

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

**State:** Wyoming

**Demonstration Reporting Period:** January 1, 2023 – December 31, 2023

**Demonstration Year:** 15

**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 2023 Calendar Year (CY) quarters are included as part of the Demonstration Year Fifteen Annual Report:

- Quarter 1: January 1, 2023 through March 31, 2023
- Quarter 2: April 1, 2023 through June 30, 2023
- Quarter 3: July 1, 2023 through September 30, 2023
- Quarter 4: October 1, 2023 through December 31, 2023

1. Synopsis of the information contained in the report

The Family Planning Waiver, Pregnant by Choice Program continues to be a small program. It can be evidenced in the data below, that Program enrollment has only subtly increased with thirteen (13) enrollees, which is higher than DY14 (CY2022). Although there were thirteen (13) members enrolled, not all of them utilized their benefits. The Program has seen four (4) distinct beneficiaries actually using any Program benefits.

Although the Program was found to not be “budget neutral” in DY15, total Program costs remain VERY low. For DY15, the total Program cost was \$1,489. The Agency greatly believes in the goals of the Program and the associated costs to run the Program, albeit “over budget.”

The Program is expecting an increase in enrollees in July 2024 and hopes to see program benefits and utilization of services increase.

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 was a significant program change submitted to CMS in Amendment #1 to CMS on April 3, 2023 during DY15. Aside from Amendment #1, there were no other significant changes to the Program (please see Section 3b).

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 five (5) to fifteen (15)

enrolled women. Service utilization and provider participation both remain static; however, Wyoming Medicaid did submit an Amendment with proposed changes to the enrollment process (please see Section 3b).

- 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 DY15.
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 15.
    - 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 nor budget activity relative to the Family Planning Waiver, Pregnant by Choice Program during Demonstration Year 15; however, there was a demonstration amendment that was submitted to CMS on submitted on April 3, 2023.

In 2023, the Wyoming Legislature approved [House Bill HB0004](#) to extend Medicaid postpartum coverage to a full year (an additional ten (10) months beyond the current sixty (60) days of coverage a woman receives postpartum). The effective date of this change was July 1, 2023 and a State Plan Amendment was completed. This does affect the Pregnant by Choice Program and an Amendment was completed and submitted with the following request:

Due to this Legislation, the Wyoming Department of Health requested the following changes to the Family Planning Waiver, Pregnant by Choice Program (PBC) eligibility and enrollment process: the Wyoming Eligibility System will attempt an ex parte renewal for individuals enrolled in the Pregnant Women Program in order to auto-enroll women prior to their anticipated coverage termination date. If the member cannot be renewed using the ex parte process, a renewal form is mailed to the member giving them sixty (60) days to complete and return the renewal.

Instead of PBC eligibility being offered within sixty (60) days postpartum (after delivery), the member would be eligible to qualify for the Program within sixty (60) days of coverage ending (benefits terminating). Women enrolled in a pregnant woman program will be offered enrollment into the Family Planning Waiver, PBC program (if she hasn't already been enrolled using the ex parte process within that time frame). She must elect coverage during that sixty (60) day window, or else she is no longer eligible.

Rewording this eligibility language to state that a woman who qualifies for the Pregnant by Choice Program will be enrolled using the ex parte process or will be sent a renewal form to request enrollment into the PBC Program within sixty (60) days of her Pregnant Woman Coverage ending ensures another eligibility and enrollment update is not necessary if there are future changes due to House Bill HB0004 being reauthorized or not.

In summary, any woman qualified member whose coverage is ending under the Pregnant Woman Program would be ex parte enrolled into the Pregnant by Choice Program, if she is not eligible for another program. Income will be verified through an interface from the Social Security Administration as well as through Wyoming’s Department of Workforce Services. Once it is verified that the member meets the income guidelines for the program, an approval notice will be mailed letting the member know she has been enrolled in the PBC Program, the basis on which the determination was made, the benefits of the Program, and how to report changes and how to disenroll, if she desires.

A monthly process has been into place to check claims and confirm that a PBC enrollee has not had a sterilization procedure performed, which would disqualify her from the Program. Anyone enrolled that has had a recent sterilization procedure done, will be reviewed for other coverage and sent a notice in advance of closure if she no longer qualifies.

The PBC Questionnaire (which asks qualifying questions) will be sent at least annually, at least forty-five (45) days prior to the end of the benefit period. Members are able to return the completed form through the mail, email, or fax or they can call in to indicate they would like to re-enroll or renew their benefits. If they should fail to complete the enrollment or renewal process, they are sent a closure notice at least fifteen (15) days prior to benefit termination. Once benefits have ended, the member is not eligible to reapply for the program, unless she qualifies under a future pregnancy. The ex-parte renal process will remain in place as well as the verification of claims for any future enrollment periods.

More information can be found in the Family Planning Waiver, Pregnant by Choice Program’s Amendment #1 related to these proposed changes.

- 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 15.

**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				Total Unduplicated Female Enrollment*
	14 years old and under	15-20 years old	21-44 years old	45 years and older	
Quarter 1	0	0	7	0	7
Quarter 2	0	0	7	0	7
Quarter 3	0	0	8	0	8
Quarter 4	0	1	8	0	9
Total Unique Members	0	1	12	0	13

\*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					Percentage of Total Unduplicated Female Enrollment***
	14 years old and under	15-20 years old	21-44 years old	45 years and older	Total Female Users *	
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					Total
	14 years old and under	15 – 20 years old	21 – 44 years old	45 years old and older		

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Most and Moderately Effective*	Numerator	0	0	2	0	2
	Denominator	0	0	2	0	2
Long-acting reversible contraceptive (LARC)*	Numerator	0	0	1	0	1
	Denominator	0	0	1	0	1
<b>Total</b>	Numerator	0	0	3	0	3
	Denominator	0	0	3	0	3

\*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](mailto: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>

States needing technical assistance in applying the Core Set specifications to their family planning demonstration can send an email to [MACQualityTA@cms.hhs.gov](mailto:MACQualityTA@cms.hhs.gov).

**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>

States needing technical assistance in applying the Core Set specifications to their family planning demonstration can send an email to [MACQualityTA@cms.hhs.gov](mailto:MACQualityTA@cms.hhs.gov).

**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,** In September 2022, Wyoming Medicaid went live with a new text-based initiative called, Project Juno, with a company named, Syllable. Project Juno targeted high risk pregnant and postpartum women with health screenings and educational messages around maternity and newborn care. If they agree to participate in the program, they would be prompted to answer an Adverse Childhood Experiences (ACE) screening, Social Determinants of Health (SDoH) screenings, and PHQ-2 (depression) screenings, where any positive screens are escalated to nurse care managers. As part of the educational messages, awareness and promotion of the Pregnant by Choice Program is included. Unfortunately, engagement in Project Juno remained low and the initiative ended September 2023.

The Agency has Facebook, Twitter, and Instagram accounts where promotional messages about the Pregnant by Choice Program are routinely posted.

**b. Provide a brief assessment on the effectiveness of these outreach and education activities.** We are somewhat paused on the number of enrollees right now, but expect Program enrollment to jump beginning July 1, 2024. The Wyoming Legislature approved the postpartum extension period in March 2023 extending coverage for women beginning July 1, 2023, the Program is anticipating an increase in enrollment beginning in July 2024 as a result of this new auto-enrollment process (as requested in Amendment #1, spring 2023). Automatic re-enrollments using this ex-parte process in the regular Medicaid

population sits at about 52% of total re-enrollments (looking at the last 6 months of ex-parte re-enrollments). In SFY2022, there were 1,906 births to mothers on Wyoming Medicaid. Using 52% to estimate the number of possible auto-enrollments into the Pregnant by Choice Program, we believe there will be an increase of 991 enrollments into the Pregnant by Choice Program just due to the auto-enrollment process.

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,**

After reaching out and surveying members in CY2023, it was determined that the few who took the time to answer survey questions were not totally clear on what benefits they have under the Pregnant by Choice Program. As a result, a welcome packet for new enrollees will be developed (CY2024, DY16) which will be sent to all existing and any new enrollees to the Program.

As this report is being written in March 2024, the Wyoming Department of Health is almost through Contract Execution with a texting company. Once the contract is in place, the Agency anticipates standing up text-based initiatives for all pregnant and postpartum members which will include promoting the Pregnant by Choice Program through messages as well. It might

The Agency has Facebook, Twitter, and Instagram accounts where promotional messages about the Pregnant by Choice Program are routinely posted and will continue to be posted!

b. **Provide a brief assessment on the effectiveness of these targeted outreach and education activities.** The Program believes that through sending welcome packets to existing and new enrollees clearly explaining the Program, this will have maximum effectiveness on beneficiaries fully utilizing their benefits and understanding what is covered.

**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 Wyoming Medicaid's Benefit Management 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 15.

#### **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 DY15 Public Form was scheduled for March 3, 2023 and a teleconference was held, although there were no callers. 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 DY15 (2023) nor feedback on DY16 (2024) activities.

#### **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, and is overall very low, based on the static number of enrollees in the Program. The program saw a slight increase to thirteen (13) enrollees throughout DY15. Due to the Public Health Emergency (PHE), promotional efforts continued to be somewhat halted since women on the Pregnant Women Program kept full Medicaid benefits into CY2023.

For this reason, Program projections for DY15 align closely with DY14 actual expenditures. Enrollment is projected to stay relatively static, around fifteen (15) enrollees, until Medicaid members have exhausted the full postpartum year of benefits and are ex-parte enrolled (to the extent possible) onto the Pregnant by Choice Program (beginning July 2024).

Per the “Summary TC” tab in the BNW, the calculation discovered that WY is above the “budget neutrality limit” for DY15. The “actual cumulative variance (positive=overspending)” is \$880. This means that the Program paid more in benefits than CMS was planning to match; therefore, this cost will shift entirely to the State and the State will not receive FFP for the amount deemed not budget neutral (CMS set the PMPM at \$13.22 for DY15).

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.

Total Program costs remain VERY low. For DY15, the total Program cost was \$1,489. The Program does not anticipate the need for a corrective action plan at this time, although one is indicated in the BNW. The Program anticipates that more enrollees will offset costs and return expenditures to a budget neutral status. The Program is expecting an increase in enrollees in July 2024. The Agency greatly believes in the goals of the Program and the associated costs to run the Program, albeit above the established PMPM, and will cover those costs knowing there will be no FFP beyond the \$13.22 PMPM. For Fiscal purposes, please alert the Family Planning Waiver Program Manager (Sarah Hoffdahl) as to what needs to be shared with Wyoming Medicaid Fiscal so any adjustments can appropriately be made in Schedule C or other CMS reporting to reflect this.

#### **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.**

The Family Planning Demonstration Evaluation Design Template was updated per CMS' feedback in CY 2021 to include a section titled, Timeline & Major Milestones. Progress is on-target for the dates listed in that section of the Evaluation Design. No further updates have occurred.

The first "Benefit Awareness & Satisfaction Survey" was conducted in February-March 2022. I planned to send a text with a link to the survey; however, all the enrollees were noted in our Wyoming Eligibility System as a "no" for sending texts. For my next step, I called each enrollee. I was able to connect with two (2) of the eight (8). Both of the women kindly answered my questions and I captured their responses to the survey questions. I left six (6) HIPAA-compliant messages for the remaining enrollees that I wasn't able to connect with over the phone. I didn't receive any call-backs. As a final attempt to get feedback on my "Benefit Awareness & Satisfaction Survey," I mailed out a letter requesting their input. After the letter was sent, I didn't receive any further responses to my survey questions.

In August 2022, The Health Management Contract Manager drafted and sent letters to the five (5) current enrollees about the Pregnant by Choice Program benefits, encouraging members to update their address with Wyoming Medicaid if they plan on moving, and enclosing a Pregnant by Choice Program brochure so they are aware of all the benefits of the Program.

The second "Benefit Awareness & Satisfaction Survey" was conducted in February 2023. I called all five (5) beneficiaries and was able to reach one (1). I asked all my questions and I captured her responses using a Google Survey (Google Forms) tool. For the remaining four (4) beneficiaries that I wasn't able to reach by phone, I mailed out a letter requesting their input. After the letter was sent in early February, I haven't seen any additional responses to my survey questions.

The Annual Monitoring & Compliance Public Forum was held March 3, 2023.

Both the Annual Monitoring Report and the Budget Neutrality Workbook are planned to be submitted for CMS review and approval before the March 31, 2023 due date.

The third “Benefit Awareness & Satisfaction Survey” was conducted in February 2024. All thirteen (13) beneficiaries were contacted via text, letter, and phone call in an effort to engage them into answering the survey questions. Responses were again captured using Google Forms. Three (3) beneficiaries provided feedback. Ten (10) beneficiaries were unreachable and didn’t respond to the survey.

The first formal Evaluation Design was submitted to CMS and approved on February 27, 2024. It has been posted to the Wyoming Department of Health’s website on the Pregnant by Choice webpage: <https://health.wyo.gov/healthcarefin/medicaid/wyoming-medicaid-health-management/pregnant-by-choice/>

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 was contracted to be done previously by a vendor; however, their contract ended 6/30/2022. Wyoming Medicaid established a hybrid Health Management program with staffing and system support to be supplied through a new contractor, Telligen; all Health Management oversight activities have shifted to the Agency’s Health Management Contract Manager and State Medicaid Medical Director. The work continues, it is just a different model instead of 100% 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.