Washington State Health Care Authority

Quarter 3: Section 1115 Family Planning Only Demonstration Waiver
Demonstration Year 21: July 1, 2021 - June 30, 2022
Demonstration Reporting Period: January 1, 2022 – March 31, 2022

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

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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 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 3 of DY21 January 1, 2022, through March 31, 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 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.

Enrollment has increased from the previous quarter (DY21 Quarter 2). Total enrollees increased by 6.0% from 3,791 in DY21 Quarter 2 to 4,019 in DY21 Quarter 3, but participation decreased by 12.4% (from 419 to 367 participants). Newly enrolled clients increased by 0.8% from 484 in DY21 Quarter 2 to 488 in DY21 Quarter 3. In DY21 Quarter 3, the most frequently provided family planning method for all participants was oral contraceptives (i.e., birth control pills) used by 35.4% 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, 299 unduplicated waiver participants received a GC/CT test or 6.5% of total waiver enrollees for the demonstration year. Additionally, 22 (or 0.5%) of the unduplicated female enrollees 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. We will continue to monitor this enrollment and participation as impacts from COVID-19 and variants continue to fluctuate.

PROGRAM UPDATES

Current Trends and Significant Program Activity

Administrative and Operational Activities

In DY21 Q3, HCA officially added the HPV vaccine benefit to the Family Planning Only package. The purpose of this addition is that our state data shows that while we have had slow and incremental progress in the percentage of adolescents who have received two doses of 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. There is substantial opportunity here 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.

The program continued to see an increase in Family Planning Only program application approvals in DY21 Q3.

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.

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.

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 continues to be notable increases in the state funded FPO program application and approval numbers for DY21 Q2.

For the period of October to December 2021 (DY21, Q2), 96% of state funded FPO applications were approved (total of 179 applications, 171 approved) in October, 96% of applications were approved (total of 184 applications, 176 approved) in August and 98% of applications were approved (total of 145 applications, 142 approved) in December.

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 have increased 6.0% over the past demonstration quarter, from 3,791 in DY21 Quarter 2 to 4,019 in DY21 Quarter 3. Of the 4,019 total unduplicated enrollees in the third quarter of DY21, 98.5%

enrollees were female. Clients 21-44 years old had the highest enrollment (3,135 or 78.0%) and the highest participation (233 or 63.5%). As expected, enrollment and participation is dominated by female clients since 44.6% of enrollees are post pregnancy and participants choose contraceptives predominately used by females (see Table 9 for program and population descriptions).

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 are automatically enrolled into the Family Planning Pregnancy Related program. Before the COVID-19 pandemic, the Family Planning Pregnancy Related (FPO-PR) program contributed approximately 70 percent of the program's enrollees, however during DY21 quarter 3, FPO-PR contribution has decreased to 47.5%. 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 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 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	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					
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	*	*	26	*	41
Quarter 2	*	16	37	*	58
Quarter 3	*	17	40	*	62
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	*	151	310	*	474	13.1
Quarter 2	*	134	266	*	412	11.0
Quarter 3	*	124	232	*	366	9.2
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	*	*	*	*	*	0.0
Quarter 3	*	*	*	*	*	0.0
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

In April of 2021, SB 5068 was signed into Washington State law with an effective date of July 25, 2021, that expands postpartum coverage for persons who 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. This extended coverage will affect the Family Planning Pregnancy related clients who make up about 50.8% of the Family Planning Only program when it is implemented on June 1, 2022.

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.	•
• **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 add 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.	•
• **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 renew the 1115 Family Planning waiver to ensure that the uninsured, underinsured and other populations that do not have access to Family Planning services have the ability to	•

planning needs on a national level.	clients that are not eligible for this extension.		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.	

QUALITY ASSURANCE AND MONITORING

Service Utilization

Table 6 shows utilization by birth control method and age group for DY21 to date. 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 35.4% of unduplicated participants. This is followed by emergency contraceptives at 18.3% and hormonal injections at 18.0%.

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	*	154	230	*	389	35.4
Emergency Contraception	*	71	127	*	201	18.3
Hormonal Injection	*	59	133	*	198	18.0
Intrauterine Device (IUD)	*	31	93	*	126	11.5
Contraceptive Implant	*	25	36	*	62	5.6
Condom (male and female)	*	17	25	*	44	4.0
Contraceptive Patch	*	21	21	*	43	3.9
Vaginal Contraceptive Ring	*	*	20	*	25	2.3
Sterilization- Tubal Procedure & Vasectomy	*	*	*	*	*	0.7
Natural Family Planning	*	*	*	*	*	0.2
Spermicide***	*	*	*	*	*	0.1
Diaphragm / Cervical Cap	*	*	*	*	*	*
Total Participants*** (unduplicated)	*	267	509	*	793	

*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, 299 of the unduplicated number of waiver participants received a GC/CT test or 6.5% of total waiver enrollees (4,585 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	299	6.5

*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. Thirteen or 0.3% of the female enrollees received cervical cancer screening in DY21 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	22	0.5

*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 Quarter 3.

Grievances and Appeals

There were no grievances and appeals made DY21 Quarter 3.

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 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. We also discussed other program updates and addressed their questions and concerns related to the program.

Annual Post Award Public Forum

There were no annual post aware public forum activities DY21 Quarter 3.

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 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.