

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

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**Demonstration Year Nine, Quarter Two  
Quarterly Narrative**

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**Demonstration Year 9 (FFY 2017), Quarter 2 Narrative (January 2017 – March 2017)**

**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

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- 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 9)	Begin Date	End Date	Quarterly Report Due Date
Quarter 1	October 1, 2016	December 31, 2016	March 1, 2017
Quarter 2	January 1, 2017	March 31, 2017	May 30, 2017
Quarter 3	April 1, 2017	June 30, 2017	August 29, 2017
Quarter 4/Annual report	July 1, 2017	December 31, 2017	March 31, 2018

- *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 DY8. The waiver continues to be budget neutral. In Table 2, we provide a summary of the enrollment figures during DY8 and DY9 (Q2), 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
<b>Number of New Enrollees</b>	3	4	6	2	15

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<b>DY 8: 2015-2016</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	<b>Annual</b>
	Population	Population	Population	Population	Population
<b>Number of Total Enrollees<sup>1</sup></b>	81	58	46	37	114
<b>Number of Participants<sup>2</sup></b>	15	14	14	8	26
<b>Number of Member Months</b>	248	186	151	120	747

<b>DY 9: 2016-2017</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	<b>Annual</b>
	Population	Population	Population	Population	Population
<b>Number of New Enrollees</b>	0	0			
<b>Number of Total Enrollees<sup>3</sup></b>	33	27			
<b>Number of Participants<sup>4</sup></b>	9	7			
<b>Number of Member Months</b>	105	88			

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 from DY8 and DY 9, Quarters 1-2.

<sup>1</sup> 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.

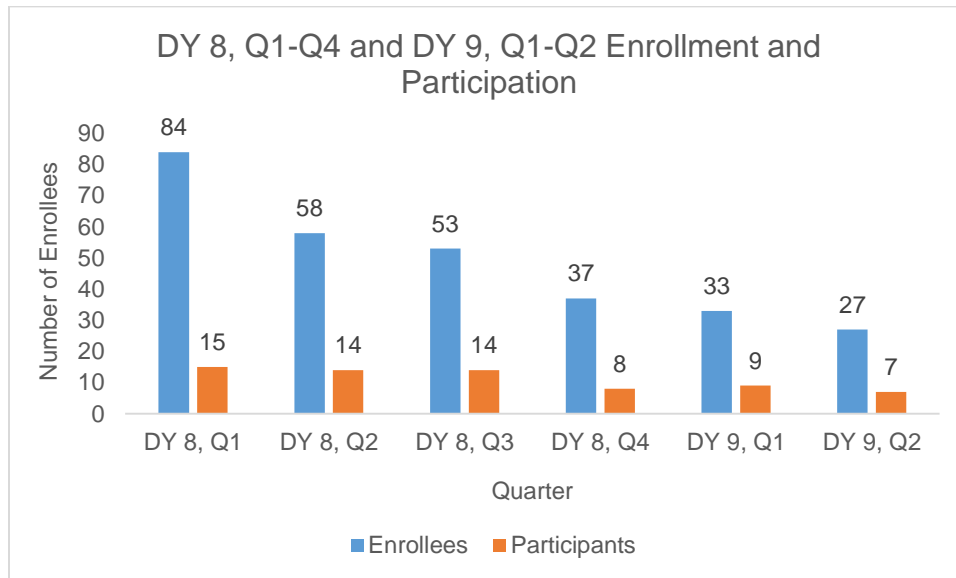
<sup>2</sup> Number of participants are based on the number of paid claims with dates of service within the quarter.

<sup>3</sup> 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.).

<sup>4</sup> Number of participants are based on the number of paid claims with dates of service within the quarter.

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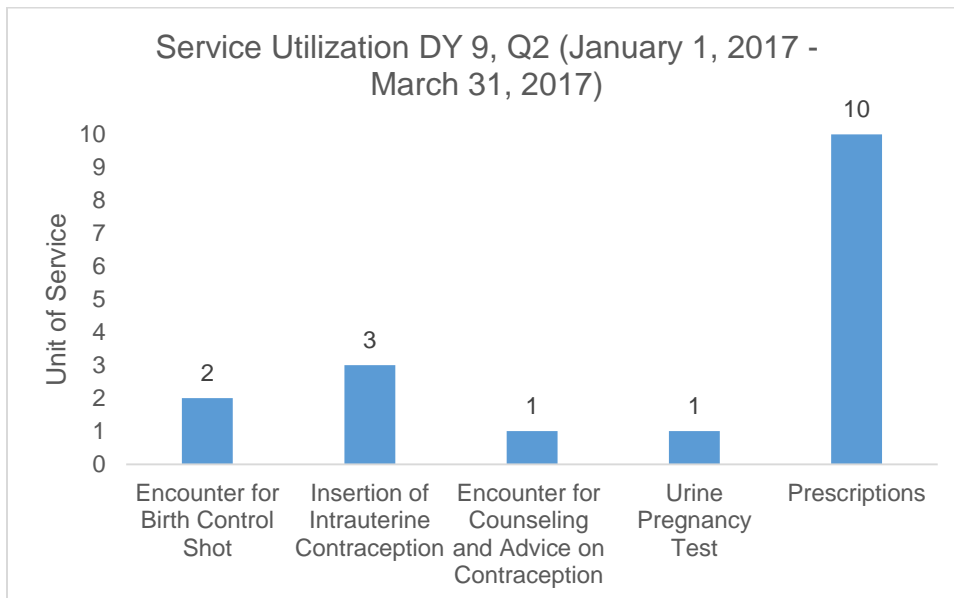
**Figure 1: DY 8, Q1- Q4, DY 9, Q1-Q2 Enrollment and Participation**



**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 of DY 9, services were utilized as shown in Figure 2, below.

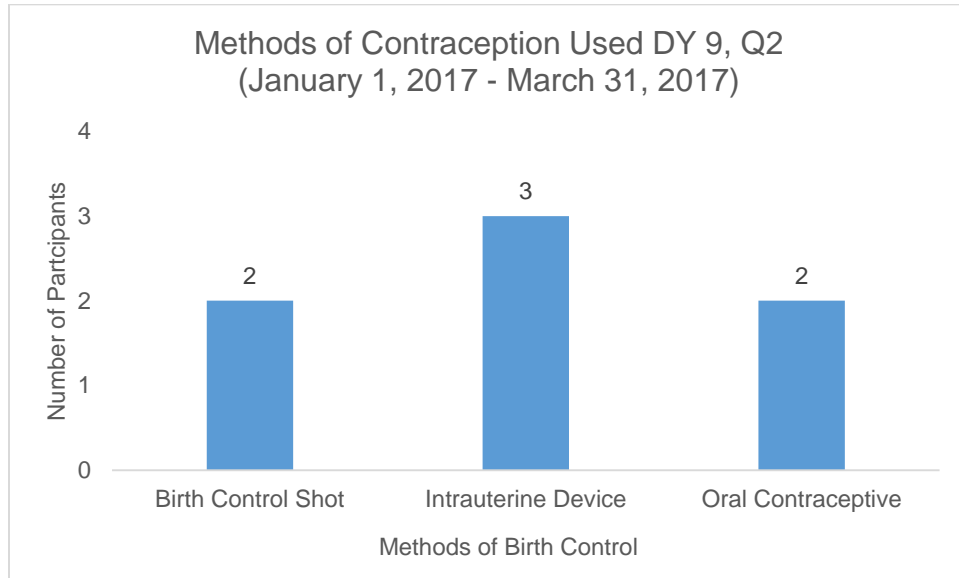
**Figure 2: Service Utilization**



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

In total, 4 participants received office visits and 3 filled contraception prescriptions during the second quarter of DY 9. Figure 3, below, shows the types of contraception used by participants: 2 used a birth control shot, 3 used intrauterine devices, and 2 used oral contraceptives.

**Figure 3: Methods of Prescription Contraception Used by Participants**

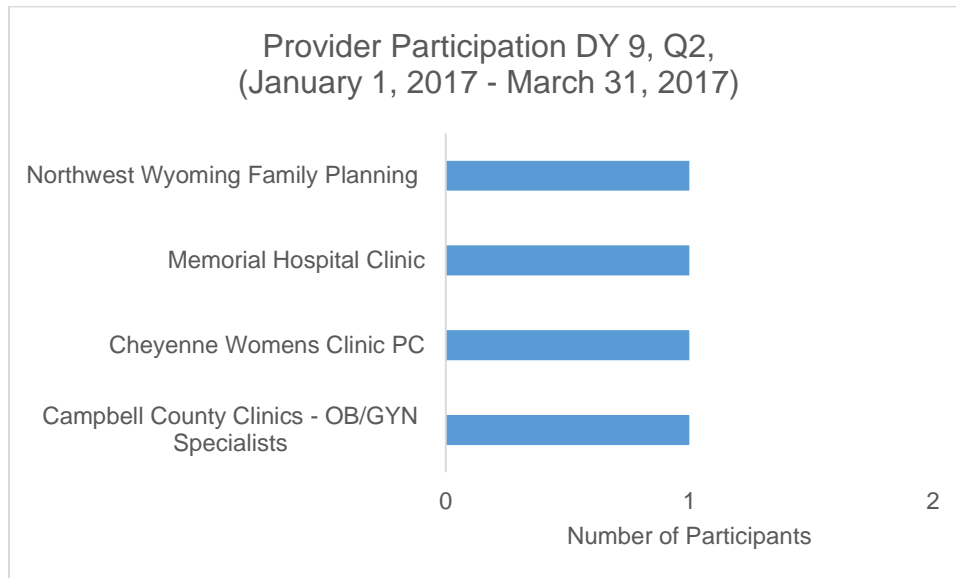


*Provider Participation*

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

The provider chart below includes only providers of office-based services and does not include the three practitioners who prescribed contraceptives for participants.

**Figure 4: Provider Participation**



**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.

**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.

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**Table 3: CMS Expenditures**

<b>DY 7 October 2014 - September 2015</b>				
	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
<b>Total Annual Expenditures</b>	\$22,429	\$5,508	\$27,937	\$58,172
<b>DY 8 October 2015 - September 2016</b>				
	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
Quarter 4	\$742	\$218	\$960	\$1,100
<b>DY 9 October 2016 - December 2017</b>				
	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	\$478	\$223	\$701	\$1,000
Quarter 2	\$287	\$223	\$510	\$750
Quarter 3				
Quarter 4				