Wyoming Department of Health

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Thomas O. Forslund, Director

Governor Matthew H. Mead

October 31, 2014

Ms. Victoria Wachino
Centers for Medicare & Medicaid Services
Children and Adults Health Programs Group
Mail Stop: S2-01-16
7500 Security Boulevard
Baltimore, MD 21244

RE: Family Planning Demonstration Waiver Renewal
Project Number 11-W-00238/8

Dear Ms. Wachino:

The Wyoming Department of Health, Office of Health Care Financing (Medicaid), is requesting a renewal of the Family Planning Demonstration Waiver, due to expire December 31, 2014. The effective dates of the renewal will be January 1, 2015 to December 31, 2017.

If any additional information is needed please contact Sheree Nall at (307) 777-8756 or sheree.nall@wyo.gov.

Sincerely,

[redacted]

Sheree Nall CPC
Provider Services Manager

Table of Contents

Section I: Program Description

Section II: Demonstration Eligibility

Section III – Demonstration Benefits and Cost Sharing Requirements

Section IV – Delivery System and Payment Rates for Services

Section V – Implementation of Demonstration

Section VI – Demonstration Financing and Budget Neutrality

Section VII – List of Proposed Waivers and Expenditure Authorities

Section VIII – Public Notice

Section IX – Demonstration Administration

ATTACHMENTS

Attachment A: Wyoming's Demonstration Financing and Budget Neutrality

Attachment B: Overview of Demonstration

Attachment C: Wyoming's Evaluation Report

Attachment D: Draft Participant Survey

Section I - Program Description

1) Provide a summary of the proposed Demonstration program, and how it will further the objectives of title XIX and/or title XXI of the Social Security Act (the Act).

The overarching goals of the "Pregnant by Choice"(PBC) 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. Wyoming Medicaid's strategy for achieving these goals is to extend Medicaid-covered family planning services to women who are between the ages of 19 and 44, and meet other criteria as described further below.

Wyoming Medicaid extends Medicaid-covered family planning services to women who:

- *Are transitioning from the Wyoming Medicaid Pregnant Women program*
- *Are between the ages of 19 and 44*
- *Are not eligible for another Medicaid program*
- *Do not have health insurance, i.e., must not be eligible for other insurance that provides for family planning services*
- *Have not had a medical procedure to prevent pregnancy*
- *Have a family income at or below 159 percent of the Federal poverty level (FPL)*
- *Are U.S. citizens or qualified immigrants*
- *Are residents of Wyoming*
- *Are not pregnant*

Wyoming will continue to operate the PBC Family Planning Waiver (FPW) as described above.

The PBC program has met the budget neutral requirements of the 1115 waiver and has proven to bring substantial cost savings to the State due to avoided unintended pregnancies.

2) Include the rationale for the Demonstration (if additional space is needed, please supplement your answer with a Word attachment);

Wyoming Medicaid chose the target population, women ages 19 through 44, based on the following historical facts:

- *Wyoming Vital Records data for the year 2003 indicate a total of 6,549 live births, of which 6,324 — or, 97 percent — were to women age 19 through 44. Low-income women delivered a disproportionate share of these births within this age group.*
- *Women in the 19 through 44 age group represented 88 percent of all of the Medicaid-paid live births in 2003. For Fiscal Year (FY) 2004, more than half of the women who were covered by Medicaid were enrolled solely because they were pregnant.*

- *For Fiscal Year (FY) 2004, Medicaid eligibility records show that 5,225 women age 19 through 44 were covered by Medicaid during at least one month of the year. As such, more than half of this subset of women lost their Medicaid benefits two months post partum.*

- *Almost half of the live births in Wyoming were covered, either partially or in total, by Medicaid. During 2003, for example, Medicaid payments covered 2,991 live births, or 46 percent of the total births in the state during the year.*

3) Describe the hypotheses that will be tested/evaluated during the Demonstration's approval period and the plan by which the State will use to test them (if additional space is needed, please supplement your answer with a Word attachment);

The measures used to analyze the hypotheses of the waiver assists Wyoming Medicaid to determine whether the goals of the waiver are being met. The analysis addresses whether the waiver is budget neutral; analyses of participation and births will indicate whether program services are used by enrollees and whether the services are impacting the fertility rate of the target population.

Hypothesis 1: The demonstration waiver will result in an annual increase of the proportion of female Wyoming Medicaid eligibles 19 through 44 years of age who receive Medicaid-paid family planning services.

Hypothesis 2: The proportion of the women 19 through 44 years of age who become Medicaid-eligible because of a pregnancy and who experience more than one delivery within two years will decline.

Hypothesis 3: The demonstration waiver will decrease the number of Medicaid paid deliveries among waiver participants.

Hypothesis 4: The demonstration waiver will not increase State and Federal Medicaid expenditures for birth-related services.

4) Describe where the Demonstration will operate, i.e., statewide, or in specific regions within the State. If the Demonstration will not operate statewide, please indicate the geographic areas/regions of the State where the Demonstration will operate (if additional space is needed, please supplement your answer with a Word attachment);

Wyoming operates the PBC program statewide.

5) Include the proposed timeframe for the Demonstration(if additional space is needed, please supplement your answer with a Word attachment); and

Wyoming requests the proposed demonstration renewal for January 1, 2015 through December 31, 2017.

6) Describe whether the Demonstration will affect and/or modify other components of the State's current Medicaid and CHIP programs outside of eligibility, benefits, cost sharing or delivery systems.

The demonstration will not affect and/or modify other components of the State's current Medicaid and CHIP programs outside of eligibility, benefits, cost share or delivery systems.

Section II – Demonstration Eligibility

1) Include a chart identifying any populations whose eligibility will be affected by the Demonstration.

Optional State Plan Groups

Eligibility Group Name	Social Security Act and CFR Citations	Income Level
Non-pregnant Women aged 19 years of age through age 44, who were in the Pregnant Women program.	N/A	Family income at or below 159% FPL

2) Describe the standards and methodologies the state will use to determine eligibility for any populations whose eligibility is changed under the Demonstration, to the extent those standards or methodologies differ from the State plan;

Not applicable, there is no change to eligibility.

3) Specify any enrollment limits that apply for expansion populations under the Demonstration;

There are no enrollment limits under the PBC program.

4) Provide the projected number of individuals who would be eligible for the Demonstration, and indicate if the projections are based on current state programs (i.e., Medicaid State plan, or populations covered using other waiver authority, such as 1915(c)). If applicable, please specify the size of the populations currently served in those programs;

Projected number of persons enrolled in demonstration year VII (CY 2015), demonstration year VIII (CY 2016) and demonstration year IX (CY 2017):

CY 2015 550
CY 2016 540
CY 2017 530

Projections are based on expected annual decreases of 2 percent in the Pregnant Women program.

5) To the extent that long term services and supports are furnished (either in institutions or the community), describe how the Demonstration will address post-eligibility treatment of income, if applicable. In addition, indicate whether the Demonstration will utilize spousal impoverishment rules under section 1924, or will utilize regular post-eligibility rules under 42 CFR 435.726 (SSI State and section 1634) or under 42 CFR 435.735 (209b State).

Long term services and supports do not apply to Wyoming's FPW.

6) Describe any changes in eligibility procedures the state will use for populations under the Demonstration, including any eligibility simplifications that require 1115 authority (such as continuous eligibility or express lane eligibility for adults or express lane eligibility for children after 2013); and

Not applicable

7) If applicable, describe any eligibility changes that the state is seeking to undertake for the purposes of transitioning Medicaid or CHIP eligibility standards to the methodologies or standards applicable in 2014 (such as financial methodologies for determining eligibility based on modified adjusted gross income), or in light of other changes in 2014.

The State adopted the MAGI conversion standards and methodologies established under the Affordable Care Act, as such the FPL will be raised to 159 percent from 133 percent.

Section III – Demonstration Benefits and Cost Sharing Requirements

1) Indicate whether the benefits provided under the Demonstration differ from those provided under the Medicaid and/or CHIP State plan:
__Yes _X__No (if no, please skip questions 3 – 7)

The PBC benefit package is the same as the family planning and family planning-related benefit package under the Medicaid state plan.

2) Indicate whether the cost sharing requirements under the Demonstration differ from those provided under the Medicaid and/or CHIP State plan:
___Yes _X__No (if no, please skip questions 8 - 11)

Individuals enrolled in the PBC are exempt from premiums and copayments, like Medicaid state plan family planning services.

PER THE INSTRUCTIONS, QUESTIONS 3-11 HAVE BEEN SKIPPED AS NOT APPLICABLE FOR THE WYOMING PBC PROGRAM.

Section IV – Delivery System and Payment Rates for Services

1) Indicate whether the delivery system used to provide benefits to Demonstration participants will differ from the Medicaid and/or CHIP State plan:
___Yes _X_No (if no, please skip questions 2 – 7 and the applicable payment rate questions)

Wyoming Medicaid reimburses State plan services and PBC services using a fee-for-service delivery system.

8) If fee-for-service payment will be made for any services, specify any deviation from State plan provider payment rates. If the services are not otherwise covered under the State plan, please specify the rate methodology (if additional space is needed, please supplement your answer with a Word attachment);
Wyoming Medicaid will continue to use fee-for-service payments for the PBC program that are consistent with State plan payment rates.

9) If payment is being made through managed care entities on a capitated basis, specify the methodology for setting capitation rates, and any deviations from the payment and contracting requirements under 42 CFR Part 438 (if additional space is needed, please supplement your answer with a Word attachment); and
Not applicable.

10) If quality-based supplemental payments are being made to any providers or class of providers, please describe the methodologies, including the quality markers that will be measured and the data that will be collected (if additional space is needed, please supplement your answer with a Word attachment).
Not applicable.

Section V – Implementation of Demonstration

1) Describe the implementation schedule. If implementation is a phase-in approach, please specify the phases, including starting and completion dates by major component/milestone.

Wyoming proposes a three-year extension of its current 1115 waiver authority to enable the continued implementation under the same terms that the demonstration is currently operating.

2) Describe how potential Demonstration participants will be notified/enrolled into the Demonstration.

Wyoming will continue with the following process for enrollment for the PBC waiver. A Pregnant By Choice Questionnaire goes out to the client on their estimated delivery due date and includes three questions:

1. *Are you interested in the Pregnant By Choice program? Y N*

2. Have you had a medical procedure that would permanently prevent pregnancy? Y N

3. Are you pregnant? Y N

The return of this form along with the return of the Renewal for Medicaid form (which is sent around the same time) is used to determine if a client is eligible for Pregnant By Choice or for a full Medicaid program.

The age range (19-44), the fact that the individual returns the form during the 60 day post-partum period, the FPL (which went up to 159 percent during the MAGI conversion process that all of Wyoming Medicaid's Family and Children's Programs went through), and the fact that the individual must not be eligible for other insurance that provides for family planning services are also factors in determining if a mother who delivered while on Medicaid is eligible for Pregnant By Choice. These rules are built into the eligibility system.

If an individual is approved for this program, they receive an approval notice letting them know when eligibility begins and the limited services the program offers.

PBC Webpage: *Individuals can review information on the PBC program on the Wyoming Medicaid website at:*
http://health.wyo.gov/healthcarefin/medicaideligibility/PregnantByChoice.html

An informational brochure is also available at:
http://health.wyo.gov/Media.aspx?mediaId=6016

Program Application:

The Wyoming Medicaid application can be accessed at the website at: https://www.wesystem.wyo.gov/AVANCE_ONLINE_APP/Landing.action. This application includes review for eligibility for the PBC program. In addition to obtaining the application through the Wyoming Department of Family Services, applications are also available at various sites in the community such as Public Health offices, WIC offices and some doctor's offices.

Initial Phase:

The Wyoming Department of Family Services (DFS) 421a/b renewal form includes needed information for the Pregnant By Choice program. This form will be completed for women transitioning from the Pregnant Women program who are being reviewed for continued eligibility while in the 60 day postpartum period.

The DFS 421a/b will be used as an application to screen for the Pregnant By Choice program and other Medicaid programs. Any woman who returns a renewal after a 60 day break in aid will be ineligible for the Pregnant By Choice program, but her application can be screened for other Medicaid programs.

Review Phase:
The reviews for Pregnant By Choice will be conducted on an annual basis using the Family and Children's Health Plans Renewal Form (DFS 421a/b).

3) If applicable, describe how the state will contract with managed care organizations to provide Demonstration benefits, including whether the state needs to conduct a procurement action. *Not applicable*

Section VI – Demonstration Financing and Budget Neutrality

See Attachment A for Wyoming's Demonstration Financing and Budget Neutrality.

Section VII – List of Proposed Waivers and Expenditure Authorities

1) Provide a list of proposed waivers and expenditure authorities. 2) Describe why the state is requesting the waiver or expenditure authority, and how it will be used.

Amount, Duration, and Scope of Services (Comparability) Section 1902(a)(10)(B)

To the extent necessary to allow the State to offer the Demonstration population a benefit package consisting only of family planning services and family planning-related services.

Early and Periodic Screening, Diagnostic, and Treatment Section 1902(a)(43)(A)

To the extent necessary to enable to State to not furnish or arrange for EPSDT services to the demonstration population.

Retroactive Coverage Section 1902(a)(34)

Individuals enrolled in the family planning waiver will not be retroactively eligible.

Ex Parte Eligibility Redetermination Section 1902(a)(19)

To the extent necessary to enable the state to require that a separate demonstration application be filed by an applicant who is no longer eligible for regular Medicaid prior to being determined eligible for the demonstration program; and to require a demonstration member to file a separate Medicaid application if they are interested in receiving benefits under any other Medicaid subprogram.

Methods of Administration: Transportation Section 1902(a)(4) insofar as it incorporates 42 CFR 431.53

To the extent necessary to enable the state to not assure transportation to and from providers for the Demonstration population.

Section VIII – Public Notice

This section should include information on how the state solicited public comment during the development of the application in accordance with the requirements under 42 CFR 431.408. For specific information regarding the provision of state public notice and comment process, please click on the following link to view the section 1115 Transparency final rule and corresponding State Health Official

Letter: http://medicaid.gov/Medicaid-CHIP-Program-Information/By- Topics/Waivers/1115/Section-1115-Demonstrations.html

Please include the following elements as provided for in 42 CFR 431.408 when developing this section:

1) Start and end dates of the state's public comment period (if additional space is needed, please supplement your answer with a Word attachment);

A notice requesting public comment on the proposed PBC §1115 waiver renewal request was published in the Wyoming Tribune Eagle on September 29, 2014. This notice announced a 30-day comment period from September 30, 2014 to October 30, 2014 on the PBC waiver renewal request. The notice included instructions for accessing an electronic copy or requesting a hard copy of the waiver request. The notice included instructions for submitting written comments. In addition, the notice provided information about two public hearings scheduled to provide stakeholders and other interested parties the opportunity to comment on the waiver request. The time and location for the two public hearings, along with information about how to arrange to speak at either of the hearings, was provided. Finally, the notice provided a link to a web page for complete information on the PBC waiver request including the public notice process, the public input process, planned hearings and a copy of the waiver application. We provide a copy of the Notice published on September 29, 2014 as Attachment B.

2) Certification that the state provided public notice of the application, along with a link to the state's web site and a notice in the state's Administrative Record or newspaper of widest circulation 30 days prior to submitting the application to CMS (if additional space is needed, please supplement your answer with a Word attachment);

The Wyoming Medicaid web page at http://health.wyo.gov/healthcarefin/medicaid/home.html provides the public with information about the PBC waiver renewal request. The website is updated on a regular basis and includes information about the public notice process, opportunities for public input and, planned hearings. A copy of the initial draft of the PBC waiver renewal request and the final draft of the waiver request that includes modifications following the public input process are also posted on the website.

3) Certification that the state convened at least 2 public hearings, of which one hearing included teleconferencing and/or web capability, 20 days prior to submitting the application to CMS, including dates and a brief description of the hearings conducted (if additional space is needed, please supplement your answer with a Word attachment);

Teleconference was offered on October 6th 2014 and October 9th 2014 at 9:00am. Neither of the listed teleconferences was attended by anyone other than the Program Manager.

4) Certification that the state used an electronic mailing list or similar mechanism to notify the public. (If not an electronic mailing list, please describe the mechanism that was used. If additional space is needed, please supplement your answer with a Word attachment);

The notice was published in the Cheyenne Newspaper and on the Wyoming Department of Health website.

5) Comments received by the state during the 30-day public notice period (if additional space is needed, please supplement your answer with a Word attachment);
Will be completed upon completion of public comment period.

6) Summary of the state's responses to submitted comments, and whether or how the state incorporated them into the final application (if additional space is needed, please supplement your answer with a Word attachment); and
Will be completed upon completion of public comment period.

7) Certification that the state conducted tribal consultation in accordance with the consultation process outlined in the state's approved Medicaid State plan, or at least 60 days prior to submitting this Demonstration application if the Demonstration has or would have a direct effect on Indians, tribes, on Indian health programs, or on urban Indian health organizations, including dates and method of consultation (if additional space is needed, please supplement your answer with a Word attachment).

Both the Eastern Shoshone and the Northern Arapaho Tribes were notified via email on September 30th 2014. A copy of the email is attached.

Section IX – Demonstration Administration

Please provide the contact information for the state's point of contact for the Demonstration application.

Name and Title: Sheree Nall, Provider Services Manager

Telephone Number: (307) 777-8756

Email Address:sheree.nall@wyo.gov

Attachment A: Wyoming's Demonstration Financing and Budget Neutrality

Wyoming's Section 1115 Family Planning Demonstration
January 1, 2015 - December 31, 2017 Extension Request
Budget Neutrality Calculations

I. Budget Neutrality Methodology Discussion

1. Trend Rate -- The trend in eligibility has shown a decrease that coincides with a decrease in the rate of women eligible for the Wyoming Medicaid Pregnant Women program. We estimate that women eligible for the Pregnant by Choice waiver program with decrease approximately two percent each year given the trends observed in the Pregnant Women program.

2. Enrollees -- Represents the average number of women enrolled in the program between April 2014 and June 2014.

II. Budget Neutrality Calculations

Trend Rate

President's budget trend (2009-2014) 6.1%

Current Costs and Recipients	DY 6
FP Expenditures	$ 93,319
FP Enrollees -- Quarterly Average	560
Cost per Person	$ 166.64
Cost per Person Per Month	$ 13.89

	DY 7 CY 2015	DY 8 CY 2016	DY 9 CY 2017
Average Quarterly Enrollment	550	540	530

Per Member/Per Month (PMPM) Cost (Total Computable)

	Trend	DY 9 CY 2014	DY 10 CY 2015	DY 11 CY 2016
Demonstration Eligibles	**6.1%**	$15.63	$16.59	$17.60

SAMPLE: Extension Budget Neutrality Agreement (Total Computable)

	DY 7 CY 2015	DY 8 CY 2016	DY 9 CY 2017	Total
WITHOUT DEMONSTRATION				
Member Months	550	540	530	1,620
PMPM	$15.63	$16.59	$17.60	
Total Costs	$ 103,175.24	$ 107,478.59	$ 111,923.03	$ 322,576.86
WITH DEMONSTRATION				
Member Months	550	540	530	1,620
PMPM	$ 15.63	$ 16.59	$17.60	
Total Costs	$ 103,175.24	$ 107,478.59	$ 111,923.03	$ 322,576.86
Projected Margin	$ -	$ -	$ -	$ -

Wyoming's Section 1115 Family Planning Demonstration
January 1, 2015 - December 31, 2017 Extension Request
Historical Enrollment and Expenditure Data

I. Enrollment

	2009	2010	2011	2012	2013
January	17	439	710	769	715
February	34	452	713	767	694
March	72	485	714	758	685
April	99	517	725	759	683
May	135	536	737	768	677
June	191	571	746	771	663
July	223	585	735	793	668
August	244	602	749	778	664
September	290	624	748	770	667
October	342	651	759	751	660
November	372	658	767	749	670
December	406	673	765	738	664
Average	202	566	739	764	676

II. Reported Expenditures

Total	$ 59,087	$ 100,703	$ 96,973	$ 115,651	$ 104,030
Federal	$ 53,178	$ 90,633	$ 87,276	$ 104,086	$ 93,627
Non-Federal	$ 5,909	$ 10,070	$ 9,697	$ 11,565	$ 10,403

Attachment B: Overview of Demonstration

Overview of Wyoming's Pregnant By Choice Demonstration

This section will address the following elements for the renewal application:

- 42 CFR 431.412(c)(2)(i)
- 42 CFR 431.412(c)(2)(iv)
- 42 CFR 431.412(c)(2)(vi)

Evidence of how the PBC Objectives Have/Have Not Been Met

This provides a brief description of the objectives but more detail can be found in Attachment C in the draft evaluation report.

The overarching goals of the "Pregnant by Choice"(PBC) initiative were 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.

1) *Increase number of female Wyoming Medicaid eligibles 19-44 years of age who receive Medicaid-paid family planning services.*

The first objective was to increase the proportion of women enrolled in PBC who receive a family planning service. The waiver saw a steady increase in monthly enrollment, which began to level off starting in waiver year four. It is important to note that enrollment in PBC is restricted to women who are coming off of Medicaid after a pregnancy. Therefore a plateau or decline in enrollment might be evidence of a positive effect of the waiver preventing future enrollment due to averted births. An examination of women who were enrolled and participated showed that about 40 percent of enrollees participated by having at least one family planning service during a waiver year, this percentage did not vary much from year to year.

2) *Decrease the proportion of women ages 19-44 who become Medicaid eligible because of pregnancy and who experience more than one delivery within two years.*

The second objective was to reduce the incidence of a second pregnancy for waiver enrollees. Since the measure looks at births that occur within two years of a prior birth, the analysis of this hypothesis is limited to data from at least two years after the first waiver year. The preliminary results show that there has been an overall

decline in Medicaid deliveries and expenditures since the start of the waiver. Specific to birth spacing, there are very few births to PBC enrollees to begin with and inadequately spaced births were less than one percent of the deliveries to prior PBC enrollees. PRAMS data about the intendedness of pregnancies for Medicaid recipients did show a decline in unintended pregnancies when comparing data from years prior to the waiver to women surveyed after the waiver was in place.

3) *Reduce the annual rate of growth in the number of Medicaid paid deliveries for women who become Medicaid-eligible because of a pregnancy and who are 19-44 years of age.*

The third objective was to decrease the number of Medicaid paid deliveries among waiver participants. As enrollment in PBC steadily increased, the number of births to enrollees also increased; however, the increase after waiver year two more than doubled the fertility rate for the population of enrollees. The waiver continues to be budget neutral and births are averted compared to the baseline. We continue to evaluate our analysis of this statistic to ensure accurate results.

4) *Maintain budget neutrality with regard to State and federal Medicaid expenditures for birth-related services (i.e., additional family planning services will not cause an increase in Medicaid expenditures).*

The fourth objective was to not increase state and federal Medicaid expenditures for birth-related services. For each of the waiver years, the waiver has shown to be budget neutral.

Overall, the objectives of the PBC program are being met.

Quality of and Access to Care

Wyoming does not operate its PBC program under managed care and does not have routine means for measuring quality of and access to care for the PBC program. We are investigating whether we have any other reports that exist that might address this issue.

Plans for Evaluation Activities During Extension Period

For the upcoming extension, the Department will take a more active approach to understanding primary care referrals. To date, we have relied on providers reporting referrals through a modifier on claims submitted for family planning

services. It is unclear how reliable this data is for analysis. This approach also did not address the participant's perspective about whether a referral was needed and received. Therefore, beginning in January 2015, the Department will solicit feedback from participants through a survey of enrollees. The survey will be used to gather information about primary care referrals and will also allow us to ask about the participant's overall experience in the PBC program. This will be an opportunity to gather information about access to services as well. We have included a draft survey as Attachment D to this application.

Attachment C: Wyoming's Evaluation Report

Wyoming Medicaid Pregnant by Choice
Interim Project Evaluation Report for the Life of the Program
2008-2013
Submitted April 2013

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 is effective October 1, 2008, through September 30, 2013. Although the demonstration was approved to begin October 1, 2008, Wyoming enrollment of eligible women and program services did not begin until January 1, 2009.

The overarching goals of the "Pregnant by Choice"(PBC) initiative were 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. Wyoming Medicaid's strategy for achieving these goals was to extend Medicaid-covered family planning services to women who were between the ages of 19 and 44, and met other criteria as described further below.

Wyoming Medicaid extends Medicaid-covered family planning services to women who:

- 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 133 percent of the Federal poverty level
- Are U.S. citizens or qualified immigrants
- Are residents of Wyoming
- Are not pregnant

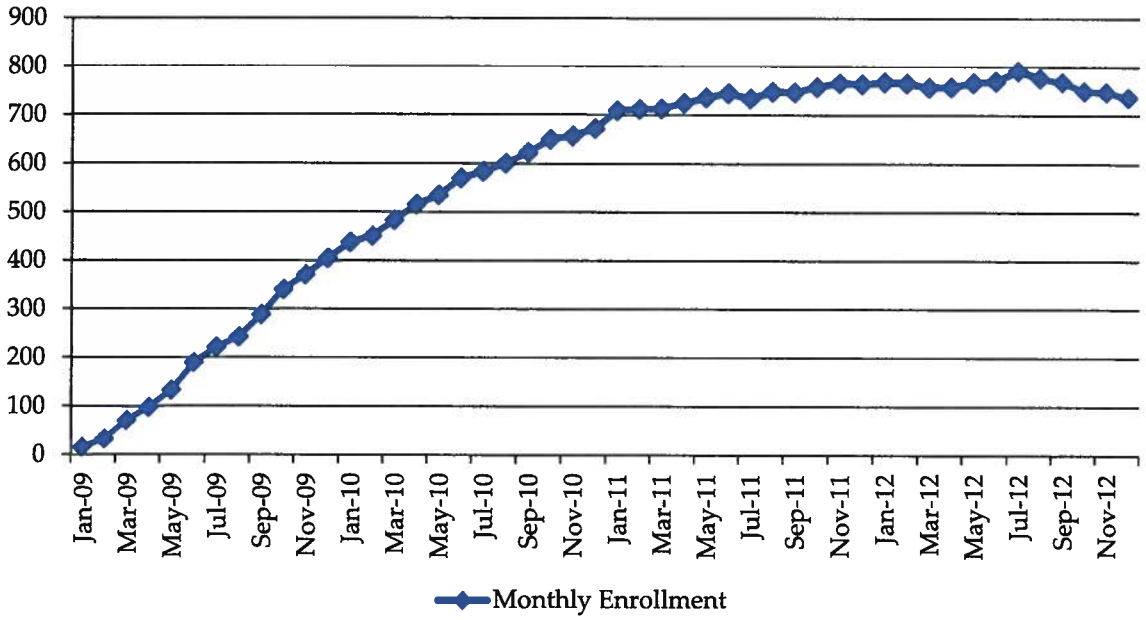
This evaluation report covers the first four years of the Medicaid Pregnant by Choice Family Planning Expansion Program. The analysis concludes that the waiver is budget neutral.

Discussion

Hypothesis 1: The demonstration waiver will result in an annual increase of the proportion of female Wyoming Medicaid eligibles 19-44 years of age who receive Medicaid-paid family planning services.

The objective of this measure was to increase the proportion of family planning waiver enrollees who use a Medicaid-paid family planning service. We evaluated this objective by analyzing enrollment data and Medicaid-paid claims data for the PBC participants. Figure 1.1 displays the trends in monthly enrollment in the PBC waiver. Enrollment steadily increased and then started to level off partway through waiver year three.

Figure 1.1: PBC Monthly Enrollment Counts



We reviewed the counts of enrollees by waiver year and analyzed paid claims data to determine a unique count of enrollees who had at least one family planning service during a waiver year. During the first year of the waiver, the participation rate among enrollees was 39 percent overall (112 participants of the 290 enrollees). Waiver year one reflects a nine month period of enrollment and participation, as enrollment did not begin until January 1, 2009. Enrollment counts more than doubled by waiver year two and counts continued to increase in waiver years three and four.

An anticipated challenge with this measure was that the impact would be limited over time. That is, we expected that the proportion of participants to enrollees would plateau because there would be enrollees who do not intend to use family planning services for various reasons.

As shown in Figure 1.2, in waiver years two and three, the proportion of family planning enrollees who used at least one service increased to 43 percent. That proportion decreased in waiver year four because participation decreased while enrollment increased. The Department had targeted a 10 percent annual increase in the proportion of enrollees using family planning services. Although, the 10 percent increase was not realized, the proportion of participation started out at a level that was expected for the first year and increased until waiver year four. Achieving 43 percent participation is in-line with what other states are able to achieve with similar programs; however, the decrease in waiver year four should be reviewed further.

Figure 1.2: Proportion of PBC Enrollees Who had at Least One Medicaid-paid Service

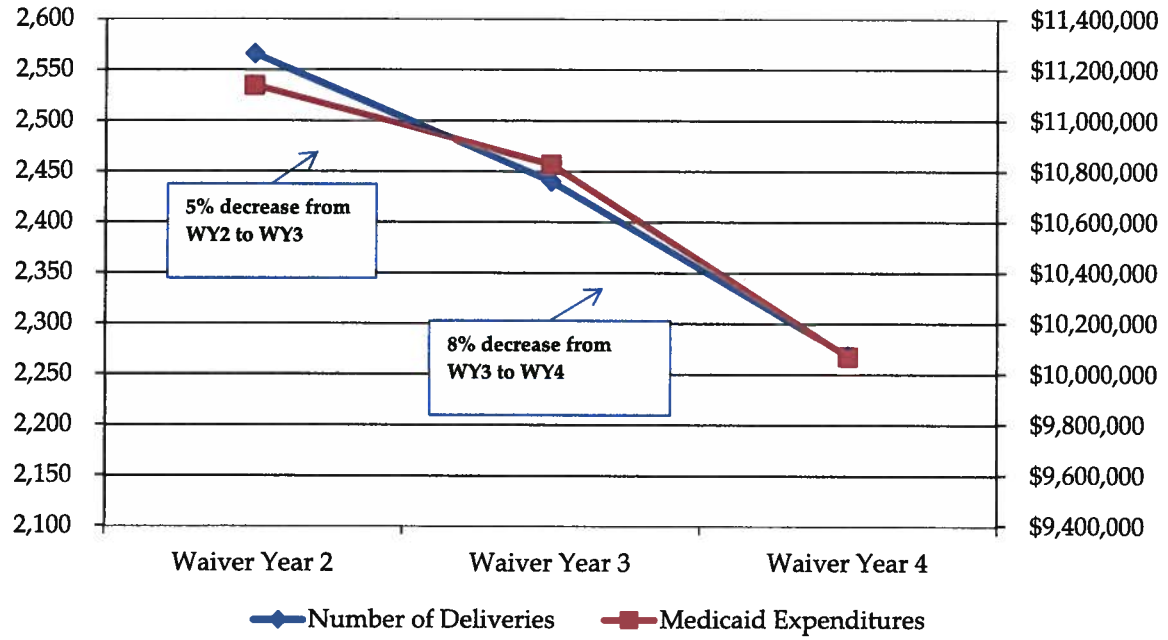
Waiver Year	PBC Participants	PBC Enrollees	Proportion of Enrollees who Participated
1	112	290	39%
2	271	624	43%
3	323	748	43%
4	283	770	37%

Hypothesis 2: The proportion of the women 19 through 44 years of age who become Medicaid-eligible because of a pregnancy and who experience more than one delivery within two years will decline.

The objective of this measure is to reduce the number of inadequately spaced pregnancies among women who participate in the Medicaid PBC program. We evaluated this objective by observing whether there was a decrease in the proportion of women who became Medicaid-eligible because they were pregnant with a birth paid for by Medicaid and a subsequent Medicaid-paid birth within two years of the date of the first birth. Since the measure looks at births that occur within two years of a prior birth, the analysis of this hypothesis cannot occur until two years after the first waiver year.

We reviewed Medicaid-paid delivery data for women 19-44 who were eligible for Medicaid because they were pregnant (Medicaid program code assignment of A71-A74). Figure 2.1 shows that since the waiver began, the number of deliveries and Medicaid expenditures for women who became eligible for Medicaid due to pregnancy has decreased by 10-12 percent overall.

Figure 2.1: Trends in Inpatient Number and Expenditures for Pregnant Women Age 19-44 Who Were Eligible for Medicaid Due to Pregnancy



Overall, just a portion of these women were enrolled in the family planning waiver prior to getting pregnant and transitioning to the Medicaid eligibility categories for pregnant women, as displayed in Figure 2.2. However, there was an increase in the proportion of waiver enrollees who have become pregnant and had a Medicaid-paid delivery.

Figure 2.2: Percentage of Medicaid-Paid Deliveries for Women Age 19-44 with PBC Enrollment Prior to Pregnancy

Waiver Year	All Deliveries (Women Age 19-44 Eligible for Medicaid Due to Pregnancy)	Deliveries to Women with PBC Enrollment Prior to Pregnancy	Percentage of Deliveries to Women with PBC Enrollment Prior to Pregnancy	Percentage of PBC Enrollees with a Delivery of All PBC Enrollees During the Waiver Year
1	N/A	N/A		
2	2,581	24	<1%	4%
3	2,443	72	3%	10%
4	2,301	104	5%	14%
5				

We conducted further analysis of the delivery data to determine the rate of inadequately spaced pregnancies among the entire Medicaid population and those women who had been enrolled in

PBC. An inadequately spaced pregnancy is defined as a Medicaid-paid delivery within two years of the date of the first delivery. Figure 2.3 provides the analysis of inadequately spaced pregnancies among women eligible for Medicaid because of pregnancy and the subset of this group who were PBC enrollees prior to the pregnancy.

Figure 2.3: Analysis of Inadequately Spaced Pregnancies

Waiver Year	Inadequately Spaced Deliveries (Women Eligible for Medicaid Due to Pregnancy)	Inadequately Spaced Deliveries to Women with PBC Enrollment Prior to Pregnancy	Percentage of Inadequately Spaced Deliveries to Women with PBC Enrollment Prior to Pregnancy	Percentage of PBC Enrollees with an Inadequately Spaced Delivery of All PBC Enrollees During the Waiver Year
1	N/A	N/A	N/A	N/A
2	N/A	N/A	N/A	N/A
3	165	0	0%	0%
4	283	3	1%	<1%
5				

The results of this preliminary analysis show the number of deliveries among PBC enrollees has increased from four percent to 14 percent over the course of the waiver demonstration. The number of inadequately spaced pregnancies among women who were enrolled in the PBC was very low at just one percent of all inadequately spaced pregnancies and less than one percent of all PBC enrollees for the waiver year.

Finally, information on the "intendedness" of a pregnancy can make a difference in these statistics. That is, if a woman chooses to become pregnant after receiving services through the PBC demonstration, this is not a failure of the program. Ultimately, we were unable to capture the intention of the pregnancy in these results.

The Wyoming Department of Health participates in the Pregnancy Risk Assessment Monitoring System (PRAMS), a surveillance program conducted in collaboration with the Centers for Disease Control and Prevention (CDC). Wyoming began collecting data in 2007 on select maternal experiences and behaviors that occur before, during and shortly after pregnancy, including whether a pregnancy was unintended or unwanted. This is the best information available on the trend in unintended and unwanted pregnancies among Medicaid participants prior to and during the period of time that the waiver has been operational.

Wyoming has two sets of results available from the PRAMS surveys, 2007-2008 and 2009-2010. Wyoming's demonstration waiver began in October 2008, but enrollment and services did not begin until January 1, 2009. The PRAMS results from 2007-2008 are pre-waiver and 2009-2010 include pre-waiver deliveries and deliveries post-implementation. Deliveries related to

someone enrolled in the waiver would not begin to occur until the last quarter of calendar year 2009.

According to 2009-2010 PRAMS data for a random sample of all live births in Wyoming, 42 percent (2009) and 37 percent (2010) of the survey respondents indicated their pregnancy was unintended, i.e., they reported that they wanted to be pregnant later (mis-timed) or not then or any time in the future (unwanted).[1] These results are for pregnancies that occurred during waiver year two and the first quarter of waiver year three. Since this includes women who were not participants in the PBC, we cannot say with certainty whether the PBC had an impact on the intention of survey respondents to become pregnant. More data is needed to understand whether the decrease of five percent in unintended pregnancies is the beginning of a downward trend.

Hypothesis 3: The demonstration waiver will decrease the number of Medicaid paid deliveries among waiver participants.

We evaluated whether waiver participants in a waiver year, compared to similar women in the baseline year, experienced fewer Medicaid paid deliveries. Figures 3.1 through 3.3 provide estimates of the fertility rate and averted births calculations through waiver year four.

We observed an increase in the number of births to women enrolled in the PBC demonstration. Again, we counted births to women who were ever enrolled in the PBC demonstration prior to their delivery. This resulted in an increased fertility rate across the waiver years.

Figure 3.1: Estimated Fertility Rates of Women Enrolled in PBC

Waiver Year	Number of Births to Women Enrolled in PBC	Number of Women Enrolled in PBC	Fertility Rate (Births/1,000 Women)
1	0	290	0
2	24	624	38
3	72	748	96
4	104	770	135
5			

*Fertility Rate = Number of births to women enrolled in PBC ÷ Number of women enrolled in PBC*1000*

[1] Wyoming Department of Health Public Health Division, "Unintended Pregnancy Fact Sheet Wyoming, 2007-2010." Available online: http://www.health.wyo.gov/familyhealth/prams/data.html

In Figure 3.2 we provide the estimate of the number of births that would have occurred in the absence of the PBC demonstration. With the increased enrollment each year, the estimate of the number of births that would have occurred likewise increased.

Figure 3.2: Estimated Number of Births to Women Enrolled in PBC in the Absence of PBC

Waiver Year	Baseline Fertility Rate (Births/1,000 Women)	Number of Women Enrolled in PBC	Number of Births that would have occurred in the absence of PBC
1	227	290	66
2		624	142
3		748	170
4		770	175
5			

*Number of births that would have occurred = (227/1000)*Number of Women Enrolled in PBC*

The number of births averted due to the PBC demonstration compares the baseline fertility rate of 227 births per 1,000 women to the estimated fertility rate by waiver year. Since the fertility rate increased from waiver year one to waiver year four, the number of births averted decreased.

Figure 3.3: Number of Births Averted (BA) by Waiver Year

Waiver Year	Baseline Fertility Rate	Fertility Rate of Women Enrolled in PBC	Number of Women Enrolled in PBC	Number of Births Averted
1	227	0	290	227
2		38	624	189
3		96	748	131
4		135	770	92
5				

Number of Births Averted = Baseline Fertility Rate – PBC Fertility Rate

Hypothesis 4: The demonstration waiver will not increase State and Federal Medicaid expenditures for birth-related services.

In Figures 4.1 through 4.5 we demonstrate that the waiver is budget neutral, i.e., the waiver has not increased State and Federal Medicaid expenditures. The demonstration of budget neutrality begins with estimates of the average cost of a birth for each waiver year. The Medicaid cost of a birth includes prenatal, delivery, postnatal, newborn and infant care for the first year of life.[2]

Figure 4.1: Average Cost of a Birth (BC)

Waiver Year	Prenatal, Delivery and Postpartum Care	Number of Medicaid Deliveries	Average Cost of a Delivery	Infant First Year Care	Number of Infants	Average Cost of First Year Care	Average Cost of a Birth
	A	B	C=A/B	D	E	F=D/E	G=C+F
1	$32,074,096	2,725	$11.770	$ 24,431,262	3,426	$7,131	$18,901
2	$37,358,375	2,796	$13.361	$ 26,241,008	3,809	$6,889	$20,250
3	$37,440,018	3,030	$12,356	$ 27,466,540	3,472	$7,911	$20,267
4	$34,938,921	2,878	$12,140	$ 28,643,281	3,257	$8,794	$20,934
5							

Averted Medicaid costs are equal to the births averted times the average Medicaid costs of a birth for the waiver year. Figure 4.2 provides estimates of these costs for waiver year one through four.

[2] The data reported in Table 4 is for all Medicaid deliveries regardless of eligibility or participation in the family planning waiver demonstration.

Figure 4.2: Without Waiver Costs

Waiver Year	Number of Births that would have occurred in the absence of PBC	Average Cost of a Birth	Without Waiver Costs
1	66	$18,901	$1,247,466
2	142	$20,250	$2,875,500
3	170	$20,267	$3,445,390
4	175	$20,934	$3,663,450
5			

Without Waiver Costs = Number of births that would have occurred in the absence of the Waiver x average cost of a birth

Figure 4.3 provides data related to the waiver that includes the cost of births that were not averted plus the reported cost of waiver services provided through the PBC demonstration. Since the number of births to women enrolled in PBC prior to their pregnancy increased from waiver year one to four, estimates of "with waiver" costs also increased.

Figure 4.3: With Waiver Costs

Waiver Year	Number of Births to Women Enrolled in PBC	Average Cost of a Birth	Cost of Waiver Services Provided	With Waiver Costs
1	0	$18,901	$27,684	$27,684
2	24	$20,250	$90,694	$576,694
3	72	$20,267	$100,947	$1,560,171
4	104	$20,934	$103,699	$2,280,835
5				

With Waiver Costs = Number of births to women enrolled in PBC x average cost of a birth + cost of PBC services provided

Figure 4.4 provides the estimates of the annual budget limit, which is based on the number of births averted in each waiver year. These estimates are used as the basis for the budget neutrality calculation found in Figure 4.5.

Figure 4.4: Annual Budget Limit

Waiver Year	Number of Births Averted	Average Cost of a Birth	Annual Budget Limit
1	227	$18,901	$4,290,527
2	189	$20,250	$3,827,250
3	131	$20,267	$2,654,977
4	92	$20,934	$1,925,928
5			

Annual Budget Limit = Number of births averted (BA) x average cost of a birth (BC)

For each year of the PBC demonstration we are estimating a savings to the State due to the demonstration. This saving means that the PBC demonstration can be considered budget neutral. Although the number of births averted decreased over the waiver demonstration, the costs of the PBC services were low enough to continue to see savings.

Figure 4.5: Budget Neutrality

Waiver Year	Annual Budget Limit	Cost of PBC Services	Savings	Budget Neutral?
1	$4,290,527	$27,684	$4,262,843	Yes
2	$3,827,250	$90,694	$3,736,556	Yes
3	$2,654,977	$100,947	$2,554,030	Yes
4	$1,925,928	$103,699	$1,822,229	Yes
5				

Attachment D: Draft Participant Survey

Medicaid "Pregnant by Choice" Family Planning Program Survey

The Wyoming Department of Health EqualityCare (Medicaid) offers family planning services through the Medicaid "Pregnant by Choice" Family Planning Program. We understand that you used these services some time from **October 1, 2013 to September 30, 2014.** With this survey we hope to learn about your experiences using the Medicaid Pregnant by Choice Program. Please be sure that we will keep your responses confidential.

- Please do your best to answer all of the questions by checking the box to the left of your answer, like this:

☐ Yes		☐ Yes
☑ No	or	☒ No

- You are sometimes asked to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

  ☐ Yes → **Go to Question 3**
  ☐ No

  In this example, if you answered "yes" to this question, you would skip the next question and go to question 3. If you answered "no" to this question, you would answer the next question on the survey. You do not need to answer the questions if you are told to skip them.

- Finish all of the questions in the survey and put it in the stamped envelope.
- Seal the envelope by pressing it closed.
- Return the sealed envelope by placing it in the mail.
- We may want to call you to ask for more information about your responses. Please answer Question 29 to tell us if you are willing talk with us.

This survey will take you about 5-10 minutes to complete.

THANK YOU FOR COMPLETING THE SURVEY.

Wyoming Department of Health
Commit to your health

Medicaid "Pregnant by Choice" Family Planning Program Survey

1. Gender

   ☐ Female
   ☐ Male → **STOP. This survey is not for you. Return the survey in the self-addressed stamped envelope**

The "Pregnant by Choice" family planning program is a Medicaid program. The program aims to lower the number of closely spaced and unplanned births.

2. Did you know that the services listed below are paid for by the Medicaid Pregnant by Choice program?

   ✓ family planning exams
   ✓ Most types of birth control
   ✓ Testing for sexually transmitted infections
   ✓ HIV testing
   ✓ Voluntary sterilization
   ✓ Pregnancy tests

   ☐ Yes, I knew some of these services were paid for
   ☐ Yes, I knew all of these services were paid for
   ☐ No, I did not know any of these services were paid for

3. Did you use Medicaid Pregnant by Choice program services between October 1, 2013 to September 30, 2014?

   ☐ Yes
   ☐ No → **STOP. This survey is not for you. Return the survey in the self-addressed stamped envelope**
   ☐ Unsure

4. Where did you go to get Medicaid Pregnant by Choice services? (Check all that apply)

   ☐ Health Care Provider's Office (including Doctor's Office)
   ☐ County Health Department
   ☐ Community Health Clinic
   ☐ Family Planning Agency
   ☐ Hospital
   ☐ Unsure
   ☐ Other: _____

5. Did you have an exam from a health care provider when you first signed up for the Medicaid Pregnant by Choice program?

   ☐ Yes
   ☐ No

6. After having an exam, have you returned to get any more services from the Medicaid Pregnant by Choice program?

   ☐ Yes, for a yearly check-up
   ☐ Yes, for a visit
   ☐ Yes, for both a yearly check-up and visits
   ☐ No → **Go to Question 14**

7. How many visits do you make to your family planning provider each year?

   ☐ 1
   ☐ 2 – 3
   ☐ 4 or more

8. Do you have a health care provider who you visit when you need other medical care, such as when you are sick or need a check-up? (This might be the same provider as your family planning provider.)

   ☐ Yes
   ☐ No → **Go to Question 17**

9. Does this health care provider offer free or low cost medical care?

   ☐ Yes
   ☐ No → **Go to Question 11**

10. Where do you go to get free or low cost medical care?

    ☐ Health Care Provider's Office (including Doctor's Office)
    ☐ County Health Department
    ☐ Community Health Clinic
    ☐ Family Planning Agency
    ☐ Hospital
    ☐ Unsure
    ☐ Other: _____

11. Think about the past 12 months. Did you need to see a health care provider *other than* your family planning provider about a health issue?

    ☐ Yes
    ☐ No → **Go to Question 14**

12. What type of health care provider did you see for that health problem?

    ☐ My family doctor
    ☐ A doctor recommended to me by someone else
    ☐ Hospital Emergency Room doctor
    ☐ Other: _____

Wyoming Department of Health
Commit to your health

Medicaid "Pregnant by Choice" Family Planning Program Survey

13. Who paid for that visit to your health care provider?

- ☐ I paid
- ☐ The Medicaid "Pregnant by Choice" program paid
- ☐ My insurance paid
- ☐ There was no charge
- ☐ Other: _____

The next set of questions asks about your experience with health care services to treat medical conditions or issues that are not paid for by the Medicaid Pregnant by Choice program. We want to know about medical issues that your family planning provider could not treat that led you to get health care services from another doctor.

14. Think about your last family planning visit. Did the doctor or nurse recommend that you get help for another medical condition or issue that would not be paid by the Medicaid Pregnant by Choice program?

- ☐ Yes
- ☐ No → **Go to Question 29**
- ☐ Unsure

15. Did the doctor or nurse suggest a health care provider where you could go to get care for your other medical condition or issue? **This suggestion is sometimes known as a "referral."**

- ☐ Yes
- ☐ No → **Go to Question 28**
- ☐ Unsure

16. Why did you need to see a different health care provider?

- ☐ Because my family planning provider could not treat my condition.
- ☐ Because my family planning provider could not provide free or low cost care.
- ☐ Other _____

17. Did you ask for the referral?

- ☐ Yes, I asked for the name of a health care provider.
- ☐ No, the referral was offered to me.
- ☐ Unsure

18. Were you given a list of health care providers for you to choose from?

- ☐ Yes
- ☐ No → **Go to Question 21**
- ☐ Unsure

19. Did the list include names and phone numbers to call?

- ☐ Yes
- ☐ No
- ☐ Unsure

20. Did you know if the health care providers on the list offered free or low cost services?

- ☐ Yes
- ☐ No
- ☐ Unsure

21. Did you make an appointment to see a provider because of the referral?

- ☐ Yes → **Go to Question 23**
- ☐ No

22. Why did you not make an appointment to see a referral health care provider? (Check all that apply)

- ☐ I did not think I needed the services.
- ☐ I needed care sooner than I could get an appointment.
- ☐ I did not want the services.
- ☐ I did not know where I could get services.
- ☐ I did not have the time to get services.
- ☐ I could not pay for the cost of services.
- ☐ I did not have transportation to get to the health care provider.
- ☐ I could not find child care so that I could go to see the health care provider.
- ☐ I could not find a health care provider I was comfortable using.
- ☐ Unsure
- ☐ Other: _____

GO TO QUESTION 25

23. If you made an appointment to see a health care provider, did you go to the appointment?

- ☐ Yes → **Go to Question 25**
- ☐ No

24. If you did not go to the appointment, why not? (Check all that apply)

- ☐ I did not think I needed the services after all.
- ☐ I needed care sooner than the appointment, i.e., the amount of time I had to wait for the appointment was too long.
- ☐ I decided I did not want to see this health care provider.
- ☐ I did not have the time to go to the appointment.
- ☐ I could not pay the cost for services.
- ☐ I did not have transportation to get to the appointment.
- ☐ I could not find child care so that I could go to the appointment.
- ☐ Unsure
- ☐ Other: _____

Wyoming Department of Health
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Medicaid "Pregnant by Choice" Family Planning Program Survey

25. Were you happy with your experience getting a health care provider referral?

☐ Yes → **Go to Question 29**
☐ No
☐ Unsure

26. If you were not happy, why not?

_____
_____
_____
_____

27. How can the referral process be improved?

_____
_____
_____
_____

GO TO QUESTION 29

28. Why do you think you did not receive a referral?

_____
_____
_____
_____

29. May we contact you about your answers if we have any more questions?

☐ Yes (please provide your phone number)
phone #: _____

What is the best time of day to reach you?

☐ Morning (9AM – Noon) ☐ Afternoon (Noon – 4PM) ☐ Evening (4PM – 7PM)

☐ No

Ethnicity: Spanish/Hispanic/Latino

☐ Yes
☐ No

Race (optional, check one)

☐ African American
☐ White/Caucasian
☐ Asian
☐ American Indian or Alaskan Native
☐ Pacific Islander or Hawaiian Native
☐ Other_____

Age

☐ 18 or younger
☐ 19-24
☐ 25-29
☐ 30-34
☐ 35-39
☐ 40-44
☐ 45 or older

FINISHED

THANK YOU FOR PARTICIPATING

Wyoming Department of Health
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Wyoming Family Planning Program Section 1115 Medicaid Waiver Renewal Request

The Northern Arapaho understands from the notice that the Wyoming Department of Health intends to request Federal authority renewal. The goals to reduce the incidence of closely spaced pregnancies and decrease the number of unintended pregnancies, which achieve cost savings and reduce health risks to women and children is important. We support this renewal, which will improve the quality of life for Wyoming residents.

Thank you for providing this opportunity to comment on these Amendments

Sincerely,

[redacted]

Richard Brannan, Director
Northern Arapaho Tribal Health

Cc: Thomas Forslund, Director
Teri Green , Senior Administrator
Arapaho Business Council