Washington State Health Care Authority

Quarter 2: Section 1115 Family Planning Only Demonstration Waiver
Demonstration Year 24: July 1, 2024 - June 30, 2025
Demonstration Reporting Period: October 1, 2024 - December 31, 2024

Demonstration Approval Period: July 1, 2018 - June 30, 2023 (extension through June 30, 2025)

Project Number: 11-W-00134/0

February 28, 2025

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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 covers services provided during quarter 2 of DY24 October 1, 2024, through December 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.

Enrollment has increased from the previous quarter (DY24 Quarter 1). Total enrollees increased by 16.5% from 1,294 in DY24 Quarter 1 to 1,507 in DY24 Quarter 2. Participation increased by 17.7% (from 418 to 492 participants). Moreover, newly enrolled clients increased by 44.9% from 347 in DY24 Quarter 1 to 503 in DY24 Quarter 2. Client enrollment and participation remain predominantly those who identify as female. In DY24 Quarter 2, the most frequently provided family planning method for all participants remained injectable contraceptives used by 35.0% of unduplicated participants.

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, 343 unduplicated waiver participants received a GC/CT test or 19.1% of total waiver enrollees for the demonstration year. Additionally, 12 (or 0.9%) of the unduplicated female identifying enrollees to date have received a cervical cancer screen while enrolled in the demonstration waiver.

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.

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.

Significant focus has recently been on leveraging the pharmacy provider network for access to contraceptives, namely over-the-counter (OTC) contraceptives. 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.

We will continue to operate the FPO program with integrity and look forward to future discussions around renewal.

Enrollment and Participation

Total enrollees have increased 16.5% over the past demonstration quarter, from 1,294 in DY24 Quarter 1 to 1,507 in DY24 Quarter 2. Of the 1,507 total unduplicated enrollees in the second quarter of DY24, 90.1% enrollees were those who identify as female. Clients 21-44 years old had the highest enrollment (931 or 61.8%) and the highest participation (314 or 75.1%). 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 are encouraged by our continued trend in increased enrollment and, importantly, participation.

Tables 1 through 4 show data on enrollees and participants for DY24 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	*	426	722	*	1,204
Quarter 2	*	465	830	*	1,358
Quarter 3					
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	*	33	51	*	90
Quarter 2	*	41	101	*	150
Quarter 3					
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 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	*	126	258	*	409	34.0
Quarter 2	*	147	299	*	466	34.3
Quarter 3						
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	*	*	*	*	*	10.0
Quarter 2	*	*	*	15	26	17.3
Quarter 3						
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

We are not experiencing any current state or federal policy issues that impede the delivery of the current FPO benefit. Due to federal administration changes, we are awaiting a response to the future state of the FPO waiver, including its renewal for five years.

UTILIZATION MONITORING

Service Utilization

Table 5 shows utilization by birth control method and age group for DY24 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 hormonal injections used by 35.0% of unduplicated participants. This is followed by emergency contraceptives at 30.5% and intrauterine devices at 12.6%.

Table 5: Utilization by Birth Control Method and Age Group in Demonstration Year 24 (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
Hormonal Injection	*	47	128	*	194	35.0
Emergency Contraception	*	63	102	*	169	30.5
Intrauterine Device (IUD)	*	23	45	*	70	12.6
Contraceptive Implant	*	14	36	*	51	9.2
Contraceptive Patch	*	14	15	*	29	5.2
Condom (male and female)		*	11		19	3.4
Vaginal Contraceptive Ring	*	*	13	*	16	2.9
Oral Contraceptive	*	*	*	*	*	*
Sterilization- Tubal Procedure & Vasectomy	*	*	*	*	*	*
Spermicide***	*	*	*	*	*	*
Diaphragm / Cervical Cap	*	*	*	*	*	*
Natural Family Planning	*	*	*	*	*	*
Total Participants*** (unduplicated)	*	146	306	*	477	

*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. Women ages 13 – 25 receive screening and all women receive testing when symptoms or exposure are reported. Men are limited to testing only when exposure or symptoms are reported. To date, 343 of the unduplicated number of waiver participants received a GC/CT test or 19.1% of total waiver enrollees (1,797 to date) for the demonstration year. There will be a performance measure imposed on family planning providers for chlamydia and cervical cancer screening starting in 2025 for receipt of state directed payments allocated to sexual and reproductive health. We are actively working with the provider community to prepare and support their work to attain appropriate goals.

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	343	19.1

*The waiver programs only cover GC and CT screening for females ages 13-25. STD 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 papilloma (HPV) testing. Twelve female enrollees received cervical cancer screening in DY24 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	12	0.9

*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

During this reporting period, which is the end of year, we did minimal external outreach in promotion of FPO primarily due to the pending decision on the renewal application.

The greatest engagement has been in partnership with the pharmacy/ist provider community to discuss billing and consumer uptake of over-the-counter contraception. In November 2024, program management attended an annual conference for Washington State Pharmacy Association delivering a continuing education program/credit on Family Planning policy and billing for Apple Health in partnership with clinical colleagues. The class/presentation had ~35 people in attendance and received high, positive engagement.

FPO's social media toolkit was also rolled out during this period. The toolkit intended to inform client/consumer audiences of services available.

Targeted Outreach Campaign(s)

Program management delivered a continuing education credit presentation in partnership with Washington Pharmacy Association.

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.

The FPO program manager is in regular communication with colleagues around topics, issues, or data that intersect with family planning services and Medicaid clients. Active topics include syphilis, pharmacy access and prescriptive authority, cervical cancer screenings, performance measures, youth access, and more. Again, these topics are not always mutually exclusive to FPO, its clients, and the success of our program and agency.

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 exploring additions/expansions.

FPO's pilot of the PCCC survey will allow us to use patient experience data to inform program improvements. Hypotheses and actions are being explored and framed in the near-term.

GRIEVANCES AND APPEALS

There were no grievances and appeals made DY24 Quarter 2.

ANNUAL POST AWARD FORUM

There were no annual post award public forum activities DY24 Quarter 2.

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	Take Charge
Current demonstration population name	Family Planning Only
Income eligibility	Income at or below 260 percent of the federal poverty level
Target population	• Uninsured women and men seeking to prevent unintended pregnancy • Teens and domestic violence victims who need confidential family planning services
Coverage period	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 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.