

**WASHINGTON STATE
FAMILY PLANNING ONLY MEDICAID SECTION 1115
DEMONSTRATION WAIVER**

10/01/2017 -12/31/2017 Second Quarter Year Seventeen

August 30, 2018

Introduction

Washington State's Family Planning Only Extension program began in 1989 to provide an additional 10 months of family planning services to women who had recently been pregnant. In July 2001 the TAKE CHARGE program 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 these family planning only programs as an 1115 Family Planning Only Demonstration Waiver. For the first ten years of the waiver, it 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 1115 Family Planning Only waiver program.

Executive Summary

Demonstration Population:

The 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:

- The family planning only program 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 during this quarter.

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 which included Washington expanding Medicaid and offering subsidized qualified health plans on Washington’s Health Benefit Exchange continues to affect enrollment into the family planning only program. Family planning only enrollees may have leveled off with only a slight decline from year to year.

Total enrollees decreased from 8,826 in DY16 Quarter 2 to 8,399 in DY17 Quarter 2, a 5% decrease over one year. All populations decreased. DY17 Quarter 2 total enrollees decreased by 4% from 8,737 in DY16 Quarter 4. Total enrollees have trended down slightly for the past five 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 have become eligible for expanded Medicaid.

The number of participants in DY17 Quarter 2 have declined by 6% since DY16 Quarter 4 and decreased 5% from DY16 Quarter 2 (one year ago). This decrease is due to the decrease in participants in Population 2 over the past year. Population 1 remains a very small number since many recently pregnant women obtain their preferred method of contraception during the 60 day postpartum period and therefore do not need services during the next 10 months or they become eligible for full Medicaid and do not need the Family Planning Only Program. This trend may have also been influenced by the requirement to dispense a 12 month supply of hormonal methods and the continued increase in choosing a long acting reversible contraceptive (LARC). Population 2, the uninsured and confidential teens, has remained stable and accounts for 92% of the total participants this quarter. The proportion of total enrollees identified as participants remains at 11% overall. The proportion identified as new enrollees remained stable at 26% in DY17 Quarter 2.

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

<i>DY 17: SFY2018</i>	Quarter 2 October 1, 2017 to December 31, 2017			
	<i>Population 1</i>	<i>Population 2</i>	<i>Population 3</i>	<i>Total Population</i>
# of Newly enrolled	1,510	650	8	2,168
# of Total Enrollees	5,269	3,097	33	8,399
# of Participants	70	815	0	885
# of Member Months	12,737	7,957	90	20,784

DY 17: SFY2018	Quarter 1 July 1, 2017 to September 30, 2017			
	<i>Population 1</i>	<i>Population 2</i>	<i>Population 3</i>	<i>Total Population</i>
# of Newly enrolled	1,426	662	9	2,097
# of Total Enrollees	5,306	3,197	32	8,534
# of Participants	77	863	0	940
# of Member Months	12,879	8,051	84	21,014

DY 16: SFY2017	Quarter 4 April 1, 2017 to June 30, 2017			
	<i>Population 1</i>	<i>Population 2</i>	<i>Population 3</i>	<i>Total Population</i>
# of Newly enrolled	1,523	715	8	2,246
# of Total Enrollees	5,473	3,235	30	8,737
# of Participants	79	864	1	944
# of Member Months	13,354	8,170	78	21,602

DY 16: SFY2017	Quarter 3 January 1, 2017 to March 31, 2017			
	<i>Population 1</i>	<i>Population 2</i>	<i>Population 3</i>	<i>Total Population</i>
# of Newly enrolled	1,563	634	10	2,207
# of Total Enrollees	5,511	3,161	35	8,707
# of Participants	185	1,016	0	1,201
# of Member Months	13,487	8,176	86	21,749

<i>DY 16: SFY2017</i>	Quarter 2 October 1, 2016 to December 31, 2016			
	<i>Population 1</i>	<i>Population 2</i>	<i>Population 3</i>	<i>Total Population</i>
# 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

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 contracted 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. Washington has embarked on a health delivery transformation process called Healthier Washington that includes projects and strategies to improve reproductive health care in the state. Reproductive health performance measures are included in one of the domains that the Accountable Communities of Health (ACHs) may choose to focus on for projects. Three ACHs covering 15 counties chose projects related to reproductive health. The projects focus on:

- reducing unintended pregnancy and supporting health planned pregnancies
- expanding access to highly effective contraceptive methods
- aligning with group prenatal care
- supporting linkages from primary care to community-based programs that serve low-income families

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. HCA continues to work with Washington State Department of Health (DOH) to utilize the Title X clinics as service providers for it’s family planning only program.

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 Health Care Authority (HCA) staff completed and submitted the application for a five year extension of the 1115 Family Planning Only Waiver. The application was submitted on November 24, 2017.

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 during this quarter.

Quarterly Expenditures

Reported below is CMS-64 expenditures by quarter based on date of payment. We are working on a way to meet the requirement that reporting be based on date of service. Current HCA accounting tools do not accommodate this requirement.

	Demonstration Year 17 (SFY 2018) (July 1, 2017 – June 30, 2018)			
	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	\$415,856	\$1,357	\$417,213	\$315,485
Quarter 2 Expenditures	\$249,296	\$56	\$246,352	\$315,485
Quarter 3 Expenditures				\$0
Quarter 4 Expenditures				\$0
Total Annual Expenditures	\$665,152	\$1,413	\$663,565	\$630,970

	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	\$663,118
Quarter 2 Expenditures	\$308,417	\$928	\$309,345	\$619,130
Quarter 3 Expenditures	\$274,577	\$7,618	\$282,194	\$1,000,951
Quarter 4 Expenditures	\$353,028	\$11,107	\$364,135	\$715,958
Total Annual Expenditures	\$1,331,317	\$27,622	\$1,358,938	\$2,999,157

Activities for Next Quarter

We will continue discussions with CMS about approval of the five year extension of the waiver.