Quarter 4 & Annual Report: Section 1115 Family Planning Only Demonstration Waiver Demonstration Year 23: July 1, 2023 - June 30, 2024
Demonstration Reporting Period: April 1, 2024 - June 30, 2024

Demonstration Approval Period: July 1, 2018 - June 30, 2023 (extension through June 30, 2024)
Project Number: 11-W-00134/0

September 30, 2024

Contents

EXECUTIVE SUMMARY

Washington State's 1115 Family Planning Only (FPO) Programs demonstration waiver was originally approved by the Centers for Medicare and Medicaid Services (CMS) in 2001 and became effective July 1, 2001. In May 2018, the waiver was approved for another five years through June 30, 2023, and now includes a second extension year through June 30, 2025. The Special Terms and Conditions (STCs) for the waiver require quarterly monitoring reports that must be submitted 90 days following the end of each quarter. This report provides information on enrollment, utilization, operations, and updates related to the waiver. Washington uses the state fiscal year (SFY) as our demonstration year (DY) period. This report adds services provided during quarter 4 of DY23 April 1, 2024, through June 30, 2024, compares demonstration year (DY) 2023 to DY 2022, where appropriate, and annual report information. Appendix A provides background and definitions of the program.

The Washington State Health Care Authority (HCA) administers the waiver in Washington in addition to Medicaid and other state-only programs. The waiver extends eligibility for family planning services to uninsured people capable of producing children and certain groups that need confidential family planning services, all with income at or below 260 percent of the federal poverty level (FPL). Family Planning Only programs cover every FDA approved birth control method and a narrow range of family planning and family planning-related services that help clients use their contraceptive methods safely and effectively to avoid unintended pregnancy. FPO formerly offered FP-pregnancy related coverage, however, with the expansion of After-Pregnancy Coverage up to 12 months postpartum (implemented in July 2022) and the Redetermination process that began in April 2023 due to the end of the federal PHE (public health emergency), the FPO waiver no longer enrolls pregnancy-related clients.

Compared to the previous year, total enrollment decreased 40.4% (4,740 in DY22 to 2,824 in DY23) and overall participation decreased over the past demonstration year by 44.8% from 1,070 in DY22 to 739 in DY23. These changes were due to the expansion of coverage options for the pregnant population in Washington. We are still encouraged by the necessity of Family Planning Only, particularly for those who are seeking confidential coverage and for those above the 138% Federal Poverty Limit (FPL) income threshold for Apple Health.

Compared to last quarter, overall enrollment has increased. Total enrollees increased by 9.3% from 1,101 in DY23 Quarter 3 to 1,203 in DY23 Quarter 4 and newly enrolled clients increased slightly by 2.1% from 330 in DY23 Quarter 3 to 323 in DY23 Quarter 4. Participation decreased by 35.9% (from 315 to 202 participants).

Client enrollment and participation remain predominantly those who identify as female. For all quarters (to date) combined the most frequently provided family planning method remained oral contraceptives (i.e., birth control pills) used by 25.4% of unduplicated participants. However, in DY23 Quarter 4, the most frequently provided family planning method for all participants was hormonal injections by 37.3%.

Besides family planning and contraceptive care, waiver clients also have limited access to Neisseria gonorrhea (GC) and Chlamydia trachomatis (CT) screens and tests and cervical cancer screenings. To date, 288 unduplicated waiver participants received a GC/CT test or 10.2% of total waiver enrollees for the demonstration year. Additionally, 18 (or 0.7%) of the unduplicated female identifying enrollees to date have received a cervical cancer screen while enrolled in the demonstration waiver. A supplemental table (Table 8) has been added to the state's quarterly monitoring to reflect implemented STI expanded benefits as of January 1, 2024.

This executive summary reflects the content currently laid out in this quarterly CMS report. We view these as largely quantitative—identifying counts of people, types of services rendered, and identifying broad strokes of policy management processes. We are energized by the perspective we will gain from the inclusion of our client-survey and its qualitative perspective. We will propose a redesign of the evaluation which likely result in revisions to the structure of this report.

Finally, as this report is being written, we are in our second extension year. We are very excited to renew our waiver, strengthen and broaden program goals to include client-satisfaction and equal access to program benefits such as; mental health screening, pharmacy benefit, non-emergency medical transportation, and the expand the confidential care age to 26, which aligns to the age limit for private insurance coverage.

PROGRAM UPDATES

Current Trends and Significant Program Activity

Delivery System and Provider Participation

Access to family planning services is widely available through expanded Medicaid, qualified health plans, and other commercial insurance. HCA continues to support efforts to provide Washington residents with access to comprehensive insurance coverage that surpasses the coverage that the FPO programs offer. However, FPO plays a critical role for those populations who are ineligible for comprehensive Medicaid coverage and for those seeking confidential services.

HCA also administers a state-funded look-alike FPO program for populations that do not meet the waiver criteria. This state-funded program began in January of 2020. HCA created and released a separate FPO application for the state-funded program in March 2021. There are still gaps in coverage for some Medicaid enrollees, young adults (i.e., those between 19 and 26 years of age) covered by their parents' insurance who desire confidentiality and some immigrant populations. These groups are currently not eligible for the federal waiver; however, we have included a request to expand age eligibility for those between 19-26 years of age in the pending waiver renewal application.

Family Planning providers and advocates are also working with HCA to ensure that the waiver population and those not eligible for the waiver continue to have access to family planning and family planning-related services to decrease unintended pregnancies, lengthen intervals between pregnancies and births, and support positive birth and health outcomes. To create conditions for the program's best outcomes, community engagement is core to potential changes.

Throughout the year, we have leveraged feedback from stakeholders and our own data analysis to advance key projects in FPO, including: feasibility of including a qualitative client survey in the FPO program evaluation; pharmacy-focused continuing education for WA Family Planning policy; collaboration with the managed care network to standardize confidentiality communications; and communications strategies to aid both the provider and consumer community's ease in access to current, evidence-based materials and program details. Implementation of all these projects is under way. We anticipate positive program outcomes as a result, including increases in utilization rates, increased client and provider awareness of types of services covered, and higher enrollment for the key populations eligible for FPO, such as teens in school-based services.

Washington's Department of Health (DOH) and the adolescent/young adult team have also begun to more heavily promote FPO across their growing network of school-based health care partners. Most students seeking sexual and reproductive care are often seeking it confidentially, making FPO coverage critical to access and care. FPO and DOH staff work closely to ensure there's collaboration on programs, needs and opportunities, and quality improvement projects.

In partnership between CMS and HCA, expansion of the covered STI services to include HIV and Viral Hepatitis testing and Hep B and A vaccinations has been announced and well-received by providers. HCA updated all relevant administrative codes, billing guidance, and systems for providers, and claim processing has begun. Implementation began January 1, 2024.

CMS initiated discussions and planning toward our 5-year renewal application earlier this year; however, those plans were paused by CMS due to capacity issues. Washington State received a 1-year extension letter prior to the end of our current 1-year extension to prevent any lapse in program authority. We are looking forward to discussing and planning for the renewal and the inclusion of non-emergency medical transportation, mental health screenings, accompanying pharmacy benefit, and expanding the confidential age to 26.

Enrollment and Participation

We have recognized that there is a significant gap between enrolled and participation rates. There is variability by enrollee, for example, teens seeking confidential care have ~5-6% higher rate of utilization than the general population and they use different contraceptive methods than older clients. Throughout this year, we have made some program improvements to help enhance provider and client awareness of the program and covered services. We will seek to analyze the impacts of those strategies on utilization rates, stratified by age, race/ethnicity, and SOGI data in the coming years.

As for quarterly analysis, total enrollees increased by 9.3% from 1,101 in DY23 Quarter 3 to 1,203 in DY23 Quarter 4. Of the 1,203 total unduplicated enrollees in the fourth quarter of DY23, 93.8% enrollees were those who identify as female. Clients 21-44 years old had the highest enrollment (694 or 61.5%) and the highest participation (102 or 50.4%). As expected, and aligning with historical patterns, enrollment and participation are dominated by female identifying clients (see Table 9 for program and population descriptions).

Tables 1 through 4 show data on enrollees and participants for DY23 by sex and age group.
Enrollees are all individuals in the demonstration for the specified demonstration quarter, including those newly enrolled and those still eligible from the previous demonstration quarter.
Participants are all individuals who obtain one or more covered family planning service through the demonstration.

Due to small numbers and the obligation of HCA to protect the privacy of its clients, cell numbers less than 11 are suppressed and noted.

Table 1: Unduplicated Number of Female Enrollees by Age Group and Quarter**					
	14 years old and under	**15-20 years old**	**21-44 years old**	**Over 45 years old**	**Total Unduplicated Female Enrollment***
Quarter 1	*	434	1,290	*	1,796
Quarter 2	*	303	570	*	913
Quarter 3	16	382	606	34	1,038
Quarter 4	13	422	653	40	1,128
Year End	23	799	1,772	85	2,679

**Ages for Quarters are calculated based on the last day in the quarter while Age for "Year End" is based on the last day of the DY. Given that a client may age into an older age cohort throughout their 12-month program eligibility period, "Year End" is not a sum of each age cohort.

Table 2: Unduplicated Number of Male Enrollees by Age Group and Quarter**

	14 years old and under	15-20 years old	21-44 years old	Over 45 years old	Total Unduplicated Male Enrollment*
Quarter 1	*	17	55	*	79
Quarter 2	*	15	26	*	45
Quarter 3	*	24	36	*	63
Quarter 4	*	33	41	*	76
Year End	*	49	88	*	145

* Due to HCA policy regarding the release of small numbers, numbers less than 11 are suppressed.
**Ages for Quarters are calculated based on the last day in the quarter while Age for "Year End" is based on the last day of the DY. Given that a client may age into an older age cohort throughout their 12-month program eligibility period, "Year End" is not a sum of each age cohort.

Table 3: Unduplicated Number of Female Participants with any Claim by Age Group and Quarter**

	14 years old and under	15-20 years old	21-44 years old	Over 45 years old	Total Female Users*	Percentage of Total Unduplicated Enrollment
Quarter 1	*	49	143	*	204	11.4
Quarter 2	*	88	167	*	273	29.9
Quarter 3	*	96	188	*	307	29.6
Quarter 4	*	81	102	*	199	17.6
Year End	*	246	440	*	722	26.9

* Due to HCA policy regarding the release of small numbers, numbers less than 11 are suppressed.
**Ages for Quarters are calculated based on the last day in the quarter.

Table 4: Unduplicated Number of Male Participants with any Claim by Age Group and Quarter**

	14 years old and under	15-20 years old	21-44 years old	Over 45 years old	Total Male Users*	Percentage of Total Unduplicated Enrollment
Quarter 1	*	*	*	*	*	3.8
Quarter 2	*	*	*	*	*	8.9
Quarter 3	*	*	*	*	*	12.7
Quarter 4	*	*	*	*	*	3.9
Year End	*	*	*	*	17	11.7

* Due to HCA policy regarding the release of small numbers, numbers less than 11 are suppressed.

**Ages for Quarters are calculated based on the last day in the quarter.

POLICY ISSUES AND CHALLENGES

No policy issues at the state level have presented challenges. Implementation of the After Pregnancy Coverage is an improved benefit for Washingtonians as it expands after-pregnancy coverage from 60 days to 12 months. This implementation dramatically reduced the number of individuals on FPO-pregnancy related coverage, which we view as positive. We do have work ahead of us to analyze and support clients who transition from one program coverage type to another to ensure there is no drop in coverage if they are eligible for other programs. We are actively working across agency divisions/teams to support continuity of coverage and care.

UTILIZATION MONITORING

Service Utilization

Table 5 shows utilization by birth control method and age group for DY23 to date. The use of family planning methods are listed according to the most frequently used to the least frequently used. To date, the most frequently provided family planning method for all participants is oral contraceptives (i.e., birth control pills), used by 25.4% of unduplicated participants. This is followed by hormonal injections at 23.6% and emergency contraceptives at 21.9%.

Table 5: Utilization by Birth Control Method and Age Group in Demonstration Year 23 (to date)

Method	Total Users					
	14 years old and under	15-20 years old	21 – 44 years old	45 years old and older	Total Participants** (unduplicated)	Percent of all Methods
Oral Contraceptive	*	72	136	*	212	25.4
Hormonal Injection	*	45	134	20	197	23.6
Emergency Contraception	*	77	103	*	183	21.9
Intrauterine Device (IUD)	*	37	50	*	91	10.9
Contraceptive Implant	*	28	39	*	69	8.3
Contraceptive Patch		11	21	*	33	4.0
Condom (male and female)	*	*	18	*	25	3.0
Vaginal Contraceptive Ring	*	*	11	*	18	2.2
Sterilization- Tubal Procedure & Vasectomy	*	*	*	*	*	0.6
Spermicide***	*	*	*	*	*	*
Diaphragm / Cervical Cap	*	*	*	*	*	*
Natural Family Planning	*	*	*	*	*	0.1
Total Participants*** (unduplicated)	*	217	402	*	647	

*Due to HCA policy regarding the release of small numbers, some contraceptive methods (i.e., Natural Family Planning, spermicide, sterilization, and diaphragm/cervical cap) were suppressed from the table and total unduplicated participants were recalculated to avoid deriving utilization for this method.

**A participant may choose more than one birth control method during the demonstration year and is recorded for each. The numbers for each method or age cohort do not add up to the totals.

***Includes all topical preparations (i.e., creams, foams, and gels), films, suppositories, and sponges.

Table 6 shows the number of Neisseria gonorrhea (GC) and Chlamydia trachomatis (CT) screens and tests provided to Family Planning Only clients. These services are sexually transmitted infection (STI) testing specifically related to the effective and safe use of the chosen contraceptive and cervical cancer screening. To date, 288 of the unduplicated number of waiver participants received a GC/CT test or 10.2% of total waiver enrollees (2,824 to date) for the demonstration year.

Table 6: Number of Participants Tested for GC or CT by Demonstration year (to date)		
	Total Tests	
	Number	% of total Enrolled
Unduplicated number of participants who obtained a GC or CT test	288	10.2

*The waiver programs covers GC and CT screening. STI testing is also covered when medically indicated by symptoms or report of exposure, and medically necessary for the client's safe and effective use of their chosen contraceptive method.

Table 7 shows the number of females who have received cervical cancer screening using cervical cytology (Pap test) and/or human papillomavirus (HPV) testing. Eighteen female enrollees received cervical cancer screening in DY23 to date.

Table 7: Total Number of Female Participants who obtained a Cervical Cancer Screening (to date)		
Screening Activity	Number	% of total Females Enrolled
Unduplicated number of female participants who obtained a cervical cancer screening	18	0.7

*The U.S. Preventive Services Task Force (USPSTF) and the American College of Obstetricians and Gynecologists (ACOG) recommend cervical cytology every 3 years for those 21-29 years old and for those 30-65 years old choosing either every 3-year cervical cytology or every 5 years with high-risk human papillomavirus testing, or every 5 years with a combination of HPV testing and cytology.

Table 8 shows the number of participants receiving waiver services amended to current waiver renewal and implemented January 1, 2024. Additional STI screens include: HIV and Viral Hepatitis B and C testing. Vaccinations for HPV, Viral Hepatitis B and hepatitis A/B combination. While the state can confirm approved and paid claims for the added benefits, due to HCA small number policy results are suppressed.

Table 8: Number of Participants Receiving New Services by Demonstration year (to date)		
Screening or Vaccine Activity	Number**	% of total Enrolled
Unduplicated number of participants who obtained a HIV or Hepatitis screen	*	*
Unduplicated number of participants who obtained a vaccine for HPV or Hepatitis	*	*

*The waiver programs cover STI screenings when clinically appropriate and/or according to nationally recognized guidelines.

* *Due to HCA policy regarding the release of small numbers, numbers less than 11 are suppressed. Percentages may also be suppressed to avoid deriving utilization for each confidential service.

PROGRAM OUTREACH AND EDUCATION

General Outreach and Awareness

Throughout the last demonstration year, more than 30 GovDelivery bulletins to were sent to an FPO-specific list comprised of ~2,000 individuals. These individuals could receive information via email or text. HCA is working to build on new methods of outreach and engagement such as use of SMS texting, social media, and strategic communications partnerships.

External community and partner engagement is core to the continuation and promotion of FPO. Following includes a summary of our activities and participation in this quarter's reporting period:

- GovDelivery e-Bulletins (for Quarter 4)
    - Family Planning office hours
    - Family Planning Only program update (STI expansion)
    - Webinar: Building Skills in Sexual Health
    - FPO demonstration waiver extended by 1 year
- HCA program, enrollment, eligibility, and billing staff also hosted the second Family Planning Only Office Hours in April (prep and outreach occurred in March) and had 12 providers sign-up. Office Hours will continue semi-annually in 2024 and 2025. Results include improve provider billing, improved awareness of certain policies and covered services, and improved outreach through partner organizations. For example, we have offered printed FPO brochures, which can be translated to 15 languages, and have received requests from nearly 10 different providers across the state.

Targeted Outreach Campaign(s)

FPO and HCA staff frequent engage in external engagement and meetings—it would be difficult to quantify them across an entire year. FPO staff participated in ~10 targeted presentations throughout the year, sharing on FPO-specific details tailored to different audiences such as pharmacy, school-based providers, county-based perinatal collaboratives, and Title X clinics, for example.

Below reflects targeted outreach:

- Virtual presentations (Quarter 4)
    - Mountain West AIDS Network and Building Skills in Sexual Health – focus on adolescent health care (~35 attendees)
- Communications Plan finalized and being implemented. Will include focus on client-facing info/messaging. Rollout planned for September 2024.
- Person-centered Contraceptive Counseling survey implemented. Outreach was conducted through Bulletin promotion and through promotion in virtual meetings. A notification is also included in the application and technical assistance phone/automated process. As of the writing of this report, 130 of 150 targeted responses have been collected.

Stakeholder Engagement

Program staff include the above outreach and engagement as part of the broader category of stakeholder engagement as those presentations and meetings are largely interactive and allow for questions and answers. Below are examples of deeper, development engagement which are strategies for quality improvement projects in response to feedback from stakeholder activities.

The FPO program manager, HCA clinical pharmacy, and communications personnel partnered to assess quality improvement needs at the pharmacy-level related to prescribing, dispensing, or billing for contraceptives, with a heavy focus on over-the-counter products. Through this work, we were invited to a national pharmacy-prescribing roundtable to assess policies and practices related to contraceptive access at pharmacies. This stakeholder engagement continued to reinforce our need for more, improved communication with the pharmacy community. The FPO program manager has since created a continuing education presentation (1 CE credit) in partnership with the Washington State Pharmacy Association and will be presenting again at their state conference in November in partnership with a community pharmacist who is also co-designing a billing toolkit with the Department of Health. The presentation focuses on family planning policies, rights to contraceptives and family planning services, eligible contraceptive methods, and billing aides from both HCA and DOH.

We are also exploring external partnerships to aid provider access to quality, evidence-based clinical education tools. This is one approach to demystifying and debunk any miscommunication/misinformation that arises from the turbulent reproductive health landscape as access issues are threatened in other states and negatively impact client's awareness and participation. We believe increased promotion of current, accurate information to the provider and client community may help improve utilization rates and client satisfaction with services (a metric we are assessing through the PCCC).

PROGRAM INTEGRITY

The FPO Program Manager has collaborated with HCA data specialists to design a Power Business Intelligence tool and dashboard to more readily, easily access data related to the program outputs, inputs, budget, and key policies. We completed this tool in December 2023 and are actively using it now. For example, we can confirm there are claims occurring for the recent STI expansion.

We can also analyze utilization in a more customized way, for example by teen population, to be able to articulate how/if/when FPO clients are intersecting and performing in relation to other programs or needs identified by stakeholders. Given the limitation in reproductive healthcare access across the nation, we have felt a greater burden of responsibility to care for clients and to reinsure trust in our system. The expansion of the school-based health care setting in WA has put a greater burden of proof on insurance plans to assure clients confidentiality in care—that it is both possible and easy to understand and obtain. FPO has been able to use their teen population utilization story and relationship to DOH and the school-based partners experiences to initiate a collaboration across managed care plans to standardize their communications for confidentiality. We have learned that our MCO network is doing well with HIPAA compliance, and they have actively engaged with us to do more toward improving both the client-experience and reinforcing trust in the system of care. Customer mapping and assessment work will begin in Fall 2024 and be facilitated by HCA's Planning & Performance Division.

Our FPO program team launched the PCCC survey as a pilot and component of FPO's evaluation. We are executing this pilot in partnership with University of California San Fransisco and are excited to learn from its results. Thus far, the survey collection process and data are signaling to be a success with many lessons learned to inform the evaluation and internal capacity needs moving forward.

The FPO program team has also finalized a communications plan focused primarily on the client audience. This plan will roll out in September 2024 and intends to work in service of aiding client awareness of their coverage, addressing stigma, and improving rates of utilization.

GRIEVANCES AND APPEALS

There were no grievances and appeals made DY23 Quarter 4.

ANNUAL POST AWARD FORUM

There were no annual post award public forum activities DY23 Quarter 4.

APPENDIX A: BACKGROUND AND DEFINITIONS

Definition of Terms

The following terms are used in the report and defined here.

Enrollees are defined as all individuals enrolled in the demonstration for the specified demonstration year, including those newly enrolled and those still eligible from the previous demonstration year. This is also called the eligible population.

Participants are defined as all individuals who obtain one or more covered family planning services through the demonstration.

Disenrollment is defined as having a gap in enrollment of more than four months.

Retention is defined as those continuously enrolled or experiencing a gap in eligibility of no more than four months.

Re-enroll is defined as clients who dis-enroll, then re-enroll with a gap greater than 4 months or were previously pregnant, but re-enrolled after pregnancy ended.

Full benefits include all full eligible clients, including the new Medicaid Expansion program, and Parent/Caretaker.

Member months refer to the number of months in which persons enrolled in the demonstration are eligible for services.

Table 9. Program Description		
Program Goals	• Improve access to family planning and family planning related services. • Decrease the number of unintended pregnancies. • Increase the use of contraceptive methods. • Increase the interval between pregnancies and births to improve positive birth and women's health outcomes. • Reduce state and federal Medicaid expenditures for averted births from unintended pregnancies.	
Historical population name	Family Planning Only Extension	Take Charge
Current demonstration population name	Family Planning Only – Pregnancy Related	Family Planning Only
Notable Changes	After Pregnancy Care (APC) was implemented as policy in June 2022	Added benefits as of January 1, 2024
Income eligibility	Income at or below 198 percent of the federal poverty level (FPL)	Income at or below 260 percent of the federal poverty level
Target population	• Recently pregnant women who lose Medicaid coverage after their 60-day post pregnancy coverage ends	• Uninsured women and men seeking to prevent unintended pregnancy • Teens and domestic violence victims who need confidential family planning services
Coverage period	Additional 10-month coverage following Medicaid 60-day post-pregnancy coverage • When coverage ends must apply for Medicaid or Take Charge	12-month coverage • No limit on how many times they can reapply for coverage
Program coverage	• Family planning-related services for women include an annual comprehensive family planning preventive medicine visit, screening for gonorrhea and chlamydia 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 women include an annual comprehensive family planning preventive visit, screening for gonorrhea and chlamydia 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 comprehensive family planning preventive visit for reducing the risk of unintended pregnancy, condoms and spermicides, and services directly related to vasectomies.