

Wyoming's Family Planning Waiver (FPW) Program:



Evaluation Design

Presented to:
Centers for Medicare & Medicaid Services

April 2022

A. General Background Information

The purpose of Wyoming's Family Planning Waiver, Pregnant by Choice Program is to provide family planning and reproductive support services to women who have received Medicaid benefits through the Pregnant Women Program and are no longer eligible for full Medicaid benefits. Eligible women would transition to the Pregnant by Choice Program with an approved application. Pregnant by Choice extends family planning options to women who would typically lose their Medicaid benefits up to two (2) months postpartum.

Contrary to the Pregnant by Choice Program, the Pregnant Women Program is a full benefit Medicaid plan. Benefits include physician services, transportation, rehabilitation, surgical services, and prescription drugs – all when medically necessary. The vision for these programs is that Pregnant by Choice and the Pregnant Women Program are complimentary to each other. Women aren't dropped completely from coverage if they chose to transition to Pregnant by Choice with an approved application and Medicaid is able to support their family planning needs through offering limited reproductive health benefits. In turn, this aims to delay or suppress active Pregnant by Choice enrollees from additional pregnancies; thereby, reducing closely spaced pregnancies, achieving cost savings, reducing health risks to women and children, and decreasing the number of unintended pregnancies.

Eligibility and enrollment for both Programs are tracked in the Wyoming Eligibility System. This allows for ease of notification to women on the Pregnant Women Program eligible for Pregnant by Choice. Typically, eligible women are sent a notification at forty-five (45) days before their Pregnant Women Program benefits end to encourage them to continue their Medicaid coverage by transitioning into the Pregnant by Choice Program; however, with COVID-19 and the signing of the CARES Act, this process has been slightly changed. Eligibility rules have been relaxed, allowing Medicaid coverage to extend beyond the sixty (60) day postpartum period.

Women eligible for the Pregnant by Choice Program must meet the following criteria:

- Is transitioning from the Pregnant Women Program
- Is age 19-44
- Is a U.S. Citizen
- Is a Wyoming Resident
- Is not eligible for another Medicaid Program
- Doesn't have health insurance
- Must not have had a medical procedure to prevent pregnancy
- Has an income less than or equal to 159% of the Federal Poverty Level

Limited reproductive health benefits under the Pregnant by Choice Program cover:

- Education about reproductive health and methods of birth control
- Initial physical exam and health history, including a pap smear and testing for sexually transmitted diseases
- Contraceptive management including prescriptions, devices, and supplies

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- Annual follow up exam for reproductive health/family planning purposes, including Pap smear and testing for sexually transmitted diseases when indicated. Includes follow up office visits related to family planning
- Removal of contraceptive devices
- Necessary family planning/reproductive health-related laboratory procedures and diagnostic tests
- Sterilization services and related laboratory services (with properly completed sterilization consent form) and medications required as part of a procedure done for birth control purposes

The Wyoming Family Planning Waiver, Pregnant by Choice Program was initially approved in 2009 (Demonstration Year 1) as Project Number 11-W-00238/8. The Program has seen several extensions since 2009, with the most current demonstration extension approved in 2020, giving Wyoming approval to operate the Pregnant by Choice Program through December 31, 2027. This Evaluation Design applies to the continued extension of the Pregnant by Choice Demonstration operating through December 31, 2027. Key dates are included in the table, below.

| Demonstration Years | CMS Approval | Coverage Period |
|---------------------------------------|--------------|------------------|
| Demonstration Year 1, Waiver Approval | 10/8/2008 | 10/1/08-9/30/13 |
| Demonstration Year 5, Extension | 11/13/2014 | 10/1/13-12/31/14 |
| Demonstration Year 6, Extension | 12/30/2014 | 1/1/15-12/31/17 |
| Demonstration Year 10, Extension | 12/23/2019 | 1/1/18-1/31/20 |
| Demonstration Year 11, Extension | 2/28/2020 | 2/1/20-3/31/20 |
| Demonstration Year 12, Extension | 4/7/2020 | 4/1/20-12/31/27 |

Over the course of the Pregnant by Choice Program (Demonstration Years 1-13) from October 2008 through now, the program has seen enrollment decrease, with a significant decline in enrollment with the implementation of the Affordable Care Act. At this time, many women covered under the Pregnant by Choice Program left to find a full benefit plan from the Health Insurance Exchange Marketplace at a reduced cost or free of charge. Enrollment dropped from its peak of approximately four hundred (400) enrollees to the current enrollment numbers of less than ten (10) enrollees (as of September 2021).

More information on the Program, including brochures in English and Spanish, can be found on the Wyoming Medicaid Pregnant by Choice webpage:

<https://health.wyo.gov/healthcarefin/medicaid/pregnant-by-choice/>

B. Evaluation Questions & Hypotheses

The demonstration's core evaluation questions, hypothesis, and recommended data sources and analytic approaches are provided in the below table.

C. Summary of Key Evaluation Questions, Hypotheses, Data Sources, and Analytic Approaches

| Evaluation Component | Evaluation Question | Evaluation Hypotheses | Measure (to be reported for each Demonstration Year) | Recommended Data Source Administrative data (state should specify source) | Analytic Approach Descriptive statistics (frequencies and percentages) |
|--|--|--|--|--|---|
| Demonstration Goal 1: Ensure access to and utilization of family planning and/or family planning-related services for individuals not otherwise eligible for Medicaid. | | | | | |
| Objective 1: Improve use of Medicaid family planning services by women who have received Medicaid pregnancy related services and are not otherwise eligible for Medicaid. | | | | | |
| Process | How did beneficiaries utilize covered health services? | Enrollees will utilize family planning services and/or family planning related services. | Number of beneficiaries who had a family planning or family planning related service encounter in each year of the demonstration/total number of beneficiaries | Medicaid Claim Data | 1. Numerator/Denominator 2. #% 3. Symbols (▲►▼) indicating direction of change from baseline or last report |
| | | | Number of family planning services utilized/total number of beneficiaries | Medicaid Claim Data | 1. Numerator/Denominator 2. #% 3. Symbols (▲►▼) indicating direction of change from baseline or last report |
| | | | Number of female beneficiaries who utilized any contraceptive in each year of the demonstration /total number of female beneficiaries | Medicaid Claim Data | 1. Numerator/Denominator 2. #% 3. Symbols (▲►▼) indicating direction of change from baseline or last report |
| | | | Number of female beneficiaries who utilized long-acting reversible contraceptives in each year of the demonstration/ total number of female beneficiaries | Core Measures | 1. Numerator/Denominator 2. #% 3. Symbols (▲►▼) indicating direction of change from baseline or last report |
| | | | Number of beneficiaries tested for any sexually transmitted disease (by STD)/total number of beneficiaries | Medicaid Claim Data | 1. Numerator/Denominator 2. #% 3. Symbols (▲►▼) indicating direction of change from baseline or last report |
| | | | Number of female beneficiaries who obtained a cervical cancer screening/total number of female beneficiaries | Medicaid Claim Data | 1. Numerator/Denominator 2. #% |

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|--|--|---|--|-------------------------------------|---|
| | | | | | 3. Symbols (▲▶▼) indicating direction of change from baseline or last report |
| | | | Number of female beneficiaries who received a clinical breast exam/total number of female beneficiaries | Core Measures | 1. Numerator/Denominator 2. #% 3. Symbols (▲▶▼) indicating direction of change from baseline or last report |
| Do beneficiaries maintain coverage long-term (12 months or more)? | Beneficiaries will maintain coverage for one or more 12 month enrollment period. | Number of beneficiaries who completed one spell of 12 month enrollment/total number of beneficiaries | | Eligibility Data (program code A20) | Wyoming intends to use historical program data to compare current data trends to past performance in order to determine program direction and whether the program has improved beneficiaries' health and if there is positive program growth. A baseline has been established from past annual program data. 1. Numerator/Denominator 2. #% 3. Symbols (▲▶▼) indicating direction of change from baseline or last report |
| | | Number of beneficiaries re-enrolled for at least their second spell of coverage/total number of beneficiaries | | | |
| Demonstration Goal 2: Improve or maintain health outcomes for the target population as a result of access to family planning and family planning-related services. Objective 2: Reduce closely spaced pregnancies Objective 3: Reduce health risks to women and children Objective 4: Decrease the number of unintended pregnancies | | | | | |
| Outcome/ Impact | Does the demonstration improve health outcomes? [Calculate for target population and similar population from Medicaid within- | Health outcomes will improve as a result of the demonstration. | Number of second live births that occurred at an interval of 18 months or longer/ total number of second live births | Medicaid Claim Data | Descriptive statistics (proportions) and significance testing (chi-squared of the proportions) Wyoming intends to use historical program data to compare current data trends to |

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|--|--------|--|---|---|--|
| | state] | | <p>Number of low birth weight babies born to beneficiaries /total number of babies born to beneficiaries</p> | | <p>past performance in order to determine program direction and whether the program has improved beneficiaries' health and if there is positive program growth. A baseline has been established from past annual program data.</p> <ol style="list-style-type: none"> 1. Numerator/Denominator 2. #% 3. Symbols (▲▶▼) indicating direction of change from baseline or last report |
| | | | <p>Number of premature babies born in the state/total number of babies born to beneficiaries</p> | | |
| | | | <p>Benefit awareness and satisfaction survey for all FPW beneficiaries (See table below with actual survey questions, Section D5.)</p> | <p>FPW Beneficiary Survey</p> | <p>Trended survey response statistics shall be captured and reported.</p> |

D. Methodology

1. Evaluation Design. The evaluation design will utilize a post-only assessment with a comparison group. The timeframe for the post-only period will begin when the current demonstration period begins, and ends when the current demonstration period ends. The current demonstration period runs from April 7, 2020 through December 31, 2027.
2. Data Collection & Sources. For the data sources identified in the above table, describe how the data will be collected. Additionally, identify the frequency of the data collection, and limitations of the data. Identify which data will be collected prospectively via beneficiary surveys or interviews (if applicable), or retrospectively through administrative data.
 - a. **Data Collection**. The data presented in table C. Summary of Key Evaluation Questions, Hypotheses, Data Sources, and Analytic Approaches, is will be compiled from several different sources. The main data source will be claims. Wyoming will also use Core Measures as a data source for the measure, “Number of female beneficiaries who utilized long-acting reversible contraceptives in each year of the demonstration/total number of female beneficiaries.” The number of program beneficiaries is obtained using eligibility data, specifically the eligibility program code (A20) that is unique to the Family Planning Waiver, Pregnant by Choice Program.
 - b. **Frequency of Data Collection**. The data will be collected annually and submitted to CMS for review. This is the frequency desired by CMS per the expectations outlined within the current SPECIAL TERMS AND CONDITIONS document.
3. Data Analysis Strategy. Describe the analytic methods that will be utilized to answer the evaluation questions identified in the above table. If the design is mixed-methods (collecting both quantitative and qualitative), the state should explain how the evaluation team plans to integrate the findings from both types of assessments.
 - a. **Analytic Methods**: Wyoming intends to use historical program data to compare current data trends to past performance in order to determine program direction and whether the program has improved beneficiaries’ health and if there is positive program growth. A baseline has been established from past annual program data and was submitted to CMS on 11/13/2020.
 - b. **Mixed Methods**: There will be mixed methods within the data analysis design. The majority of data will be derived from quantitative methods with some qualitative methods. Analysis will be performed from quantitative and qualitative data and outcomes.
4. Quantitative Methods. Wyoming intends to use historical program data to compare current data trends to past performance in order to determine program direction and whether the program has improved beneficiaries’ health and if there is positive program growth. A baseline shall be established from past annual program data – this baseline was submitted to CMS on 11/13/2020.

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It should be noted that Wyoming's Pregnant by Choice, Family Planning Waiver program is at a disadvantage due to the small number of enrollees and even smaller number of those who actually utilize their benefits. A smaller data set can be critically affected by outliers and these can skew perceived results and trends. This can make it excruciatingly difficult to identify accurate data trends. Also, using a smaller sample size lowers the confidence in the data trend outcomes.

Wyoming intends to compare current program data trends to historical data; however, care will be taken to thoughtfully evaluate trends as well as critically evaluate whether making Program changes and adjustments based on these small sample outcomes and trends is appropriate. Another issue Wyoming is aware of is that there might not be enough data to even identify trends at all – there is a chance that the data points may be scattered and will not lend to any interpretation at all.

These are all considerations Wyoming be cognizant of as data is collected and analyzed for future reporting purposes.

5. Qualitative Methods. Wyoming's Pregnant by Choice Program has seen enrollment hover at around ten (10) beneficiaries each month. With Medicaid eligibility rules extending coverage for recipients during the Public Health Emergency, enrollment in Pregnant by Choice has dipped to six (6) beneficiaries. For this reason, Wyoming will survey one hundred percent (100%) of Pregnant by Choice beneficiaries in the previous Demonstration Year during Q1 of the next Demonstration Year. For example, the first survey would be administered in Q1 of 2022 and sent to beneficiaries enrolled during Demonstration Year 13 (January 1, 2021-December 31, 2021). First, Wyoming shall send a text to alert all beneficiaries that the PBC Program Manager will call in the next few business days. Next, Wyoming plans to telephonically outreach 100% of beneficiaries to administer the survey. If the beneficiary is not reached, Wyoming will leave a HIPAA telephone message to alert her that she should expect a follow-up letter from the PBC Program, requesting she complete the survey using the URL link provided in the letter.
 - The Wyoming Pregnant by Choice Program Manager will send a text to 100% of identified beneficiaries letting them know someone from Wyoming Medicaid will contact them to ask them questions about their experience and satisfaction with the Pregnant by Choice Program.
 - The Wyoming Pregnant by Choice Program Manager will telephonically outreach women the following week after text deployment, verify identity, ask survey questions, and input responses. The survey has been built in Google Forms and responses populate a backend spreadsheet for ease of review.
 - For women who are not reachable by text or phone, a letter shall be sent explaining the purpose of the survey and include a link to the Annual Pregnant by Choice Benefit Awareness and Satisfaction Survey in hopes the beneficiary will complete it themselves.

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The [Annual Pregnant by Choice Benefit Awareness and Satisfaction Survey](https://forms.gle/n2sjthwTtbNp6heN8) Questions are included in the table, below, or can be accessed at this URL:
<https://forms.gle/n2sjthwTtbNp6heN8>.

Remainder of the page left intentionally blank.

Annual Pregnant by Choice Benefit Awareness and Satisfaction Survey Questions:

1. Please tell us your name (first and last).

2. If you would like to receive email communications from the Wyoming Department of Health about the Pregnant by Choice Program, please provide your email address below. (If not, leave this question blank.)

3. Have you used your Pregnant by Choice (PBC) benefits in the last 12 months?

Yes → *Please skip to Question 3 below*

No → *Continue to Question 2*

4. If you have *not* used your PBC benefits, please tell us the reasons why you have not used the services. (Check all that apply)

My usual provider is not part of PBC/would not accept PBC payment

Could not find health care provider

Could not get an appointment

Appointment days and times were not convenient

Health care provider location was not convenient

Health care provider didn't offer service(s) I needed

I can take care of my health without PBC services

I was concerned about how much it would cost me

I did not have time to go, did not have transportation to get there, or did not have child care

If there was another reason or you have other feedback about why you didn't use your PBC benefits (please explain)

5. For each of the Pregnant by Choice (PBC) services listed below, please mark the response that best fits your experience. Please mark one box in each row.

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| | Used this service | Did not need this service | Needed service but was not able to use | Did not know service was covered |
|---|--------------------------|---------------------------|--|----------------------------------|
| Doctor visits related to reproductive health and family planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pap smears (initial and annual) to test for cancer or precancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Testing for sexually transmitted diseases (initial and annual) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Birth control pills, devices, and supplies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Administering birth control, including insertion or implantation of devices and injection of drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Removal of IUD or LARC contraceptive devices – (Intrauterine Device or Long Acting Reversible Contraception) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sterilization services (with consent form; reversals not covered) - Referred to as "Tubal Ligation" or "Tubes Tied" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Thinking about all of the services you have received through the Pregnant By Choice program, please tell us about your experience by indicating whether you agree or disagree with each of the following statements: *(Please check one box in each row)*

| | Strongly Agree | Agree | Neutral/ No opinion | Disagree | Strongly Disagree | Not Applicable |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I was able to find all of the information I needed about the PBC benefits easily. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. It was easy for me to find a health care provider(s) that is convenient. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| c. I like the PBC services that I received. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I was able to get all of the services I needed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I was able to get all of the services at one location. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. The health care provider(s) listens carefully to me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. The health care provider(s) explains things in a way that I understand. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The health care provider(s) showed respect for what I had to say. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The health care provider(s) spends enough time with me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please share any other information about your experience with the PBC benefit or tell us how we can make the program serve you better.

- E. Methodological Limitations.** There are no known limitations for procuring quantitative data that is currently foreseen. The only known limitation for procuring qualitative data is that women surveyed may decline to participate or demographic information has not been updated and the Program does not have correct address and phone number on file; and therefore, some women may not be reachable.

With regard to the quality of the data, it would have been helpful for Centers for Medicare and Medicaid to provide the procedure and diagnosis codes Wyoming should use when determining the Number of Beneficiaries Tested for any Sexually Transmitted Disease. For this measure, Wyoming is using a list of codes they have defined and consider comprehensive. Not knowing what codes other states may use, this may not be an “apples to apples” comparison for CMS to compare state outcomes.

With regard to qualitative beneficiary survey data quality, Wyoming intends to survey one hundred percent (100%) of beneficiaries for the reportable demonstration year. Even surveying all beneficiaries, the sample size is extremely small with under ten (10) monthly beneficiaries. The sample size and number of Program beneficiaries limits Wyoming’s ability to draw conclusions based on survey outcomes. It should also be noted that Wyoming should be tentative of conclusions that are made based on the beneficiary survey outcomes since minimal data could easily skew conclusions.

Wyoming believes that in reality, there are quite a few women who are eligible for the Pregnant by Choice Program; however, they do not elect for limited reproductive health coverage. Instead, Wyoming believes they are able to obtain an affordable or free health insurance plan through the Health Insurance Marketplace. Wyoming has determined this as the case because historically, pre-Affordable Care Act, there were hundreds of women on the Pregnant by Choice Program. Once the Affordable Care Act became a nation-wide option for anyone to obtain free or reduced health insurance coverage, Wyoming saw an exodus of beneficiaries from the Program. Wyoming believes the significant drop in the number of beneficiaries is directly related to the implementation of the Affordable Care Act.

There have been no changes in how Wyoming Eligibility sends PBC coverage materials and renewal information out, before or after the implementation of the Affordable Care Act – the only difference is that women are now able to get free and reduced comprehensive health insurance coverage through the Health Insurance Marketplace.

Also, Wyoming has no authority to auto-enroll any woman transitioning off of the Pregnant Women Program after having her baby. Meaning, Wyoming may not be enrolling all eligible beneficiaries since this is at the woman’s discretion to elect PBC coverage. Wyoming designed efforts to increase outreach and encourage enrollment into PBC before women transition off of their Pregnant Women Program benefits.

Here is a quick overview of how the process works to initially notify and send renewal documents: Monthly, the Eligibility Customer Service Center pulls a report for individuals who have babies due that month and this generates a notice to be sent out to

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the identified women. This process attempts to reach women prior to their anticipated due date and give her as much time as possible to apply before the sixty (60) day postpartum period ends. Renewals are sent out forty-five (45) days prior to the end of the benefit period and beneficiaries are able to return the form they receive through the mail or call and indicate they would like to renew their benefits. If they should fail to complete the renewal process, they are sent a closure notice at least fifteen (15) days prior to benefit termination. Once benefits have ended, the beneficiary is not able to reapply for coverage. The Wyoming Eligibility Customer Service Center is proactive in sending renewals and initial interest letters in order to give women enough time to elect for PBC coverage or renew benefits.

During the last quarter of DY11 and the first quarter of DY12, before the PHE, 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 terminate 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 PHE 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 PHE ends. Once the end of the PHE is announced (targeted to expire April 16, 2022, as I write this in DY14), Optum will change their approach and revert back to continuing to check on mom and baby, perform the depression screening (if mom grants permission), and will promote the Pregnant by Choice Program again.

Since the Wyoming Department of Health anticipates the end of the PHE to occur in April 2022, Optum will have about two (2) months to outreach and promote the Pregnant by Choice Program before their contract ends effective July 1, 2022. At that point, these Pregnant by Choice outreach activities will shift to nurses contracted under a new vendor, Telligen, and will be continued.

In addition to Optum's outreach and promotion of the Pregnant by Choice Program, Wyoming Medicaid recently began working on a new text-based initiative called, Project Juno, with a company named, Syllable. Project Juno targets high risk pregnant women with screenings and educational messages. If they agree to participate in the program, they would be prompted to answer an Adverse Childhood Experiences (ACE) screening,

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Social Determinants of Health (SDoH) screenings, and PHQ-2 (depression) screenings, where 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. Project Juno is in Design, Develop, and Implementation (DDI) currently, but should be deployed in mid-2022.

The Agency has a Facebook, Twitter, and Instagram account where promotional messages about the Pregnant by Choice Program are routinely posted. These efforts are discussed

F. Attachments

1. Independent Evaluator. All reporting related to the Family Planning Waiver, Pregnant by Choice Program will be compiled and completed using staff within the Wyoming Medicaid Technology and Business Operations Unit (in-house), as well as informed by the Family Planning Waiver, Pregnant by Choice Program Manager. No independent contractors will be used for demonstration evaluation purposes at this time. The Agency would like to reserve the right to utilize an independent entity(ies) if advantageous in the future.
2. Evaluation Budget. The required budget will consist of the following line items:
 - Computer programming (cost per hour x hours); (Report development)
\$35x100=\$3,500
 - Analysis of the data (cost per hour x hours); \$35x5=\$175
 - Preparation of the report (cost per hour x hours); \$35x5=\$175
 - Other (specify work, cost per hour, and hours). If work is outside the requirements of the basic evaluation this should be identified in the draft evaluation design along with justification for an increased budget match.

The costs and hours listed here are only representative of building and compiling this Modified Evaluation Design report, and do not include time anticipated to be spent on the Monitoring Report, nor the Budget Neutrality Workbook.

3. Timeline & Major Milestones. The table below outlines the timeline for conducting the evaluation activities, including deliverable submissions. Activities will be struck through as they are completed.

| Deliverable/Activity | Due Date |
|---|---|
| Benefit Awareness & Satisfaction Survey (data collection)* | Schedule 2/1 – due 3/31/2022 |
| Annual Monitoring & Compliance Public Forum | Schedule 2/1 – due 3/31/2022 |
| Annual Monitoring Report | March 31, 2022 |
| Budget Neutrality Workbook | March 31, 2022 |
| Benefit Awareness & Satisfaction Survey (data collection & analysis of 2022 and 2023 responses) | Schedule 2/1 - due 3/31/2023 |
| Annual Monitoring & Compliance Public Forum | Schedule 2/1 - due 3/31/2023 |
| Annual Monitoring Report | March 31, 2023 |
| Budget Neutrality Workbook | March 31, 2023 |

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| Draft Interim Evaluation Report | December 31, 2023 |
| Benefit Awareness & Satisfaction Survey (data collection & analysis of 2022, 2023, and 2024 responses) | Schedule 2/1 - due 3/31/2024 |
| Annual Monitoring & Compliance Public Forum | Schedule 2/1 - due 3/31/2024 |
| Annual Monitoring Report | March 31, 2024 |
| Budget Neutrality Workbook | March 31, 2024 |
| Benefit Awareness & Satisfaction Survey (data collection & analysis of 2022, 2023, 2024, and 2025 responses) | Schedule 2/1 - due 3/31/2025 |
| Annual Monitoring & Compliance Public Forum | Schedule 2/1 - due 3/31/2025 |
| Annual Monitoring Report | March 31, 2025 |
| Budget Neutrality Workbook | March 31, 2025 |
| Benefit Awareness & Satisfaction Survey (data collection & analysis of 2022, 2023, 2024, 2025, and 2026 responses) | Schedule 2/1 - due 3/31/2026 |
| Annual Monitoring & Compliance Public Forum | Schedule 2/1 - due 3/31/2026 |
| Annual Monitoring Report | March 31, 2026 |
| Budget Neutrality Workbook | March 31, 2026 |
| Pregnant by Choice Program Manager Begins Renewal Activities | June 1, 2026 |
| Draft Interim Evaluation Report | December 31, 2026 |
| Benefit Awareness & Satisfaction Survey (data collection & analysis of 2022, 2023, 2024, 2025, 2026, and 2027 responses) | Schedule 2/1 - due 3/31/2027 |
| Annual Monitoring & Compliance Public Forum | Schedule 2/1 - due 3/31/2027 |
| Annual Monitoring Report | March 31, 2027 |
| Budget Neutrality Workbook | March 31, 2027 |
| Draft Final Report (Current Demo Ends 12/31/2027) | June 28, 2028 |

* Survey questions were updated based on CMS feedback in April 2022, after the survey was administered for DY13 (1/1/2021 – 12/31/2021), so analysis may be hindered after the survey is administered for DY14 (1/1/2022 – 12/31/2022) due to a shift in questions.