	1,039	3,460	96	4,616

**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	*	20	70	*	97
Quarter 2	*	26	45	*	75
Quarter 3	*	26	79	*	112
Quarter 4	*	24	80	*	115
Year End	*	29	85	*	124

* 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	*	119	320	*	359	8.6
Quarter 2	*	86	145	*	238	7.1
Quarter 3	*	100	226	12	340	9.1
Quarter 4	*	98	236	20	355	9.4
Year End	*	351	676	22	1,057	22.9

* 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	*	*	*	*	*	4.1
Quarter 2	*	*	*	*	*	6.7
Quarter 3	*	*	*	*	*	2.7
Quarter 4	*	*	*	*	*	4.3
Year End	*	*	*	*	13	10.5

* 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

In April 2021, SB 5068 (known as the After Pregnancy Coverage (APC) program) was signed into Washington State law and directed the expansion of postpartum coverage from 60 days to 12 months for persons who: 1) reside in Washington state; 2) have countable income equal to or below 193 percent of the federal poverty level; and 3) are not otherwise eligible under Title XIX or Title XXI of the Federal Social Security Act. This extended postpartum coverage was implemented as policy in June 2022 and has affected FPO-PR eligible clients who historically made up over 50% of the FPO waiver programs.

UTILIZATION MONITORING

Service Utilization

Table 5 shows utilization by birth control method and age group for DY22 to date. The use of family planning methods is listed according to the most frequently used to the least frequently used. To date, the most frequently provided family planning method for all participants is emergency contraceptives, used by 26.1% of unduplicated participants, a notable increase from 16.5% last quarter. This is followed by oral contraceptives (i.e., birth control pills) at 24.6% and hormonal injections at 19.1%.

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
Emergency Contraception	*	131	188	*	330	26.1
Oral Contraceptives	*	113	192	*	311	24.6
Hormonal Injection	*	72	157	11	242	19.1
Intrauterine Device (IUD)	*	46	105	*	154	12.2
Contraceptive Implant	*	50	69	*	119	9.4
Contraceptive Patch		14	26		41	3.2
Vaginal Contraceptive Ring	*	*	25	*	35	2.8
Condom (male and female)	*	17	12	*	29	2.3
Spermicide***	*	*	*	*	*	*
Sterilization- Tubal Procedure & Vasectomy	*	*	*	*	*	0.4
Diaphragm / Cervical Cap	*	*	*	*	*	*
Natural Family Planning	*	*	*	*	*	*
Total Participants** (unduplicated)	*	316	605	20	948	

*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 6 shows the number of Neisseria gonorrhoea (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, 343 of the unduplicated number of waiver participants received a GC/CT test or 7.2% of total waiver enrollees (4,740 to date) for the demonstration year. Over the DY, quarterly growth in STI testing has doubled each quarter demonstrating a key value-add of FPO services in Washington which is experiencing increased STI/STDs rates.

Table 6: Number of Participants Tested for GC or CT by Demonstration year (to date)		
Total Tests		
	Number	% of total Enrolled
Unduplicated number of participants who obtained a GC or CT test	343	7.2

*The waiver programs only cover GC and CT screening for females ages 13-25. STD testing is also covered when medically indicated by symptoms or report of exposure, and medically necessary for the client’s safe and effective use of their chosen contraceptive method.

Table 7 shows the number of females who have received cervical cancer screening using cervical cytology (Pap test) and/or human papilloma (HPV) testing. Forty-three of the female enrollees received cervical cancer screening in DY22 to date.

Table 7: 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	43	0.9

*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.

Although we have yet to include our data on HPV vaccinations in the approved reporting template, we are pleased to have seen an encouraging increase in utilization since its coverage inclusion starting February 2022. FPO has had 547 total vaccinations as of early 2023, 15% of which were covered by the waiver (85% were covered by our state lookalike program).

PROGRAM OUTREACH AND EDUCATION

General Outreach and Awareness

Within the last year, the marketing and outreach for Family Planning Only was thoroughly reviewed and updated. We conducted a re-engagement campaign to ensure our e-news distribution list was active and current, with the goals of higher open rates and applicable messaging.

After learning about the FPO waiver 1-year extension, HCA conducted targeted outreach and marketing to

ensure all providers and clients were aware of the near-term continuation. Below reflects activity related to general outreach and awareness:

- GovDelivery e-Bulletins
 - FPO Demonstration extended by 1 year: sent 6/26/2023, 6k recipients, 20% open rate (1,2k)
 - FPO technical assistance office hours: sent 6/27/2023, 6k recipients, 20% open rate
 - Bicillin L-A shortage guidance for syphilis treatment and FPO: sent 8/4/2023, 8k recipients, 22% open rate
- Update to the Pregnancy, Infants, and Early Childhood group which is an intersectional group of state personnel with programs that serve pregnancy capable populations. The interagency group convenes semi-annually, and the internal HCA groups convenes quarterly.
- HCA program, enrollment, eligibility, and billing staff also hosted the first Family Planning Only Office Hours and had 14 providers sign-up and attend. The second will be hosted in November 2023.

Targeted Outreach Campaign(s)

Below reflects targeted outreach:

- Virtual presentations
 - Depart of Health Sexual & Reproductive Health provider network: 3/15-16, 2023 ~20-40 providers/individuals attended
 - Washington Fatherhood Network: ~20 people attended
 - Washington State Coalition Against Domestic Violence: 7/20, 2023 ~50 attended
 - HCA Opioid Treatment Program Medical Directors: 8/2023, ~15 attended
 - Department of Health Adolescent and Sexual Health programs: 7/2023, ~15 attended
 - Spokane Regional Health District, Perinatal Collaborative: June & August 2023, ~15 attended
 - Benton/Franklin County Health District, Perinatal Collaborative: 8/2023, ~15 attended
- Social Media posts were also pushed through Facebook, Instagram, and LinkedIn

Stakeholder Engagement

HCA staff have a standing invitation to present at the Department of Health's Sexual and Reproductive Health statewide network meeting which convenes semi-annually. We have also engaged with DOH and other insurance and pharmacy quality assurance partners to work toward seamless systems and government agency accountability in reproductive health. The partnerships are constructive and serve as useful platforms for coordinated learning and issue mitigation.

HCA is also part of the Free the Pill Coalition who actively monitors and supports implementation of the recently approved over-the-counter birth control pill (Opill). The FPO program manager, HCA clinical pharmacy, and communications personnel have partnered to initiate a quality improvement effort to poll pharmacy staff on issues related to prescribing, dispensing, or billing for contraceptives. We want to ensure our Medicaid processes effectively support providers and clients. Thus far, we have an open survey that was sent to 8k recipients with a 16% open rate to poll providers on their perception of issues and solutions. We plan to use this method through quarter 1 of 2024 to problem solve. We learned through a virtual in-person listening session that in-person time is simply too difficult for pharmacy staff. Yet, we did learn that this stakeholder group is interested and willing to provide feedback, thus the pivot to a survey method.

The FPO program manager also continued to attend the Building Skills in Sexual Health Series hosted by Mountain West AIDS Education & Training Center and funded by Department of Health due to the continued increase in STIs in Washington. Two key reports, [Hep C Free WA](#) and [STI & HBV Legislative Report](#), are naming concerning trends in viral Hepatitis, for example, and are calling on all health plans to ensure we are maximizing our ability to test, treat, and vaccinate (if a FDA approved vaccine is available) for the array of STIs impacting our state/community. Providers we engage with in sexual and reproductive health have signaled that FPO STI coverage expansion would be well-received.

PROGRAM INTEGRITY

The FPO program manager has partnered with HCA financial staff to ensure/improve alignment of expenditures to budget allocations and coding for reimbursement in the CMS-64 & 37. These adjustments are updates to the budgeting process to ensure any shifts in recent activity, such as staffing, are in line with program and financial processes. For example, timesheets have been assigned and set-up for program staff and evaluation staff, that are now in-house, are appropriately allocated. We also anticipate data will be representative on the CMS-37 for administrative costs as there has been an omission from billing administrative costs for FPO claims activity since 2018 when the program management was transferred from the Department of Social & Health Services to the HealthCare Authority.

GRIEVANCES AND APPEALS

There were no grievances and appeals made DY22 Quarter 4.

ANNUAL POST AWARD FORUM

A public forum presentation was hosted on June 30, 2022. The responses to the public participation were posted on the public-facing client webpage [HCA response for waiver webinar comments - public comment period](#). After the renewal application was submitted, there was a public comment period open until January 19, 2023 also posted to the site [1115-FamilyPlanningOnlyWaiverExtensionPublicNotice-WSR-23-01-030.pdf](#).

We attended several external to HCA meetings where the status of FPO was announced. Namely, a Sexual and Reproductive Health provider network meeting in March 2023 where the status was announced and open for questions (slides below):

Health Care Authority & Family Planning updates

SRHP network meeting
March 15-16, 2023

Washington State
Health Care Authority

Family Planning Only (FPO)

- ▶ Waiver (period 2023-2028) renewal / approval pending
- ▶ Program information
 - ▶ For clients: [Family Planning Only](#)
 - ▶ For providers: [Family Planning](#)
 - ▶ Family Planning GovDelivery list will expand ([sign up here](#))
- ▶ Presentations, brochures, suggestions, questions? Contact [Andrea Estes](#)

Washington State
Health Care Authority

Agenda setting for the network is managed by DOH and began in early February 2023.

We received the notice of the extension on June 15, 2023, and sent out a GovDelivery Bulletin announcing the status update by June 26, 2023.

We then hosted an FPO Office Hours July 18, 2023 that was open to anyone, publicly disseminated (June 27, 2023), and posted on the website (June 27, 2023) [Family Planning Only | Washington State Health Care Authority](#) (with another following in November).

APPENDIX A: 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 8. 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
Current demonstration population name	Family Planning Only – Pregnancy Related (FPO-PR)	Family Planning Only (FPO)
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 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.