Washington State Health Care Authority

**Quarter 4 and Annual Report: Section 1115 Family Planning Only Demonstration Waiver**
**Demonstration Year 19: July 1, 2019-June 30, 2020**
**Demonstration Reporting Period: April 1, 2020-June 30, 2020**

**Demonstration Approval Period: July 1, 2018-June 30, 2023**
**Project Number: 11-W-00134/0**

**September 30, 2020**

# 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 5 years through June 30, 2023. The Special Terms and Conditions (STCs) for the waiver require quarterly monitoring reports 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 the period July 1, 2019 through June 30, 2020 but highlights quarter 4 of DY19 April 1, 2020 through June 30, 2020. Appendix A provides background and definitions.

Total enrollees decreased 10.7% from 16,821 in DY18 to 15,189 in DY19. When comparing the fourth quarter of DY19 to the same quarter of DY18, results show a 19.4% enrollment decrease, suggesting a direct and/or indirect impact from the COVID-19 pandemic. Client enrollment and participation remain predominantly female, driven by the fact that 72.0% of enrollees are post pregnancy. In DY19, the most frequently provided family planning method for all participants was oral contraceptives (i.e., birth control pills) used by 38.3% of unduplicated participants.

Besides family planning and contraceptive care, waiver clients also have access to Neisseria gonorrhea (GC) and Chlamydia trachomatis (CT) screens and tests and cervical cancer screenings. The unduplicated number of waiver participants who received a GC/CT test for DY19 was 708 or 4.7% of total waiver enrollees for the demonstration year. Additionally, 35 unduplicated female participants, or 0.2 percent, received a cervical cancer screen in DY19 while enrolled in the demonstration waiver.

The Washington State Health Care Authority (HCA) administers the waiver in Washington in addition to Medicaid. The waiver includes two Family Planning Only programs: the Family Planning Only – Pregnancy Related (formally known as Family Planning Only Extension), which existed prior to the waiver and the Family Planning Only program (formally known as Take Charge), which began with the waiver. The waiver extends eligibility for family planning services to uninsured women and men 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-related services that help clients use their contraceptive methods safely and effectively to avoid unintended pregnancy.

# PROGRAM UPDATES

## Current Trends and Significant Program Activity

### *Administrative and Operational Activities*

There have been no significant program changes during this quarter (DY19 Quarter 4). HCA is continuing to allow FPO benefit services to be delivered through telemedicine and temporary COVID pandemic telehealth mediums effective January 1, 2020 until the HCA determines discontinuation. This guidance was created in March 2020, edited in April 2020 and is included in Appendix B of this report here. As mentioned in the previous quarter (DY19 Quarter 3), FPO services provided through telemedicine mediums will not expire and are included in current physician billing guides.

Program changes made during DY19 Quarter 2 include updating the Washington Administrative Code (WAC). The WAC governs the Family Planning Only programs administered by HCA. The updated WACs were published as of October 1, 2019 and include:

- Consolidating rules that are repetitive.
- Replacing the name Take Charge with Family Planning Only (FPO) when referring to all programs that provide FPO services.
- Removing the requirement that the client's application for the non-pregnancy FPO must come from a specific provider list.
- Removing the requirement that FPO clients can only see a Take Charge provider.
- Updating WAC to current clinical guidelines and practice.
- Revising for clarity in language.

During DY19 Quarter 1, HCA communicated with current Family Planning Only (formally known as Take Charge) and Medicaid providers regarding the changes that went into effect for DY19, July 1, 2019. Key messages communicated to providers included:

- Program name changes: Family Planning Only Extension to Family Planning Only – Pregnancy Related and Take Charge to Family Planning Only.
- Increased provider network; allowing any Medicaid provider to serve Family Planning Only clients, opposed to limiting these covered Family Planning services to Take Charge providers.
- Increased ease of enrollment; accepting client applications via phone, fax, mail, in person, and email.

During DY19 Quarter 1, HCA hosted three provider-training opportunities in July 2019; 55 people participated in the training. The training focused on aforementioned changes that went into effect July 1, 2019.

### *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. We are invested in seeing that all persons, whose pregnancies and births are paid for by Medicaid, have access to the services they need to plan and space their pregnancies. HCA also administers a state funded FPO program for populations that do not meet the waiver criteria. There are still gaps in coverage for some Medicaid enrollees, young adults covered by their parents insurance who desire confidentiality, and some immigrant populations. These groups are currently not eligible for the waiver.

During DY19 Quarter 4, HCA participated with our counterparts, the Washington State Department of Health (DOH) in a quarterly provider network webinar to share updates on the Family Planning Only program including the telehealth/telemedicine guidelines and questions about the Family Planning Only application, specifically addressing questions and concerns about the noncitizen, undocumented population.

During DY19 Quarter 2, HCA worked with the non-profit organization, Upstream, a group focused on reducing unplanned pregnancy by expanding equitable access to the full range of contraceptive options. This initial collaboration focused on recruiting provider groups and clinics to participate in their multi-year statewide project to train clinic staff and work on clinic wide quality improvement.

The statewide project focuses on:

- Ensuring access to same day contraceptive services.
- Incorporating pregnancy intention questions into routine primary care.

- Providing all methods in a single visit including long-acting reversible contraception (LARC).

During DY19 Quarter 2, Upstream completed four training events for provider systems and clinics and facilitated three Memorandums of Understanding (MOUs) with three new provider systems.

During DY19 Quarter 1, Upstream focused on training events for the provider systems and clinics; 10 trainings were completed.

As of July 1, 2019, Family Planning Only program clients have the freedom to choose to see any Apple Health provider. This change also required a number of systems level changes including the billing system and provider billing guide to be updated; these changes were simultaneously implemented as of July 1, 2019.

## *Enrollment and Participation*

Total enrollees has decreased 10.7% over the past demonstration year, from 16,821 in DY18 to 15,189 in DY19. Notably, all of this decrease occurred during the fourth quarter of DY19, where there was an 18.7% decrease in enrollment from the third quarter of DY19 and a 40.3% decrease in the number of participants. This substantial drop in participation occurred in both the Family Planning Only (FPO) (42.7% decrease) and the Family Planning Only-Pregnancy Related (FPO-PR) (32.7% decrease) populations (see Table 9 for program and population descriptions).

Due to impacts from COVID-19 on client financial eligibility and delivery of healthcare services, we expected decreases in enrollment and participation during Quarter 4 as it coincided with Washington State's Governor Inslee's 'Stay Home, Stay Healthy' quarantine directives. We will continue to monitor this enrollment and participation as the quarter-to-quarter trends had been stable since the implementation of the Affordable Care Act (ACA).

Now that the new STC changes are in place regarding the application process and provider access, we expect that both enrollment and participation will continue to increase, although those changes may not be observed until DY20 reporting.

There were 7,552 total unduplicated enrollees in the fourth quarter of DY19 with 99.6% enrollees being female. Clients 21-44 years old had the highest enrollment (6,224 or 82.4%) and the highest participation (421 or 65.4%). As expected, enrollment and participation is dominated by female clients since 72.0% of enrollees are post pregnancy and participants choose contraceptives predominately used by females.

Tables 1 through 4 show data on enrollees and participants for DY19 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 as 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** | 22 | 1,627 | 7,587 | 59 | 9,295 |
| **Quarter 2** | 27 | 1,666 | 7,593 | 60 | 9,346 |
| **Quarter 3** | 34 | 1,579 | 7,578 | 65 | 9,256 |
| **Quarter 4** | 16 | 1,234 | 6,206 | 65 | 7,521 |
| **Year End** | 48 | 2,466 | 12,079 | 116 | 15,125 |

**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** | * | 16 | 20 | * | 38 |
| **Quarter 2** | * | * | 19 | * | 33 |
| **Quarter 3** | * | * | 20 | * | 36 |
| **Quarter 4** | * | 12 | 18 | * | 31 |
| **Year End** | * | 24 | 32 | * | 59 |

* 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** | * | 425 | 630 | * | 1,076 | 11.6 |
| **Quarter 2** | * | 417 | 585 | * | 1,028 | 11.0 |
| **Quarter 3** | * | 404 | 641 | * | 1,076 | 11.6 |
| **Quarter 4** | * | 207 | 419 | * | 642 | 8.5 |
| **Year End** | 21 | 1,068 | 1,994 | 34 | 3,106 | 20.5 |

* 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** | * | * | * | * | * | * |
| **Quarter 2** | * | * | * | * | * | * |
| **Quarter 3** | * | * | * | * | * | * |
| **Quarter 4** | * | * | * | * | * | * |
| **Year End** | * | * | 13 | * | 16 | 25.0 |

* 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

HCA program staff and CMS continue to work together to address the revised client application in DY19 Q4. HCA met with CMS in June 2020 to finalize the revised client application per CMS's recommendations. HCA is currently waiting for CMS approval of the FPO application and frequently asked questions (FAQ) application coversheet.

In DY19 Q3 and Q4, HCA program staff also streamlined the Family Planning Only programs billing guide to ensure that is more user-friendly in terms of billing. The program staff has also clarified billing questions and directly resolved billing issues for Family Planning providers.

HCA program staff and CMS continued to work together to address the revised client application in DY19 Q2. HCA met with CMS on October 24 and November 7, 2019 and had email communications back from CMS on November 25, 2019, December 13, and December 20, 2019 regarding the revised client application.

In DY19 Q1, HCA program staff worked to implement changes to the waiver programs embodied in the new STCs. Full implementation of the required and associated policy and procedure changes began July 1, 2019, the beginning of DY19. This one-year process allowed stakeholders to provide input and comment and for HCA to accommodate adjustments to implementation activities and external contractor work flows.

| Table 5: Demonstration Year 19 Action Plan | | | | |
|---|---|---|---|---|
| **Activity** | **Quarter 1 Update** | **Quarter 2 Update** | **Quarter 3 Update** | **Quarter 4 Update** |
| **Revision of Washington Administrative Code (WAC) to:**<br>• Consolidate rules that are repetitive.<br>• Remove reference to the name Take Charge and refer to all programs that provide family planning only services as Family Planning Only (FPO).<br>• Remove requirement that client's application for the non-pregnancy FPO must come from a specific provider list.<br>• Remove requirement that FPO clients can only see a Take Charge provider.<br>• Update to current clinical guidelines and practice.<br>• Revise for clarity in language. | • WAC revision language complete.<br>• Public WAC Hearing held August 6, 2019. | • WAC changes went into effect, October 1, 2019. | • No updates | • No updates |
| **Expansion of provider network to meet STC 23 that requires "freedom of choice of provider."** | • "Freedom of choice provider" requirement launched in the system July 1, 2019.<br>• This change was also been communicated to all providers. | • This information was re-shared with providers during the FPO program overview webinar held in December 2019. | • This information will continue to be shared with FPO providers and potential clients on various communication mediums. | • This information will continue to be shared with FPO providers and potential clients on various communication mediums. |
| **Revision of client application and process for the "Take Charge" portion of the FPO programs per** | • Family Planning Only application received back from CMS September 27, 2019. | • HCA and CMS are still in discussions with application revisions requests. | • HCA finalizing application and will be reviewed with CMS in June 2020. | • HCA made additional edits and submitted application to CMS for final review. |

| | | | | |
|---|---|---|---|---|
| **STC 17.**<br>• Process change to meet STC 17 (a) requirement that application be submitted directly by a client via mail, fax, or phone.<br>• Application requires changes to meet STC 17 (c) requirement for client attestation.<br>• Make changes to improve clarity. | | | | |
| **Revision of approval and denial letters to meet STC 17 (b).**<br>• Clearly identify eligibility determination period.<br>• Need to re-apply when eligibility period has ended.<br>• No limit on number of times can apply.<br>• No need to report changes in income or household size during eligibility period. | • Approval letters and Medicaid denial letters will be updated in the system as of October 1, 2019. | • Approval letters and Medicaid denial letters have been updated in the system as of October 1, 2019. | • This information will continue to be shared with FPO providers and potential clients on various communication mediums. | • This information will continue to be shared with FPO providers and potential clients on various communication mediums. |

## QUALITY ASSURANCE AND MONITORING

### *Service Utilization*

Table 6 shows utilization by birth control method and age group for DY19 (Includes quarters one through four). There was a 41.8% decrease in utilization of any birth control method from DY18 to DY19 (3,597 to 2,537 unduplicated participants, respectively).

The use of family planning methods are listed according from 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 38.3% of unduplicated participants. This is followed by hormonal injections at 15.4% and emergency contraceptives at 15.0%.

**Table 6: Utilization by Birth Control Method and Age Group in Demonstration Year 19 (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 | * | 603 | 716 | 15 | 1,340 | 38.3 |
| Hormonal Injection | * | 182 | 338 | 12 | 538 | 15.4 |
| Emergency Contraception | * | 282 | 232 | * | 523 | 15.0 |
| Intrauterine Device (IUD) | * | 105 | 286 | * | 397 | 11.4 |
| Contraceptive Implant | * | 116 | 130 | * | 247 | 7.1 |
| Condom (male and female) | * | 99 | 69 | * | 172 | 4.9 |
| Vaginal Contraceptive Ring | * | 51 | 96 | * | 146 | 4.2 |
| Contraceptive Patch | * | 58 | 55 | * | 115 | 3.3 |
| Spermicide*** | * | * | * | * | * | * |
| Sterilization- Tubal Procedure & Vasectomy | * | * | 14 | * | 14 | * |
| Diaphragm / Cervical Cap | * | * | * | * | * | * |
| Natural Family Planning | * | * | * | * | * | * |
| Total Participants*** (unduplicated) | 19 | 975 | 1,520 | 33 | 2,537 | |

*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 7 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, the unduplicated number of waiver participants who received a GC/CT test was 708 or 4.7% of total waiver enrollees (15,189) for the demonstration year.

| Table 7: Number of Participants Tested for any STD by Demonstration year (to date) | | |
|---|---|---|
| | Total Tests | |
| | Number | % of total Enrolled |
| Unduplicated number of participants who obtained an STD test | 708 | 4.7 |

*The waiver programs only cover GC and CT screening for females ages 13-25. STD testing is also covered if an exposure to a STI increases client's risk to infertility.

Table 8 shows the number of females who have received cervical cancer screening using cervical cytology (Pap test) and/or human papilloma (HPV) testing. Less than one percent of total female participants received cervical cancer screening in DY19 to date.

| Table 8: 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 | 35 | 0.2 |

*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.

### *Program Integrity*

There were no program integrity updates in DY19 Quarters 1, 2, 3 and 4.

### *Grievances and Appeals*

There were no grievances and appeals made during DY19 Quarters 1, 2 and 3. A public hearing on WAC 182-532-510 was held on June 23, 2020 (DY19 Quarter 4) this quarter. HCA received comments on Family Planning Only programs eligibility requirements including specific concerns on the full-scope Apple Health denial eligibility requirement to have access to the FPO programs. HCA is actively working with providers and CMS to address this concern and find ways to improve access for populations that may face barriers in accessing Family Planning services.

## PROGRAM OUTREACH AND EDUCATION

### *General Outreach and Awareness*

The Family Planning Only program staff is frequently in touch with a diverse network of providers including Planned Parenthood, Seattle King County Public Health and the DOH's Family Planning provider network,

seeking their feedback and recommendations to improve the Family Planning Only programs.

HCA also continued working with partnering providers to support their outreach efforts in making FPO services available to their clients. The major outreach of the agency is focused on connecting clients to full scope coverage through Apple Health or a referral to a qualified health plan.

### *Target Outreach Campaign(s)*

There were no target outreach campaigns held in DY19 Quarter 4.

In DY19 Quarter 3, HCA distributed the frequently asked questions (FAQ) and updated information on the FPO webinars held in December 2019 to FPO providers.

In DY19 Quarter 2, HCA held two FPO program overview webinars for providers and HCA employees in December 2019. The webinars explained the changes to the programs including expanding the provider network for the FPO program to all Apple Health providers, providing additional ways for applicants to apply for the FPO programs, and automatically enrolling a client whose Apple Health pregnancy medical coverage ends at 60 days postpartum.

In DY19 Quarter 1, HCA continued to update stakeholders on the progress toward implementing the changes required by the new STCs with announcements at provider and stakeholder meetings. The public was notified of the renewal through announcements on our website.

### *Stakeholder Engagement*

In DY 19 Quarters 3 and 4, HCA communicated with FPO providers via telephone to solicit feedback, send updates, answer questions and offer assistance for the FPO programs. HCA has also received and reviewed suggestions from FPO providers for improvement of the program including adding information to the FPO application and addressing inefficiencies in the approval/denial process. HCA is evaluating these recommendations to see if they are operationally feasible and are aligned with the FPO program's special terms and conditions (STCs).

In DY19 Quarter 2, HCA continued regular meetings with staff from DOH's Family Planning Network (formally known as Title X) program to share information and coordinate activities that impact the family planning delivery system in Washington State.

### *Annual Post Award Public Forum*

There were no annual post aware public forum activities DY19 Quarters 2, 3 and 4.

During DY19 Quarter 1, HCA performed the following to let the public know about the approval of renewal of our 1115 Family Planning Only Demonstration waiver:

- Continued to post an announcement on our website with the approval letter and STCs and an email address to send comments and questions. No comments or questions received during this quarter.

## EVALUATION ACTIVITIES AND INTERIM FINDINGS

HCA is currently awaiting CMS approval of the FPO Waiver Extension Evaluation Plan. Contracted evaluators with the Department of Social and Health Services (DSHS) Research and Data Analysis (RDA) Division continue to prepare administrative data for analyses and maintain current data on the biennial release of the Pregnancy Risk Assessment Monitoring System (PRAMS) survey, which will be used to evaluate the overarching program goal of reducing the number of unintended pregnancies. PRAMS data allows WA State to compare state-specific rates against national trends and Healthy People 2020 goals.

While the CMS Quarterly reports provide a cross-sectional overview of the Washington State Waiver activity, the Evaluation Report follows individual client-level data over years and could potentially answer the question of how COVID-19 impacted client enrollment and participation. Given the direct and/or indirect impacts related to the COVID-19 pandemic, the proposed FPO Waiver Extension Evaluation Plan already contains an evaluation question, “Do beneficiaries maintain coverage long-term (12 months or more)?” which could be used to examine whether historic FPO Waiver enrollees lost eligibility to FPO Waiver services because of Medicaid eligibility.

## Appendix A: Background

### *Action plan for Demonstration Year 20 (July 1, 2020 – June 30, 2021)*

Washington State's plan for DY20 includes items specifically outlined in the renewal STCs and ongoing activities from last year:

- Ongoing activities:
  - HCA is looking to add the HPV vaccine benefit to the Family Planning Only programs services package.
  - HCA is also looking into evolving the benefits package for the Family Planning Only programs through research and financial analysis and feasibility.
  - HCA continues to work with Family Planning Only providers, navigators and administrators to expand eligibility and ensure access to underinsured people as changes occur in requirements for insurance coverage related to family planning needs on a national level.
  - HCA continues to communicate with family planning providers, navigators and administrators on their needs for their clients and will create training and resources based off these needs.
  - HCA continues to work with Upstream to identify providers and regions that will benefit from their training and serve on their Steering Committee for their ongoing five-year project in Washington (2018-2022).

## Appendix B: FPO Telemedicine/Telehealth Billing and Policy Guidance


# Family Planning Only (FPO) Program Billing Guide for telemedicine/telehealth services offered during the COVID-19 outbreak

## Frequently asked questions

**Can providers use telemedicine/telehealth to serve clients receiving Family Planning Only benefits?**
Yes. Clients under the Family Planning Only – Pregnancy Related program and the Family Planning Only program (formerly referred to as TAKE CHARGE) are eligible for telemedicine/telehealth services ***temporarily*** during the COVID-19 outbreak.

The availability of telemedicine/telehealth during the pandemic allows Family Planning Only clients, particularly those in medically underserved areas of the state, improved access to essential family planning services that may not otherwise be available.

ProviderOne has been updated to allow reimbursement for telemedicine/telehealth services for Family Planning Only clients, dating back to the start of the pandemic.

**What modes of technology can I use to provide services to my patients?**
Please refer to Part II of Apple Health (Medicaid) clinical policy and billing for COVID-19 FAQs. Part II describes technologies and modalities, which may be used to provide services to Family Planning Only clients.

**How do I bill for services provided to Family Planning Only clients via telemedicine or telehealth?**
Please refer to Part II of Apple Health (Medicaid) clinical policy and billing for COVID-19 FAQs. Part II outlines how to bill for telemedicine/telehealth services.

The following codes are covered for Family Planning Only clients receiving services via telemedicine/telehealth: 99201, 99202, 99203, 99204, 99211, 99212, 99213, 99214.

Comprehensive prevention family planning visits are also covered via telemedicine/telehealth, billed with an FP modifier: 99384, 99385, 99386, 99394, 99395, 99396, 99401. Comprehensive prevention family planning visits will continue to be limited to once every 365 days.

Bill any of above codes, as appropriate, using the CR (catastrophe/disaster) modifier at the line level.

Telemedicine/telehealth services are paid at the same rate as if the services were provided face-to-face.

All services provided to Family Planning Only clients require a primary focus AND diagnosis of family planning.

*(Revised 4/21/2020)*

**What other codes could be used if the options described above are not applicable to the care provided?**
If you are a licensed provider who can bill an E&M code and using the usual procedure code with one of the options above is not applicable, below is a matrix of codes that are also available for telephone and digital evaluation visits. Please see the COVID-19 fee schedule for rates.

Bill these codes using the CR (catastrophe/disaster) modifier at the line level.

| Code | Description |
|---|---|
| 99441 | Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion |
| 99442 | Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion |
| 99443 | Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion |
| 99421 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes |
| 99422 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes |
| 99423 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes |

| Code | Description |
|---|---|
| G2012 | Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5- 10 minutes of medical discussion |

For questions related to FPO telemedicine billing and claims, please email HCAFamilyPlanning@hca.wa.gov.

### *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** includes 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<br>• Decrease the number of unintended pregnancies<br>• Increase the use of contraceptive methods<br>• Increase the interval between pregnancies and births to improve positive birth and women's health outcomes<br>• 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 |
| 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<br>• Teens and domestic violence victims who need confidential family planning services |
| Coverage period | Additional 10-month coverage following Medicaid 60-day post-pregnancy coverage<br>• When coverage ends must apply for Medicaid or Take Charge | 12-month coverage<br>• 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<br>• 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. |