Wyoming Family Planning Expansion Program Pregnant By Choice Section 1115 Waiver No. 11-W-000238/8

Demonstration Year Eight, Quarter Three Quarterly Narrative

Wyoming Family Planning Expansion Program Pregnant By Choice Demonstration Year Eight, Quarter 3

Wyoming Family Planning Expansion Program Pregnant By Choice Section 1115 Waiver No. 11-W-000238/8 Quarterly Narrative

Demonstration Year Eight (FFY 2016), Quarterly Narrative (April 2016 - June 2016)

Introduction

Wyoming Medicaid received approval of its 1115 Medicaid Waiver application, Pregnant by Choice: Wyoming's Family Planning Expansion Program, from the Centers for Medicare and Medicaid Services (CMS) on September 8, 2008. This five-year demonstration project was effective October 1, 2008, through September 30, 2013. Wyoming received approval from CMS to continue the demonstration through December 31, 2017. Although the demonstration was approved to begin October 1, 2008, Wyoming did not begin enrolling eligible women and program services did not begin until January 1, 2009.

Executive Summary

This program extends family planning options to women who would typically lose their Medicaid benefits two months postpartum. Eligibility criteria is as follows:

- Are between the ages of 19 and 44
- Were previously eligible for Medicaid due to pregnancy or a pregnancy-related service
- Are not eligible for another Medicaid program
- Do not have health insurance
- Have not had a medical procedure to prevent pregnancy
- Have a family income at or below 164 percent of the Federal Poverty Level
- Are U.S. citizens or qualified immigrants
- Are residents of Wyoming
- Are not pregnant

The overarching goals of the "Pregnant by Choice" initiative are to

- reduce the incidence of closely spaced pregnancies and
- decrease the number of unintended pregnancies, thereby
- achieving cost savings and
- reducing health risks to women and children

Enrollees are eligible to receive family planning services. The program covers contraception management services and certain additional medical diagnosis or treatment services that are provided within the context of a visit for contraception management services. Covered services are:

 Initial physical exam and health history, including client education and counseling related to reproductive health and family planning options, including a pap smear and testing for sexually transmitted diseases

- Annual follow up exam for reproductive health/family planning purposes, including a
 pap smear and testing for sexually transmitted diseases where indicated
- Brief and intermediate follow up office visits related to family planning
- Necessary family planning/reproductive health-related laboratory procedures and diagnostic tests
- Contraceptive management including drugs, devices and supplies
- Insertion, implantation or injection of contraceptive drugs or devices
- Removal of contraceptive devices
- Sterilization services and related laboratory services (when properly completed sterilization consent form has been submitted)
- Medications required as part of a procedure done for family planning purposes

Table 1: Timeline

Demonstration Year Eight (DY 8)	Begin Date	End Date	Quarterly Report Due Date
Quarter 1	October 1, 2015	December 31, 2015	February 29.2016
Quarter 2	January 1, 2016	March 31, 2016	May 30, 2016
Quarter 3	April 1, 2016	June 30, 2016	August 29, 2016
Quarter 4	July 1, 2016	September 30, 2016	November 29, 2016

- Significant Program Activities or Changes
 - There were no significant program activities or changes.
- Policy issues and Challenges
 - There were no policy issues or challenges to report.

Enrollment and Renewal

Eligibility for the waiver has decreased significantly compared to one year ago. The number of new enrollees during the quarter is much lower compared to the same quarter in DY7. The waiver continues to be budget neutral. In Table 2, we provide a summary of the enrollment figures during DY8, with annual figures representing unduplicated counts of enrollees.

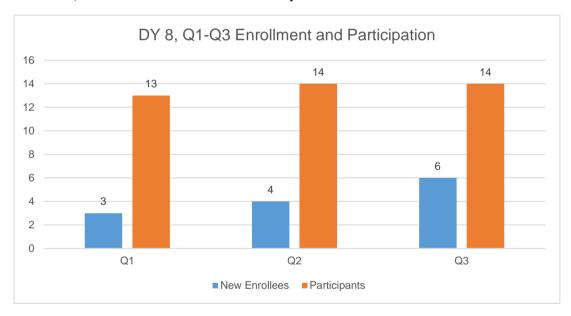
Table 2: Enrollment Figures

DY 8: 2015- 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual
	Population	Population	Population	Population	Population
Number of Newly Enrollees	3	4	6		

DY 8: 2015- 2016	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual
	Population	Population	Population	Population	Population
Number of Total Enrollees ¹ Number of Participants	81 15	58 14	46 14		
Number of Member Months	248	186	151		

The FPW current eligibility stipulates that women must be pregnant and have received Medicaid benefits under the Pregnant Women program but will lose eligibility 60 days after giving birth. In Figure 1, we show a comparison of enrollment figures for the first three quarters of DY8 (as of December 31, 2015, March 31, 2016 and June 30, 2016).

Figure 1: DY 8, Q1- Q3 Enrollment and Participation



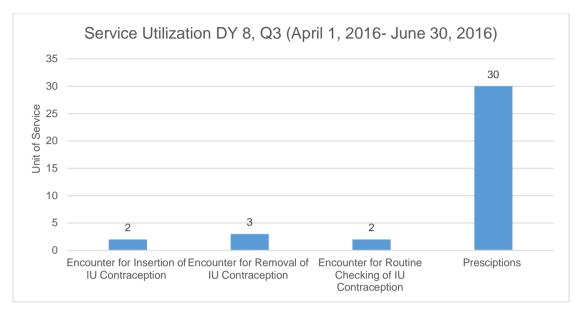
Service and Providers

Service utilization remains low, which can be explained by the low rates of participation each quarter of this demonstration year. In Q2 and Q3 of DY 8, services were utilized as shown in Figure 2, below.

¹ Total Enrollees for each quarter are calculated using the total from the last month of each quarter (e.g., December for Q1, March for Q2, etc.). Total enrollees for the DY includes any unique member eligible in the months between October and September.

² Number of participants are based on the number of paid claims with dates of service within the quarter.

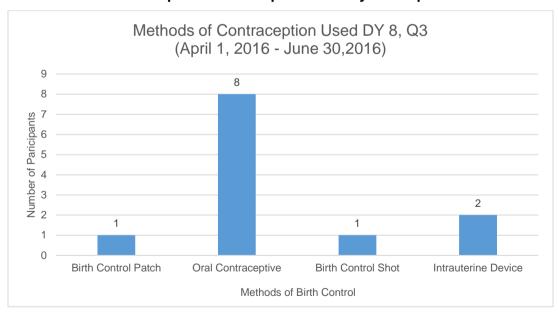
Figure 2: Service Utilization



Note: Each unit of prescription drug utilization represents one month.

In total, 4 participants received office visits and 10 filled contraception prescriptions during the third quarter of DY 8. Figure 3, below, shows the types of contraception used by participants: 8 used oral contraceptives, 1 used a birth control patch, 1 used a birth control shot, and 2 used an intrauterine device.

Figure 3: Methods of Prescription Contraception Used by Participants

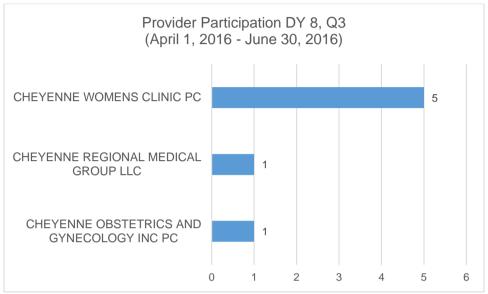


Provider Participation

 Wyoming Medicaid has a "Provider Locator" link where clients are able to search for providers that accept Wyoming Medicaid. There are 25 Public Health clinics in Wyoming and all accept Medicaid. There is also 99 percent Medicaid Wyoming Family Planning Expansion Program Pregnant By Choice Demonstration Year Eight, Quarter 3

participation among physicians in Wyoming. Access to physician services is not an issue. https://wyequalitycare.acs-inc.com/wy/client/general/providerLocator.do

Figure 4: Provider Participation



This provider chart above includes only providers of office-based services and does not include the nine practitioners that prescribed contraceptives for participants.

Program Outreach Awareness and Notification

- Outreach is somewhat limited due to the eligibility for the program. Within 60 days of giving birth, the Department of Family Services (DFS) sends women eligible for the Pregnant Women program a review form to determine if they are eligible for continued Medicaid benefits, including the Pregnant by Choice Program. Clients are only eligible for the Family Planning Waiver program for up to 60 days following their delivery and must transition directly from the maternity plan to the FPW with no lapse in eligibility.
- It is the responsibility of the applicant to return the form to DFS for processing. If a mother allows her Medicaid benefits to lapse after the two month postpartum period she will not be eligible for the Pregnant by Choice program. Eligibility is redetermined annually.
- Targeted outreach is limited. Brochures are mailed to the Public Health Offices and physician offices that request them to display in their offices.

Program Evaluation, Transition Plan and Monitoring

 Navigant Consulting, the Independent Evaluator, prepared quarterly narrative reports for the prior quarters of demonstration year eight. Wyoming Family Planning Expansion Program Pregnant By Choice Demonstration Year Eight, Quarter 3

Quarterly Expenditures

In Table 3, we provide a summary of the data reported on the CMS-64 and CMS-37 reports with regard to the Pregnant by Choice waiver. Total annual expenditures are less than in previous years due to the lower number of enrollees.

Table 3: CMS Expenditures

	DY 7 October 2014 - September 2015			
	Service Expenditures as Reported on the CMS-64	Administrative Expenditures as Reported on the CMS 64	Total Expenditures as Reported on the CMS-64	Expenditures as Requested on the CMS 37
Quarter 1	\$6,764	\$1,344	\$8,108	\$21,654
Quarter 2	9,908	1,374	11,282	17,810
Quarter 3	4,567	1,384	5,951	14,141
Quarter 4	1,190	1,406	2,596	4,567
Total Annual Expenditures	\$22,429	\$5,508	\$27,937	\$58,172
	DY 8 October 2015 - June 2016			
	Service Expenditures as Reported on the CMS-64	Administrative Expenditures as Reported on the CMS 64	Total Expenditures as Reported on the CMS-64	Expenditures as Requested on the CMS 37
Quarter 1	\$1,947	\$1,424	\$3,371	\$1,990
Quarter 2	\$967	\$446	\$1,413	\$2,142
Quarter 3	\$1,901	\$2,003	3,904	\$2,567