

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

**Demonstration Year Seven
First Quarter Report**

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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 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.

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

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- Are not pregnant

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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

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- 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 Medicaid 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).

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Monthly Enrollment Numbers (as of January 2015)

	DY7	DY6	DY Percent Change
October 2014	390	660	-41%
November 2014	343	670	-49%
December 2014	338	664	-45%

*13% decrease in enrollment
within DY7 Q1

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. To date there were two Waiver Year Seven enrollees who had a Medicaid delivery, therefore we have estimated the averted births and cost savings assuming that zero 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.

Significant Activities Planned for Next Quarter

No significant activities planned for next quarter.

Interim Findings

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 DY6. The waiver continues

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to be budget neutral. Navigant will examine eligibility and participation data to further examine this downward trend.

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Table 1: Fertility Rate of Women Enrolled in FPW Year Seven, Quarter One (October 2013 – December 2013)

Age Group	Number of Births to Women Enrolled in FPW	Number of Women Enrolled in FPW Year Seven, Quarter One	Fertility Rate (Births/1,000 Women)
19 – 44	2	338	6

*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 Seven, Quarter One in the Absence of FPW

Age Group	Baseline Fertility Rate (Births/1,000 Women)	Number of Women Enrolled in FPW Year Seven, Quarter One	Number of Births that would have occurred in the absence of FPW
19 – 44	227	338	77

*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 Seven, Quarter One

Age Group	Baseline Fertility Rate (Births/1,000 Women)	Fertility Rate of Women Enrolled in FPW Year Seven	Number of Women Enrolled in FPW Year Seven, Quarter One	Number of Births Averted
19 – 44	227	6	338	221

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

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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	B	C=A/B	D	E	F=D/E	G=C+F
7	\$34,938,921	2,878	\$12,140	\$ 28,643,281	3,257	\$8,794	\$20,934

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
7	77	\$20,934	\$1,611,918

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
7	2	\$20,934	\$6,764	\$48,632

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 7: Annual Budget Limit

Demonstration Year	Number of Births Averted	Average Cost of a Birth	Budget Limit
7	221	\$20,934	\$4,626,414

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

Table 8: Budget Neutrality

Demonstration Year	Budget Limit	Cost of FPW Services	Savings
7	\$4,626,414	\$6,764	\$4,619,650

Savings = Annual Budget Limit – Cost of FPW Services

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Demonstration Year Seven, Quarter 4 (October- December 2014)

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 133 percent of the Federal poverty level
- 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
- 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

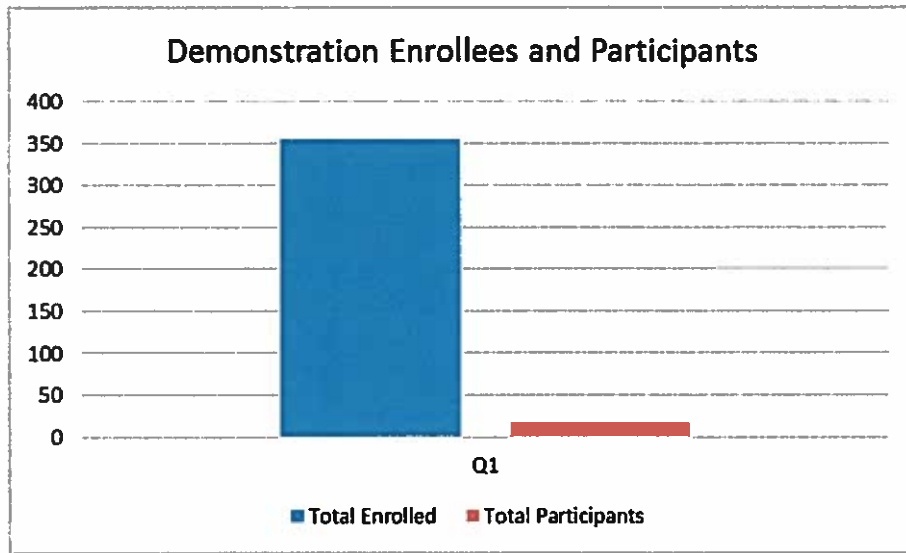
Demonstration Year (DY)	Begin Date	End Date	Quarterly Report Due Date (60 days following end of quarter)
Quarter 1	October 1, 2014	December 31, 2014	March 1, 2015
Quarter 2	January 1, 2015	March 31, 2015	May 1, 2015
Quarter 3	April 1, 2015	June 30, 2015	August 29, 2015
Quarter 4	July 1, 2015	September 30, 2015	November 29, 2015

- *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

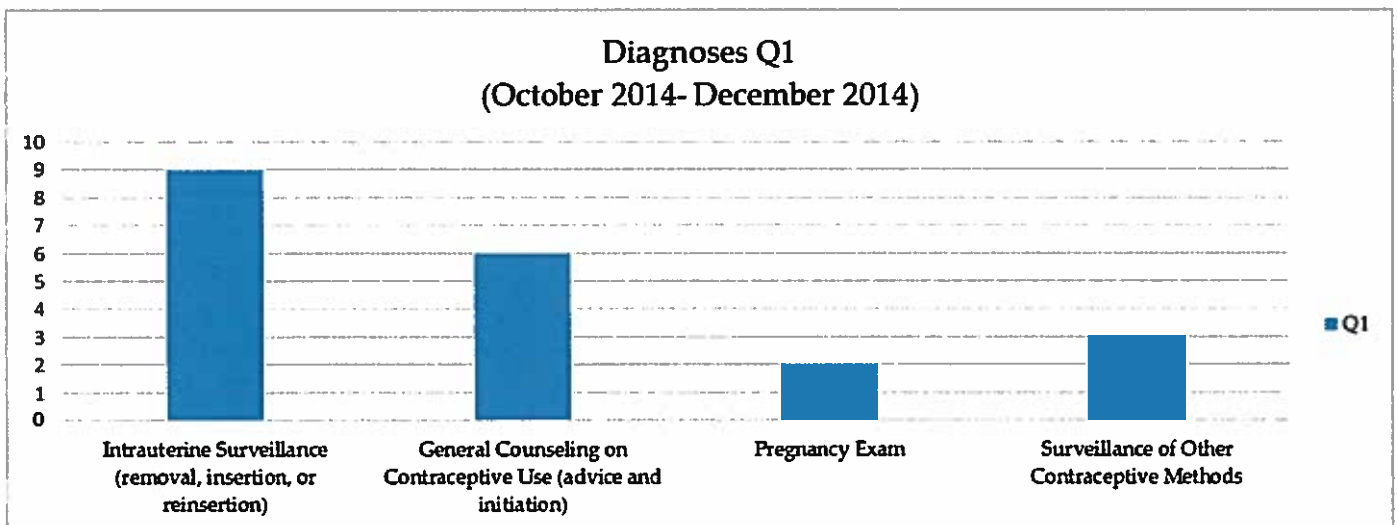
- As per STC 26, the state must include a narrative of any changes in enrollment and/or participation that fluctuate 10 percent or more in relation to the previous quarter with the same demonstration year (DY) and the same quarter in the previous DY.
 - Eligibility for the waiver has decreased significantly 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 DY6. The waiver continues to be budget neutral.

DY 7: 2014	Quarter 1
	Population
# of Newly Enrolled	14
# of Total Enrollees	354
# of Participants	16
# of Member Months	1,131



Service and Providers

- *Service Utilization*
 - Service utilization has decreased which can be explained by the decrease in participation each quarter of this demonstration year. The monitoring and insertion of intrauterine device is a service that has been utilized each quarter this year, as well as office visit encounters linked with contraceptive counseling/monitoring.

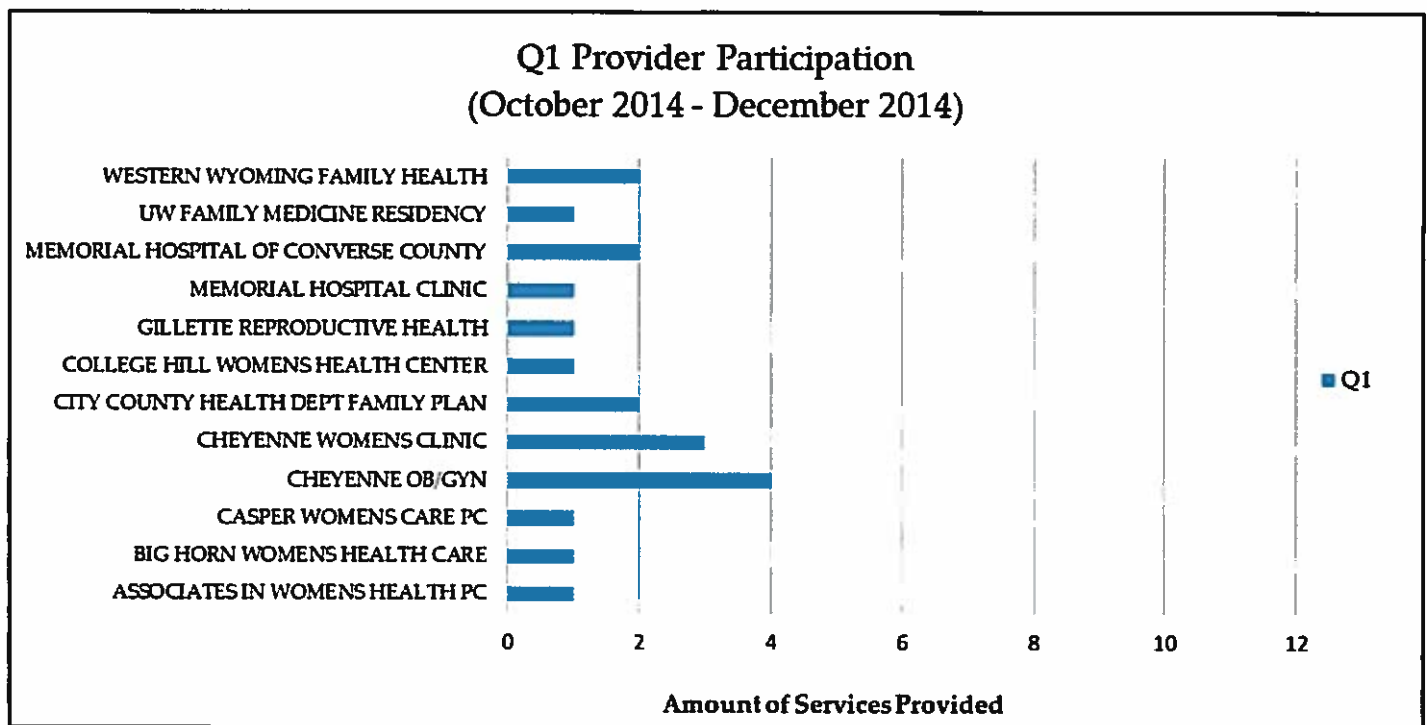


- *Provider Participation*

Wyoming Medicaid has a "Provider Locator" link where the client is able to search for providers that accepts 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-inc.com/wy/client/general/providerLocator.do>

Based on an analysis of claims data associated with the waiver, the number of providers who billed Wyoming Medicaid for family planning waiver services decreased from 11 providers in Q2 to 6 providers in Q3. Memorial Hospital Clinic, Gillette Reproductive Health, and Casper Women's Care Pregnancy Center, have continued to provide services in each quarter of this demonstration year.

We do not see provider participation as a limitation to clients receiving family planning waiver services, rather we hypothesize that the enrollees are not seeking services in the first place.



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) 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. Clients are only eligible for the Family Planning Waiver program following their six weeks of eligibility on the maternity plan and must transition directly to the FPW with no lapse in eligibility. These are only the women that do not qualify for traditional Medicaid after the six weeks of maternity 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 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

- *Evaluation Activities:*
 - Navigant Consulting, Inc., the Independent Evaluator, prepared quarterly narrative report draft.
 - Interim Findings:

Demonstration Year, Quarter	Age Group	Number of Births to Women Enrolled in FPW	Number of Women Enrolled in FPW Year Seven, Quarter One	Fertility Rate (Births/1,000 Women)
DY 7, Q1	19-44	2	354	6

Quarterly Expenditures

	Demonstration Year 7 October 2014- December 2014			
	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	\$6,764	\$1,344	\$8,108	\$21,654

Activities for Next Quarter

No new activities.