Washington State Health Care Authority

Quarter 4: Section 1115 Family Planning Only Demonstration Waiver
Demonstration Year 21: July 1, 2021 - June 30, 2022
Demonstration Reporting Period: April 1, 2022 – June 30, 2022

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

September 30, 2022

Contents

EXECUTIVE SUMMARY

Washington State's 1115 Family Planning Only (FPO) Program 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 covers services provided during quarter 4 of DY21 April 1, 2022, through June 30, 2022. 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 program (formally known as Take Charge), which began with the waiver. The waiver extends eligibility for family planning services to uninsured people 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 chosen contraceptive methods safely and effectively to avoid unintended pregnancy.

Although DY21 total enrollment decreased 59.2% from DY20 (7,981 in DY20 to 5,013 in DY21), total enrollees have consistently increased over the past demonstration year by 14.8% from 3,613 in Quarter 1 to 4,242 in Quarter 4. During DY21, there were incremental increases in enrollment each quarter in both Family Planning Only (FPO) and the Family Planning Only-Pregnancy Related (FPO-PR) (see Table 9 for program and population descriptions). Overall participation decreased over the past demonstration year by 23.0% from 1,396 in DY20 to 1,135 in DY21.

Compared to the previous quarter, enrollment increased by 5.6% from 4,019 in DY21 Quarter 3 to 4, 242 in Quarter 4 and participation increased by 24.8% (from 367 to 458 participants). Newly enrolled clients declined by 11.3% from 488 in DY21 Quarter 3 to 433 in Quarter 4. Client enrollment and participation remain overwhelmingly female/people capable of pregnancy, driven by the fact that 44.6% of enrollees are post pregnancy. In DY21, as in past years, the most frequently provided family planning method for all participants was oral contraceptives (i.e., birth control pills) used by 34.5% of unduplicated participants.

In addition to family planning services (e.g., counseling, education, risk reduction, and initiation or management of contraceptive methods), waiver clients also have access to limited STI screening, testing and treatment, according to nationally recognized clinical guidelines, as well as cervical cancer screenings and the Human papilloma (HPV) immunization. To date, 406 unduplicated waiver participants received a GC/CT test or 8.1% of total waiver enrollees for the demonstration year. Additionally, 38 (or 0.8%) of the unduplicated enrollees with a cervix to date have received a cervical cancer screen while enrolled in the demonstration waiver.

The fluctuations in enrollment and participation in DY20 and DY21 coincide with Washington State's Governor Inslee's 'Stay Home, Stay Healthy' quarantine directives under the public health emergency for COVID-19 . We will continue to monitor program enrollment and participation as impacts from COVID-19 and variants continue to be an important contextual factor.

PROGRAM UPDATES

Current Trends and Significant Program Activity

Administrative and Operational Activities

In DY21 Q1, Q2, Q3 and Q4 HCA continued to see increased and sustained higher rates of Family Planning Only program application approvals.

HCA revised the Family Planning Only application to include an option for applicants to make an informed choice to waive their right to apply to full-scope Apple Health. This revised application was released in January 2021 (DY20, Q3) and preliminary FPO application data show an increase in application approvals. Application approval percentage increased 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.

For the period of July to September 2021 (DY21, Q1), 85% of applications were approved (total of 107 applications, 90 approved) in July, 91% of applications were approved (total of 88 applications, 80 approved) in August and 83% of applications were approved (total of 80 applications, 66 approved) in September.

For the period of October to December 2021 (DY21, Q2), 90% of applications were approved (total of 118 applications, 106 approved) in October, 87% of applications were approved (total of 101 applications, 88 approved) in November and 78% of applications were approved (total of 59 applications, 46 approved) in December.

In DY21 Q3, 90% of applications were approved (total of 254 applications, 229 approved) in January, 83% of applications were approved (total of 279 applications, 232 approved) in February and 85% of applications were approved (total of 350, 296 approved) in March.

In DY 21 Q4, 85% of the applications were approved (total of 282 applications, 240 approved) in April, 82% of the applications were approved (total of 143 applications, 117 approved) in May, and 91% of the applications were approved (total of 91 applications, 83 approved) in June.

In DY21 Q3, HCA added the HPV vaccine to the Family Planning Only benefit package. The rationale for this addition is that while our state data shows that we have had slow and incremental progress in the percentage of adolescents who have received two doses of the HPV vaccine by their 13th year, in 2018 only 38.4% of this population was protected. This leaves 61.6% of adolescents vulnerable to genital warts and to cancers of the cervix, vulva, vagina, anus and oropharynx. HCA recognized a substantial opportunity to increase HPV vaccination rates and our Family Planning Only programs can contribute to increasing vaccinations for adolescents and young adults up through age 45 who are unimmunized or under-immunized against HPV.

In response to the COVID-19 pandemic, HCA expanded the use of telemedicine technologies to meet the health care needs of all clients, including those on FPO. HCA continues to reimburse for FPO benefit services delivered through telemedicine in accordance with published HCA telemedicine policy.

Delivery System and Provider Participation

Access to family planning services are widely available in WA through Medicaid expansion, qualified health plans as well as other commercial insurance. HCA continues to support efforts to provide Washington residents with access to comprehensive insurance coverage that is more robust than the coverage the FPO waiver program offers. 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.

Enrollment and Participation

Compared to last quarter, total enrollees have increased 5.6% from 4,019 in DY21 Quarter 3 to 4,242 in DY21 Quarter 4. Of the 4,242 total unduplicated enrollees in the fourth quarter of DY21, 98.4% enrollees were those capable of pregnancy. Clients 21-44 years old had the highest enrollment (3,308 or 78.0%) and the highest participation (294 or 64.2%). As expected, enrollment and participation are dominated by clients capable of pregnancy since 44.6% of enrollees are post pregnancy and participants choose contraceptives predominately used by those capable of pregnancy (see Table 9 for program and population descriptions).

Although enrollment increased from Quarter 3 to Quarter 4 in DY21, year-to-year total enrollment decreased 59.2% from DY20 to DY21 (7,981 in DY20 to 5,013 in DY21). We 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 have historically auto enrolled into the Family Planning Pregnancy Related (FPO-PR) program. Before the COVID-19 pandemic, the FPO-PR program contributed approximately 70 percent of the program's enrollees, however during DY21 quarter 4, FPO-PR contribution has decreased to 44.6%. 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 enrollment and participation as the quarter-to-quarter trends had been stable since the implementation of the Affordable Care Act (ACA).

Tables 1 through 4 show data on enrollees and participants for DY21 by reported sex and age group. While we have made efforts to incorporate gender inclusive language in this report, the terms "female" and "male" remain in the tables below as this is how the data is captured/reflected in our database.
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	12	719	2,787	54	3,572
Quarter 2	16	742	2,917	58	3,733
Quarter 3	14	781	3,095	67	3,957
Quarter 4	12	821	3,256	79	4,168
Year End	27	985	3,850	71	4,933

**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	*	*	26	*	41
Quarter 2	*	16	37	*	58
Quarter 3	*	17	40	*	62
Quarter 4	*	16	52	*	74
Year End	*	19	56	*	80

* 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	*	151	310	*	474	13.1
Quarter 2	*	134	266	*	412	11.0
Quarter 3	*	124	232	*	366	9.2
Quarter 4	*	147	291	*	454	10.9
Year End	11	371	721	19	1,122	22.7

* 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	*	*	*	*	*	0.0

Quarter 3	*	*	*	*	*	0.0
Quarter 4	*	*	*	*	*	5.4
Year End	*	*	*	*	13	16.3

* 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 of 2021, SB 5068 was signed into Washington State law. This bill expanded Medicaid postpartum coverage from 60 days to 12 months for persons who have experienced an end of pregnancy in the last 12 months, reside in Washington state, have countable income equal to or below 193 percent of the federal poverty level, and are not otherwise eligible under Title XIX or Title XXI of the Federal Social Security Act. The extended 12 months of postpartum coverage was implemented in June 2022. This extended coverage is expected to significantly reduce clients in the Family Planning Only- Pregnancy Related program, a population that currently makes up about 44.6% of the Family Planning Only program enrollees. We plan to review enrollment and participant data during December 2022 and January 2023 to identify and evaluate any anticipated or unanticipated fluctuation in numbers. The ongoing federal public health emergency (PHE) and the uncertainty around when it will end is also a factor affecting enrollment in the FPO programs.

Table 5: Demonstration Year 21 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 is working on the Washington Administrative Code addition to the Reproductive Health Services benefits. • HCA is working on revising the billing guide to include the HPV vaccine under the Family Planning benefit offerings once approved by CMS. • Implementation date is for DY21 Q3 (February 2022)	• Target implementation date of February 2022 is on track.	• The HPV vaccine is now a benefit under the Family Planning Only program.	• We plan to review HPV vaccine utilization data after Q4.
• **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.	• This project requires approval from the WA state legislature as well as budget approval. It will be moved forward during DY21.	• HCA is gathering the drafts of the research, financial analysis and feasibility information to move forward with internal processes for review and approval.	• HCA is moving forward with a concept paper to expand gonorrhea, chlamydia, and syphilis testing and treatment to the Family Planning Only benefit package. HCA also sent SBAR document to CMS for review and consideration.	• HCA did not move forward with decision package as we needed to conduct more exploration and analysis on current benefits and what the best path forward is for expanding STI screening and treatment as indicated.
• **Expand eligibility and ensure access to underinsured people, as changes occur in requirements for insurance coverage related to family**	• Washington State SB 5068 will extend postpartum coverage to Apple Health pregnancy clients by 12 months. • HCA is exploring and analyzing data for Family Planning coverage for	• HCA continues to explore and analyze data for Family Planning coverage for clients who are not eligible for this extension.	• HCA intends to request to extend the 1115 Family Planning waiver for an additional 5 years to ensure that the uninsured, underinsured and other populations that do not have access to	• HCA requested for an extension to submit the extension application which will be due September 30, 2022. This current waiver period ends on June 30, 2023.

planning needs on a national level.	clients that are not eligible for this extension.		Family Planning services have the ability to apply/qualify for these services.	
• **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 developing plans for DY21 and forward.	• HCA is working with internal teams to look at data and determine next steps for provider training and outreach.	• HCA is reviewing and finding solutions for ad hoc feedback from providers and community workers/navigators on any barriers that their patients may face in terms of contraceptive care access and reproductive health services.	• HCA continues to attend outside provider and stakeholder group committee meetings regarding family planning for this initiative.

QUALITY ASSURANCE AND MONITORING

Service Utilization

Table 6 shows utilization by birth control method and age group for DY21 to date. The use of different family planning methods is listed from the most frequently used to the least frequently used. To date, the most frequently utilized family planning method for all participants is oral contraceptives (i.e., birth control pills), used by 34.5% of unduplicated participants. This is followed by emergency contraceptives at 18.6% and hormonal injections at 17.4%.

Table 6: Utilization by Birth Control Method and Age Group in Demonstration Year 21 (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	*	193	284	*	485	34.5
Emergency Contraception	*	99	156	*	261	18.6
Hormonal Injection	*	78	159	*	244	17.4
Intrauterine Device (IUD)	*	37	136	*	175	12.4
Contraceptive Implant	*	35	54	*	91	6.5
Contraceptive Patch	*	26	26	*	54	3.8
Condom (male and female)	*	21	31	*	54	3.8
Vaginal Contraceptive Ring	*	*	23	*	29	2.1
Sterilization- Tubal Procedure & Vasectomy	*	*	*	*	*	0.7
Natural Family Planning	*	*	*	*	*	0.1
Spermicide***	*	*	*	*	*	0.1
Diaphragm / Cervical Cap	*	*	*	*	*	*
Total Participants*** (unduplicated)	11	329	641	17	992	

*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. Women ages 13 – 25 are eligible to 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, 406 of the unduplicated number of waiver participants received a GC/CT test or 8.1% of total waiver enrollees (5,013 to date) for the demonstration year.

Table 7: Number of Participants Tested for any STI by Demonstration year (to date)		
	Total Tests	
	Number	% of total Enrolled
Unduplicated number of participants who obtained an STD test	406	8.1

*The waiver programs only cover GC and CT screening for females ages 13-25. STI testing is also covered if an exposure to a STI increases client's risk to infertility.

Table 8 shows the number of people with a cervix who have received cervical cancer screening using cervical cytology (Pap test) and/or human papilloma (HPV) testing. Thirty-eight or 0.8% of these enrollees received cervical cancer screening in DY21 to date.

Table 8: Total Number of eligible 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	38	0.8

*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 DY21 Quarters 1- 4.

Grievances and Appeals

There were no grievances and appeals made DY21 Quarters 1- 4.

PROGRAM OUTREACH AND EDUCATION

General Outreach and Awareness

HCA continues to communicate with FPO providers on program updates, answer and resolve any program and/or benefit or claim related questions or ad hoc issues.

Target Outreach Campaign(s)

Plans for targeted outreach campaigns for DY21 are ongoing and include:

- Updates from providers/navigators on use of Family Planning Only application and strategies on increasing client approval rates.
- Sharing current data with providers and navigators on FPO application approval rates and use of contraceptive methods.
- Joining the Department of Health Sexual and Reproductive Health network meetings to communicate program updates and for feedback and input.

Stakeholder Engagement

HCA participated in the Department of Health's Sexual and Reproductive Health provider network meeting in DY21 Quarter 2. HCA provided data on provider feedback from a FPO application survey and data on the application approval rates for the FPO program.

HCA held provider outreach meetings via Microsoft Teams with SeaMar Community Health Centers in Lynnwood and Planned Parenthood's Bellevue, Marysville and Northgate locations and Jefferson County Public Health in DY21 Quarter 3. HCA and FPO program navigators and administrators from these clinics engaged and discussed ways to increase completed patient applications in order to increase approval rates for their clients. HCA also discussed other program updates and addressed questions and concerns related to the program.

HCA participated in the Department of Health's Sexual and Reproductive Health provider network meeting in DY21 Quarter 4. HCA provided information on the After-Pregnancy Coverage program (the 12months of postpartum coverage in WA), discussed over the counter contraceptives (including emergency contraceptives) policies, reminded the network of family planning coverage eligibility and benefits, reviewed pap smear and cervical cancer screening data and discussed the HCA's gender-neutral/gender inclusive language initiative.

Annual Post Award Public Forum

There were no annual post award public forum activities DY21 Quarter 1 - 4.

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 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 people who lose Medicaid coverage after their 60-day post pregnancy coverage ends	• Uninsured people 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 one 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.