

**WASHINGTON STATE
TAKE CHARGE MEDICAID SECTION 1115
DEMONSTRATION WAIVER**

10/01/2016 -12/31/2016 Second Quarter Year Sixteen

March 1, 2017

Introduction

Washington State's TAKE CHARGE program, which began July 2001, expanded Medicaid coverage for family planning services to men and women with family incomes at or below 200% of the federal poverty level (FPL). Beginning on October 1, 2012, clients with incomes up to 250% of FPL were eligible to apply for TAKE CHARGE. With the implementation of the Affordable Care Act (ACA) and the use of MAGI for determination of income the limit was increased to 260% of FPL effective October 1, 2013. Program goals are to improve the health of women, children, and families by decreasing unintended pregnancies and lengthening intervals between births, and to reduce state and federal Medicaid expenditures for births from unintended pregnancies. The Centers for Medicare and Medicaid Services (CMS) approved the TAKE CHARGE program 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 re-organized Health Care Authority now administers the TAKE CHARGE program.

Executive Summary

Demonstration Population:

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

- Recently pregnant women who would otherwise lose Medicaid coverage after their maternity coverage ends.
- Women with family incomes at or below 260% of the FPL, seeking to prevent an unintended pregnancy.
- Men with family incomes at or below 260% of the FPL, seeking to prevent an unintended pregnancy.

Goals of Demonstration:

- Decrease unintended pregnancies.
- Lengthening intervals between births.
- Reduce state and federal Medicaid expenditures for births from unintended pregnancies.

Program Highlights:

- TAKE CHARGE covers every FDA approved birth control method and a narrow range of family planning services that help clients to use their contraceptive methods

safely, effectively and successfully to avoid unintended pregnancy. The 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 and Cervical Caps
- Natural Family Planning
- Abstinence Counseling
- Family planning-related services for women include an annual comprehensive family planning preventive medicine visit, screening for GC/CT 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.

Demonstration Year (DY)	Begin Date	End Date	Quarterly Report Due Date (60 days following end of quarter)
Quarter 1	July 1 st	September 30 th	November 29 th
Quarter 2	October 1 st	December 31 st	March 1 st
Quarter 3	January 1 st	March 31 st	May 30 th
Quarter 4	April 1 st	June 30 th	August 29 th

Significant program changes:

- There have been no program changes since last quarter.

Policy issues and challenges:

- There have been no policy changes since the last quarter.

Enrollment

Enrollees are defined as all individuals enrolled in the demonstration for the specified quarter of the demonstration year, including those newly enrolled and the total enrollees during the quarter.

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 has 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 260% of the FPL.
- Population 3: Men who have income at or below 260% of the FPL.

The impact of the ACA, Washington’s expanded Medicaid, and Washington’s Health Benefit Exchange offering subsidized qualified health plans continues to affect the enrollment into TAKE CHARGE. TAKE CHARGE enrollees continue to gradually decline.

Total enrollees declined from 9,244 in DY15 Quarter 2 to 8,826 in DY16 Quarter 2, a 4.5% decline over one year. The rate of decline was greater for Population 1 than Population 2. Population 3 remained essentially the same. DY16 Quarter 2 total enrollees increased very slightly from 8,712 in DY16 Quarter 1. The increase was due to a 4% increase in Population 1. Essentially the waiver enrollees have remained stable for four quarters. This is likely due to a saturation rate of those who are both eligible for and able to afford a qualified health plan or become eligible for expanded Medicaid.

The number of participants in DY16 Quarter 2 decreased 18% from DY16 Quarter 1. This decline is due to the 22% decline in participants in Population 2. The small number of Population 1 participants is most likely due to women obtaining their preferred method of contraception during the 60 day postpartum period and therefore not needing services during the next 10 months. This trend may have been influenced by the requirement to provide a 12 month supply of hormonal methods and the continued increase in choosing a long acting reversible contraceptive (LARC). Population 2 accounts for 82% of the total participants. The proportion of total enrollees identified as participants remains stable at 11%. The proportion identified as new enrollees also remained stable at 26% in DY16 Quarter 2.

The following tables show data on enrollees, participants, and member months within the demonstration.

DY 16: SFY2017	Quarter 2 October 1, 2016 to December 31, 2016			
	Population 1	Population 2	Population 3	Total Population
# of Newly enrolled	1,696	628	8	2,332
# of Total Enrollees	5,606	3,187	34	8,826
# of Participants	167	765	2	934
# of Member Months	13,443	8,268	93	21,804

<i>DY 16: SFY2017</i>	Quarter 1 July 1, 2016 to September 30, 2016			
	Population 1	Population 2	Population 3	Total Population
# of Newly enrolled	1,629	673	8	2,310
# of Total Enrollees	5,375	3,304	35	8,712
# of Participants	157	978	1	1,135
# of Member Months	12,579	8,381	93	21,053

<i>DY 15: SFY2016</i>	Quarter 4 April 1, 2016 to June 30, 2016			
	Population 1	Population 2	Population 3	Total Population
# of Newly enrolled	1,519	697	12	2,228
# of Total Enrollees	5,264	3,352	36	8,651
# of Participants	213	1,123	5	1,340
# of Member Months	12,766	8,548	98	21,412

<i>DY 15: SFY2016</i>	Quarter 3 January 1, 2016 to March 31, 2016			
	Population 1	Population 2	Population 3	Total Population
# of Newly enrolled	1,593	614	10	2,217
# of Total Enrollees	5,347	3,368	36	8,751
# of Participants	250	800	4	1,054
# of Member Months	12,721	8,650	90	21,461

<i>DY 15: SFY2016</i>	Quarter 2 October 1, 2015 to December 31, 2015			
	Population 1	Population 2	Population 3	Total Population
# of Newly enrolled	1,545	655	7	2,207
# of Total Enrollees	5,631	3,581	34	9,244
# of Participants	217	1,018	2	1,237
# of Member Months	13,435	9,277	88	22,800

<i>DY 15: SFY2016</i>	Quarter 1 July 1, 2015 to September 30, 2015			
	Population 1	Population 2	Population 3	Total Population
# of Newly enrolled	2,152	764	10	2,985
# of Total Enrollees	6,262	3,856	33	10,149
# of Participants	227	990	4	1,221
# of Member Months	14,750	9,826	86	24,662

Service Utilization

Since providers have a year to bill for services provided, utilization reviews are done once each year at the time of the annual report.

Provider Participation

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 requiring enrollees to drive to commercial centers to access services.

The provider landscape has changed in response to the ACA and will continue to change as innovative payment systems are introduced that focus on quality metrics. As Washington residents obtain health coverage and establish themselves with health homes, small clinics with single purposes are finding their caseloads declining significantly. This has particularly affected Local Health Jurisdictions (LHJ) (public health agencies). Community health centers and other health systems are expanding and filling in some of the gaps left when small clinics close. This quarter we learned of another LHJ that is closing their clinic, discontinuing family planning and sexually transmitted disease services in a rural county of the state, effective June 2017. There is a FQHC in that county that is also contracted to provide family planning services,

however they have been reluctant to provide services. During the next six months we will work with them and another FQHC to assure services are available in this county.

Program Outreach Awareness and Notification

General Outreach and Awareness

- No general public outreach was conducted during this quarter regarding the Waiver.

Target Outreach Campaign(s) (if applicable)

- No targeted outreach campaigns were conducted this quarter.

Program Evaluation, Transition Plan and Monitoring

During this quarter we continued to meet with CMS staff to discuss continuing the current 1115 waiver. CMS approved a temporary extension of the current STCs through December 31, 2017. They agreed to work with us to determine what changes if any would need to be made to update the STCs at the end of the temporary extension. Next quarter we will present options to the executive leadership of HCA to decide the next steps for our family planning only programs.

We continue to support providers in their efforts to help clients become enrolled in Apple Health (Medicaid) or subsidized insurance through Washington's Health Benefit Exchange. HCA also works in communities around the state to help residents enroll in Apple Health (Medicaid).

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

Quarterly Expenditures

	Demonstration Year 16 (SFY 2017) (July 1, 2016 – June 30, 2017)			
	Service Expenditures as Reported on the CMS -64	Administrative Expenditures as Reported on the CMS -64	Total Expenditures as Reported on the CMS -64	Expenditures as requested on the CMS- 37
Quarter 1 Expenditures	\$395,295	\$7,969	\$403,264	\$421,256
Quarter 2 Expenditures	\$308,417	\$928	\$309,345	\$397,968
Quarter 3 Expenditures				\$445,517
Quarter 4 Expenditures				\$328,219
Total Annual Expenditures				\$1,592,960

	Demonstration Year 15 (SFY 2016) (July 1, 2015 – June 30, 2016)			
	Service Expenditures as Reported on the CMS -64	Administrative Expenditures as Reported on the CMS -64	Total Expenditures as Reported on the CMS -64	Expenditures as requested on the CMS- 37
Quarter 1 Expenditures	\$330,618	\$132,388	\$463,006	\$382,000
Quarter 2 Expenditures	\$385,093	-\$14,384*	\$370,709	\$571,000
Quarter 3 Expenditures	\$349,903	\$54.88*	\$349,958	\$513,000
Quarter 4 Expenditures	\$374,118	\$18,247	\$392,365	\$342,000
Total Annual Expenditures	\$1,439,732	\$136,305	\$1,576,037	\$1,808,000

*There was a credit to administrative expenditures in Quarter 2 due to payroll moving an employee's allocation to a different program. This affected both Quarter 2 and 3 costs.

Activities for Next Quarter

We have informed stakeholders that we received a temporary extension of the current 1115 waiver until December 31, 2017. We will continue discussions with stakeholders and CMS about continuing the waiver beyond this date, and any needed changes to meet requirements in an updated set of STCs. If HCA executive leadership decides to end this program, other options will be discussed.