Washington State Health Care Authority

Quarter 3: Section 1115 Family Planning Only Demonstration Waiver
Demonstration Year 23: July 1, 2023 - June 30, 2024
Demonstration Reporting Period: January 1, 2024 - March 31, 2024

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

May 31, 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, subsequently extended to June 30, 2024, and now includes a second extension year through June 30, 2025 (pending official letter from CMS). 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 quarterly report covers services provided during quarter 3 of DY23 January 1, 2024, through March 31, 2024. 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. 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 has pregnancy-related clients enrolled.

Overall enrollment has increased from the previous quarter (DY23 Quarter 2). Total enrollees increased by 14.9% from 958 in DY23 Quarter 2 to 1,101 in DY23 Quarter 3. Participation increased by 13.7% (from 277 to 315 participants). Moreover, newly enrolled clients increased by 4.4% from 316 in DY23 Quarter 2 to 330 in DY23 Quarter 3. 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 26.2% of unduplicated participants. However, in DY23 Quarter 3, the most frequently provided family planning method for all participants was hormonal injections by 33.3%.

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, 218 unduplicated waiver participants received a GC/CT test or 8.7% of total waiver enrollees for the demonstration year. Additionally, 14 (or 0.6%) 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.

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.

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.

Most recently, the provider and advocate community have been focused on over-the-counter contraceptive access and ensuring confidentiality throughout all payor systems. We have actively participated in meetings, done diligence, and led on collaborative solutions for any issues related to Medicaid clients' access. We are encouraged by our policies to support providers and client access and are exploring improvements in more robust communications strategies and continuing education partnerships to continue to advance contraceptive access in Washington.

In partnership with CMS and HCA, expansion of the covered STI services to include HIV and Viral Hepatitis testing and Hep B and A vaccinations have been implemented (1/1/24) and well-received by providers. HCA updated all relevant administrative codes, billing guidance, and systems for providers, and claims are coming through indicating the services are being provided.

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 and we were verbally told we'd receive a 1-year extension letter prior to the end of our current 1-year extension to prevent any lapse in coverage. We are looking forward to discussing and planning for the renewal and the inclusion of non-emergency medical transportation, mental health screenings and an accompanying mental health pharmacy benefit, and expanding the confidential age to 26.

Enrollment and Participation

Total enrollees increased by 14.9% from 958 in DY23 Quarter 2 to 1,101 in DY23 Quarter 3. Of the 1,101 total unduplicated enrollees in the third quarter of DY23, 94.2% enrollees were those who identify as female. Clients 21-44 years old had the highest enrollment (642 or 58.3%) and the highest participation (192 or 60.9%). As expected, and aligning with historical patterns, enrollment and participation are dominated by female identifying clients (see Table 9 for program and population descriptions).

We believe that there are major influential factors that have and continue to play a role in FPO enrollment including After-Pregnancy Coverage expansion and the Redetermination process because of the end of the federal public health emergency. We are encouraged by the steady increases in both enrollment and participation.

We are actively working to both understand and shrink the gap between enrolled and participating, as there's a delta we have yet to understand. Many of the projects noted in the Program Integrity section intend to

support and address this delta and its potential solutions.

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 services 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					
Year End					

**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					
Year End					

* 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	15-20	21-44	Over 45	Total	Percentage of

	years old and under	years old	years old	years old	Female Users*	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						
Year End						

* 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						
Year End						

* 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. There have been challenges in the operationalizing of the pharmacy claims processing as it relates to over-the-counter contraception. These are business-level issues and HCA is actively working with pharmacies, pharmacy associations, and other state level government partners to improve education and communication around access and Medicaid payment.

A limitation in the coding has arisen in that codes do not delineate types of over-the-counter contraceptives; thus, they are treated the same in claims processing, payment, and analysis. By limiting the scope of data, we limit our ability to disaggregate and analyze. CMS said adding in a new code was a state-level decision. However, we are exploring what the appropriate systems solution might be by attending HCPCS Public Meetings.

Legal challenges within other states or at the national level are cause for concern and preparation for more family-planning friendly states. These concerns include the overturing of Roe v Wade (2022), FDA v Alliance for Hippocratic Medicine (ongoing), and continued challenges to Title X funding.

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 26.2% of unduplicated participants. This is followed by hormonal injections at 23.9% and emergency contraceptives at 22.1%.

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	*	61	121	*	186	26.2
Hormonal Injection	*	36	117	18	170	23.9
Emergency Contraception	*	61	93	*	157	22.1
Intrauterine Device (IUD)	*	26	45	*	73	10.3
Contraceptive Implant	*	21	30	*	55	7.7
Contraceptive Patch		*	18		28	3.9
Condom (male and female)	*	*	15	*	22	3.1
Vaginal Contraceptive Ring	*	*	*	*	14	2.0
Sterilization- Tubal Procedure & Vasectomy	*	*	*	*	*	0.7
Spermicide***	*	*	*	*	*	*
Diaphragm / Cervical Cap	*	*	*	*	*	*
Natural Family Planning	*	*	*	*	*	0.1
Total Participants*** (unduplicated)	*	175	355	*	558	

*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, 218 of the unduplicated number of waiver participants received a GC/CT test or 8.7% of total waiver enrollees (2,510 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	218	8.7

*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. Fourteen 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	14	0.6

*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

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
    - Mental health survey for reproductive health care providers (sent 4x)
    - Family Planning Only expands covered services in 2024
    - Help improve pharmacy contraception access with a short survey (sent every other month)
    - Family Planning Only program updates
    - New over-the-counter birth control pill reimbursable by Apple Health
    - Family Planning office hours

- 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.

Targeted Outreach Campaign(s)

Below reflects targeted outreach:

- Virtual presentations
    - First Friday Forum (community connectors) presentation on STI Expansion and Hep C Free Washington activity
    - Title X Network meeting March 2024

- Communications Plan finalized and being implemented. Will include focus on client-facing info/messaging.

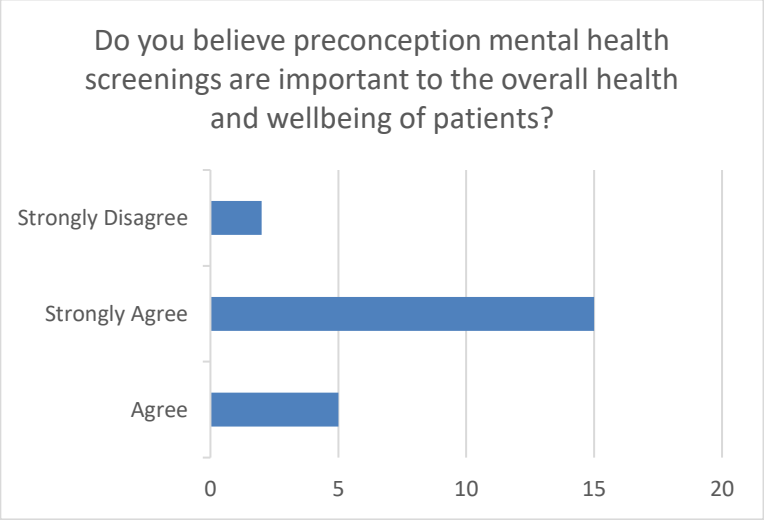
Stakeholder Engagement

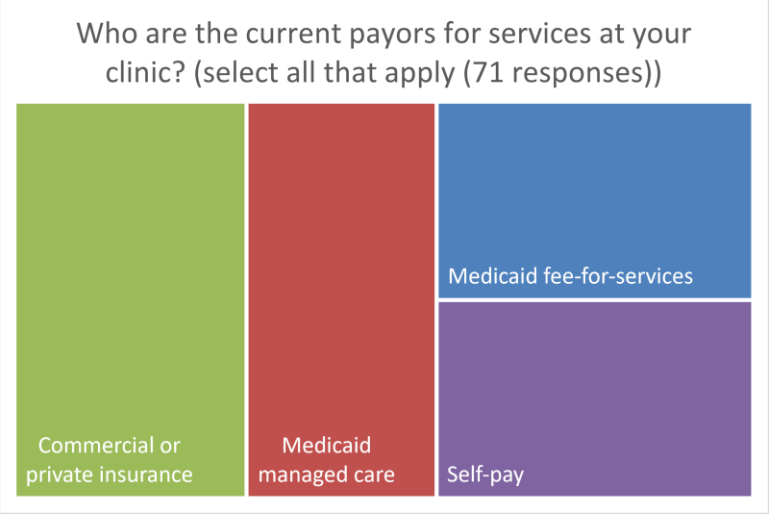
HCA staff have a standing invitation to present at the Department of Health's Sexual and Reproductive Health statewide network meeting which convenes semi-annually. We have also engaged with DOH and other insurance and pharmacy quality assurance partners to work toward seamless systems and government agency accountability in contraception access. The partnerships are constructive and serve as useful platforms for coordinated learning and issue mitigation.

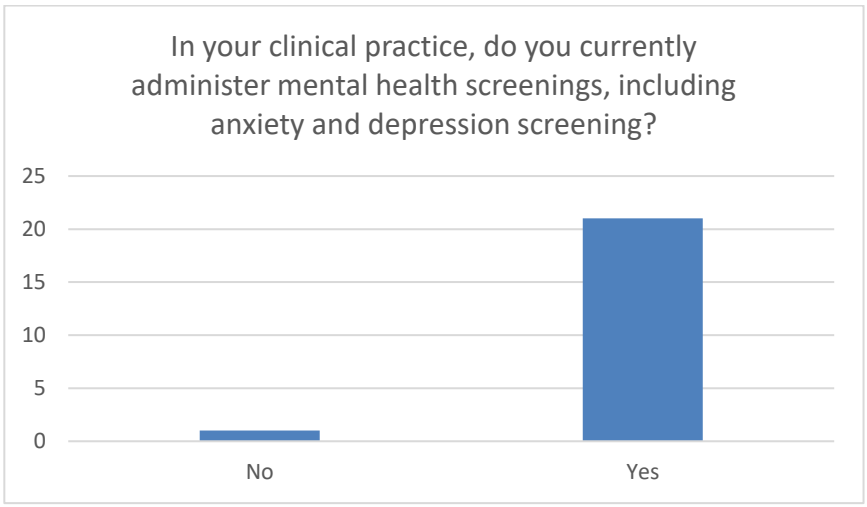
The FPO program manager, HCA clinical pharmacy, and communications personnel have partnered to initiate a quality improvement effort to poll pharmacy staff on issues related to prescribing, dispensing, or billing for contraceptives, including a heavy focus on over-the-counter products. We want to ensure our Medicaid processes effectively support providers and clients. Thus far, we have an open survey that has been sent alternating months since September of 2023. Starting in the first quarter of 2024, HCA will be establishing priority projects and process improvements in response to the survey results.

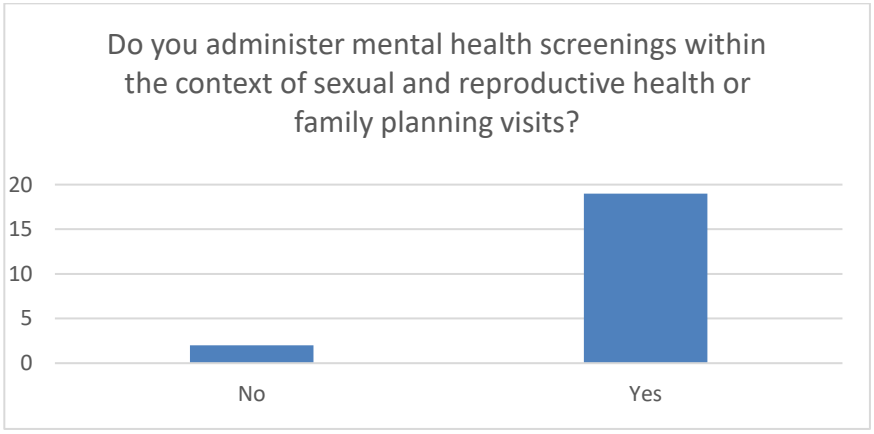
The FPO program manager also continued to attend the Building Skills in Sexual Health Series hosted by Mountain West AIDS Education & Training Center and funded by Department of Health due to the continued increase in STIs in Washington. We'll be presenting in May on topics related to adolescent sexual and reproductive health care policy.

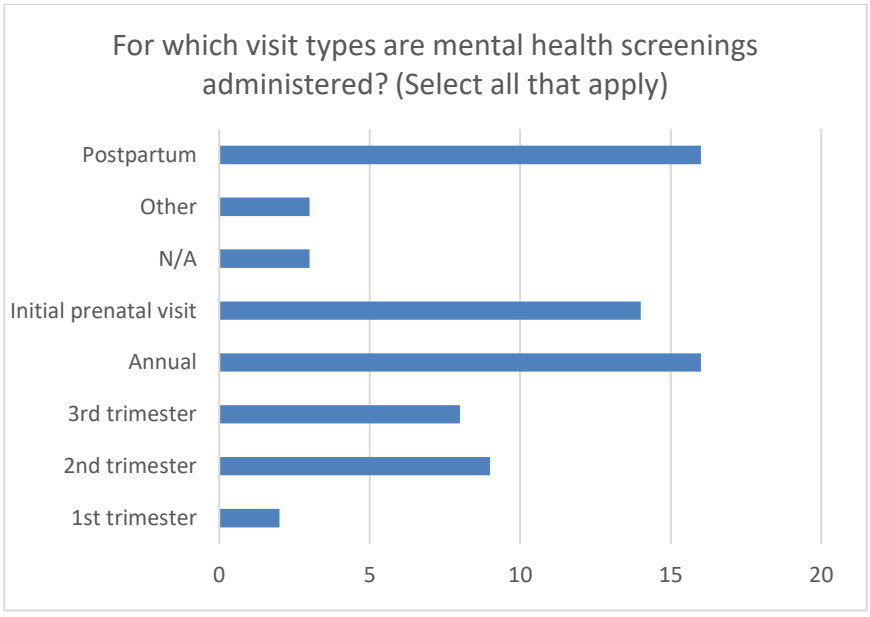
As mentioned previously, we finalized a provider survey project to understand the current delivery system and interest for inclusion of mental health screenings in family planning services. A summary of the results below has influenced our desire to include mental health screening and an accompanying pharmacy benefit in the renewal period. The 'n' equals 22 individual providers that were on HCA's reproductive health and family planning distribution lists. Some questions allowed for multiple responses.

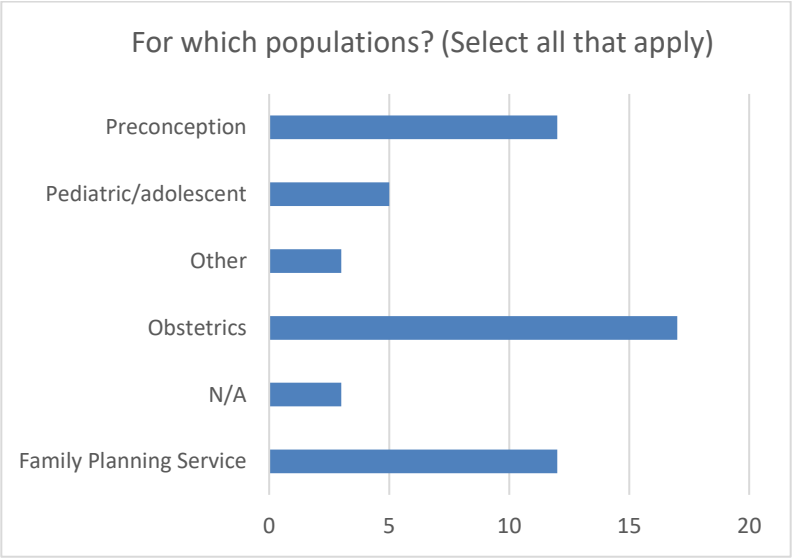


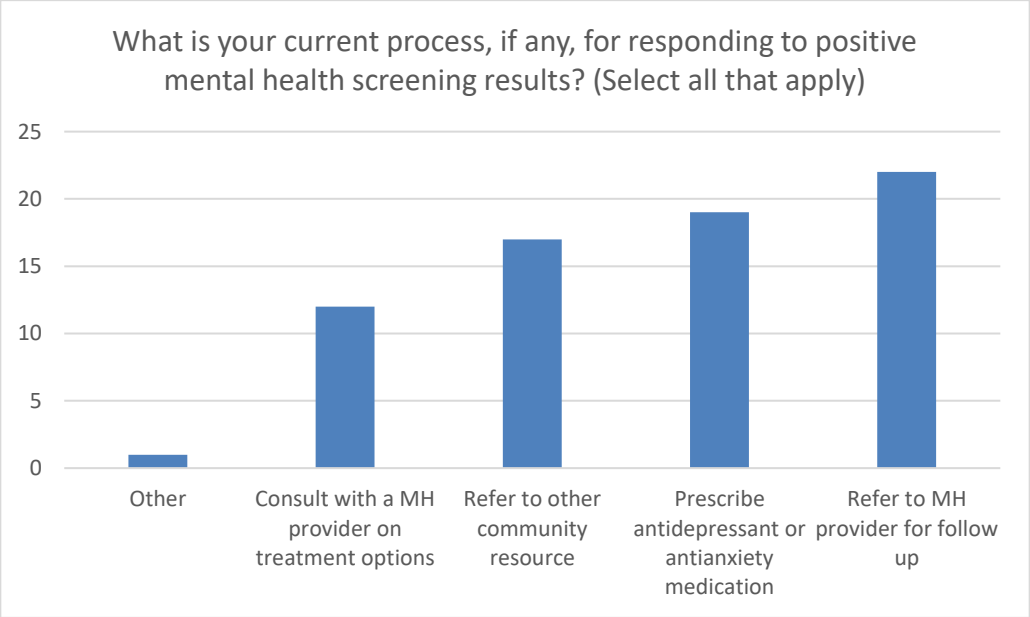


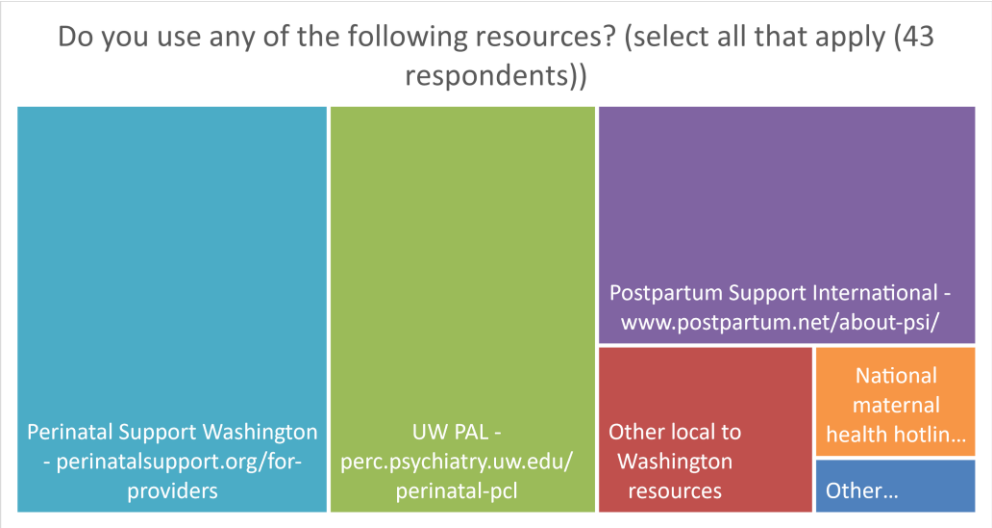

In your clinical practice, do you currently administer mental health screenings, including anxiety and depression screening?
25
20
15
10
5
0
No
Yes


Do you administer mental health screenings within the context of sexual and reproductive health or family planning visits?
20
15
10
5
0
No
Yes


For which visit types are mental health screenings administered? (Select all that apply)
Postpartum
Other
N/A
Initial prenatal visit
Annual
3rd trimester
2nd trimester
1st trimester
0
5
10
15
20


For which populations? (Select all that apply)
Preconception
Pediatric/adolescent
Other
Obstetrics
N/A
Family Planning Service
0
5
10
15
20


What is your current process, if any, for responding to positive mental health screening results? (Select all that apply)
25
20
15
10
5
0
Other
Consult with a MH provider on treatment options
Refer to other community resource
Prescribe antidepressant or antianxiety medication
Refer to MH provider for follow up



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.

Our FPO program team received approval from the HCA Data Utilization Committee and Washington State Institutional Review Board and have launched the Person-Centered Contraceptive Counseling survey as a pilot and component of FPO's evaluation. We will be executing this pilot in partnership with University of California San Fransisco and are excited to learn from its results.

The FPO program team has also been collaborating with our communications colleagues to develop a communications plan focused primarily on the client audience. This plan will roll out in 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 3.

ANNUAL POST AWARD FORUM

There were no annual post award public forum activities DY23 Quarter 3.

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.