



**TAKE CHARGE Family Planning Waiver – Section 1115  
Demonstration Year Twelve Annual Report  
July 1, 2012 through June 30, 2013**

**October 7, 2013**

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## **INTRODUCTION**

Washington State's TAKE CHARGE demonstration waiver, which began in July 2001, expands Medicaid coverage for family planning services to men and women with family incomes at or below 250% of the federal poverty level (FPL). Program goals include improving the health of women, children, and families by decreasing unintended pregnancies and lengthening intervals between births; and reducing state and federal Medicaid expenditures for births from unintended pregnancies. The Centers for Medicare and Medicaid Services (CMS) approved the TAKE CHARGE waiver as a family planning demonstration program (§1115 waiver). For the first ten years of the waiver, TAKE CHARGE was administered by the Washington State Department of Social and Health Services (DSHS) Health and Recovery Services Administration (HRSA). On July 1, 2011, Washington State Medicaid merged with the Washington State Health Care Authority (HCA). The reorganized Health Care Authority now administers the TAKE CHARGE waiver.

## **EXECUTIVE SUMMARY**

### **Demonstration Population**

The TAKE CHARGE family planning demonstration waiver includes the following three groups of clients:

- Recently pregnant women who would otherwise lose Medicaid coverage after their maternity coverage ends
- Women with income at or below 250% of the FPL, seeking to prevent an unintended pregnancy
- Men with income at or below 250% of the FPL, seeking to prevent an unintended pregnancy

### **Program Goals**

- Decrease unintended pregnancies
- Reduce state and federal Medicaid expenditures for births from unintended pregnancies

### **Program Highlights**

The TAKE CHARGE waiver will continue to cover nearly every Food and Drug Administration (FDA) approved birth control method and a narrow range of family planning services that help clients use their contraceptive methods safely, effectively, and successfully to avoid unintended pregnancy. Covered types of birth control include:

- Oral contraceptives
- Contraceptive ring and patch
- Male and female condoms
- Spermicides
- Contraceptive injections
- Contraceptive implants
- Intrauterine devices
- Emergency contraception
- Male and female sterilizations
- Diaphragms
- Natural family planning
- Abstinence counseling

Family planning related services for women include an annual comprehensive family planning preventive medicine visit and gonorrhea and Chlamydia (GC/CT) screening for women ages 13 – 25.

Men's family planning related services include one counseling session for reducing the risk of unintended pregnancy, condoms and spermicides, and services directly related to vasectomies.

### Significant Program Changes

Washington State is fully invested in Health Care Reform. Our efforts are directed at getting citizens comprehensive insurance coverage that far surpasses the coverage that TAKE CHARGE offers. We are concerned that there could be some gaps. We are equally invested in seeing that all women whose births would be pregnancies and deliveries paid for by Medicaid, have access to the services they need to plan their pregnancies.

The 2013 Legislature passed a bill requiring prescription contraceptives for Medicaid clients to be dispensed in a 12-month supply unless it was clinically inappropriate to do so or the client requested otherwise. The legislation also requires that clients first apply for Medicaid, and be denied, before they can apply for TAKE CHARGE. Our preliminary research suggests that there could be significant savings if 12-month dispensing becomes a standard practice.

In a reversal of a request made to CMS in the most recent renewal, the State has requested an amendment that would make clients with creditable health insurance ineligible for TAKE CHARGE. After January 1, 2014, all clients with health insurance will have access to all of the services provided under TAKE CHARGE without co-pays or deductibles. Insured clients will not need TAKE CHARGE.

### Enrollment and Renewal

The table below reflects data on enrollees, participants, and member months within the demonstration. Enrollees are defined as all individuals enrolled in the demonstration for the demonstration year ending June 30, 2013. Participants are defined as all individuals who obtain one or more covered family planning service through the demonstration. Member months refer to the number of months in which persons enrolled in the demonstration are eligible for services.

This demonstration had three eligible populations:

- Population 1: Women losing Medicaid coverage at the conclusion of the 60-day postpartum period
- Population 2: Women who have an income at or below 250% of the FPL
- Population 3: Men who have income at or below 250% of the FPL

As shown in the table, in DY12, the proportion of participants among all enrollees was highest for Population 2 (40,946/59,398, or 68.9%) and lowest for Population 1 (8,283/41,692, or 19.9%). For Population 1, women may have received family planning services during the immediate postpartum period before they were enrolled in the TAKE CHARGE waiver. While these women remained eligible for maternity care, they are not counted as participants. For all three population groups, clients who received family planning services in the prior year and remained eligible (enrolled) in DY12 may not have needed or received additional services in DY12 and will not be counted as participants.

**Demonstration Year 11  
July 1, 2011 – June 30, 2012**

	Population 1	Population 2	Population 3	Total Demonstration Population
<b># of Total Enrollees</b>	41,689	64,374	1,013	105,688
<b># of Participants</b>	8,681	40,582	325	49,245
<b># of Member Months</b>	222,363	449,578	6,203	678,144

**Demonstration Year 12  
July 1, 2012 – June 30, 2013**

	Population 1	Population 2	Population 3	Total Demonstration Population
<b># of Total Enrollees</b>	41,692	59,398	772	100,441
<b># of Participants</b>	8,283	40,946	284	49,082
<b># of Member Months</b>	221,772	415,713	5,122	642,607

The following graph and tables show the same enrollment figures over the life of the demonstration, from DY1 (July 2001 – June 2002) through DY12 (July 2012 – June 2013).

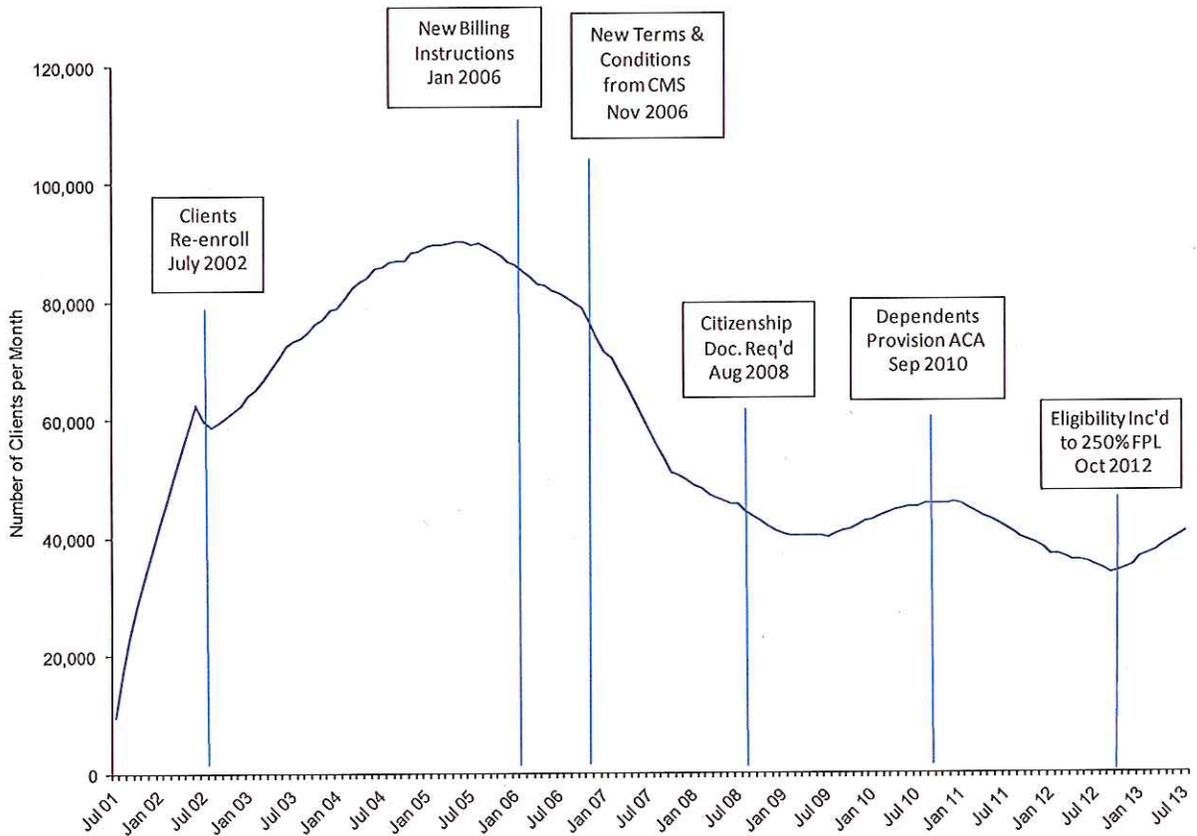
Washington's TAKE CHARGE waiver has experienced many changes over these twelve years. Although Population 1 (women losing Medicaid pregnancy coverage after the end of the postpartum period) have fluctuated modestly, the caseload for women and men with incomes at or below 200% of the FPL has shown greater change. After the caseload peaked in July 2005 (DY5), the number of enrollees declined and stabilized at a lower level in DY8 – DY11.

A number of program and eligibility changes potentially contributed to the declines in caseload:

- January 2006: New billing instructions – specified a more limited scope of services, especially for men.
- November 2006: New billing instructions – clients with health insurance became ineligible except for good cause; SSN, documentation of citizenship (affidavit permitted for those without other documentation), and proof of identify required; STD/STI services limited to GC/CT for women ages 13 – 25; and services for men were limited. New billing instructions were based in part on Special Terms and Conditions effective July 2006.
- August 2008: Citizenship documentation became required. Use of a previously permitted affidavit was discontinued.
- April 2010: New Medicaid billing system (ProviderOne) implemented. This resulted in some discontinuities in data during the transition period.

- September 2010: Dependent provision of ACA took effect. Parents allowed covering dependents up to age 26 on their health insurance.
- October 2012: Special Terms and Conditions (STCs) of the renewal granted in July 2012 were implemented. Eligibility was changed allowing men and women up to 250% FPL (up from 200% FPL). The new STCs also allowed men and women with creditable health insurance to apply for TAKE CHARGE.

**TAKE CHARGE Family Planning Waiver: Enrollment of Clients ≤250% of the FPL  
Population 2 + Population 3**



**Total Number of Enrollees  
July 1, 2001 – June 30, 2013**

	<b>Population 1</b>	<b>Population 2</b>	<b>Population 3</b>	<b>Total Demonstration Population</b>
<b>DY1</b>	32,897	55,525	3,454	90,159
<b>DY2</b>	36,682	94,501	7,441	136,178
<b>DY3</b>	39,038	114,222	8,880	159,231
<b>DY4</b>	40,031	127,818	9,725	174,859
<b>DY5</b>	39,805	125,261	8,218	170,759
<b>DY6</b>	39,881	110,586	4,454	152,649
<b>DY7</b>	39,054	84,117	1,333	122,696
<b>DY8</b>	38,628	68,908	763	106,785
<b>DY9</b>	38,908	70,794	924	109,054
<b>DY10</b>	40,663	70,577	1,042	110,731
<b>DY11</b>	41,689	64,374	1,013	105,688
<b>DY12</b>	41,692	59,398	772	100,441

**Total Number of Participants  
July 1, 2001 – June 30, 2013**

	<b>Population 1</b>	<b>Population 2</b>	<b>Population 3</b>	<b>Total Demonstration Population</b>
<b>DY1</b>	10,659	52,830	3,030	65,716
<b>DY2</b>	14,433	75,333	4,029	92,577
<b>DY3</b>	15,702	92,963	5,005	112,198
<b>DY4</b>	17,431	124,074	8,809	148,633
<b>DY5</b>	14,483	94,349	3,643	111,410
<b>DY6</b>	15,132	99,584	3,270	116,845
<b>DY7</b>	13,378	57,925	382	70,948
<b>DY8</b>	11,719	49,128	339	60,625
<b>DY9</b>	11,398	55,702	440	66,903
<b>DY10</b>	9,837	52,534	412	62,259
<b>DY11</b>	8,681	40,582	325	49,245
<b>DY12</b>	8,283	40,946	284	49,082

**Total Number of Member Months  
July 1, 2001 – June 30, 2013**

	<b>Population 1</b>	<b>Population 2</b>	<b>Population 3</b>	<b>Total Demonstration Population</b>
<b>DY1</b>	175,198	414,923	21,688	611,809
<b>DY2</b>	197,296	689,403	48,269	934,968
<b>DY3</b>	215,662	872,924	58,701	1,147,287
<b>DY4</b>	219,399	992,539	63,457	1,275,395
<b>DY5</b>	211,959	972,303	54,811	1,239,073
<b>DY6</b>	216,157	836,982	28,231	1,081,370
<b>DY7</b>	207,547	590,616	6,601	804,764
<b>DY8</b>	197,789	491,898	4,710	694,397
<b>DY9</b>	202,976	506,167	5,618	714,761
<b>DY10</b>	213,686	527,041	6,859	747,586
<b>DY11</b>	222,363	449,578	6,203	678,144
<b>DY12</b>	221,772	415,713	5,122	642,607

**Annual Disenrollment and Retention Figures**

Of the total 100,441 clients enrolled in the TAKE CHARGE waiver in DY12, one-half (52% or 51,955) continued to be enrolled at the end of DY12, or experienced a gap in eligibility of no more than four months. Many clients exit the TAKE CHARGE waiver, only to re-apply and re-enroll within a few months. For this reason, we defined disenrollment for the purpose of this report, as having a gap in enrollment of more than four months.

Of the total 51,274 clients whose eligibility ended and did not re-enroll in the TAKE CHARGE waiver after a gap of more than four months, we are unable to identify a specific reason for disenrollment for 37,840 (74%). Five percent of clients who disenrolled returned to the family planning program (5.4% or 2,788) after a gap of more than four months. Ten percent (5,378 clients or 10.5%) moved from the family planning program to a pregnancy program within four months. An additional 9.2% (4,693) moved from family planning to a Medicaid program with full benefits (such as TANF) within four months; 354 (0.7%) moved to other Medicaid programs. Clients with a sterilization procedure (221, or 0.4%) represented the smallest group of disenrolled clients. Disenrollment and retention figures were very similar in DY11 and DY12.

	<b>Sterilization (Enrollees/ Percentage %)</b>	<b>Eligible for Full Benefits Due to Pregnancy</b>	<b>Eligible for Full Benefits</b>	<b>Re- enrolled</b>	<b>Did not Renew</b>	<b>Eligible for Other State- Funded Program</b>	<b>Total Disenrollment Number</b>
<b>DY11</b>	226 (0.4%)	5632 (9.8%)	5028 (8.8%)	2778 (4.9%)	43,243 (75.5%)	349 (0.6%)	57,256
<b>DY12</b>	221 (0.4%)	5378 (10.5%)	4693 (9.2%)	2788 (5.4%)	37,840 (73.8%)	354 (0.7%)	51,274

*Note: the above table reflects both exits from and entries into the demonstration waiver. Clients who both exit and enter will be counted twice.*

### Service and Providers

As shown in the tables below, the most frequently provided family planning method for female clients is birth control pills, with 44.8% of Population 1 and 54.6% of Population 2 having received birth control pills during DY12. (Participants are the denominator for these percentages.) Both groups frequently received emergency contraception pills as well: 19% of Population 1 and 49.8% of Population 2 received emergency contraception. The use of hormone injections was greater in Population 2: 11.5% of Population 1 and 15.3% of Population 2 received hormone injections. For tubal ligations and IUDs, the use rates also differed: 14% of Population 1 received an IUD, compared to 8.5% of Population 2, and 2.1% of Population 1 had a tubal ligation, compared to 0.5% of Population 2. These differences may be explained by the different characteristics of these two groups of women. Population 1 includes recently pregnant women for whom an IUD or a non-reversible family planning method may be more appropriate than for the younger, often single women in Population 2, the majority of whom have had no children.

The predominant method of contraception for male clients is vasectomy: more than 66% of male participants had a vasectomy.

Since our previous report on family planning methods (Cawthon et al., 2006, page 47<sup>1</sup>) during DY1-4, the use of hormone injections has decreased (from 19.0% and 19.2% of participants in Populations 1 and 2, respectively) and the proportion who received birth control pills also decreased modestly (from 55.5% and 66.5%, of participants in Populations 1 and 2, respectively.) Women in Population 1 were previously observed to receive highly effective methods (such as transdermal patch, IUD, and tubal ligation) more frequently than women in Population 2. Use of implantable systems was negligible in DY1-4 as Norplant® had been removed from the market in July 2002 and providers only had existing stock available for use during that time period. With FDA approval of Implanon® in July 2006, and Nexplanon® in November 2011, the use of contraceptive implants increased in both Population 1 and Population 2 (1.8% and 1.7%, respectively, in DY11, and 2.4% and 2.3% in DY12).

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<sup>1</sup> Cawthon, Keenan-Wilkie, Lyons, and Rust. TAKE CHARGE Final Evaluation, First Five Years: July 2001-June 2006. September 2006. Available at: <http://publications.rda.dshs.wa.gov/1259/>

**Use of Family Planning Methods and Supplies**  
**July 1, 2011 – June 30, 2012**

	Population 1	Population 2	Population 3	Total Clients (unduplicated)
<b>Contraceptive Implant</b>	160 (1.8%)	710 (1.7%)	0	870
<b>Male Sterilization</b>	0	0	194 (59.7%)	194
<b>IUD insertion</b>	1,215 (14.0%)	2,928 (7.2%)	2*	4,141
<b>Female Sterilization</b>	170 (2.0%)	306 (0.8%)	0	476
<b>Hormone Injection</b>	817 (9.4%)	6,148 (15.1%)	5*	6,927
<b>Vaginal Ring</b>	667 (7.7%)	5,046 (12.4%)	1*	5,692
<b>Transdermal Patch</b>	394 (4.5%)	1,805 (4.4%)	0	2,184
<b>Birth Control Pills</b>	3,910 (45.0%)	21,917 (54.0%)	3*	25,716
<b>Male Condom</b>	587 (6.8%)	7,815 (19.3%)	55 (16.9%)	8,447
<b>Diaphragm/cap</b>	23 (0.3%)	66 (0.2%)	0	89
<b>Female Condom</b>	10 (0.1%)	177 (0.4%)	0	187
<b>Spermicide/ Topical CC</b>	115 (1.3%)	1,464 (3.6%)	0	1,577
<b>Emergency Contraception</b>	1,493 (17.2%)	18,852 (46.5%)	3*	20,291
<b>Natural Family Planning</b>	1 (0.0%)	3 (0.0%)	18 (5.5%)	22
<b>Total Clients (unduplicated)</b>	7,429 (85.6%)	38,000 (93.6%)	257 (79.1%)	45,398
<b>Total Participants</b>	8,681	40,582	325	49,245

\*Gender Incorrect.

**Use of Family Planning Methods and Supplies**  
**July 1, 2012 – June 30, 2013**

	Population 1	Population 2	Population 3	Total Clients (unduplicated)
<b>Contraceptive Implant</b>	198 (2.4%)	923 (2.3%)	0	1,121
<b>Male Sterilization</b>	0	0	188 (66.2%)	188
<b>IUD insertion</b>	1,163 (14.0%)	3,475 (8.5%)	0	4,638
<b>Female Sterilization</b>	172 (2.1%)	204 (0.5%)	0	376
<b>Hormone Injection</b>	953 (11.5%)	6,263 (15.3%)	1*	7,217
<b>Vaginal Ring</b>	566 (6.8%)	4,640 (11.3%)	0	5,206
<b>Transdermal Patch</b>	392 (4.7%)	2,018 (4.9%)	0	2,410
<b>Birth Control Pills</b>	3,711 (44.8%)	22,355 (54.6%)	4*	26,070
<b>Male Condom</b>	684 (8.3%)	9,638 (23.5%)	20 (7.0%)	10,342
<b>Diaphragm/cap</b>	26 (0.3%)	42 (0.1%)	0	68
<b>Female Condom</b>	16 (0.2%)	196 (0.5%)	0	212
<b>Spermicide/ Topical CC</b>	108 (1.3%)	1,486 (3.6%)	3*	1,597
<b>Emergency Contraception</b>	1,572 (19.0%)	20,400 (49.8%)	4*	21,976
<b>Natural Family Planning</b>	0	0	14 (4.9%)	14
<b>Total Clients (unduplicated)</b>	7,170 (86.6%)	38,511 (94.1%)	218 (76.8%)	45,899
<b>Total Participants</b>	8,681	40,582	325	49,245

\*Gender Incorrect.

### **Provider Participation**

As of June 30, 2013, the TAKE CHARGE waiver had 52 providers serving clients at 164 sites. We have good provider distribution across the state that reflects Washington's population density. There is at least one TAKE CHARGE provider in most counties and more in the more populous counties. As expected, fewer clinics are located in sparsely populated counties of Eastern Washington. In these counties, residents routinely travel to small towns to access goods and services such as groceries, banks, local government agencies, and medical care.

### **Program Outreach, Awareness, and Notification**

General Outreach and Awareness. No public outreach activities were conducted in the past demonstration year. The major outreach of the agency has been focused on health care reform.

Target Outreach Campaign(s) (if applicable). For the same reasons above, there were no targeted outreach activities.

### **Program Evaluation, Transition Plan, and Monitoring**

There is no point-of-service eligibility option in the TAKE CHARGE waiver. All applications are processed by a dedicated special eligibility unit at HCA. Each new staff trained to work in this unit has every application audited and reviewed until they reach 95% accuracy in their processing. Fifty (50) applications are randomly selected and audited each month and follow-up measures are taken if concerns are identified with any particular eligibility worker.

HCA continues to work with the ProviderOne billing system to strengthen and build edits and audits to insure unusual, incorrect claims are identified and that such claims pay correctly.

In September 2009, we submitted to CMS two final evaluation reports for the waiver period scheduled to end June 30, 2009. One evaluation was a required study of primary care referrals in the demonstration for the period July 2006 – June 2009.<sup>2</sup> The other evaluation, chosen by the Agency, examined the reasons for the low family planning service use rates of women who recently had received pregnancy-related Medicaid benefits and also examined the low reenrollment rate for this group of clients at the end of their automatic extension for family planning services.<sup>3</sup> Further extensive qualitative analysis has been done on this survey by an Oregon State Health Sciences University PhD candidate. His dissertation will be published shortly.

In December of 2012 the Health Care Authority funded a Safe Table Forum, in collaboration with the University of Washington, to discuss the place of family planning in health care reform. As described by the University of Washington's School of Public Health, these forums offer decision makers and other stakeholders a neutral meeting place for off-the-record discussions, a safe table, an honest broker, and balanced information. Forty individuals, a range of stakeholders, gathered for a day in Seattle discussing three key issues addressing family planning and the ACA:

- coverage gaps as the transition to Insurance Affordability programs take place;
- identifying and developing incentives for ensuring the Qualified Health Plans will partner with family planning centers; and

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<sup>2</sup> Keenan-Wilkie and Cawthon. TAKE CHARGE Final Evaluation, Three-Year Renewal, July 2006 – June 2009: Primary Care Referral. September 2009. Available at: <http://publications.rda.dshs.wa.gov/1403/>

<sup>3</sup> Cawthon, Rust, and Efaw. TAKE CHARGE Final Evaluation, Three-Year Renewal, July 2006 – June 2009: A Study of Recently Pregnant Medicaid Women. September 2009. Available at: <http://publications.rda.dshs.wa.gov/1402/>

- strategies for ensuring the quality of the family planning services offered now is maintained during the transition , and beyond.

**Interim Evaluation of Goals and Progress**

*Goal: Increase access to family planning services.*

This past demonstration year we watched our enrollment decline. Beginning in September 2010, parents were allowed to cover young adult children ages 18 – 26 on their insurance plans. This age group has historically been the most represented in the TAKE CHARGE waiver. It is also the age group with the highest Medicaid paid births. In the waiver renewal period ending June 30, 2012, this group of young adults was not eligible for the waiver if they had third party health insurance. Nineteen year olds who would have been new applicants could not and did not apply; and those clients ages 19 – 26 who had been on TAKE CHARGE were no longer eligible if they had third party insurance. This group did not reapply. Enrollment was down but young adults have other avenues for coverage. The current waiver was not implemented until October 2012. Further analysis would have to be done to explore the effect of the changes in the current waiver that allow your adults with insurance to enroll in TAKE CHARGE.

*Goal: Reduce the number of unintended pregnancies in Washington.*

Washington relies on the Pregnancy Risk Assessment Monitoring System (PRAMS) survey to describe unintended pregnancy rates. PRAMS survey results are individually linked to Medicaid clients so the survey results can be reported for the target population of our TAKE CHARGE waiver.

The proportion of Medicaid births that were unintended at the time of conception (mom wanted to be pregnant later or never) has decreased from 60.8% in CY2000-2002 to 52.6% (CY2003-2005), 57.2% (CY2006-2007) and 56.7% (CY2008-2010). The proportion of Medicaid births where the mother reported that she didn't want to be pregnant then, or at any time in the future, decreased from 13.4% in CY2000-2002 to 10.6% (CY2003-2005) and reached an all-time low of 9.9% in CY2008-2010.

**Annual Expenditures**

The State is required to provide quarterly reports using the Form CMS-64 to report expenditures for services provided under the demonstration, in addition to administrative expenditures (see below). (Please refer to Section VII of the STCs for more details.) The chart provides information to date, over the lifetime of the demonstration extension.

	Service Expenditures as reported on the CMS-64		Administrative Expenditures as reported on the CMS-64		Expenditures as requested on the CMS-37	Total Expenditures as reported on the CMS-64
	Total Computable	Federal Share	Total Computable	Federal Share		
DY11	\$14,094,367.06	\$12,921,369.87	\$753,847.10	\$599,844.76	\$14,127,652	\$14,848,214.16
DY12	\$17,459,759.00	\$15,810,175.00	\$671,480.00	\$591,716.00	\$15,243,618	\$18,131,240.00

**Demonstration Year 11  
July 1, 2011 – June 30, 2012**

	Population 1	Population 2	Population 3	Total Demonstration Population
<b># Member Months</b>	222,363	449,578	6,203	678,144
<b>PMPM</b>	\$11.59	\$29.47	\$12.78	\$23.46
<b>Total Expenditures</b> <i>(Member months multiplied by PMPM)</i>	\$2,576,672	\$13,251,176	\$79,245	\$15,907,093

**Demonstration Year 12  
July 1, 2012 – June 30, 2013**

	Population 1	Population 2	Population 3	Total Demonstration Population
<b># Member Months</b>	221,772	415,713	5,122	642,607
<b>PMPM</b>	\$12.20	\$38.82	\$17.43	\$29.46
<b>Total Expenditures</b> <i>(Member months multiplied by PMPM)</i>	\$2,705,213	\$16,139,539	\$89,272	\$18,934,024

**Actual Number of Births to TAKE CHARGE Waiver Participants**

The number of actual births that occur to TAKE CHARGE waiver participants within the DY over the lifetime of the demonstration (participants include all individuals who obtain one or more covered family planning service each year) is shown in the following table:

	Actual Number of Births
<b>DY1</b>	4,367
<b>DY2</b>	5,965
<b>DY3</b>	6,186
<b>DY4</b>	4,658
<b>DY5</b>	4,310
<b>DY6</b>	4,363
<b>DY7</b>	4,184
<b>DY8</b>	3,807
<b>DY9</b>	4,135
<b>DY10</b>	3,726
<b>DY11</b>	3,557
<b>DY12</b>	3,145

*Note: DY11 and DY12 are based on preliminary birth certificates.*

### Cost of Medicaid-Funded Births

The average total Medicaid expenditures for a Medicaid-funded birth for each DY are shown in the following table. The cost of a birth includes prenatal services, delivery and pregnancy-related services, and services to infants from birth up to age 1 (the services should be limited to the services that are available to women who are eligible for Medicaid because of their pregnancy and their infants).

	Average Expenditure for Maternity Care	Average Expenditure for Infant Medical Care	Total Average Medicaid Expenditure for Medicaid- Funded Birth
DY1	\$6,686	\$4,651	\$11,337
DY2	\$6,956	\$4,910	\$11,866
DY3	\$7,154	\$4,993	\$12,147
DY4	\$7,398	\$5,612	\$13,010
DY5	\$7,762	\$6,323	\$14,085
DY6	\$7,784	\$6,638	\$14,422
DY7	\$7,807	\$6,866	\$14,673
DY8	\$8,373	\$7,360	\$15,733
DY9	\$8,770	\$7,072	\$15,842
DY10	\$9,237	\$5,402	\$14,639
DY11	\$10,557	\$6,238	\$16,795
DY12	\$10,136	\$4,773	\$14,909

### Activities for Next Year

Washington State's plan for DY13 includes:

- Implement the amendments to the waiver that we requested (upon approval from CMS);
  - File emergency Washington Administrative Codes (WACs) to reflect the changes in eligibility and the new legislative mandates;
  - Update the Family Planning Medicaid Provider Guides to reflect the changes in the WAC and those required by the legislative mandates;
  - Submit a two-year renewal of TAKE CHARGE to begin in January 2015.