

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

State: Wyoming

Demonstration Reporting Period: January 1, 2024 – December 31, 2024

Demonstration Year: 16

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 2024 Calendar Year (CY) quarters are included as part of the Demonstration Year Sixteen Annual Report:

- Quarter 1: January 1, 2024 through March 31, 2024
- Quarter 2: April 1, 2024 through June 30, 2024
- Quarter 3: July 1, 2024 through September 30, 2024
- Quarter 4: October 1, 2024 through December 31, 2024

1. Synopsis of the information contained in the report

The Family Planning Waiver, Pregnant by Choice Program continues to be a small program. Program enrollment has continued to increase over time with forty-seven (47) enrollees – an increase of thirty-four (34) enrollees over DY15 (CY2023)! Although there were forty-seven (47) members enrolled, not all of them utilized their benefits. The Program has seen ten (10) distinct beneficiaries actually using any Program benefits.

The Program is expecting to continue to see an increase in enrollees in DY17 and hopes to see program benefits and utilization of services increase through additional education of benefits targeting employees.

Although the Program was found to not be “budget neutral” in DY16, total Program costs remain VERY low. For DY16, the total Program cost was \$2,128. The Agency greatly believes in the goals of the Program and the associated costs to run the Program, albeit “over budget.”

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 changes to the Program.
- 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, but hovers around ten (10) to fifteen (15) enrolled

women per month. Service utilization and provider participation both remain somewhat static.

- 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 DY16.

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 16.
- b. **Narrative of any policy issues the state is considering, including pertinent legislative/budget activity, and potential demonstration amendments.** On December 4, 2024, Demonstration's CMS partners emailed with a message stating they wanted to "...alert you to a technical adjustment that CMS will be making in Wyoming's Pregnant by Choice (Family Planning Demonstration. During CMS review of another state's family planning demonstration, CMS determined that categorizing sexually transmitted infection (STI) testing and treatment services as a family planning service does not conform with the statutory requirement in the Affordable Care Act, as clarified by State Medicaid Director Letters #10-013, #14-003, and #16-008. In this guidance, CMS clarified that family planning related services are those services that are medical diagnosis and treatment services, including for STIs that are provided pursuant to a family planning service in a family planning setting. Family planning services must be for the purpose of preventing or delaying pregnancy (or at the state's option, for treating infertility). As you are aware, family planning services receive Federal financial participation at a statutory match rate of 90 percent, while family planning related services are matched at the state's applicable FFP match rate, typically the regular federal medical assistance percentage (FMAP). As soon as practicable, CMS will identify testing for the diagnosis of an STI and all STI treatment services as a family planning-related service, instead of a family planning service in the Pregnant by Choice (Family Planning) special terms and conditions. We have also alerted the National Association of Medicaid Directors to this change."

Wyoming Medicaid has decided to continue to cover STI testing at 50% federal match instead of the 90%. The Standards, Terms, and Conditions (STCs) will be amended to reflect this change.

- c. **Discussion of any action plans addressing any policy, administrative or budget issues identified, if applicable.** There was an internal discussion on the future of the Family Planning Waiver, Pregnant by Choice Program during demonstration Year 16. Wyoming Medicaid leadership decided that due to relatively low utilization year over year and the fact that Wyoming Medicaid offers twelve (12) months postpartum coverage to members after their baby's birth, the Program would not be renewed when it expires December 31, 2027.

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

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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	13	0	13
Quarter 2	0	0	20	0	20
Quarter 3	0	1	19	0	20
Quarter 4	0	0	16	0	16
Total Unique Members	0	1	46	0	47

*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	3	0	2	21%
Quarter 2	0	0	5	0	4	36%
Quarter 3	0	0	4	0	3	29%
Quarter 4	0	0	2	0	1	14%
Total Unduplicated**	0	0	10	0	10	100%

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

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**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	6	0	6
	Denominator	0	0	47	0	47
Long-acting reversible contraceptive (LARC)*	Numerator	0	0	1	0	1
	Denominator	0	0	47	0	47
Total	Numerator	0	0	7	0	7
	Denominator	0	0	47	0	47

*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	1	2%	1	2%

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

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

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.

C. Program Outreach and Education

1. General Outreach and Awareness

Provide information on the public outreach and education activities conducted this demonstration year; and, Aligning with previous Demonstration Years, the Program continues to receive feedback from enrollees that enrollees are not completely clear on what benefits they have under the Pregnant by Choice Program. In CY2024, the Program Manager developed and began mailing out a comprehensive welcome packet to all existing and new enrollees to combat confusion around what is covered for enrollees. This welcome packet can be viewed [HERE](https://health.wyo.gov/wp-content/uploads/2024/07/PBC-Welcome-Packet.pdf) (<https://health.wyo.gov/wp-content/uploads/2024/07/PBC-Welcome-Packet.pdf>) – it is linked on the [Pregnant by Choice Webpage](https://health.wyo.gov/healthcarefin/medicaid/wyoming-medicaid-health-management/pregnant-by-choice/) (<https://health.wyo.gov/healthcarefin/medicaid/wyoming-medicaid-health-management/pregnant-by-choice/>). This welcome packet will continue to be mailed out in CY2025 and will be a staple in educational activities conducted for the Pregnant by Choice Program.

- a. **Provide a brief assessment on the effectiveness of these outreach and education activities.** The Program anticipated there would be an increase in enrollee understanding of benefits and coverage the Pregnant by Choice Program provides and that this understanding would be reflected in the responses to the annual Benefit Awareness & Satisfaction Survey. There were three responses to the survey covering DY16. Generally, one enrollee knew everything that was covered under the Program while the other two responded that they weren't aware of all of the benefits available to them as enrollees. Birth control coverage was the only exception – where two enrollees expressed knowledge that birth control was covered. Although the Program anticipated an increase in enrollee understanding in the covered benefits through mailing out the comprehensive welcome packet, it did not appear to have the full desired effect.

The Program believes that there is room for improvement when it comes to educating enrollees on what is covered under Pregnant by Choice. Potential enrollees have contact with the Medicaid Customer Service Center (CSC) in some cases when they are enrolling. The Program Manager will work with the CSC on updating the script CSC representatives use when talking to enrollees. Helping enrollees fully understand their benefits as they enroll into the Program may help with overall understanding of the benefits they have access to.

Welcome packets will continue to be sent to new enrollees.

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,**

The Wyoming Department of Health has a fully executed contract with a texting company. The Pregnant by Choice Program Manager worked with the texting Contract Manager to develop a text to promote the Pregnant by Choice Program for all pregnant and postpartum members. This informational text is part of a larger maternal health campaign.

The Agency has Facebook, X (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 targeted outreach and education activities.** The Program believes that any exposure to existing and potential enrollees about the Pregnant by Choice Program is positive! Although there's no way to measure whether the specific text or social media posts had an impact on members enrolling into the Pregnant by Choice Program – texts and posts will still be deployed.

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 16.

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 DY16 Public Form was scheduled for February 24, 2025 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/>.

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 number of enrollees in the program. There was a relatively significant increase to forty-seven (47) enrollees throughout DY16. This was up from the DY15 enrollee total of fifteen (15). This increase is likely due to members who were 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 DY16. The "actual cumulative variance (positive=overspending)" is \$1,264. 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 \$13.84 for DY16).

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 continue to remain VERY low. For DY16, the total Program cost was \$2,128. The Program does not anticipate the need for a corrective action plan at this time, although one is indicated in the BNW.

The BNW submitted last year in DY15 indicated that a CAP was needed. At that time, the Program anticipated that more enrollees would offset costs and return expenditures to a budget neutral status. Although there was an increase in enrollees in DY16, it did not bring the demonstration back to a budget neutral status. Despite not being budget neutral, 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 \$13.84 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.

DY12 Activities: 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.

DY13 Activities: 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.

DY14 Activities: 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.

DY15 Activities: 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/>

DY16 Activities: The fourth "Benefit Awareness & Satisfaction Survey" was conducted in February and March 2025. Of the forty-seven (47) beneficiaries enrolled in DY16, one (1) had no valid contact information. Forty-six (46) enrollees were contacted by both text, letter, and phone in an attempt to procure feedback on the survey questions. Responses were again captured using Google Forms. Three (3) beneficiaries provided feedback. Forty-six (46) beneficiaries were unreachable and didn't respond to the survey.

The Annual Monitoring & Compliance Public Forum was held February 24, 2025.

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.