Washington State Health Care Authority

Quarter 3: Section 1115 Family Planning Only Demonstration Waiver
Demonstration Year 22: July 1, 2022 - June 30, 2023
Demonstration Reporting Period: January 1, 2023 – March 31, 2023

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 DY22 January 1, 2023, through March 31, 2023. 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. However, Family Planning-Pregnancy related eligible clients are more likely to participate in Washington's After-Pregnancy Coverage 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 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.

Enrollment has increased from the previous quarter (DY22 Quarter 2). Total enrollees increased by 13.0% from 3,411 in DY22 Quarter 2 to 3,855 in DY22 Quarter 3. Participation increased by 41.2% (from 243 to 343 participants). Newly enrolled clients increased by 539.8% from 123 in DY22 Quarter 2 to 787 in DY22 Quarter 3. Client enrollment and participation remain predominantly those who identify as female. In DY22 Quarter 3, the most frequently provided family planning method for all participants remained oral contraceptives (i.e., birth control pills) used by 35.0% of unduplicated participants.

FPO includes coverage of screens and tests for Neisseria gonorrhea (GC) and Chlamydia trachomatis (CT) and screening for cervical cancer. To date, 202 unduplicated waiver participants received a GC/CT test or 1.7% of total waiver enrollees for the demonstration year. Our final count of STI screens at the end of DY 2021 was 406. 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 present a high-priority opportunity for our staff to engage more in promoting STI screening, testing, and treatment through FPO.

Additionally, 21 (or 0.2%) of the unduplicated female identifying enrollees to date have received a cervical cancer screen while enrolled in the demonstration waiver. This rate mirrors a similar rate to the last DY.

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 are excited to see enrollment and participation are increasing as the quarantining policies subside and impacts from COVID-19 and its variants continue to be managed.

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

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. 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.

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 a Governor 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. Our FP staff are proactively engaged in discussion with our partner agencies at the Department of Health and pharmacy to ensure there's seamless uptake upon FDA approval.

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 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 13.0% over the past demonstration quarter, from 3,411 in DY22 Quarter 2 to 3,855 in DY22 Quarter 3. Of the 3,855 total unduplicated enrollees in the third quarter of DY22, 97.1% enrollees identified as female. Clients 21-44 years old had the highest enrollment (2,501 or 73.3% of those enrolled) and the highest participation (229 or 66.8% 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 are seeing consistently slight increases in male participants.

We hypothesize that the decrease of new enrollees among Family Planning Pregnancy Related (FPO-PR) is due to the Public Health Emergency (PHE) extension of benefits for the Apple Health pregnancy population and the establishment of After-Pregnancy Care coverage as of 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 will cease with the PHE ending in May 2023, and HCA is actively working on communications and outreach to ensure both clients and providers are aware and understand client options. Throughout the yearlong redetermination process, 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 3, FPO-PR represents only 31.4% 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.

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.

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	*	850	3,222	*	4,164
Quarter 2	*	797	2,456	*	3,337
Quarter 3	*	787	2,842	*	3,743
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	15-20 years old	21-44 years old	Over 45 years old	Total Unduplicated

	under				Male Enrollment*
Quarter 1	*	20	70	*	97
Quarter 2	*	26	45	*	75
Quarter 3	*	26	79	*	112
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	*	119	320	*	359	8.6
Quarter 2	*	86	145	*	238	7.1
Quarter 3	*	100	226	12	340	9.1
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.

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						
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 2021, SB 5068 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, also known as After-Pregnancy Care, was implemented as policy in June 2022 and has affected FPO-PR 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 are 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 oral contraceptives (i.e., birth control pills), used by 35.0% of unduplicated participants. This is followed by hormonal injections at 22.9% and emergency contraceptives at 16.5%.

Table 5: Utilization by Birth Control Method and Age Group in Demonstration Year 22 (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	*	110	171	*	286	35.0
Hormonal Injection	*	50	128	*	187	22.9
Emergency Contraception	*	46	87	*	135	16.5
Intrauterine Device (IUD)	*	26	53	*	81	9.9
Contraceptive Implant	*	23	37	*	60	7.4
Contraceptive Patch		*	15		22	2.7
Vaginal Contraceptive Ring	*	*	14	*	19	2.3
Condom (male and female)	*	*	*	*	21	2.6
Spermicide***	*	*	*	*	*	*
Sterilization- Tubal Procedure & Vasectomy	*	*	*	*	*	0.6
Diaphragm / Cervical Cap	*	*	*	*	*	*
Natural Family Planning	*	*	*	*	*	*
Total Participants*** (unduplicated)	*	199	405	16	620	

*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 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, 202 of the unduplicated number of waiver participants received a GC/CT test or 3.0% of total waiver enrollees (11,573 to date) for the demonstration year.

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	202	1.7

*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. Twenty-one 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	21	0.2

*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 a solid uptake 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

HCA continues to communicate with FPO providers on program updates and relevant questions as the state continues discussions with CMS regarding waiver renewal. As waiver renewal commences, HCA anticipates initiating deeper community engagement and program outreach activities. In preparation of outreach upon renewal, we have:

- Updated our client and provider web page content (including translated materials)
- Conducted a re-engagement campaign with our e-news distributions system (GovDelivery) to ensure we have an active, engaged recipient list
- Met with and discussed a promotional plan with our Office of Tribal Affairs

- Updated our social media content to promote coverage availability
- Scheduled/held time for a series of promotional presentations with client-focused groups and provider networks

Targeted Outreach Campaign(s)

Below is the schedule for FPO outreach meetings:

Stakeholder / Audience	Status / Date(s)
WA State Coalition Against Domestic Violence	Set for 7/20/2023
Planned Parenthood's Raiz farmworker network	TBD
WA Fatherhood Council	Set for 7/7/2023
WA Youth Sexual Health Innovation and Impact Network	Set July
HCA Regional Tribal Liaisons	Set for OTA monthly meeting once renewal approved
First Friday Forum (King County)	TBD

- Continue to join/present at the annual Department of Health (DOH) Sexual and Reproductive Health network (14 providers includes 90 clinics) meetings for feedback and input
- Attend and share information at other meetings or conferences where interest is signaled, including DOH STI legislative workgroups, DOH adolescent health workgroups, DOH and Pharmacy Commission, Department of Revenue's Earned Income Tax Credit network, and HCA Opioid Treatment Program meetings.

Stakeholder Engagement

HCA staff were invited and presented at the Department of Health's Sexual and Reproductive Health statewide network meeting on March 14-15, 2023. We have joined the Free the Pill Coalition's activity to actively monitor and support implementation once the over-the-counter birth control pill (Opill) is approved. The FPO program manager also attended the Building Skills in Sexual Health Series hosted by Mountain West AIDS Education & Training Center where several clinics attend and FPO is included in the discussion.

PROGRAM INTEGRITY

The FPO program manager has partnered with HCA financial and contracts 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 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 3.

ANNUAL POST AWARD FORUM

There were no annual post award public forum activities DY22 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 8. 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.