Washington State Health Care Authority

Quarter 1: Section 1115 Family Planning Only Demonstration Waiver
Demonstration Year 22: July 1, 2022 - June 30, 2023
Demonstration Reporting Period: July 1, 2022 - September 30, 2022

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

November 30, 2022

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 1 of DY22 July 1, 2022, through September 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 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 4). Total enrollees increased by 0.5% from 4,242 in DY21 Quarter 4 to 4,261 in DY22 Quarter 1, however participation decreased by 20.7% (from 458 to 363 participants). Newly enrolled clients decreased by 32.1% from 433 in DY21 Quarter 4 to 294 in DY22 Quarter 1. Client enrollment and participation remain predominantly those who identify as female. In DY22 Quarter 1, the most frequently provided family planning method for all participants remained oral contraceptives (i.e., birth control pills) used by 33.2% of unduplicated participants.

Besides family planning and contraceptive care, waiver clients also have limited access to Neisseria gonorrhea (GC) and Chlamydia trachomatis (CT) screens and tests and cervical cancer screenings. To date, 85 unduplicated waiver participants received a GC/CT test or 2.0% of total waiver enrollees for the demonstration year. Additionally, 9 (or 0.2%) of the unduplicated female identifying 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

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 and resulting trigger laws and ongoing state efforts to reduce or eliminate access to abortion care has only 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.

HCA also administers a state-funded FPO program for populations that do not meet the waiver criteria. 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 covered by their parents' insurance who desire confidentiality (i.e., those between 19 and 26 years of age), 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 0.5% over the past demonstration quarter, from 4,242 in DY21 Quarter 4 to 4,261 in DY22 Quarter 1. Of the 4,261 total unduplicated enrollees in the first quarter of DY22, 97.7% enrollees were those who identify as female. Clients 21-44 years old had the highest enrollment (3,292 or 77.3%) and the highest participation (230 or 64.1%). As expected, and aligning with historical patterns, enrollment and participation are dominated by female identifying clients (see Table 9 for program and population descriptions).

We also hypothesize that the decrease in new enrollment among Family Planning Pregnancy Related (FPO-PR) 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) clients contributed approximately 70 percent of the program's enrollees, however during DY22 quarter 1, FPO-PR contribution has decreased to 40.9% as under the PHE clients remain on their current Medicaid coverage. 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 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 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	*	850	3,222	87	4,164
Quarter 2					
Quarter 3					
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	*	20	70	*	97
Quarter 2					
Quarter 3					
Quarter 4					
Year End					

* Due to HCA policy regarding the release of small numbers, numbers less than 11 are suppressed.
**Ages for Quarters are calculated based on the last day in the quarter 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						
Quarter 3						
Quarter 4						
Year End						

* Due to HCA policy regarding the release of small numbers, numbers less than 11 are suppressed.
**Ages for Quarters are calculated based on the last day in the quarter.

Table 4: Unduplicated Number of Male Participants with any Claim by Age Group** and Quarter						
	14 years old and under	**15-20 years old**	**21-44 years old**	**Over 45 years old**	**Total Male Users***	**Percentage of Total Unduplicated Enrollment**
Quarter 1	*	*	*	*	*	4.1
Quarter 2						
Quarter 3						
Quarter 4						
Year End						

* Due to HCA policy regarding the release of small numbers, numbers less than 11 are suppressed.
**Ages for Quarters are calculated based on the last day in the quarter.

POLICY ISSUES AND CHALLENGES

In April of 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 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 postpartum coverage was implemented as policy in June 2022 and has affected the Family Planning Pregnancy Related (FPO-PR) clients who historically have made up over 50% of the Family Planning Only 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 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 33.2% of unduplicated participants. This is followed by hormonal injections at 31.1% and emergency contraceptives at 13.7%.

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	*	51	79	*	131	33.2
Hormonal Injection	*	38	78	*	123	31.1
Emergency Contraception	*	21	33	*	54	13.7
Intrauterine Device (IUD)	*	*	26	*	37	9.4
Contraceptive Implant	*	13	14	*	27	6.8
Contraceptive Patch		*	*		12	3.0
Vaginal Contraceptive Ring	*	*	*	*	*	1.3
Condom (male and female)	*	*	*	*	*	1.0
Spermicide***	*	*	*	*	*	*
Sterilization- Tubal Procedure & Vasectomy	*	*	*	*	*	0.5
Diaphragm / Cervical Cap	*	*	*	*	*	*
Natural Family Planning	*	*	*	*	*	*
Total Participants*** (unduplicated)	*	107	207	*	323	

*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, 85 of the unduplicated number of waiver participants received a GC/CT test or 2.0% of total waiver enrollees (4,261 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	85	2.0

*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. Nine 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	9	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.

PROGRAM OUTREACH AND EDUCATION

General Outreach and Awareness

HCA continues to communicate with FPO providers on program updates. We have been more limited in our capacity for outreach since July 1, 2022, when the program manager position for the FPO waiver became vacant. We are planning to onboard a new staff person in December of 2022 and look forward to being more adequately staffed and new opportunities to support and grow this program.

Targeted Outreach Campaign(s)

Plans for targeted outreach campaigns for DY22 are ongoing and include:

- Updates from providers/navigators on use of Family Planning Only application.
- 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 for feedback and input
- Attending and sharing information at any other meetings or conferences where there is interest in the FPO waiver programs.

Stakeholder Engagement

HCA staff were invited and presented at the Department of Health's Sexual and Reproductive Health statewide network meeting on November 3, 2022.

PROGRAM INTEGRITY

There were no program integrity updates in DY22 Quarter 1.

GRIEVANCES AND APPEALS

There were no grievances and appeals made DY22 Quarter 1.

ANNUAL POST AWARD FORUM

There were no annual post award public forum activities DY22 Quarter 1.

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.