

**Wyoming Family Planning Expansion Program
Pregnant By Choice
Section 1115 Waiver No. 11-W-000238/8**

**Demonstration Year Nine
Annual Report**

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Demonstration Year Nine (DY 9), Annual Report (October 2016 - September 2017)

Introduction

Wyoming Medicaid received approval of its 1115 Medicaid Waiver application, Pregnant by Choice: Wyoming's Family Planning Expansion Program, from the Centers for Medicare and Medicaid Services (CMS) on September 8, 2008. This five-year demonstration project was effective October 1, 2008, through September 30, 2013. Wyoming received approval from CMS to continue the demonstration through December 31, 2017. Although the demonstration was approved to begin October 1, 2008, Wyoming did not begin enrolling eligible women and program services did not begin until January 1, 2009.

Executive Summary

This program extends family planning options to women who would typically lose their Medicaid benefits two months postpartum. Eligibility criteria is as follows:

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

The overarching goals of the "Pregnant by Choice" initiative are to

- reduce the incidence of closely spaced pregnancies and
- decrease the number of unintended pregnancies, thereby
- achieving cost savings and
- reducing health risks to women and children

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 are:

- 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

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

Table 1: Timeline

Demonstration Year (DY)	Begin Date	End Date
DY 9	October 1, 2016	September 30, 2017

- *Significant Program Activities or Changes*
 - There were no significant program activities or changes.
- *Policy issues and Challenges*
 - There were no policy issues or challenges to report.

Enrollment and Renewal

Eligibility for the waiver has decreased significantly compared to one year ago. We expected some decreases due to the new MAGI rules implemented in 2014. The number of new enrollees during the quarter is much lower compared to the same quarter in DY8. The waiver continues to be budget neutral. In Table 2, on the following page, we provide a summary of the enrollment figures throughout DY9, with annual figures representing unduplicated counts of enrollees.

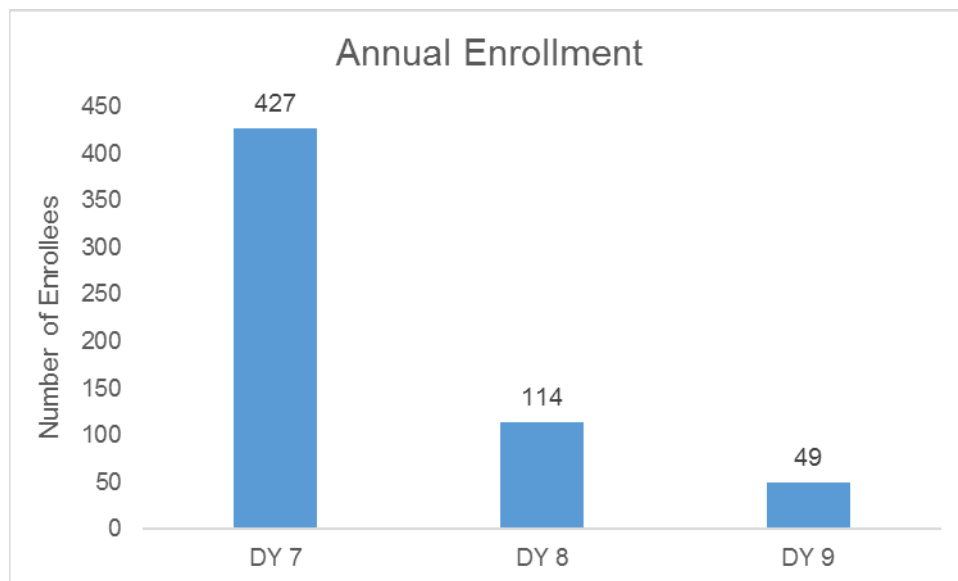
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Table 2: Enrollment Figures, DY 9

<i>DY 9: 2016-2017</i>	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual
	Population	Population	Population	Population	Population
Number of New Enrollees	0	0	4	0	4
Number of Total Enrollees¹	33	27	29	23	49
Number of Participants²	9	7	5	5	16
Number of Member Months	105	88	91	74	358

The FPW current eligibility stipulates that women must be pregnant and have received Medicaid benefits under the Pregnant Women program but will lose eligibility 60 days after giving birth. In Figure 1, we show a comparison of enrollment figures for the DY8 and DY9.

Figure 1: Annual Enrollment, DY 7 through DY 9



¹ Total Enrollees for each quarter are calculated using the total from the last month of each quarter (e.g., December for Q1, March for Q2, etc.). Total enrollees for the DY are calculated using the total unique recipients throughout the year.

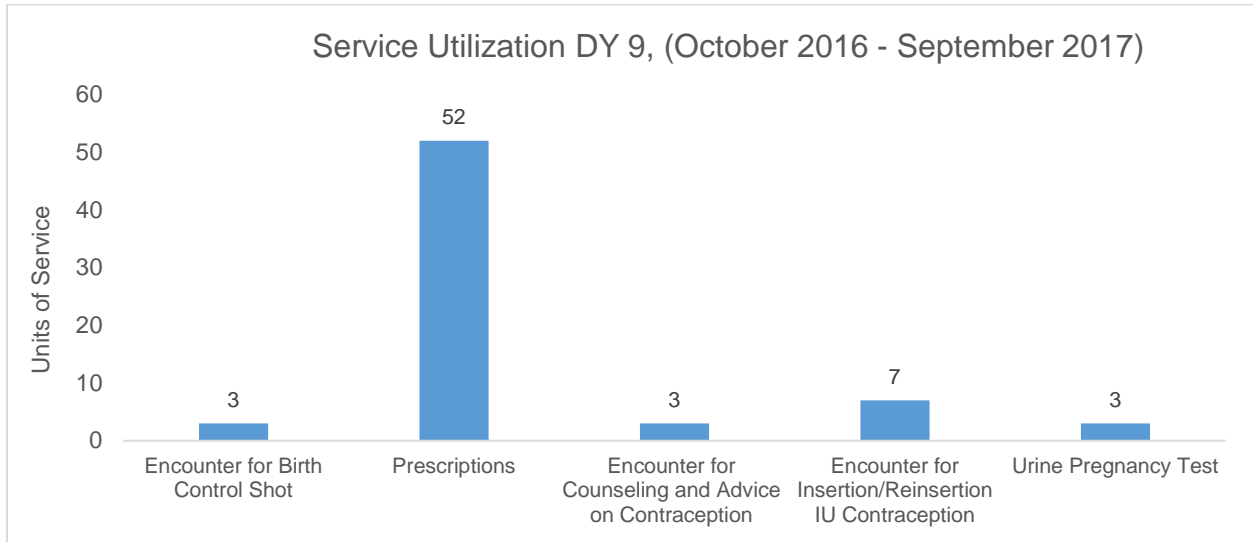
² Number of participants are based on the number of paid claims with dates of service within the quarter.

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Service and Providers

Service utilization remains low, which can be explained by the low rates of participation each quarter of this demonstration year. In DY 9, services were utilized as shown in Figure 2, below.

Figure 2: Service Utilization, DY 9



Note: Each unit of prescription drug utilization represents one month

In total, 8 participants received office visits and 10 participants filled contraception prescriptions during DY 9.

Contraceptive Methods

In Table 3, we provide a summary of the types and number of contraceptive methods that could be identified through paid claims analysis. These figures will not provide counts for all enrollees who were using a long-term contraceptive method, such as an IUD, during the demonstration year.

Table 3: Contraceptive Methods, Demonstration Year 9 (October 2016 – September 2017)

Wyoming Pregnancy By Choice - Contraceptive Methods³			
	Number of contraceptive methods dispensed ¹	Number of Contraceptive Users ²	Data source
Male Condom	0	0	claims data
Female Condom	0	0	claims data
Sponge	0	0	claims data
Diaphragm	0	0	claims data
Contraceptive pills	17	8	claims data
Patch	0	0	claims data
Ring	1	1	claims data
Injectable	8	2	claims data
Implant	0	0	claims data
IUD	7	5	claims data
Emergency Contraception	0	0	claims data
Sterilization	0	0	claims data

¹This refers to the number of claims associated with each method.

²This refers to the number of users associated with each method.

Provider Participation

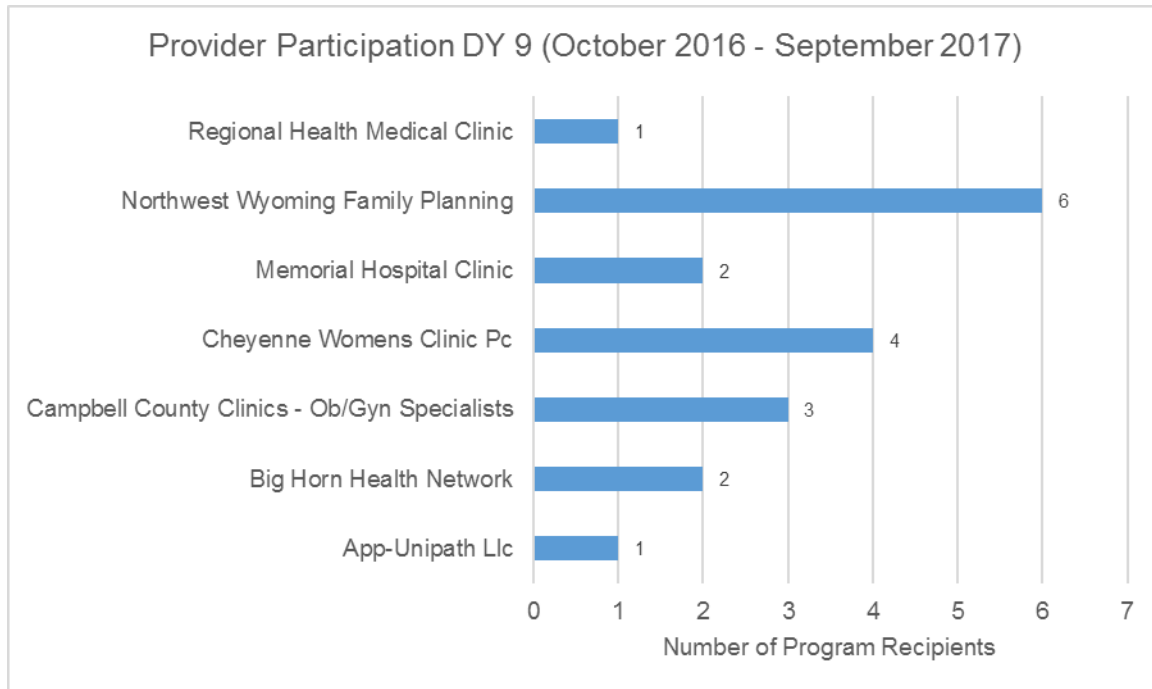
Wyoming Medicaid has a “Provider Locator” link where clients are able to search for providers that accept Wyoming Medicaid. There are 25 Public Health clinics in Wyoming and all accept Medicaid. There is also 99 percent Medicaid participation among physicians in Wyoming.

Access to physician services is not an issue. <https://wyequalitycare.acs-q21aqinc.com/wy/client/general/providerLocator.do>

In Figure 3, on the following page, we display provider participation in the Pregnant by Choice waiver. It includes only providers of office-based services and does not include the practitioners that prescribed contraceptives for participants.

³ This table is not an exhaustive list of all of the program enrollees and their choice in contraceptive use. Since the data source is from claims data, this list exclusively represents enrollees requiring a service (creating a claim) over DY 9.

Figure 3: Provider Participation



Program Outreach Awareness and Notification

- Outreach is somewhat limited due to the eligibility for the program. Within 60 days of giving birth, the Department of Family Services (DFS) sends women eligible for the Pregnant Women program a review form to determine if they are eligible for continued Medicaid benefits, including the Pregnant by Choice Program. Clients are only eligible for the Family Planning Waiver program for up to 60 days following their delivery and must transition directly from the maternity plan to the FPW with no lapse in eligibility
- It is the responsibility of the applicant to return the form to DFS for processing. If a mother allows her Medicaid benefits to lapse after the two month postpartum period she will not be eligible for the Pregnant by Choice program. Eligibility is re-determined annually.
- Targeted outreach is limited. Brochures are mailed to the Public Health Offices and physician offices that request them to display in their offices.

Program Evaluation, Transition Plan and Monitoring

- Navigant Consulting, the Independent Evaluator, prepared quarterly narrative report drafts for the four quarters of demonstration year nine.

Provide an Interim Evaluation of Goals and Progress

There are two primary goals of the Pregnant by Choice waiver, as outlined below.

Goal 1: Reduce the incidence of closely spaced pregnancies

Progress Update: An analysis of the incidence of closely spaced pregnancies requires the examination of two years of claims data after the completion of the demonstration year. This data is not yet available for analysis. However, reviewing the fertility rate from DY 7 through DY 9, the fertility rate among waiver participants has decreased from 82 to 41, indicating an overall decrease in pregnancy rates.

Goal 2: Decrease the number of unintended pregnancies

Progress Update: We will attempt to provide observations about the intendedness of pregnancies through review of the results of the Pregnancy Risk Assessment Monitoring System (PRAMS), a surveillance program conducted in collaboration with the Centers for Disease Control and Prevention (CDC). However, the most recent PRAMS data available is from 2011. From 2007 to 2011 the rate of unintended pregnancies in Wyoming decreased from 44.4 percent to 36.1 percent.

Annual Expenditures

In Table 3, we provide a summary of the data reported on the CMS-64 and CMS-37 reports with regard to the Pregnant by Choice waiver. Total annual expenditures are less than in previous years due to the lower number of enrollees.

Table 4: CMS Expenditures

	DY 9 October 2016 - September 2017			
	Service Expenditures as Reported on the CMS-64	Administrative Expenditures as Reported on the CMS 64	Total Expenditures as Reported on the CMS-64	Expenditures as Requested on the CMS 37
Quarter 1	\$478	\$223	\$701	\$1,000
Quarter 2	\$287	\$223	\$510	\$750
Quarter 3	\$2,602	\$223	\$2,825	\$1,500
Quarter 4	\$53	\$223	\$276	\$1,500
Total Annual Expenditures	\$3,420	\$892	\$4,312	\$4,750

Actual Number of Births to Demonstration Population

In Table 4, we summarize the quarterly births to enrollee counts. Births are counted for women who became pregnant while enrolled in the Pregnant by Choice waiver.

Table 5: Number of Births in DY 9

Demonstration Year, Quarter	Age Group	Number of Births to Women Enrolled in FPW	Number of Women Enrolled in FPW
DY 9, Q1	19-44	0	33
DY 9, Q2	19-44	1	27
DY 9, Q3	19-44	1	29
DY 9, Q4	19-44	0	23

Cost of Medicaid Funded Births

The tables that follow present the required evaluation calculations for the demonstration. These results show that the waiver continues to show a savings to the State.

Table 6: Fertility Rate of Women Enrolled in FPW Year Nine, (October 2016- September 2017)

Age Group	Number of Births to Women Enrolled in FPW	Number of Women Enrolled in FPW DY 9	Fertility Rate (Births/1,000 Women)
19 – 44	2	49	41

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

Table 7: Estimated Number of Births to Women Enrolled in FPW Year Nine in the Absence of FPW

Age Group	Baseline Fertility Rate (Births/1,000 Women)	Number of Women Enrolled in FPW DY 9	Number of Births that would have occurred in the absence of FPW
19 – 44	227	49	11

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

Table 8: Number of Births Averted (BA) in FPW Year Eight

Age Group	Baseline Fertility Rate (Births/1,000 Women)	Fertility Rate of Women Enrolled in FPW DY 9	Number of Women Enrolled in FPW DY 9	Number of Births Averted
19 – 44	227	41	49	9

*Number of Births Averted = [(Baseline Fertility Rate – FPW Fertility Rate) * Number of Women Enrolled in FPW]/1000*

Table 9: Average Cost of a Birth (BC)

Demonstration Year	Average Cost of a Birth	Average Cost of First Year Infant Care	Average Cost of Birth and First Year Infant Care
9	\$8,489	\$7,307	\$15,796

Table 10: Without Waiver Costs

Demonstration Year	Number of Births that would have occurred in the absence of FPW	Average Cost of a Birth and First Year Infant Care	Without Waiver Costs
9	41	\$15,796	\$647,636

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

Table 11: With Waiver Costs

Demonstration Year	Number of Births to Women Enrolled in FPW	Average Cost of a Birth	Cost of Waiver Services Provided	With Waiver Costs
9	2	\$15,796	\$3,420	\$35,012

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

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Table 12: Annual Budget Limit

Demonstration Year	Number of Births Averted	Average Cost of a Birth	Budget Limit
9	9	\$15,796	\$142,164

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

Table 13: Budget Neutrality

Demonstration Year	Budget Limit	Cost of FPW Services	Savings
9	\$142,164	\$3,420	\$138,744

Savings = Annual Budget Limit – Cost of FPW Services

Activities for Next Year

The Pregnant by Choice waiver will expire December 31, 2017. Wyoming Department of Health (WDH) has requested an extension until July 1, 2018.