Washington State Health Care Authority

Quarter 4 and Annual Report: Section 1115 Family Planning Only Demonstration Waiver
Demonstration Year 18: July 1, 2018-June 30, 2019
Demonstration Reporting Period: April 1, 2019-June 30, 2019

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

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TABLE OF CONTENTS

EXECUTIVE SUMMARY

Washington State's 1115 Family Planning Only 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, 2018 through June 30, 2019, but highlights quarter 4 of DY18 April 1, 2019 through June 30, 2019. Appendix A provides background and definitions.

Enrollment has remained stable over the past demonstration year. Total enrollees increased from 15,543 in DY17 to 16,821 in DY18. As expected, enrollment and participation remains predominantly female clients since 71.3% of enrollees are post pregnancy and participants choose contraceptives used by females. In DY18, the most frequently provided family planning method for all participants is oral contraceptives (i.e., birth control pills), used by 36.9% of unduplicated participants. Besides family planning, 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 DY18 was 1,333 or 7.9% of total waiver enrollees for the demonstration year. Additionally, 138 unduplicated female participants, or 0.8 percent, received a cervical cancer screen in DY18 while enrolled in the demonstration waiver.

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 Extension, which existed prior to the waiver and the Take Charge program, 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, effectively, and successfully 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. Since the current waiver renewal, HCA continues to provide the same services as in the previous demonstration period and continues the same enrollment processes.

Payment rates are set and adjusted along with the Apple Health fee for service reimbursement rates every July 1.

During this quarter, HCA communicated with current Take Charge providers and Medicaid providers the upcoming changes that will go 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.
- Increased ease of enrollment.

Additionally, HCA began planning provider-training opportunities for early DY19.

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 surpass the coverage that the family planning only programs offer. We are invested in seeing that all women, 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 family planning only program for populations that do not meet the waiver criteria. There are still gaps in coverage for some Medicare 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 last year, HCA has continued to partner with the non-profit organization, Upstream, to recruit provider groups and clinics to participate in their multi-year statewide project to train clinic staff and work on clinic wide quality improvements. Training will begin in the focuses on:

- how to provide same day contraceptive services
- incorporate pregnancy intention questions into routine primary care
- provide all methods in a single visit including long-acting reversible contraception (LARC) services

Upstream has recruited six new locations to participate in their project in this quarter. During DY18, Upstream trained 12 different provider systems with a total of 80 different locations.

Throughout DY18, preparations were being made to expand the provider network to include all contracted Apple Health (Medicaid) providers. This will allow Family Planning Only program clients to see by any Apple Health provider as of DY19.

Enrollment and Participation

Enrollment has remained stable over the past demonstration year. Total enrollees increased from 15,543 in DY17 to 16,821 in DY18. This past demonstration year, the Take Charge eligible population decreased by 5% while the Family Planning Only Extension population increased by 13%.

Tables 1 through 4 show data on enrollees and participants for DY18 Quarter 4 by sex and age group.

Enrollees are defined as 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 defined 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.

There were 9,366 total unduplicated enrollees in the fourth quarter of DY 18 with 99.6% enrollees being female. Clients 21-44 years old had the highest enrollment (7,596 or 81.1%) and the highest participation (635 or 55.8%). As expected, enrollment and participation is dominated by female clients since 71.3% of enrollees are post pregnancy and participants choose contraceptives predominately used by females.

During the fourth quarter of DY18 there was a 0.1% increase in enrollment from the third quarter of DY18 and a 0.1% decrease in the number of participants. This decrease in participation occurred mostly in the Family Planning Only Extension population, while the Take Charge population increased (see Table 9 for program and population descriptions). Due to fluctuations in participation from quarter to quarter we will continue to monitor this trend as the year to year trends have been stable since the implementation of the Affordable Care Act (ACA). Once the new STC changes in application processes and provider access are completed, we expect that both enrollment and participation will increase, although changes may not be

observed until DY19 reporting.

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	14	1,813	7,459	75	9,361
Quarter 2	18	1,727	7,840	79	9,664
Quarter 3	22	1,651	7,581	62	9,316
Quarter 4	23	1,664	7,575	66	9,328
Year End	20	2,737	13,850	150	16,757

**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	*	20	14	*	38
Quarter 2	*	15	17	*	38
Quarter 3	*	14	20	*	41
Quarter 4	*	14	21	*	38
Year End	*	27	31	*	64

* 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	*	413	619	*	1,043	11.1
Quarter 2	*	409	630	15	1,063	11.0
Quarter 3	*	415	628	*	1,061	11.4
Quarter 4	*	493	623	*	1,136	12.2
Year End	16	1,482	2,269	36	3,803	22.7

* 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.

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	*	*	*	*	*	5.3
Quarter 2	*	*	*	*	*	5.3
Quarter 3	*	*	*	*	*	7.3
Quarter 4	*	*	*	*	*	5.3
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

This quarter, HCA program staff continues work to implement changes to the waiver programs embodied in the new STCs. Full implementation of the required and associated policy and procedure changes is scheduled for July 1, 2019, the beginning of DY19. This one-year process allows stakeholders to provide input and comment and for HCA to accommodate adjustments to implementation activities and external contractor work flows. Table 5 shows progress on the action items outlined in our DY17 Annual Report.

System changes are the biggest challenge HCA faces. HCA is currently working through system changes and developing alternatives where system changes are not possible by the expected implementation date. The greatest focus this quarter was on changes to rules that impact the ability to proceed with policy and systems changes.

Specific challenges:

- Updating the Washington Administrative Code (WAC) that governs the family planning only programs administered by HCA. The challenging part was keeping the work moving at the same pace to be implemented within a year of the new STCs following unforeseen staff changes. The work continued, but did have a minor delay; the WACs that govern the family planning only programs are scheduled to be updated and published as of October 1, 2019. In addition to updating the WACs, the provider billing guide needed to be updated concurrently, while timing and aligning it with the WAC changes proved to be a challenge, the billing guide will be updated as of July 1, 2019. The billing guide update will come ahead of the WAC changes to ensure the providers know and understand the new required changes in regards to increased provider access and improved application process for clients.

- The revised family planning only approval letters and Medicaid denial letters did not get implemented during DY18. This challenge was due to the need to rely on another state agency that releases new letters for publication to clients is only done annually in October. The new letters will be in place as of October 1, 2019.

- The required revised client application to include the expanded provider network and increased ways to apply for the Family Planning Only programs is in process; the process has taken longer than anticipated. The process has been ongoing since April 2019; the wait for feedback and approval prohibited HCA from putting the application into place alongside the changes as of July 1, 2019. We are hopeful that the application can be finalized soon with an implementation date no later than January 1, 2020.

- There have been a number of system changes that needed to take place to ensure that all Apple Health providers may provide services for the Family Planning Only program clients. The challenge was initially to ensure claims pay appropriately; system requirements will be implemented by July 1, 2019. The second part of the challenge was to ensure providers were educated on the program changes as required with the renewal; this was overcome with a variety of provider alerts and offering webinars. Provider communications were sent in June; provider education webinars will be conducted during July 2019.

Table 5. Demonstration Year 18 Action Plan				
Activity	**Quarter 1 Update**	**Quarter 2 Update**	**Quarter 3 Update**	**Quarter 4 Update**
Revision of Washington Administrative Code (WAC) to: • Consolidate rules that are repetitive. • Remove reference to the name Take Charge and refer to all programs that provide family planning only services as Family Planning Only (FPO). • Remove requirement that client's application for the non-pregnancy FPO must come from a specific provider list. • Remove requirement that FPO clients can only see a Take Charge provider. • Update to current clinical guidelines and practice. • Revise for clarity in language.	• Announcement to public of proposed rules changes occurred in May 2018. • HCA internal workgroup worked on revision language. • HCA internal workgroup identified the following challenges: o Need for communications plan for the name change. o Need for training of HCA staff that work with providers and clients regarding eligibility and coverage including client application processes. o Need for assessment of claims processing and eligibility systems changes needed to align with name change and application process change.	• WAC revision language almost complete. • Initiated work on a communications plan to remove the brand name "Take Charge" and develop clear messages about what family planning services are covered for who.	• WAC revision language almost complete. • Rebranding work group meeting regularly; working to develop visuals and for providers and eventually clients.	• WAC revision language complete • WAC rule making going through the final phase.
Expansion of provider network to meet STC 23 that requires "freedom of choice of provider."	• See above work on WAC changes. • Prepared proposal for state's budget to equalize payment amongst providers for the comprehensive family planning preventive visit. • Continued to work with Upstream. (see program	• WAC revision language drops requirement to receive services at a limited number of providers. • The proposal for equalizing reimbursement for a comprehensive preventive family planning visit did not end up in the budget	• Systems changes are being put in place for a barrier free "freedom of choice provider" launch as of July 1.	• "Freedom of choice provider" requirement is set to launch in the system July 1, 2019. This change was communicated to all providers during June 2019.

	updates) • Continued to communicate with interested providers. (see program updates)	delivered to the legislature. Continuing to advocate for this to assure that it is not a barrier to "freedom of choice of provider."		
Revision of client application and process for the "Take Charge" portion of the FPO programs per STC 17. • Process change to meet STC 17 (a) requirement that application be submitted directly by a client via mail, fax, or phone. • Application requires changes to meet STC 17 (c) requirement for client attestation. • Make changes to improve clarity.	• Internal HCA workgroup began work to identify: o What portions of the application need revision. o Process changes needed to allow client applications to be submitted in various ways o Education needed for new In Person Assisters (IPA) and providers that will assist clients with application completion and submission.	• HCA internal workgroup continues to work on: o Revising the family planning only application. o Developing new processes to accept applications via phone.	• Family planning only application almost complete.	• Family planning only application sent to CMS for review and approval.
Revision of approval and denial letters to meet STC 17 (b). • Clearly identify eligibility determination period. • Need to re-apply when eligibility period has ended. • No limit on number of times can apply. • No need to report changes in income or household size during eligibility period.	• Review of letters began in March 2018. • Internal workgroup began work on creating draft letters.	• Drafted revisions of the approval letters for the two family planning only programs. • Drafted revisions to Medicaid denial letter to notify applicants that a family planning only option is available.	• Approval letters and Medicaid denial letters that include information about the family planning only programs are drafted and sent for review.	• Approval letters and Medicaid denial letters will be updated in the system as of October 1, 2019.

QUALITY ASSURANCE AND MONITORING

Service Utilization

Table 6 shows utilization by birth control method and age group for DY18 (Includes quarters 1 through 4). There was a 1.9% decrease in utilization of any birth control method from DY17 to DY18 (3,665 to 3,597 unduplicated participants, respectively). Participants 21 years and older had an increase of 5.8% (2,042 to 2,167 unduplicated persons, respectively) while participants 20 years and younger decreased 8.7% (1,567 to 1,430 unduplicated persons, respectively). The use of family planning methods are listed according to the most frequently used to the least frequently used. In DY18, the most frequently provided family planning method for all participants is oral contraceptives (i.e., birth control pills), used by 36.6% of unduplicated participants. This is followed by emergency contraception at 16.8% and hormonal injections at 13.6%. There were differences in birth control method utilization between the two age groups identified in Table 6. Participants 21 years and older utilized more intrauterine devices (72.1%), vaginal contraceptive rings (78.5%), contraceptive patches (56.9%), and contraceptive injections (60.8%) than participants 20 years and younger. Participants 20 years and younger used more emergency contraceptives (59.8%) and condoms (59.6%) than the older age group. The differences between the two age groups may indicate that the majority of clients 20 years and younger were more concerned with immediate needs than long term planning, whereas older participants may already have children and are more concerned about the spacing of future pregnancies or no longer desire to have children.

Table 6: Utilization by Birth Control Method and Age Group in Demonstration Year 18 (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	*	880	982	17	1,886	36.6
Emergency Contraception	*	513	345	*	866	16.8
Hormonal Injection	*	269	414	*	702	13.6
Intrauterine Device (IUD)	*	176	451	*	635	12.3
Contraceptive Implant	*	159	220	*	381	7.4
Condom (male and female)	*	196	132	*	334	6.5
Vaginal Contraceptive Ring	*	35	128	*	163	3.2
Contraceptive Patch	*	58	78	*	137	2.7
Spermicide***	*	17	*	*	22	0.4
Sterilization- Tubal Procedure & Vasectomy	*	*	*	*	30	0.6
Diaphragm / Cervical Cap	*	*	*	*	*	*
Natural Family Planning	*	*	*	*	*	*
Total Participants*** (unduplicated)	15	1,415	2,132	35	3,597	

*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. The unduplicated number of waiver participants who received a GC/CT test for DY 18 was 1,333 or 7.9% of total waiver enrollees 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	1,333	7.9

*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 DY18, however this is a 10.4% increase from DY17 (125 to 138 unduplicated female participants, respectively).

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	138	0.8

*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 is no point-of-service eligibility option in the 1115 Family Planning Only waiver. All applications are processed by a dedicated special eligibility unit at HCA.

HCA continues to work with the ProviderOne billing system to strengthen and build edits and audits to ensure unusual and incorrect claims are identified and that claims are processed efficiently.

Grievances and Appeals

There were no grievances made and no public hearings during this quarter.

PROGRAM OUTREACH AND EDUCATION

General Outreach and Awareness

No public outreach activities were conducted in this quarter. The major outreach of the agency has been focused on connecting clients to full scope coverage through Apple Health or a referral to a qualified health plan.

Target Outreach Campaign(s)

No public outreach activities were conducted this quarter. 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 has been notified of the renewal through announcements on our website.

Stakeholder Engagement

During fourth quarter stakeholder engagement continued through multiple avenues, we continued regular meetings with staff from DOH's Title X program to share information and coordinate activities that impact the family planning delivery system in Washington State. This quarter HCA participated in the fall Family Planning Network meeting hosted by DOH. These semiannual meetings are intended to bring together the Title X providers in Washington State and provide an opportunity for HCA to obtain provider and stakeholder input and feedback.

Annual Post Award Public Forum

During this quarter HCA did the following to let the public know about the approval of renewal of our 1115 Family Planning Only Demonstration waiver:

- Continue 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 have been received this year.
- Re-announced the renewal and upcoming changes required at the Family Planning Network meeting on May 1, 2019. Questions were answered, no concerns raised. The questions raised at the Family Planning Network meeting focused on how the changes going into effect on July 1 will be shared and implemented.
- Required changes for DY19 communicated to Apple Health and Take Charge providers in June 2019.

EVALUATION ACTIVITIES AND INTERIM FINDINGS

HCA has contracted with the Department of Social and Health Services (DSHS) Research and Data Analysis (RDA) Division to conduct the FPO waiver extension evaluation. RDA provides valid, rigorous, and policy-relevant analyses of government-funded social and health services in the State of Washington. Since RDA staff have performed previous 1115 Family Planning Only waiver evaluations, along with other maternity and family-planning-related studies, they are very knowledgeable about Medicaid programs in general and the family planning waiver program in particular.

There were two main evaluation activities during DY 18:

1) Washington State is scheduled to submit evaluation findings from the previous waiver period, January 1, 2012 through May 31, 2018. This report documents the impact of state and federal policy changes on enrollment and utilization. Like other states with Family Planning Demonstration Waivers, Washington experienced a large decline in enrollment due to the implementation of the Affordable

Care Act (ACA). ACA had the largest impact by changing the age composition of the program, increasing the percentage of clients age 13 – 18, thus changing waiver service utilization.

2) At the writing of this report, Washington State had received CMS feedback on the submitted Evaluation Design for the current waiver period, July 1, 2018 through June 30, 2023. Once the Evaluation Design is approved, Washington State will report on progress of evaluation activities and including key milestones accomplished.

BUDGET NEUTRALITY

The State is required to provide quarterly budget neutrality, please see the budget neutrality workbook submitted August 28, 2019 to CMS via the 1115 PMDA system.

Appendix A: Background

Action plan for Demonstration Year 18 (July 1, 2018 – June 30, 2019)

Washington State's plan for DY18 includes items specifically outlined in the renewal STCs and ongoing activities from last year:

- Ongoing activities:
  - HCA continues to evaluate the need to expand eligibility to underinsured people as changes occur in requirements for insurance coverage related to family planning needs on a national level.
  - HCA continues to evaluate the impact of proposed changes to other federal and state programs that provide family planning services to underinsured and uninsured populations.
  - HCA continues to work with Upstream to identify providers and regions that will benefit from their training and serves on the Steering Committee for their five year project in Washington.
  - HCA continues to communicate with family planning providers and will reinstitute regular stakeholder meetings and public forums.

- Activities related to implementing the new STCs:
  - HCA has started the process to revise the Washington Administrative Code (WAC) that governs the family planning only programs administered by HCA. In particular, the WAC needs to be revised to update for current clinical practice and allowance that a client be able to self-submit a Take Charge application. This will take approximately a year.
  - HCA plans to expand the provider network for the waiver program to include all Apple Health contracted providers that have family planning within their scope of practice.
  - HCA has started the process to revise Medicaid denial letters to include information about how to apply for family planning only services. This will take approximately a year.
  - HCA has started the process to revise the family planning only programs' approval letters to assure that it is clear that clients must reapply at the end of the eligibility period. This will take approximately a year.
  - HCA will revise the client application process for Take Charge to include mail in and phone options for clients. The application itself will be revised to include an attestation per the requirements in STC 17. This will be implemented once the WAC change is complete.
  - HCA will work with Upstream as they begin training clinics and disseminating information to the public in 2019. Information about HCA's family planning only programs will be incorporated into their provider training and public education.

Definition of Terms:

In this report the following terms are used as 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 • 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
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 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 men include an annual counseling session for reducing the risk of unintended pregnancy, condoms and spermicides, and services directly related to vasectomies.