

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

07/01/2015 -09/30/2015 First Quarter Year Fifteen

November 29, 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. 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 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 260% of the FPL, seeking to prevent an unintended pregnancy; and
- 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, and;
- 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 – 25, cervical cancer screening, services directly related to successfully using a chosen method of contraception.
- 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.

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:

- Effective September 1, 2015 an enhanced reimbursement rate for LARC insertion was put in place for all Apple Health (Medicaid) clients including Take Charge. The enhanced rate applies to codes 58300, 11981, and 11983. The fee increased from \$42.28 to \$340.98 for 58300; \$82.66 to 382.74 for 11981; and \$129.35 to 429.94 for 11983. Given the small number of clients remaining on Take Charge we do not anticipate significant budgetary impacts for the waiver program.

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 250% of the FPL
- Population 3: Men who have income at or below 250% 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 onto Take Charge. Take Charge enrollees continue to gradually decline.

Total enrollees declined from 20,693 in DY14 Quarter 1 to 10,149 in DY15 Quarter 1, a 51% decline one year. Total enrollees have declined from 10,454 in DY14 Quarter 4, a 2.9% decline in the past quarter. The rate of decline is greater for Population 2 and 3, then for Population 1. From DY14 Quarter 4 Population 2 and 3, combined, declined by 7%, from 4,190 to 3,889 in DY15 Quarter 1.

The first quarter of DY15, shows a further decline for Populations 2 & 3, while Population 1 shows little change. In DY15 Quarter 1, the number of total enrollees in Population 2 dropped to 3,856 and in Population 3 to 33. Total enrollees in Population 1, 6,262 in DY15 Quarter 1, were very slightly lower than in DY14 Quarter 4 (6,267). The proportion of total enrollees identified as participants increased for Population 1 from 2.8% in DY14 Quarter 4 to 3.6% for DY15 Quarter 1 and for Population 2 from 20.8% in DY14 Quarter 4 to 25.7% for DY15 Quarter 1.

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

<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

<i>DY 14: SFY2015</i>	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

<i>DY 14: SFY2015</i>	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

<i>DY 14: SFY2015</i>	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

<i>DY 14: SFY2015</i>	Quarter 4 April 1, 2015 to June 30, 2015			
	Population 1	Population 2	Population 3	Total Population
# of Newly enrolled	2,067	747	6	2,820
# of Total Enrollees	6,267	4,153	37	10,454
# of Participants	175	862	3	1,040
# of Member Months	14,812	10,580	98	25,490

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 driving to commercial centers to access services.

The provider landscape has changed in response to 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. An example is a county health department in one of Washington's rural counties decided to stop providing clinical services. One of their clinic sites closed in April and two more are closing in December. The clients served by these clinics will be able to access services at other Take Charge clinics in the county, but will have to drive. This is a concern for adolescents wanting to access confidential services.

Issues such as these will be included in our transition phase out plan. We are beginning discussions with providers in December to solicit ideas.

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

Findings from the TAKE CHARGE Health Insurance Survey report, an interim evaluation report, were presented to Washington State Department of Health staff in a Learning Session on August 26, 2015.

In December, HCA will begin its dialogue with stakeholders to discuss how to meet the needs of clients, especially adolescents, who have not yet transitioned to comprehensive health coverage or need confidential services. The TAKE CHARGE Health Insurance Survey report will be used to guide the discussion.

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 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	\$178,403	\$1,037,353	\$909,000
Quarter 2 Expenditures	\$150,268	\$86,660	\$236,928	\$730,000
Quarter 3 Expenditures	\$358,459	\$96,848	\$455,307	\$389,000
Quarter 4 Expenditures	\$409,069	\$57,323	\$466,392	\$676,000
Total Annual Expenditures	\$1,776,746	\$419,234	\$2,195,980	\$2,704,000

	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				\$475,000
Quarter 3 Expenditures				\$428,000
Quarter 4 Expenditures				\$571,000
Total Annual Expenditures				\$1,856,000

Activities for Next Quarter

- We will begin the planning process for creating a transition plan by starting discussions with stakeholders and CMS.