Washington State Health Care Authority

Quarter 1: Section 1115 Family Planning Only Demonstration Waiver
Demonstration Year 19: July 1, 2019-June 30, 2020
Demonstration Reporting Period: July 1, 2019-September 30, 2019

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

Washington State's 1115 Family Planning Only 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 5 years through June 30, 2023. The Special Terms and Conditions (STCs) for the waiver require quarterly monitoring reports 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 DY19 July 1, 2019 through September 30, 2019. Appendix A provides background and definitions.

Enrollment has remained stable from the previous quarter (DY18 Quarter 4). Total enrollees decreased by 0.4% from 9,366 in DY18 Quarter 4 to 9,333 in DY19 Quarter 1 and participation decreased by 5.7% (from 1,138 to 1,077 participants). Newly enrolled clients increased by 1.0% from 2,553 in DY18 Quarter 4 to 2,579 in DY19 Quarter 1. As expected, enrollment and participation is dominated by female clients since 72.4% of enrollees are post pregnancy and participants choose contraceptives predominately used by females. In the first quarter of DY19, the most frequently provided family planning method for all participants is oral contraceptives (i.e., birth control pills), used by 39.4% of unduplicated participants. Besides family planning, waiver clients also have access to Neisseria gonorrhea (GC) and Chlamydia trachomatis (CT) screens and tests and cervical cancer screenings. The unduplicated number of waiver participants who received a GC/CT test for DY19 Quarter 1 was 256 or 2.7% of total waiver enrollees for the demonstration year. Additionally, 13 unduplicated female participants, or 0.1 percent, received a cervical cancer screen in DY19 Quarter 1 while enrolled in the demonstration waiver.

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 women and men 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, effectively, and successfully to avoid unintended pregnancy.

PROGRAM UPDATES- Current Trends and Significant Program Activity

Administrative and Operational Activities

Program changes during this quarter were done as stipulated in the STCs to be completed within 1 year of the waiver renewal period which began in 2018. Since the current waiver renewal, HCA continues to provide the same services as in the previous demonstration period and continues the same enrollment processes.

Payment rates are set and adjusted along with the Apple Health fee for service reimbursement rates every July 1.

During this quarter, HCA communicated with current Family Planning Only (formally known as Take Charge) and Medicaid providers regarding the changes that went into effect for DY19, July 1, 2019. Key messages communicated to providers included:

- Program name changes: Family Planning Only Extension to Family Planning Only – Pregnancy Related and Take Charge to Family Planning Only.
- Increased provider network; allowing any Medicaid provider to serve Family Planning Only clients, opposed to limiting to Take Charge providers.

- Increased ease of enrollment; client applications are now accepted via phone, fax, mail, in person, and email.

Additionally, HCA hosted three provider-training opportunities in July 2019; 55 people participated in the training. The training focused on aforementioned changes that went into effect July 1, 2019.

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 surpass the coverage that the family planning only programs offer. We are invested in seeing that all women, 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 family planning only program for populations that do not meet the waiver criteria. There are still gaps in coverage for some Medicare enrollees, young adults covered by their parents insurance who desire confidentiality, and some immigrant populations. These groups are currently not eligible for the waiver.

During last year, HCA continued to collaborate with the non-profit organization, Upstream, to recruit provider groups and clinics to participate in their multi-year statewide project to train clinic staff and work on clinic wide quality improvements. Training will begin in the focuses on:

- how to provide same day contraceptive services
- incorporate pregnancy intention questions into routine primary care
- provide all methods in a single visit including long-acting reversible contraception (LARC) services

During quarter 1, Upstream focused on training events for the provider systems and clinics; 10 trainings were completed.

As of July 1, 2019, Family Planning Only program clients have the freedom to choose to see any Apple Health provider. This change also required a number of systems level changes including the billing system and provider billing guide to be updated; these changes were also implemented as of July 1, 2019.

Enrollment and Participation

Enrollment has remained stable from the previous quarter (DY18 Quarter 4). Total enrollees decreased by 0.4% from 9,366 in DY18 Quarter 4 to 9,333 in DY19 Quarter 1 and participation decreased by 5.7% (from 1,138 to 1,077 participants). Newly enrolled clients increased by 1.0% from 2,553 in DY18 Quarter 4 to 2,579 in DY19 Quarter 1.

This decrease in participation occurred mostly in the Family Planning Only (FPO) population, while the Family Planning Only-Pregnancy Related (FPO-PR) population increased (see Table 9 for program and population descriptions). Due to fluctuations in participation from quarter to quarter we will continue to monitor this trend as the year to year trends have been stable since the implementation of the Affordable Care Act (ACA). Now that the new STC changes are in place regarding the application process and provider access, we expect that both enrollment and participation will increase, although changes may not be observed until DY19 reporting.

There were 9,333 total unduplicated enrollees in the first quarter of DY19 with 99.6% enrollees being female. Clients 21-44 years old had the highest enrollment (7,607 or 81.5%) and the highest participation (630 or 58.6%). As expected, enrollment and participation is dominated by female clients since 72.4% of

enrollees are post pregnancy and participants choose contraceptives predominately used by females.

Tables 1 through 4 show data on enrollees and participants for DY19 Quarter 1 by sex and age group.

Enrollees are defined as 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 defined 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	22	1,627	7,587	59	9,295
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	*	16	20	*	38
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	*	425	630	*	1,076	11.6
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	*	*	*	*	*	*
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

This quarter, HCA program staff continues work to implement changes to the waiver programs embodied in the new STCs. Full implementation of the required and associated policy and procedure changes began July 1, 2019, the beginning of DY19. This one-year process allowed stakeholders to provide input and comment and for HCA to accommodate adjustments to implementation activities and external contractor work flows. Table 5 shows progress on the action items outlined in our DY18 Annual Report.

All the required changes went into effect as of July 1, 2019, but there were still a few pieces that need to be completed during DY19. HCA is currently working through system changes and developed alternatives where system changes are not possible. The greatest focus this quarter was on changes to rules that impact the ability to proceed with policy and systems changes.

Specific challenges:

- Updating the Washington Administrative Code (WAC) that governs the family planning only programs administered by HCA. The challenging part was keeping the work moving at the same pace to be implemented within a year of the new STCs following unforeseen staff changes. The work continued, but did have a minor delay; the WACs that govern the family planning only programs has been updated and will be published as of October 1, 2019.

- The revised family planning only approval letters and Medicaid denial letters did not get implemented during DY18. This challenge was due to the need to rely on another state agency that releases new letters for publication to clients is only done annually in October. The new letters will be in place as of October 1, 2019.

- The required revised client application to include the expanded provider network and increased ways to apply for the Family Planning Only programs is in process; the process has taken longer than anticipated. The process has been ongoing since April 2019; HCA is received CMS feedback September 27, 2019. The lack of approval has prohibited HCA from putting the application into place alongside the changes as of July 1, 2019. We are hopeful that the application can be finalized soon with an implementation date no later than January 1, 2020.

- There have been a number of system changes that needed to take place to ensure that all Apple Health providers may provide services for the Family Planning Only program clients. The challenge here was initially to ensure claims pay appropriately; we were able to work through the system requirements by July 1, 2019. The second part of the challenge was to ensure providers were educated on the program changes as required with the renewal; this was overcome with a variety of provider alerts and offering webinars. Provider communications were sent in June and July, 2019; provider education webinars were conducted during July 2019.

Activity	Quarter 1 Update
Revision of Washington Administrative Code (WAC) to: • Consolidate rules that are repetitive. • Remove reference to the name Take Charge and refer to all programs that provide family planning only services as Family Planning Only (FPO). • Remove requirement that client's application for the non-pregnancy FPO must come from a specific provider list. • Remove requirement that FPO clients can only see a Take Charge provider. • Update to current clinical guidelines and practice. • Revise for clarity in language.	• WAC revision language complete • Public WAC Hearing held August 6, 2019
Expansion of provider network to meet STC 23 that requires "freedom of choice of provider."	• "Freedom of choice provider" requirement launched in the system July 1, 2019. • This change was also been communicated to all providers.
Revision of client application and process for the "Take Charge" portion of the FPO programs per STC 17. • Process change to meet STC 17 (a) requirement that application be submitted directly by a client via mail, fax, or phone. • Application requires changes to meet STC 17 (c) requirement for client attestation. • Make changes to improve clarity.	• Family Planning Only application received back from CMS September 27, 2019.
Revision of approval and denial letters to meet STC 17 (b). • Clearly identify eligibility determination period. • Need to re-apply when eligibility period has ended. • No limit on number of times can apply. • No need to report changes in income or household size during eligibility period.	• Approval letters and Medicaid denial letters will be updated in the system as of October 1, 2019.

QUALITY ASSURANCE AND MONITORING

Service Utilization

Table 6 shows utilization by birth control method and age group for DY19 (Includes quarter 1 only). There was a 7.1% increase in utilization of any birth control method from DY18 Quarter 1 to DY19 Quarter 1 (926 to 997 unduplicated participants, respectively). Participants 21 years and older had an increase of 9.2% (553 to 604 unduplicated persons, respectively) and participants 20 years and younger also increased 5.1% (373 to 393 unduplicated persons, respectively).

The use of family planning methods are listed according from the most frequently used to the least frequently used. In DY19 Quarter 1, the most frequently provided family planning method for all participants is oral contraceptives (i.e., birth control pills), used by 39.4% of unduplicated participants. This is followed by hormonal injections at 20.0% and emergency contraceptives at 11.0%. There were differences in birth control method utilization between the two age groups identified in Table 6. Participants 21 years and older utilized more intrauterine devices (71.7%), vaginal contraceptive rings (65.2%), and hormonal injections (65.2%) than participants 20 years and younger. Participants 20 years and younger used more emergency contraceptives (60.7%) and contraceptive patches (52.3%) than the older age group. The differences between the two age groups may indicate that the majority of clients 20 years and younger were more concerned with immediate needs than long term planning, whereas older participants may already have children and are more concerned about the spacing of future pregnancies or no longer desire to have children.

Table 6: Utilization by Birth Control Method and Age Group in Demonstration Year 19 (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	*	226	265	*	500	39.4
Hormonal Injection	*	86	157	*	253	20.0
Emergency Contraception	*	85	53	*	140	11.0
Intrauterine Device (IUD)	*	36	90	*	127	10.0
Contraceptive Implant	*	37	*	*	68	5.4
Condom (male and female)	*	36	30	*	67	5.3
Vaginal Contraceptive Ring	*	*	43	*	66	5.3
Contraceptive Patch	*	22	*	*	44	3.5
Spermicide***	*	*	*	*	*	*
Sterilization- Tubal Procedure & Vasectomy	*	*	*	*	*	*
Diaphragm / Cervical Cap	*	*	*	*	*	*
Natural Family Planning	*	*	*	*	*	*

Total Participants*** (unduplicated)	*	389	587	17	997	

*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. The unduplicated number of waiver participants who received a GC/CT test for Quarter 1 of DY 19 was 256 or 2.7% of total waiver enrollees 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	256	2.7

*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. Less than one percent of total female participants received cervical cancer screening in Quarter 1 of DY19.

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	13	0.1

*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 is no point-of-service eligibility option in the 1115 Family Planning Only waiver. All applications are processed by a dedicated special eligibility unit at HCA.

HCA continues to work with the ProviderOne billing system to strengthen and build edits and audits to ensure unusual and incorrect claims are identified and that claims are processed efficiently.

Grievances and Appeals

There were no grievances made and no public hearings during this quarter.

PROGRAM OUTREACH AND EDUCATION

General Outreach and Awareness

No public outreach activities were conducted in this quarter. The major outreach of the agency has been focused on connecting clients to full scope coverage through Apple Health or a referral to a qualified health plan.

Target Outreach Campaign(s)

No public outreach activities were conducted this quarter. HCA continued to update stakeholders on the progress toward implementing the changes required by the new STCs with announcements at provider and stakeholder meetings. The public has been notified of the renewal through announcements on our website.

Stakeholder Engagement

We continued regular meetings with staff from DOH's Family Planning Network (formally known as Title X) program to share information and coordinate activities that impact the family planning delivery system in Washington State.

Annual Post Award Public Forum

During this quarter HCA did the following to let the public know about the approval of renewal of our 1115 Family Planning Only Demonstration waiver:

- Continue to post an announcement on our website with the approval letter and STCs and an email address to send comments and questions. No comments or questions received this quarter.

Appendix A: Background

Action plan for Demonstration Year 19 (July 1, 2019 – June 30, 2020)

Washington State's plan for DY19 includes items specifically outlined in the renewal STCs and ongoing activities from last year:

- Ongoing activities:
  - HCA continues to evaluate the need to expand eligibility to underinsured people as changes occur in requirements for insurance coverage related to family planning needs on a national level.
  - HCA continues to evaluate the impact of proposed changes to other federal and state programs that provide family planning services to underinsured and uninsured populations.
  - HCA continues to work with Upstream to identify providers and regions that will benefit from their training and serves on the Steering Committee for their five year project in Washington.
  - HCA continues to communicate with family planning providers and will reinstitute regular stakeholder meetings and public forums.

- Activities related to implementing the new STCs:
  - The Family Planning Only application revised; this will be implemented once CMS approval is granted.
  - HCA has started the process to revise Medicaid denial letters to include information about how to apply for family planning only services. This will be completed by end of quarter 2.
  - HCA has started the process to revise the family planning only programs' approval letters to assure that it is clear that clients must reapply at the end of the eligibility period. This will be completed by end of quarter 2.
  - HCA will work with Upstream as they begin training clinics and disseminating information to the public in 2019. Information about HCA's family planning only programs will be incorporated into their provider training and public education.

Definition of Terms:

In this report the following terms are used as 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 includes 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 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 men include an annual counseling session for reducing the risk of unintended pregnancy, condoms and spermicides, and services directly related to vasectomies.