

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

01/01/2015 -03/31/2015 Third Quarter Year Fourteen

June 30, 2015

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. 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 reorganized 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 250% of the FPL, seeking to prevent an unintended pregnancy; and
- Men with family incomes at or below 250% of the FPL, seeking to prevent an unintended pregnancy.

Goals of Demonstration:

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

Program Highlights:

- TAKE CHARGE will continue to cover nearly 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
- Natural Family Planning
- Abstinence Counseling
- Family planning-related services for women include an annual comprehensive family planning preventive medicine visit and a 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.

(Fill in chart- Indicate when each quarter begins and when it ends, see example below)

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 significant program or policy changes since last quarter.

Policy issues and challenges:

- As directed by the Legislature, beginning in January 2014 the HCA required that hormonal contraception be dispensed in a 12 month supply unless there is a medical indication no to or the client herself requests a smaller supply. This change in dispensing and prescribing behavior has been slow to change for a variety of complicated reasons. The directive came with no funding for implementation. Staff has been doing their best with limited available funding and staff resources.
- We are diligently working to increase access to Long Acting Reversible Contraceptives (LARC’s) by:
 - Negotiating an increased reimbursement for the insertion of LARC’s
 - Changing HCA policy to allow separate payment for IUD insertion as well as the device within 10 minutes of delivery.

Enrollment

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

From the first quarter of DY12 through the second quarter of DY13, we observed very little change overall in the total demonstration new enrollees: decreases in Populations 2 and 3 were offset by increases in Population 1. In the third quarter of DY13, we began to see the major impact of health care reform. In DY13 Quarter 4, total new enrollees have declined by 74%, from 11,318 in Quarter 2 to 6,149 in Quarter 3 and 2,988 in Quarter 4. Changes of this magnitude also impact total enrollees, the number of participants, and the number of member-months. All these measures showed declines of 50 to 70%, with smaller declines in total enrollees and member-months, and larger declines in the number of participants.

Throughout the first three quarters of DY14, overall enrollment has generally continued to decline for all three eligible populations. Total enrollees declined from 30,383 in DY13 Quarter 4 to 20,693 in DY14 Quarter 1, 14,721 in Quarter 2, and 11,064 in Quarter 3. Similar declines were observed in all three populations, with the greatest declines in Population 2 and Population 3: from DY14 Quarter 1, with 12,532 women in Population 2, this group declined by more than 60%, to 4,493. While the proportional decline was similar for Population 3 (men), the numbers of men enrolled were much smaller.

Washington's health insurance exchange was implemented October 1, 2013. Approximately 300,000 newly eligible and 150,000 previously eligible but not enrolled adults have signed up for Washington Medicaid since Oct 1 (AP, 5/4/2014). This expanded enrollment in Medicaid has contributed to the decline in the Populations 2 and 3. In addition, as of 4/23/2014, more than 164,000 people had enrolled in private health insurance plans through Washington's exchange.

Enrollees are defined as all individuals enrolled in the demonstration for the specified quarter of the demonstration years, 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 250% of the FPL
- Population 3: Men who have income at or below 250% of the FPL

DY 13: SFY2014	Quarter 4 April 1, 2014 to June 30, 2014			
	Population 1	Population 2	Population 3	Total Population
# of Newly enrolled	1,878	1,098	13	2,988
# of Total Enrollees	10,780	19,396	212	30,383
# of Participants	525	2,865	9	3,399
# of Member Months	25,916	48,792	513	75,221

DY 14: SFY2015	Quarter 1 July 1, 2014 to September 30, 2014			
	Population 1	Population 2	Population 3	Total Population
# of Newly enrolled	1,953	904	14	2,871
# of Total Enrollees	8,041	12,532	124	20,693
# of Participants	268	2,028	11	2,307
# of Member Months	17,580	29,988	301	47,869

DY 14: SFY2015	Quarter 2 October 1, 2014 to December 31, 2014			
	Population 1	Population 2	Population 3	Total Population
# of Newly enrolled	3,108	718	12	3,838
# of Total Enrollees	7,662	6,989	72	14,721
# of Participants	274	1,145	1	1,420
# of Member Months	17,711	15,690	156	33,557

DY 14: SFY2015	Quarter 3 January 1, 2015 to March 31, 2015			
	Population 1	Population 2	Population 3	Total Population
# of Newly enrolled	1,756	788	6	2,550
# of Total Enrollees	6,533	4,493	38	11,064
# of Participants	232	940	7	1,179
# of Member Months	15,463	11,623	100	27,186

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

As of December 31, 2014, the TAKE CHARGE waiver had 51 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.

We have several small free standing agencies that are struggling to keep their doors open. They have always operated with slim margins as non-profits. All of the changes under the ACA were challenging for them to prepare for with their scarce resources. They are looking at consolidating some administrative functions and two of them are in dialogue with larger providers to become satellite clinics of those larger entities.

Program Outreach Awareness and Notification

General Outreach and Awareness

- No general public outreach was conducted these past two quarters regarding the Waiver. However, the Health Care Authority has been actively engaged in multimedia outreach regarding health care reform, promoting Washington's Apple Health and access to insurance through the state's insurance exchange.

Target Outreach Campaign(s) (if applicable)

- We have had targeted mailings to prescribers and providers about the 12 month supply requirement and will continue to send out those reminders.

Program Evaluation, Transition Plan and Monitoring

The TAKE CHARGE Health Insurance Survey report, an interim evaluation report, was circulated for review and comment in January 2015. After small editorial revisions, the final report was published May 2015. A copy is attached.

The key findings included the following:

- The majority (66%) of women who remained on the TAKE CHARGE program were working but did not have employer-sponsored health insurance, for a variety of reasons.

- Washington’s Health Benefit Exchange website, known as HealthPlanFinder, was the most frequent source of information about health insurance; however, two-thirds of women who tried to get information from the website found it “somewhat difficult” or “very difficult” (58%), or “impossible” (9%) to get the help they needed there.
- The most frequent reason respondents did not buy or enroll in an insurance plan through the Health Benefit Exchange was cost: 45% responded that the main reason was that the costs are too high.
- Nearly half (49%) of the respondents indicated they were unable to pay for health insurance because of bills they had to pay. One-third (35%) were unable to pay for basic necessities like food, heat, or rent, and one-third (35%) had credit card debt. Nearly half had used up all their savings (48%) or had problems paying for medical bills (44%).
- More than half the respondents indicated that it would be very difficult (46%) or impossible (14%) for them to pay the personal costs for health insurance in the future.

Based on these findings, described in more detail in the full report, we concluded that a small number of women in Washington continue to have clear needs for family planning coverage that are not being met, except through the TAKE CHARGE family planning program. Limited assets and high debts are common problems in the United States that influence affordability of health insurance. Many women least able to afford health insurance are the same women with the greatest need to prevent unintended pregnancy.

Quarterly Expenditures

	Demonstration Year 11 (April 1, 2012 – June 30, 2012)			
	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 4 Expenditures	\$9,326,493	\$164,514	\$9,491,007	\$3,485,754
Total Annual Expenditures	\$9,326,493	\$164,514	\$9,491,007	\$3,485,754

	Demonstration Year 12 (July 1, 2012 – June 30, 2013)			
	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	\$3,848,004	\$151,670	\$3,999,674	\$4,121,158
Quarter 2 Expenditures	\$4,283,712	\$166,647	\$4,450,359	\$3,566,530
Quarter 3 Expenditures	\$4,535,704	\$191,502	\$4,727,206	\$3,912,507
Quarter 4 Expenditures	\$9,326,493	\$164,514	\$9,491,007	\$3,643,423
Total Annual Expenditures	\$21,993,913	\$674,333	\$22,668,246	\$15,243,618

	Demonstration Year 13 (SFY 2014) (July 1, 2013 – June 30, 2014)			
	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	\$4,933,555	\$23,593	\$4,957,148	\$4,394,192
Quarter 2 Expenditures	\$5,338,249	\$65	\$5,338,314	\$3,679,638
Quarter 3 Expenditures	\$2,115,013	\$310,773	\$2,425,786	\$3,736,993
Quarter 4 Expenditures	\$2,115,013	\$234,787	\$2,040,364	\$0
Total Annual Expenditures	\$14,192,394	\$569,218	\$14,761,612	\$11,810,823

	Demonstration Year 14 (SFY 2015) (July 1, 2014 – June 30, 2015)			
	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	\$858,950	\$149,722	\$1,008,672	\$0
Quarter 2 Expenditures	\$155,792	\$50,476	\$206,267	\$0
Quarter 3 Expenditures	\$358,459	\$64,877	\$423,336	\$0
Quarter 4 Expenditures				\$0
Total Annual Expenditures	\$1,373,201	\$265,075	\$1,638,276	\$0

Activities for Next Quarter

- The evaluation team will disseminate findings from the TAKE CHARGE Health Insurance Survey via a written report and presentations to stakeholders, including the Washington Family Planning Leadership Team. This will allow the HCA to gather input from stakeholders about future directions for the waiver program.
- We will continue to counsel and educate providers and pharmacists about the requirement for providing a 12 month supply of hormonal contraceptives. We will monitor compliance and focus our efforts on the prescribers who are consistently writing for less than a 365 day supply.
- HCA will enter into dialogue with CMS about continuing the TAKE CHARGE Waiver, as is, for an additional year while we continue to support and encourage clients to transition to comprehensive insurance coverage.