

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

**Demonstration Year Ten, Quarter One
Quarterly Narrative**

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Demonstration Year 10 (FFY 2018), Quarter 1 Narrative (October - December 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 July 31, 2018.

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

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

Enrollment in the waiver remains low. In Table 1, we provide a summary of the enrollment figures during DY9 and quarter 1 of DY9, with annual figures representing unduplicated counts of enrollees.

Table 1: Enrollment Figures

DY 9: 2016-2017	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual
	Population	Population	Population	Population	Population
Number of New Enrollees	0	0	4	0	4
Number of Total Enrollees¹	33	27	29	23	49
Number of Participants²	9	7	5	5	16
Total Member Months	105	88	91	74	358

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.

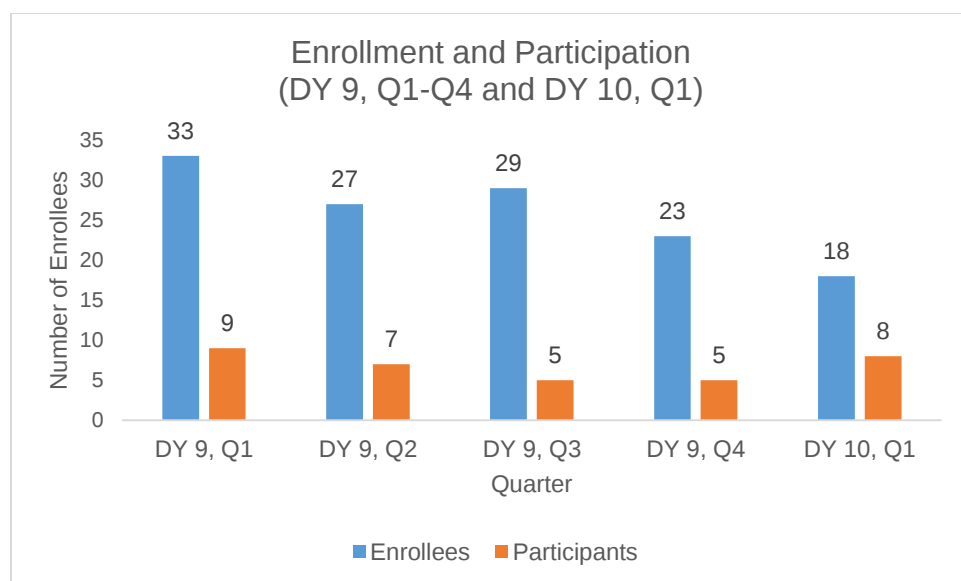
² Number of participants are based on the number of paid claims with dates of service within the quarter.

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DY 10: 2017-2018	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual
Number of New Enrollees	0				
Number of Total Enrollees ³	18				
Number of Participants ⁴	8				
Total Member Months	52				

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 DY9 and DY 10, Quarter 1.

Figure 1: Enrollment and Participation



Service and Providers

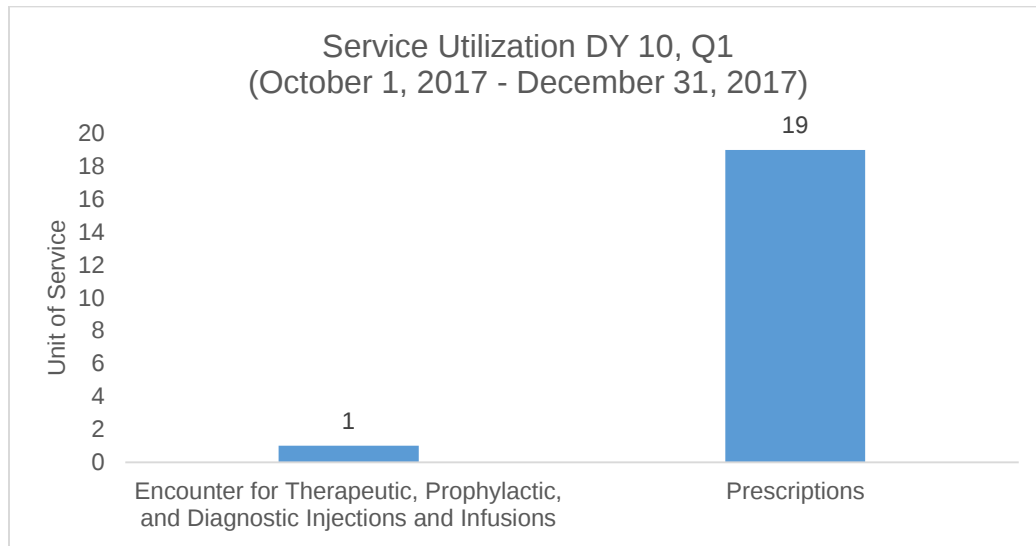
Service utilization remains low. In Q1 of DY 10, services were utilized as shown in Figure 2, below.

³ 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.).

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

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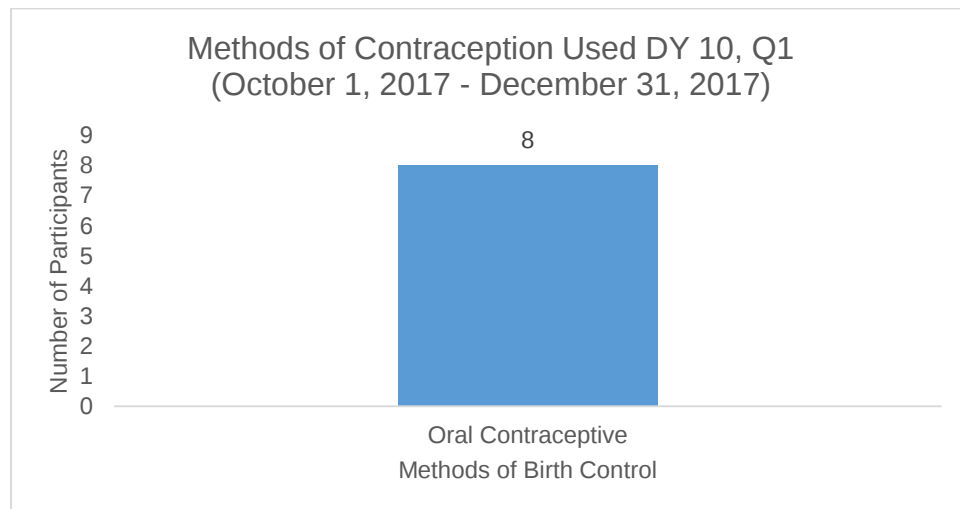
Figure 2: Service Utilization



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

In total, 1 participant received an office visit and 8 filled a total of 19 contraception prescriptions during the first quarter of DY 10. Figure 3, below, shows the types of contraception used by participants: all 8 used oral contraceptives.

Figure 3: Methods of Prescription Contraception Used by Participants



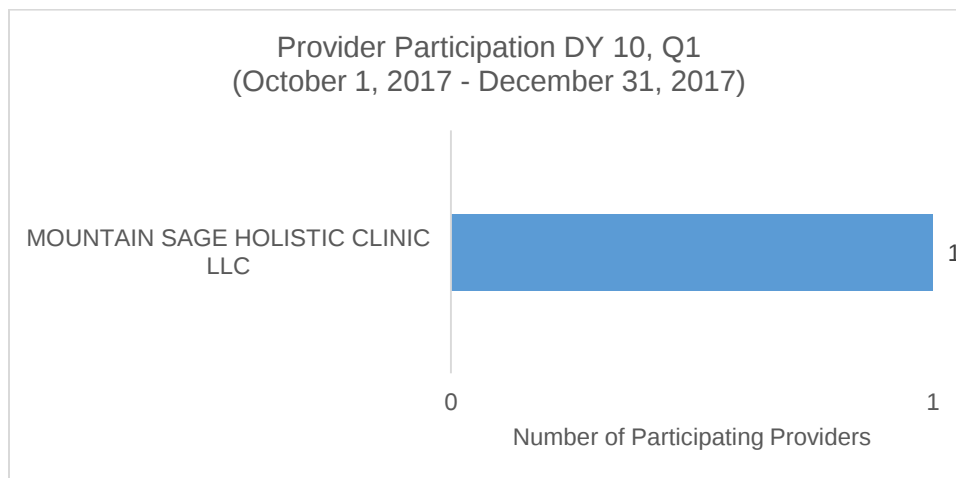
Provider Participation

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>

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The provider chart below includes only providers of office-based services and does not include the eight practitioners that 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

	DY 9 October 2016 - December 2017			
	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	\$2,602	\$223	\$2,825	\$1,500
Quarter 4	\$53	\$223	\$276	\$1,500
	DY 10 October 2016 - December 2017			
	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	\$1,050	\$25	\$1,075	\$1,541
Quarter 2				
Quarter 3				
Quarter 4				