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

Demonstration Year Four Third Quarter Report

General Program Overview

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 is effective October 1, 2008, through September 30, 2013. 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.

Program Objectives

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. Wyoming Medicaid's strategy for achieving these goals is to extend Medicaid-covered family planning services to women who are between the ages of 19 and 44, and meet other criteria as described further below.

Eligibility

Wyoming Medicaid extends Medicaid-covered family planning services to women who:

- 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 133 percent of the Federal poverty level
- Are U.S. citizens or qualified immigrants
- Are residents of Wyoming
- Are not pregnant

Services Covered

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
- 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

Certified Providers of Family Planning Services

Certified providers of Pregnant by Choice family planning services must be enrolled in Wyoming's Medicaid program. Providers include:

- Family Planning Clinics
- Primary Care Physicians (MDs and DOs) in public and private practice
- Certified Nurse Midwives

- Nurse Practitioners
- Physician Assistants
- Pharmacies
- Laboratories
- Outpatient Departments of Hospitals (as appropriate)
- Federally Qualified Health Centers
- Rural Health Clinics
- Indian Health Services

Enrollment

Within 60 days of giving birth, the Department of Family Services (DFS) will send 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. It is the responsibility of the applicant to return the form to DFS for processing. If a mother allows her EqualityCare benefits to lapse after the two month postpartum period she will not be eligible for the Pregnant by Choice program. Eligibility is determined yearly.

Eligibility Verification Activities

The Department of Family Services reviews and documents the income of applicants and enrollees annually. Applicants must document citizenship as required by the DRA (Deficit Reduction Act of 2005).

Monthly Enrollment Numbers (as of September 2012)

April 2012	759
May 2012	768
June 2012	771

Expenditure Reporting and Budget Neutrality Monitoring

Demonstration expenditures are reported quarterly using Form CMS-64, 64.9 and 64.10. The tables in Attachment A summarize the budget neutrality estimates of cost savings. Tthere were four Waiver Year Four enrollees who have had a Medicaid delivery in the Third Quarter, therefore we have estimated the averted births and cost savings assuming that four births were attributed to Waiver enrollees. The tables demonstrate that the Pregnant By Choice Waiver is budget neutral.

Significant Program Activities or Changes

There were no significant program activities or changes.

Evaluation Activities

Navigant Consulting, the Independent Evaluator, prepared quarterly narrative report draft for the first two quarter of demonstration year four.

Significant Activities Planned for Next Quarter

There are no significant activities planned for the next quarter.

Table 1: Fertility Rate of Women Enrolled in FPW Year Four, Quarter Three (April 2012 – June 2012)

Age Group	Number of Births to Women Enrolled in FPW	Number of Women Enrolled in FPW Year Four, Quarter Three	Fertility Rate (Births/1,000 Women)
19 – 44	4	771	5

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

Table 2: Estimated Number of Births to Women Enrolled in FPW Year Four, Quarter Three in the Absence of FPW

Age Group	Baseline Fertility Rate (Births/1,000 Women)	Number of Women Enrolled in FPW Year Four, Quarter Three	Number of Births that would have occurred in the absence of FPW
19 – 44	227	771	175

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

Table 3: Number of Births Averted (BA) in FPW Year Four, Quarter Three

Age Group	Baseline Fertility Rate (Births/1,000 Women)	Fertility Rate of Women Enrolled in FPW Year Four	Number of Women Enrolled in FPW Year Four, Quarter Three	Number of Births Averted
19 – 44	227	5	771	222

Number of Births Averted = Baseline Fertility Rate – FPW Fertility Rate

Table 4: Average Cost of a Birth (BC)

Demonstration Year	Prenatal, Delivery and Postpartum Care	Number of Medicaid Deliveries	Average Cost of a Delivery	Infant First Year Care	Number of Infants	Average Cost of First Year Infant Care	Average Cost of a Birth
	A	В	C=A/B	D	E	F=D/E	G=C+F
4	\$37,440,018	3,030	\$12,356	\$ 27,466,540	3,472	\$7,911	\$20,267

Table 5: Without Waiver Costs

Demonstration Year	Number of Births that would have occurred in the absence of FPW	Average Cost of a Birth	Without Waiver Costs
4	175	\$20,267	\$3,546,725

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

Table 6: 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
4	4	\$20,267	\$27,733	\$108,801

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

Table 7: Annual Budget Limit

Demonstration Year	Number of Births Averted	Average Cost of a Birth	Budget Limit
4	222	\$20,267	\$4,499,274

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

Table 8: Budget Neutrality

Demonstration Year	r Budget Limit Cost of FPW Services		Savings
4	\$4,499,274	\$27,733	\$4,471,541

Savings = Annual Budget Limit – Cost of FPW Services