

**ANNUAL MONITORING REPORT
FAMILY PLANNING SECTION 1115 DEMONSTRATIONS**

State: Wyoming

Demonstration Reporting Period: January 1, 2020 – December 31, 2020

Demonstration Year: 12

Approved start and end date of the Demonstration: DY1 began in 2009. The Family Planning Waiver, Pregnant by Choice Program was approved for a ten year extension through December 31, 2027.

A. Executive Summary

This program extends family planning options to women who would typically lose their Medicaid benefits two months postpartum. Eligible women:

- 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 159 percent of the federal poverty level (FPL),
- Are U.S. citizens or qualified immigrants,
- Are residents of Wyoming, and
- Are not pregnant.

The overarching goals of the “Pregnant by Choice” (PBC) initiative are to:

- Reduce the incidence of closely spaced pregnancies,
- Decrease the number of unintended pregnancies,
- Achieve cost savings, and
- Reduce 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 include:

- 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;

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- Removal of contraceptive devices;
- Sterilization services and related laboratory services (when properly completed sterilization consent form has been submitted); and
- Medications required as part of a procedure done for family planning purposes.

The following 2020 Calendar Year (CY) quarters are included as part of the Demonstration Year Twelve Annual Report:

- Quarter 1: January 1, 2020 through March 31, 2020
- Quarter 2: April 1, 2020 through June 30, 2020
- Quarter 3: July 1, 2020 through September 30, 2020
- Quarter 4: October 1, 2020 through December 31, 2020

1. Synopsis of the information contained in the report

The Family Planning Waiver, Pregnant by Choice Program continues to be a small program. Although there were some early efforts in DY12 (2020), before the Public Health Emergency, to bolster enrollment through outreach and promotion activities targeting women who would normally transition from the Pregnant Women Program and lose full Medicaid benefits, these efforts didn't see any enrollment increases since efforts were curtailed due to the PHE (please see Section 2 for summary).

It can be evidenced in the data below, that Program enrollment has fluctuated between seven (7) to (10) clients. Although there are clients enrolled, the Program has seen a smaller portion of beneficiaries (four (4)) that are actually utilizing their Program benefits – which could be due to the fact that some of these women have other health coverage, and since the Pregnant by Choice Program is a Medicaid Program whose function is the payor of last resort, it is plausible that even if these women are not utilizing their Program benefits, they could still be receiving birth control and other reproductive health benefits and services through a different health plan, Medicaid wouldn't necessarily see those claims.

The Annual Monitoring Report outcomes highlighted the need to do some outreach to Wyoming Pregnant by Choice enrollees. Below, it was reported that some clients are not using the Program to obtain birth control, nor are they getting STD testing or Cervical Cancer Screenings, which could be due to having other coverage as noted above. It can only be helpful to send a letter and Program brochure that highlights their reproductive health benefits they are eligible for being enrolled in the Program. This outreach letter will be drafted and mailed in DY13 (2021), sent along with the Program brochure so clients have current information on the Program and know what is available to them.

2. Program Updates, Current Trends or Significant Program Changes

- a. **Narrative describing the impact of any administrative and operational changes to the demonstration, such as eligibility and enrollment processes, eligibility redetermination processes (including the option to utilize administrative redetermination), systems, health care delivery, benefits, quality of care, anticipated or proposed changes in payment rates, and outreach changes.** There were no

significant program activity trends, activities (except those due to the Public Health Emergency, summarized in Section 2), or changes in DY12.

- b. Narrative on any demonstration changes, such as changes in enrollment, renewal processes service utilization, and provider participation. Discussion of any action plan if applicable.** Historically, there were hundreds of women enrolled in the Family Planning Waiver, Pregnant by Choice Program. After the implementation of the Affordable Care Act in 2010, the Program saw an understandable exodus of women who were able to get a healthcare plan with minimum essential coverage benefits at a reduced or free rate. It made more sense to use the Healthcare Exchange and find a robust health plan instead of remaining on the Pregnant by Choice Program, which provided benefits limited to reproductive healthcare coverage. Family Planning Waiver Enrollment in the Family Planning Waiver does fluctuate minutely, but hovers around ten (10) enrolled women.
 - c. Narrative on the existence of or results of any audits, investigations, or lawsuits that impact the demonstration.** There were no audits, investigations, or lawsuits impacting the demonstration during DY12.
- 3. Policy Issues and Challenges**
- a. Narrative of any operational challenges or issues the state has experienced.** Wyoming has not identified any operational challenges or issues during Demonstration Year 12.
 - b. Narrative of any policy issues the state is considering, including pertinent legislative/budget activity, and potential demonstration amendments.** There were no policy issues being considered, legislative/budget activity, nor demonstration amendments relative to the Family Planning Waiver, Pregnant by Choice Program during Demonstration Year 12.
 - c. Discussion of any action plans addressing any policy, administrative or budget issues identified, if applicable.** There was no discussion or action plans addressing policy, administrative, nor budget issues identified during Demonstration Year 12.

B. Utilization Monitoring

The state will summarize utilization through a review of claims/encounter data for the demonstration population in the subsequent tables. This includes the following:

Table 1. Summary of Utilization Monitoring Measures

Topic	Measure [Reported for each month included in the annual report]
Utilization Monitoring	Unduplicated Number of Enrollees by Quarter (See table 2 below)
	Unduplicated Number of Beneficiaries with any Claim by Age Group, Gender, and Quarter (See table 3 below)
	Contraceptive Utilization by Age Group (See table 4 below)
	Total Number of Beneficiaries Tested for any Sexually Transmitted Disease (See table 5 below)
	Total Number of Female Beneficiaries who Obtained a Cervical Cancer Screening (See table 6 below)
	Total Number of Female Beneficiaries who Received a Clinical Breast Exam (See table 7 below)

Table 2: Unduplicated Number of Enrollees by Quarter Please note: Males are not a covered population under the FPW.

	Number of Female Enrollees by Quarter				
	14 years old and under	15-20 years old	21-44 years old	45 years and older	Total Unduplicated Female Enrollment*
Quarter 1	0	0	10	0	10
Quarter 2	0	0	7	0	7
Quarter 3	0	0	9	0	9
Quarter 4	0	0	10	0	10

*Total column is calculated by summing columns 2-5.

Table 3: Unduplicated Number of Beneficiaries with any Claim by Age Group and Gender per Quarter in the Demonstration Year Please note: Males are not a covered population under the FPW.

	Number of Females Who Utilize Services by Age and Quarter					
	14 years old and under	15-20 years old	21-44 years old	45 years and older	Total Female Users *	Percentage of Total Unduplicated Female Enrollment
Quarter 1	0	0	2	0	2	50%
Quarter 2	0	0	1	0	1	25%
Quarter 3	0	0	0	0	0	0%
Quarter 4	0	0	1	0	1	25%
Total Unduplicated**	0	0	4	0	4	100%

*Total column is calculated by summing columns 2-5.

**Total unduplicated row cannot be calculated by summing quarter 1 – quarter 4. Total unduplicated users must account for users who were counted in multiple quarters, and remove the duplication so that each user is only counted once per demonstration year.

Table 4: Contraceptive Utilization by Age Group per Demonstration Year

Effectiveness	Users of Contraceptives					
		14 years old and under	15 – 20 years old	21 – 44 years old	45 years old and older	Total
Most and Moderately Effective*	Numerator	0	0	2	0	2
	Denominator	0	0	4	0	4
Long-acting reversible contraceptive (LARC)*	Numerator	0	0	0	0	0
	Denominator	0	0	0	0	0
Total	Numerator	0	0	2	0	2

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	Denominator	0	0	4	0	4
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*This measure is calculated as per the Medicaid and CHIP Child and Adult Core Set measure for contraceptive care for all women. Measure specifications can be found at the links below:

- Child Core Set (CCW-CH measure for ages 15-20): <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-and-chip-child-core-set-manual.pdf>
- Adult Core Set (CCW-AD measure for ages 21-44): <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf>

States needing technical assistance in applying the Core Set specifications to their family planning demonstration can send an email to MACqualityTA@cms.hhs.gov.

Table 5: Number Beneficiaries Tested for any STD by Demonstration Year Please note: Males are not a covered population under the FPW.

Test	Female Tests		Total Tests	
	Number	Percent of Total	Number	Percent of Total
Unduplicated number of beneficiaries who obtained an STD test	0	0	0	0%

Table 6: Total Number of Female Beneficiaries who obtained a Cervical Cancer Screening

Screening Activity	Numerator*	Denominator*	Percent
Unduplicated number of female beneficiaries who obtained a cervical cancer screening*	0	0	0%

*This measure is calculated as per the Medicaid and CHIP Adult Core Set measure for cervical cancer screening and is defined as women ages 21 to 64 who had cervical cytology (Pap test) performed every 3 years or women ages 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Measure specifications can be found at: <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf>

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Table 7: Breast Cancer Screening

Screening Activity	Numerator*	Denominator*	Percent
Unduplicated number of female beneficiaries who received a Breast Cancer Screening*	0	0	0%

*This measure is calculated as per the Medicaid and CHIP Adult Core Set measure for breast cancer screening and is defined as the percentage of women ages 50 to 74 who had a mammogram to screen for breast cancer and is reported for two age groups (as applicable): ages 50 to 64 and ages 65 to 74.

Measure specifications can be found at: <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf>

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C. Program Outreach and Education

1. General Outreach and Awareness

- a. **Provide information on the public outreach and education activities conducted this demonstration year; and,** General public outreach has not been done.
- b. **Provide a brief assessment on the effectiveness of these outreach and education activities.** There is nothing to report here since general public outreach has not been done.

2. Target Outreach Campaign(s) (if applicable)

- a. **Provide a narrative on the populations targeted for outreach and education campaigns and reasons for targeting; and,** During the last quarter of DY11 and the first quarter of DY12, before the Public Health Emergency, Wyoming Medicaid had recently partnered with Optum, who is contracted to support the health of Wyoming Medicaid's population through several initiatives, including actively promoting the Pregnant by Choice Program through outreach to providers (disseminating materials: brochures and posters) as well as direct outreach to women within sixty (60) days postpartum. During an outreach, Optum's clinicians are checking in on mom and baby, administering a depression screening (if mom grants permission), discussing healthcare options and promoting the Pregnant by Choice Program. Once a woman's sixty (60) postpartum days end on the Pregnant Women Program, they will not have full Medicaid benefits any longer. This outreach ensures that these women who are about to transition off full benefits are aware that the Pregnant by Choice Program exists as an option. Optum triages any woman who has a positive postpartum depression screening until her full Medicaid benefits term and will make sure she has the contact information for mental health providers in her community who operate on a sliding scale fee so she can continue to obtain support for her mental health needs.

However, when the Public Health Emergency was declared, those clients who normally would have transitioned off or termed from their respective eligibility programs, were kept on their plan. Federal provisions required that States keep clients enrolled through the end of the month when the Public Health Emergency (PHE) ends. The end of the PHE has not been declared and continues as I write this in DY13. As a result, Optum was advised to change their approach and to continue to check on mom and baby, perform the depression screening (if mom grants permission), but to refrain from promoting the Pregnant by Choice Program so as not to create confusion since the Agency was unaware of how long the PHE would last.

- b. Provide a brief assessment on the effectiveness of these targeted outreach and education activities.** This partnership with Optum to promote the Family Planning Waiver, Pregnant by Choice Program had just begun at the end of Demonstration Year 11, so the efforts hadn't been in place for more than a few months before efforts were reduced due to the Public Health Emergency. Effectiveness of the outreach and education activities is inconclusive due to Optum not promoting the Pregnant by Choice Program due to the PHE. We certainly haven't seen enrollment numbers increase, which would be our indication that outreach and promotion activities were effective.

D. Program Integrity

Provide a summary of program integrity and related audit activities for the demonstration, including an analysis of point-of-service eligibility procedures. There have not been any program integrity or related audit activities for the demonstration. As the Health Management Contract Manager has oversight of the Family Planning Waiver, Pregnant by Choice Program, a monthly review of claims (if there are any) is done within the Fiscal Agent's Medicaid Management Information System. There are sometimes claims that are submitted for services that are not covered benefits for women enrolled in the Pregnant by Choice Program. There are system edits that prevent payment for procedures, services, and diagnoses outside of the limited reproductive health benefit scope. If claims are received for out of scope services, they are denied.

E. Grievances and Appeals

Provide a narrative of grievances and appeals made by beneficiaries, providers, or the public, by type and highlighting any patterns. Describe actions being taken to address any significant issues evidenced by patterns of appeals. There have not been any grievances and appeals made by beneficiaries, providers, nor the public during Demonstration Year 12.

F. Annual Post Award Public Forum

Provide a summary of the annual post award public forum conducted by the state as required by 42 CFR §431.420(c) that includes a report of any issues raised by the public and how the state is considering such comments in its continued operation of the demonstration. The Annual Post Award Public Forum was not held during DY12 (2020) due to priorities addressing the 2020 Public Health Emergency. Attention was given to the broader Medicaid population in order to alert, inform, and educate clients. The Agency and Optum collaborated to create an on-the-fly COVID-19 care management program to assist and support our Wyoming Medicaid clients who had a positive COVID-19 diagnosis. These activities diverted attention from the Pregnant by Choice Program requirements; therefore, the DY12 (2020) Annual Post Award Public Forum was not held during DY12.

The DY13 Public Form was scheduled for April 8, 2021 and a teleconference was held, although there were no callers. This Public Forum was set up and planned to cover DY12 (2020) activities as well as DY13 (2021) activities with any interested parties. The Public and Tribal Notice was posted prominently on the Medicaid website thirty (30) days in advance of the Forum, where all similar announcements are posted, and can be accessed here under the "Provider Information – Updates" section: <https://health.wyo.gov/healthcarefin/medicaid/>

Please note: there were no callers nor written feedback (email nor snail mail) received for the Family Planning Waiver, Pregnant by Choice Program for DY12 (2020) activities, nor DY13 (2021) activities.

The last Public Forum before April 8, 2021 was held in June 2019 (with no written comments nor callers).

G. Budget Neutrality

1. **Please complete the budget neutrality workbook.** Completed.
2. **Discuss any variance noted to the estimated budget, including reasons for variance in enrollment and/or in total costs, and/or in per enrollee costs. Describe any plans to mitigate any overages in budget neutrality by the end of the demonstration period.** Cost remains steady based on the static number of enrollees in the Program. Due to the Public Health Emergency (PHE), promotional efforts have been halted since women on the Pregnant Women Program are keeping full Medicaid benefits. For this reason, Program projections for DY13 align closely with DY12 actual expenditures. Enrollment is projected to stay relatively static, around ten (10), for this same reason in DY13. As soon as the PHE is lifted, promotional efforts will resume and we anticipate enrollment will increase, possibly happening in DY13 and beyond.

Per “Summary TC” tab in the BNW, the calculation discovered that WY is above the “budget neutrality limit” for DY12. The “actual cumulative variance (positive=overspending)” is \$154. This means that the Program paid more in benefits than CMS was planning to pay; therefore, this cost will shift entirely to the State and the State will not receive FFP for the amount deemed not budget neutral (\$154) (CMS set the PMPM at \$11.56 for DY12).

Historically, budget neutrality was calculated by comparing average birth costs against anticipated birth costs of Program enrollees had they not been enrolled in the Program, and subtracting the actual costs (costs of reproductive health benefits and birth control). After demonstration approval in 2020, new STCs established budget neutrality to be based off of a calculated PMPM instead of birth costs.

The Program does not anticipate the need for a corrective action plan at this time. Instead, the Agency believes in the cost of the Program, albeit above the established PMPM, and will cover those costs knowing there will be no FFP beyond the \$11.56 PMPM. For Fiscal purposes, please alert the Family Planning Waiver Program Manager (Sarah Hoffdahl) as to how this process will work and what needs to be shared with Fiscal so any adjustments can appropriately be made in Schedule C or other CMS reporting.

H. Demonstration Evaluation Activities and Interim Findings

Please provide a summary of the progress of evaluation activities, including key milestones accomplished. Include:

1. **Status of progress against timelines outlined in the approved Evaluation Design.** No timelines have been established within the approved Evaluation Design beyond the due date of the report itself.
2. **Any challenges encountered and how they are being addressed.** The State has not

identified any challenges.

- 3. Status of any evaluation staff recruitment or any RFPs or contracts for evaluation contractual services (if applicable).** It should be noted that outreach and promotion is contracted to be done by Optum. Their current contract ends 6/30/2022. The State does not plan to reprocure for Health Management activities; instead, this work will be pulled in-house. The work will continue, it will just be done in-house instead of contracted.
- 4. Description of any interim findings or reports, as they become available. Provide any evaluation reports developed as an attachment to this document. Also discuss any policy or program recommendations based on the evaluation findings.** There have not been additional interim findings, reports, policy, or program recommendations to date.