

Public and Tribal Notice  
Wyoming Department of Health, Medicaid  
Extension of the Family Planning Waiver, Pregnancy by Choice Program

May 15, 2019

Wyoming Medicaid is providing Public and Tribal notice of its extension request for the Section 1115 Medicaid waiver program, Wyoming Pregnant by Choice (PBC). The demonstration currently expires on December 31, 2019 and Wyoming Medicaid is requesting a five-year extension of the demonstration, from January 1, 2020 through December 31, 2024.

Under the PBC demonstration, the State aims to provide family planning services to certain eligible women. The PBC demonstration aims 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. There will be no change in how Wyoming Medicaid is currently assessing eligibility or administering benefits in the proposed waiver extension.

The 30-day public comment period will run from May 15, 2019 until June 14, 2019.

The first public hearing teleconference for the proposed demonstration request is scheduled for June 4, 2019. Participants may join the hearing by phone using the following conference line: 304-621-9661, PIN: 218 880#.

The second public hearing teleconference for the proposed demonstration request is scheduled for June 7, 2019 at 9am. Participants may join the hearing by phone by using the following conference line: 417-448-6182, PIN: 947 954#.

Please submit any questions in writing to the following email:

[Sarah.Hoffdahl@wyo.gov](mailto:Sarah.Hoffdahl@wyo.gov)

Or by mail to the following address:

Sarah Hoffdahl, Wyoming Medicaid  
6101 Yellowstone Rd.  
Suite 210  
Cheyenne, WY 82002

**Wyoming Department of Health  
Office of Health Care Financing  
Request for Comments on the Wyoming Family Planning Program Section 1115 Medicaid  
Waiver Extension Request**

Wyoming Medicaid will be submitting to the Centers for Medicare and Medicaid Services (CMS) a request to extend the Pregnant by Choice (PBC) program under Section 1115(a) of the Social Security Act. The current PBC demonstration expires on December 31, 2019. Wyoming Medicaid is requesting a five-year extension of the current PBC waiver. The requested extension period is January 1, 2020 through December 31, 2024. Wyoming Medicaid is not requesting any changes to the demonstration for the five-year extension period.

**Pregnancy by Choice - Summary of Program and Extension Information**

Wyoming Medicaid received approval of its 1115 Medicaid Waiver application, Pregnant by Choice (PBC), Wyoming's Family Planning Program, from CMS on September 8, 2008. The demonstration project was initially approved by the CMS for a five-year period, October 1, 2008, through September 30, 2013. Although the demonstration was approved to begin October 1, 2008, Wyoming Medicaid did not begin enrolling eligible women and program services did not begin until January 1, 2009. Wyoming Medicaid subsequently received approval from CMS to extend the demonstration through December 31, 2014.

On December 30, 2014, CMS approved a three-year extension of the PBC demonstration until December 31, 2017. Wyoming Medicaid subsequently received two temporary extensions, first to extend the demonstration until December 31, 2018, and then to extend the demonstration until December 31, 2019. The PBC demonstration continues to be subject to the special terms and conditions (STCs) approved by CMS on December 30, 2014. The program operates statewide.

The overarching goals of the PBC demonstration 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***

Through the PBC demonstration, Wyoming Medicaid extends Medicaid-covered family planning services to women who:

- Are transitioning from the Wyoming Medicaid Pregnant Women program
- Are between the ages of 19 and 44
- Are not eligible for another Medicaid program
- Do not have health insurance, i.e., must not be eligible for other insurance that provides for family planning services
- Have not had a medical procedure to prevent pregnancy
- Have a family income at or below 159 percent of the Federal Poverty Level
- Are U.S. citizens or qualified immigrants

- Are residents of Wyoming
- Are not pregnant

Wyoming Medicaid is not requesting any changes in eligibility requirements for this extension.

### ***Covered Services***

The PBC demonstration allows enrollees 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

Wyoming Medicaid is not requesting any changes in the covered services for this extension.

### ***Cost Sharing Requirements***

There are no co-payments under the PBC demonstration. Wyoming Medicaid is not requesting any changes in cost sharing for this extension.

### ***Annual Enrollment and Aggregated Expenditures***

Wyoming Medicaid does not anticipate a significant change in enrollment or aggregated expenditure trends for the extension period. The following table summarizes the annual enrollment and aggregated expenditures for the PBC demonstration, by calendar year (CY).

	Member Months	Service Expenditures
4 (Actual)	6,027	\$48,217
5 (Actual)	2,049	\$17,612
6 (Actual)	586	\$4,088
7 (Actual)	340	\$3,992
8 (Actual)	223	\$2,297
9 (Projected)	245	\$2,691
20 (Projected)	270	\$3,154

1 (Projected)	297	\$3,695
2 (Projected)	312	\$4,133
3 (Projected)	327	\$4,623
4 (Projected)	344	\$5,171

### ***Waiver and Expenditure Authorities***

Wyoming Medicaid is requesting the same waiver and expenditure authorities as approved in the current demonstration, described below:

1. Methods of Administration: Transportation

To the extent necessary to enable the State to not assure transportation to and from providers for the demonstration population.

2. Amount, Duration, and Scope of Services

To the extent necessary to allow the State to offer the demonstration population a benefit package consisting only of family planning services and family planning-related services.

3. Retroactive Coverage

To the extent necessary to enable the State to not provide medical assistance to the demonstration population for any time prior to when an application for the demonstration is made.

4. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

To the extent necessary to enable the State to not furnish or arrange for EPSDT services to the demonstration populations.

5. Ex Parte Eligibility Redetermination

To the extent necessary to enable the state to require that a separate demonstration application be filed by an applicant who is no longer eligible for regular Medicaid prior to being determined eligible for the demonstration program; and to require a demonstration member to file a separate Medicaid application if they are interested in receiving benefits under any other Medicaid subprogram.

### ***PBC Waiver Hypotheses***

The original PBC evaluation design included the following hypotheses:

1. The demonstration waiver will result in an annual increase of the proportion of female Wyoming Medicaid eligibles 19 through 44 years of age who receive Medicaid-paid family planning services.

2. The proportion of the women 19 through 44 years of age who become Medicaid-eligible because of a pregnancy and who experience more than one delivery within two years will decline.
3. The demonstration waiver will decrease the number of Medicaid paid deliveries among waiver participants.
4. The demonstration waiver will not increase State and Federal Medicaid expenditures for birth-related services.

For the proposed extension period, Wyoming Medicaid will continue to evaluate these four hypotheses.

### **Public Comment – Timing and Process**

The 30-day public comment period will run from May 15, 2019 until June 14, 2019. A copy of the waiver renewal request can be found at <https://health.wyo.gov/healthcarefin/medicaid/>, under “Provider Information - Updates.” To request a paper copy of the waiver request, please contact Sarah Hoffdahl at [Sarah.Hoffdahl@wyo.gov](mailto:Sarah.Hoffdahl@wyo.gov).

Written comments may be submitted by email to [Sarah.Hoffdahl@wyo.gov](mailto:Sarah.Hoffdahl@wyo.gov) or by mail to the address below. Wyoming Medicaid would like to provide copies of comments received in a format that is accessible for people with disabilities. Therefore, we request that comments be submitted in Microsoft Word format or incorporated within the email text. If you would also like to provide a signed copy of the comment letter, you may submit a second copy in Adobe PDF format or mail it to the address below. Comments must be received by June 14, 2019.

Sarah Hoffdahl, Wyoming Medicaid  
6101 Yellowstone Rd.  
Suite 210  
Cheyenne, WY 82002

In addition to the opportunity to submit written comments during the 30-day public comment period, Wyoming Medicaid will hold two public hearings to provide stakeholders and other interested persons the opportunity to comment on the waiver request. Individuals may attend either hearing by phone or in person. If you would like to attend a hearing in person, the time and location for the two public hearings are provided below. If you plan to testify by phone, please send an email to [Sarah.Hoffdahl@wyo.gov](mailto:Sarah.Hoffdahl@wyo.gov) indicating that you will testify.

#### **Public Hearing #1**

Date: June 4, 2019

Time: 9am

Location: Teleconference only

Conference line: 304-621-9661, PIN: 218 880#

#### **Public Hearing #2**

Date: June 7, 2019

Time: 9am

Location: Teleconference only  
Conference line: 417-448-6182, PIN: 947 954#

## **Abbreviated Public Notice**

Wyoming Medicaid is providing public notice of its extension request for the Section 1115 Medicaid waiver program, Wyoming Pregnant by Choice (PBC). The demonstration currently expires on December 31, 2019 and Wyoming Medicaid is requesting a five-year extension of the demonstration, from January 1, 2020 through December 31, 2024.

Under the PBC demonstration, the State aims to provide family planning services to certain eligible women. The PBC demonstration aims 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. There will be no change in how Wyoming Medicaid is currently assessing eligibility or administering benefits in the proposed waiver extension.

The 30-day public comment period will run from May 15, 2019 until June 14, 2019.

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The second public hearing teleconference for the proposed demonstration request is scheduled for June 7, 2019 at 9am. Participants may join the hearing by phone by using the following conference line: 417-448-6182, PIN: 947 954#.

The proposed demonstration extension request, and the full public notice are available for review at <https://health.wyo.gov/healthcarefin/medicaid/>, under "Provider Information - Updates."

**DRAFT Wyoming Medicaid Pregnancy by Choice Application Certification Statement - Section 1115(a) Extension**

This document, together with the supporting documentation outlined below, constitutes the Wyoming Department of Health, Office of Health Care Financing (Wyoming Medicaid) application to the Centers for Medicare & Medicaid Services (CMS) to extend the Pregnant by Choice (PBC) Family Planning Demonstration 11-W-000238/8 for a period of five years pursuant to Section 1115(a) of the Social Security Act.

**Type of Request** (*select one only*):

  X   **Section 1115(a) extension with no program changes**

This constitutes the state's application to the Centers for Medicare & Medicaid Services (CMS) to extend its demonstration without any programmatic changes. The state is requesting to extend approval of the demonstration subject to the same Special Terms and Conditions (STCs), waivers, and expenditure authorities currently in effect for the period through December 31, 2019. (The PBC demonstration continues to be subject to the STCs approved by CMS on December 30, 2014.)

The state is submitting the following items that are necessary to ensure that the demonstration is operating in accordance with the objectives of title XIX and/or title XXI as originally approved. The state's application will only be considered complete for purposes of initiating federal review and federal-level public notice when the state provides the information as requested in the below appendices.

- **Appendix A:** A historical narrative summary of the demonstration project, which includes the objectives set forth at the time the demonstration was approved, evidence of how these objectives have or have not been met, and the future goals of the program.
- **Appendix B:** Budget/allotment neutrality assessment, and projections for the projected extension period. The state will present an analysis of budget/allotment neutrality for the current demonstration approval period, including status of budget/allotment neutrality to date based on the most recent expenditure and member month data, and projections through the end of the current approval that incorporate the latest data. CMS will also review the state's Medicaid and State Children's Health Insurance Program Budget and Expenditure System (MBES/CBES) expenditure reports to ensure that the demonstration has not exceeded the federal expenditure limits established for the demonstration. The state's actual expenditures incurred over the period from initial approval through the current expiration date, together with the projected costs for the requested extension period, must comply with CMS budget/allotment neutrality requirements outlined in the STCs.
- **Appendix C:** Interim evaluation of the overall impact of the demonstration that includes evaluation activities and findings to date, in addition to plans for evaluation

activities over the requested extension period. The interim evaluation should provide CMS with a clear analysis of the state's achievement in obtaining the outcomes expected as a direct effect of the demonstration program. The state's interim evaluation must meet all of the requirements outlined in the STCs.

- **Appendix D:** Summaries of External Quality Review Organization (EQRO) reports, managed care organization and state quality assurance monitoring, and any other documentation of the quality of and access to care provided under the demonstration.
- **Appendix E:** Documentation of the state's compliance with the public notice process set forth in 42 CFR 431.408 and 431.420.

N/A **Section 1115(a) extension with minor program changes**

This constitutes the state's application to the Centers for Medicare & Medicaid Services (CMS) to extend its demonstration with minor demonstration program changes. In combination with completing the Section 1115 Extension Template, the state may also choose to submit a redline version of its approved Special Terms and Conditions (STCs) to identify how it proposes to revise its demonstration agreement with CMS.

With the exception of the proposed changes outlined in this application, the state is requesting CMS to extend approval of the demonstration subject to the same STCs, waivers, and expenditure authorities currently in effect for the period [insert current demo period].

The state's application will only be considered complete for purposes of initiating federal review and federal-level public notice when the state provides the information requested in Appendices A through E above, along with the Section 1115 Extension Template identifying the program changes being requested for the extension period. Please list all enclosures that accompany this document constituting the state's whole submission.

1. Appendix A: Historical Narrative Summary
2. Appendix B: Budget Neutrality
3. Appendix C: Interim Evaluation
4. Appendix D: State Quality Assurance Monitoring
5. Appendix E: Compliance with the Public Notice Process

The state attests that it has abided by all provisions of the approved STCs and will continuously operate the demonstration in accordance with the requirements outlined in the STCs.

**Signature:** \_\_\_\_\_  
[Governor]

**Date:** \_\_\_\_\_

CMS will notify the state no later than 15 days of submitting its application of whether we determine the state's application meets the requirements for a streamlined federal review. The state will have an opportunity to modify its application submission if CMS determines it does not meet these requirements. If CMS reviews the state's submission and determines that any proposed changes significantly alter the original objectives and goals of the existing demonstration as approved, CMS has the discretion to process this application full scope pursuant to regular statutory timeframes for an extension or as an application for a new demonstration.



## **APPENDIX A HISTORICAL NARRATIVE SUMMARY**

Wyoming Medicaid received approval of its 1115 Medicaid demonstration, Pregnant by Choice (PBC), Wyoming's Family Planning Program, from the Centers for Medicare and Medicaid Services (CMS) on September 8, 2008. The demonstration was initially approved by CMS for a five-year period, October 1, 2008 through September 30, 2013. Although the demonstration was approved to begin October 1, 2008, Wyoming Medicaid did not begin enrolling eligible women and program services did not begin until January 1, 2009. Wyoming Medicaid subsequently received approval from CMS to extend the demonstration through December 31, 2014.

On December 30, 2014, CMS approved a three-year extension of the PBC demonstration until December 31, 2017. Wyoming Medicaid subsequently received two temporary extensions from CMS, first to extend the demonstration until December 31, 2018, and then to extend the demonstration until December 31, 2019. The PBC demonstration continues to be subject to the special terms and conditions (STCs) approved by CMS on December 30, 2014.

The overarching goals of the PBC demonstration 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.

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

- Are transitioning from the Wyoming Medicaid Pregnant Women program
- Are between the ages of 19 and 44
- Are not eligible for another Medicaid program
- Do not have health insurance, i.e., must not be eligible for other insurance that provides for family planning services
- Have not had a medical procedure to prevent pregnancy
- Have a family income at or below 159 percent of the Federal Poverty Level
- Are U.S. citizens or qualified immigrants
- Are residents of Wyoming
- Are not pregnant

The PBC demonstration allows enrollees 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

Wyoming will continue to operate the PBC demonstration as described above.

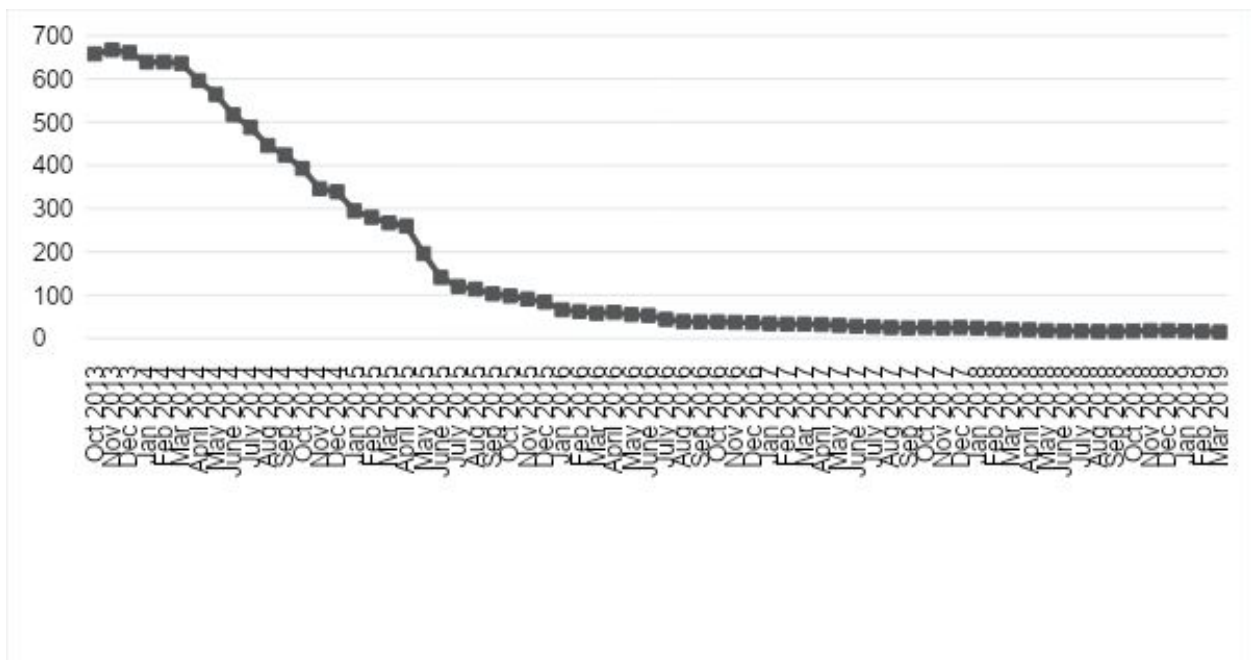
## PBC OBJECTIVES AND EVIDENCE OF PROGRESS ON THE OBJECTIVES

There are four primary objectives of the PBC demonstration, which were set forth when the PBC demonstration was approved. Below, we list each objective and provide a summary of the progress in meeting each objective.

### **Objective 1: Increase number of female Wyoming Medicaid eligibles 19-44 years of age who receive Medicaid-paid family planning services.**

The first objective was to increase the number of women enrolled in the PBC demonstration who receive a Medicaid-paid family planning service. Overall, enrollment in the PBC demonstration has decreased significantly since October 2013.

**Figure 1.1: PBC Demonstration Member Month Enrollment Counts**



Enrollment in the PBC demonstration is restricted to women who are coming off of Medicaid after a pregnancy. Therefore, a decline in enrollment might be evidence of a positive effect of the PBC demonstration preventing future enrollment due to averted births.

We reviewed the counts of PBC enrollees by DY and analyzed paid claims data to determine a unique count of enrollees who had at least one Medicaid-paid family planning service during a DY. Although overall enrollment in the PBC demonstration has decreased, since DY 6, the proportion of enrollees who received at least one Medicaid-paid service increased each year, with the exception of the period from DY 7 to DY 8, where there was a slight decline.

**Figure 1.2: Proportion of PBC Enrollees Who had At Least One Medicaid-Paid Service**

DY	PBC Participants	PBC Enrollees	Proportion of Enrollees who Participated
6	64	817	7.8%
7	51	427	11.9%
8	12	114	10.5%
9	8	49	16.3%
10	6	28	21.4%

**Objective 2: Decrease the proportion of women ages 19-44 who become Medicaid eligible because of pregnancy and who experience more than one delivery within two years.**

The second objective was to reduce the number of inadequately spaced pregnancies among women who participate in the PBC demonstration.

We first reviewed Medicaid-paid delivery data for women 19-44 who were eligible for Medicaid because they were pregnant (Medicaid program code assignment of A71-A74). Figure 2.1 shows the number and percentage of Medicaid-paid deliveries for women age 19-44 with PBC enrollment prior to pregnancy. Overall, a small portion of women age 19-44 with a Medicaid-paid delivery were enrolled in the PBC demonstration prior to getting pregnant and transitioning to the Medicaid eligibility categories for pregnant women, as displayed in Figure 2.1.

**Figure 2.1: Percentage of Medicaid-Paid Deliveries for Women Age 19-44 with PBC Enrollment Prior to Pregnancy**

DY	All Deliveries (Women Age 19-44 Eligible for Medicaid Due to Pregnancy)	Deliveries to Women with PBC Enrollment Prior to Pregnancy	Percentage of Deliveries to Women with PBC Enrollment Prior to Pregnancy	Percentage of PBC Enrollees with a Delivery of All PBC Enrollees During the Waiver Year
6	2,135	10	0.5%	1.2%
7	1,373	8	0.6%	1.9%
8	1,453	3	0.2%	2.6%
9	1,210	2	0.2%	4.1%
10	1,384	0	0.0%	0.0%

We conducted further analysis of the delivery data to determine the rate of inadequately spaced pregnancies among the entire Medicaid population and women who had been enrolled in the PBC demonstration. An inadequately spaced pregnancy is defined as a Medicaid-paid delivery within two years of the date of the first delivery. Figure 2.2 provides the analysis of inadequately spaced pregnancies among women eligible for Medicaid because of pregnancy and the subset of this group who were PBC enrollees prior to the pregnancy. We did not find evidence that there were inadequately spaced pregnancies among women with PBC enrollment prior to delivery. We are unable to report this number for DY 9 and DY 10 since there has not yet been a full two years of claims after the end of the DY to evaluate a subsequent, closely spaced pregnancy.

**Figure 2.2: Analysis of Inadequately Spaced Pregnancies**

DY	Inadequately Spaced Deliveries (Women Eligible for Medicaid Due to Pregnancy)	Inadequately Spaced Deliveries to Women with PBC Enrollment Prior to Pregnancy
6	382	0
7	235	0
8	251	0
9	N/A	N/A
10	N/A	N/A

Finally, information on the “intendedness” of a pregnancy can make a difference in the interpretation of these statistics. That is, if a woman chooses to become pregnant after receiving services through the PBC demonstration, this is not a failure of the PBC demonstration.

To assess the rate of intended pregnancies, we reviewed data from the Pregnancy Risk Assessment Monitoring System (PRAMS), a surveillance program conducted in collaboration with the Centers for Disease Control and Prevention (CDC). Wyoming began collecting data in 2007 on select maternal experiences and behaviors that occur before, during, and shortly after pregnancy, including whether a pregnancy was unintended or unwanted. This is the best information available on the trend in unintended and unwanted pregnancies among Medicaid participants.

A review of the results of the PRAMS data reveals that the rate of unintended pregnancies in Wyoming has steadily decreased. To calculate unintended pregnancies, PRAMS survey respondents were asked about their feelings about becoming pregnant prior to the pregnancy. Unintended pregnancy was calculated for survey respondents who reported that they wanted to be pregnant later (mis-timed) or never wanted the pregnancy (unwanted). From 2009 to 2017 survey respondents reported a 35 percent decrease, from 40.2 percent in 2009 to 26.2 percent in 2017.<sup>1</sup>

<sup>1</sup> Wyoming Department of Health Public Health Division, “Data Tables.”

Available online:

<https://health.wyo.gov/publichealth/chronic-disease-and-maternal-child-health-epidemiology-unit/mch-epi/pregnancy-risk-assessment-monitoring-system-prams/data/>

**Objective 3: Reduce the annual rate of growth in the number of Medicaid-paid deliveries for women who become Medicaid-eligible because of a pregnancy and who are 19-44 years of age.**

The third objective was to decrease the number of Medicaid-paid deliveries among PBC demonstration enrollees. We evaluated whether PBC demonstration enrollees, compared to similar women in the baseline year (227 births per 1,000 women), experienced fewer Medicaid-paid deliveries. Figures 3.1 through 3.3 provide the estimates of the fertility rate and averted births calculations for the past four DYs (DY 6 through DY 10).

For DY 6 to 10 the number of births to women enrolled in the PBC demonstration steadily decreased from 10 births in DY 6 to 0 births in DY 10. Although the number of births decreased, the number of women enrolled in the PBC demonstration decreased more significantly, resulting in an increasing fertility rate between DY 6 and DY 9. In DY 10, since there were zero births to women enrolled in the PBC demonstration, the PBC fertility rate was 0 births per 1,000 women.

**Figure 3.1: Estimated Fertility Rates of Women Enrolled in the PBC Demonstration**

DY	Number of Births to Women Enrolled in PBC	Number of Women Enrolled in PBC	PBC Fertility Rate
6	10	817	12
7	8	427	19
8	3	114	26
9	2	49	41
10	0	28	0

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

*Note: DY 10 includes data from October 2017 – December 2018*

In Figure 3.2, we estimate the number of births that would have occurred in the absence of the PBC demonstration. The estimated number of births that would have occurred in the absence of the PBC demonstration decreased between DY 6 and DY 10, due the corresponding decrease in the number of women enrolled in the PBC demonstration.

**Figure 3.2: Estimated Number of Births to Women Enrolled in PBC in the Absence of PBC**

DY	Baseline Fertility Rate (Births/1,000 Women)	Number of Women Enrolled in PBC	Number of Births that Would Have Occurred in the Absence of PBC
6	227	817	185
7		427	96
8		114	26
9		49	11
10		28	6

*Number of Births that Would Have Occurred = (227/1,000)\*Number of Women Enrolled in PBC*

*Note: DY 10 includes data from October 2017 – December 2018*

The number of births averted due to the PBC demonstration compares the baseline fertility rate of 227 births per 1,000 women to the estimated fertility rate by DY. The estimated number of births averted ranges from 176 births averted in DY 6 to 6 births averted in DY 10.

**Figure 3.3: Estimated Number of Births Averted**

DY	Baseline Fertility Rate (Births/1,000 Women)	Fertility Rate of Women Enrolled in PBC	Number of Women Enrolled in PBC	Number of Averted Births
6	227	12	817	176
7		19	427	88
8		26	114	23
9		41	49	9
10*		0	28	6

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

*Note: DY 10 includes data from October 2017 – December 2018*

**Objective 4: Maintain budget neutrality with regard to State and federal Medicaid expenditures for birth-related services (i.e., additional family planning services will not cause an increase in Medicaid expenditures).**

In Figures 4.1 through 4.5 we demonstrate that the PBC demonstration is budget neutral. The demonstration of budget neutrality begins with estimates of the average cost of a birth for each DY. The average cost of a birth includes inpatient delivery costs, pre-natal and post-partum care costs, and the average cost of first year care, which includes inpatient, outpatient, pharmacy, dental, and transportation claims for an infant's first year of life. The average cost of a birth figure was updated in DY 8, using claims from October 2015 through September 2016.

**Figure 4.1: Average Cost of a Birth**

DY	Average Cost of a Delivery	Average Cost of First Year Care	Average Cost of a Birth
6	\$12,140	\$8,794	\$20,934
7	\$12,140	\$8,794	\$20,934
8	\$8,489	\$7,307	\$15,796
9	\$8,489	\$7,307	\$15,796
10	\$8,489	\$7,307	\$15,796

We next calculated the without waiver costs, based on the estimated number of births that would have occurred in the absence of the PBC demonstration and the average cost of a birth. The without waiver costs are equal to the births that would have occurred in the absence of the PBC demonstration multiplied by the average Medicaid costs of a birth for the DY. Figure 4.2 provides estimates of these costs for DY 6 through DY 10.

**Figure 4.2: Without Waiver Costs**

DY	Number of Births that would have occurred in the absence of PBC	Average Cost of a Birth	Without Waiver Costs
6	185	\$20,934	\$3,872,790
7	96	\$20,934	\$2,009,664
8	26	\$15,796	\$410,696
9	11	\$15,796	\$173,756
10	6	\$15,796	\$100,399

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

Figure 4.3 provides data related to the PBC demonstration that includes the cost of births to women enrolled in the PBC demonstration (i.e., births that were not averted) plus the reported costs of PBC demonstration services as reported on the CMS-64 reports.

**Figure 4.3: With Waiver Costs**

DY	Number of Births to Women Enrolled in PBC	Average Cost of a Birth	Cost of Waiver Services Provided	With Waiver Costs
6	10	\$20,934	\$48,217	\$257,557
7	8	\$20,934	\$22,429	\$189,901
8	3	\$15,796	\$6,969	\$54,357
9	2	\$15,796	\$3,420	\$35,012
10	0	\$15,796	\$3,228	\$3,228

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

Figure 4.4 estimates the annual budget limit, which is based on the number of births averted in each DY. These estimates are used as the basis for the budget neutrality calculation found in Figure 4.5.

**Figure 4.4: Annual Budget Limit**

DY	Number of Births Averted	Average Cost of a Birth	Annual Budget Limit
6	176	\$20,934	\$3,684,384
7	88	\$20,934	\$1,842,192
8	23	\$15,796	\$363,308
9	9	\$15,796	\$142,164
10	6	\$15,796	\$100,399

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

For each year of the PBC demonstration we are estimating a savings due to the demonstration. Although the number of births averted decreased over the waiver demonstration, the costs of the PBC services were low enough to continue to see savings.

**Figure 4.5: Budget Neutrality**

DY	Annual Budget Limit	Cost of Waiver Services Provided	Savings	Budget Neutral?
6	\$3,684,384	\$48,217	\$3,636,167	Yes
7	\$1,842,192	\$22,429	\$1,819,943	Yes
8	\$363,308	\$6,969	\$356,339	Yes
9	\$142,164	\$3,420	\$138,744	Yes
10	\$100,399	\$3,228	\$97,171	Yes

The objectives of the PBC demonstration will remain the same for the extension request period of January 1, 2020 through December 31, 2024.

## APPENDIX B BUDGET NEUTRALITY

### Historical Enrollment Data

The following table displays member months from January 2014 through December 2018.

Month	Year	Enrollment			
Jan	2014	639	July	2015	120
Feb	2014	639	Aug	2015	114
Mar	2014	636	Sep	2015	103
April	2014	596	Oct	2015	98
May	2014	564	Nov	2015	91
June	2014	517	Dec	2015	84
July	2014	488	Jan	2016	66
Aug	2014	446	Feb	2016	62
Sep	2014	424	Mar	2016	58
Oct	2014	393	April	2016	60
Nov	2014	346	May	2016	55
Dec	2014	339	June	2016	53
Jan	2015	295	July	2016	44
Feb	2015	280	Aug	2016	39
Mar	2015	267	Sep	2016	38
April	2015	260	Oct	2016	38
May	2015	196	Nov	2016	37
June	2015	141	Dec	2016	36
			Jan	2017	34
			Feb	2017	33

Mar	2017	33	Mar	2018	20
April	2017	32	April	2018	20
May	2017	30	May	2018	18
June	2017	28	June	2018	17
July	2017	27	July	2018	17
Aug	2017	25	Aug	2018	16
Sep	2017	24	Sep	2018	16
Oct	2017	25	Oct	2018	17
Nov	2017	24	Nov	2018	18
Dec	2017	25	Dec	2018	18
Jan	2018	24			
Feb	2018	22			

### **Historical Expenditure Data**

The following table displays total service expenditure data, as reported on the CMS 64 reports from calendar year (CY) 2014 through CY 2018.

	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018
Total Service Expenditures	\$48,217	\$17,612	\$4,088	\$3,992	\$2,297

### **Historical Per Member Per Month (PMPM) and Expenditure Data**

The following table summarizes enrollment and expenditure data from CY 2014 through CY 2018.

	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018
Total Member Months	6,027	2,049	586	340	223
Total Service Expenditures	\$48,217	\$17,612	\$4,088	\$3,992	\$2,297
PMPM Cost	\$8.00	\$8.60	\$6.98	\$11.74	\$10.30

Please see Objective 4 within Appendix A for additional analysis of how Wyoming Medicaid has maintained budget neutrality with regard to Medicaid expenditures for birth-related services, using estimated averted births.

### **Projected Enrollment, Expenditure, and PMPM Cost Data**

The following table summarizes projected enrollment and expenditure data for the current CY (CY 2019) and for the requested extension period (CY 2020 – CY 2024). The member month projections use a trend rate of 10% through CY 2021 and then 5% for CY 2022 – CY 2024, based on the expectation that the enhanced outreach by Optum (as described in Appendix C) will increase enrollment in the PBC demonstration. The PMPM cost projections use a trend rate of 6.52%, based on the PMPM cost trend formula listed in the August 22, 2018 State Medicaid Director letter #18-009 titled “Budget Neutrality Policies for Section 1115(a) Medicaid Demonstration Projects.”

	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024
<b>WITHOUT WAIVER</b>						
Total Member Months	245	270	297	312	327	344
Total Expenditures	\$2,691	\$3,154	\$3,695	\$4,133	\$4,623	\$5,171
PMPM Cost	\$10.97	\$11.69	\$12.45	\$13.26	\$14.13	\$15.05
<b>WITH WAIVER</b>						
Total Member Months	245	270	297	312	327	344
Total Expenditures	\$2,691	\$3,154	\$3,695	\$4,133	\$4,623	\$5,171
PMPM Cost	\$10.97	\$11.69	\$12.45	\$13.26	\$14.13	\$15.05
Projected Difference	\$0	\$0	\$0	\$0	\$0	\$0

## **APPENDIX C**

### **INTERM EVALUATION**

This Appendix C includes the annual report for the most recent DY, DY 10.

In addition, Appendix A includes an evaluation of Wyoming Medicaid's progress on each of the PBC demonstration objectives and the outcomes that the PBC demonstration has achieved.

During the requested extension period, Wyoming Medicaid will continue to evaluate progress on each of the PBC demonstration objectives. In particular, Wyoming Medicaid will also continue to evaluate the number of PBC enrollees who receive long-acting reversible contraception, with the goal of increasing the proportion of enrollees who receive long-acting reversible contraception.

In addition, Wyoming Medicaid has partnered with Optum, who was contracted to support the health of Wyoming's Medicaid population through several initiatives: overall population health, targeted case management for single conditions, and complex case management for clients presenting with comorbidities.

Optum has an established relationship with Wyoming providers across the State and through this relationship, the Wyoming Medicaid has asked Optum to actively promote the PBC demonstration through outreach to providers by imparting materials, such as brochures, for distribution to eligible and potentially eligible women. Wyoming Medicaid is also asking that Optum follow up with eligible women directly via phone in an effort to engage them into the PBC demonstration. This increased effort aligns with the current and historical administration of the PBC demonstration. During the requested extension period, Wyoming Medicaid will evaluate the impact of these increased outreach efforts on PBC demonstration enrollment and participation.

The Demonstration Year 10 Annual Report begins on the following page.

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**Demonstration Year Ten (DY 10), Annual Report (October 2017 – December 2018)**

**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 July 31, 2018. Wyoming received an extension from CMS to continue the demonstration until December 31, 2018. Wyoming received approval to continue the demonstration until December 31, 2019. 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:

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- 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

The timeline for Demonstration Year 10 includes an additional quarter (5 quarters total) to account for the additional time Wyoming received through its extension from CMS to continue the demonstration until December 31, 2018. The following quarters are included as part of the Demonstration Year Ten Annual Report:

- Quarter 1: October 1, 2017 through December 31, 2017
- Quarter 2: January 1, 2018 through March 31, 2018
- Quarter 3: April 1, 2018 through June 30, 2018
- Quarter 4: July 1, 2018 through September 30, 2018
- Quarter 5: October 1, 2018 through December 31, 2018

Table 1: Timeline

Demonstration Year (DY)	Begin Date	End Date
DY 10	October 1, 2017	December 31, 2018

- *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 DY 9. The waiver continues to be budget neutral. In Table 2, on the following page, we provide a summary of the

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enrollment figures throughout DY 10, with annual figures representing unduplicated counts of enrollees.

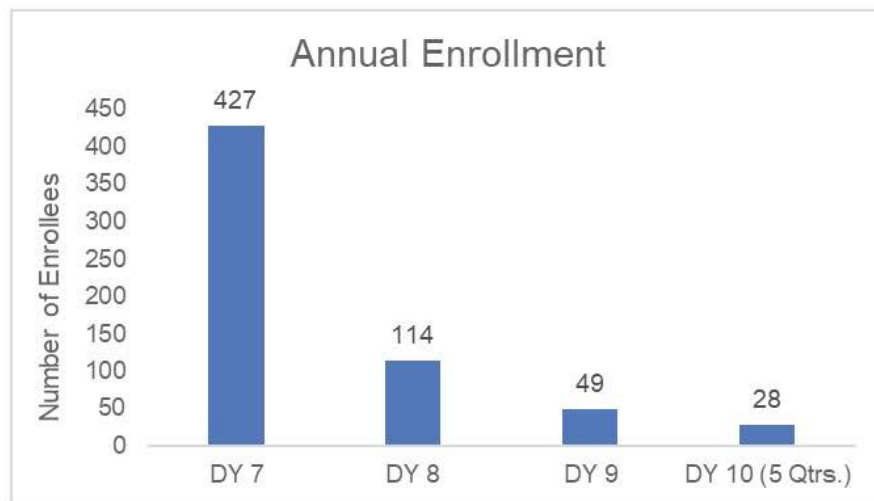
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**Table 2: Enrollment Figures, DY 10**

DY 10: 2017-2018	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Annual
	Population	Population	Population	Population	Population	Population
Number of New Enrollees	0	1	0	0	3	9
Number of Total Enrollees <sup>1</sup>	18	20	19	17	17	28
Number of Participants <sup>2</sup>	8	6	3	0	0	34
Number of Member Months	52	54	54	46	53	297

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 DY 7 through DY 10.

**Figure 1: Annual Enrollment, DY 7 through DY 10**



<sup>1</sup> Total Enrollees for each quarter are calculated using the total from the first month of each quarter (e.g., October for Q1, January for Q2, etc.). Total enrollees for the DY are calculated using the total unique recipients throughout the year.

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

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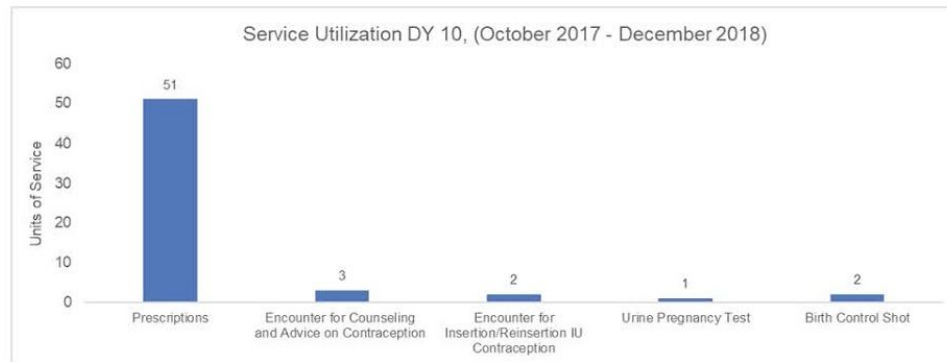
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**Service and Providers**

Service utilization remains low, which can be explained by the low rates of participation each quarter of this demonstration year. In DY 10, services were utilized as shown in Figure 2, below.

**Figure 2: Service Utilization, DY 10**



Note: Each unit of prescription drug utilization represents one month

In total, 4 participants received office visits and 9 participants filled contraception prescriptions during DY 10.

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### 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 10 (October 2017 – December 2018)**

Wyoming Pregnancy By Choice - Contraceptive Methods <sup>3</sup>			
	Number of contraceptive methods dispensed <sup>1</sup>	Number of Contraceptive Users <sup>2</sup>	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	19	7	claims data
Patch	0	0	claims data
Ring	0	0	claims data
Injectable	8	3	claims data
Implant	0	0	claims data
IUD	1	1	claims data
Emergency Contraception	0	0	claims data
Sterilization	0	0	claims data

<sup>1</sup>This refers to the number of claims associated with each method.

<sup>2</sup>This refers to the number of users associated with each method.

### Provider Participation

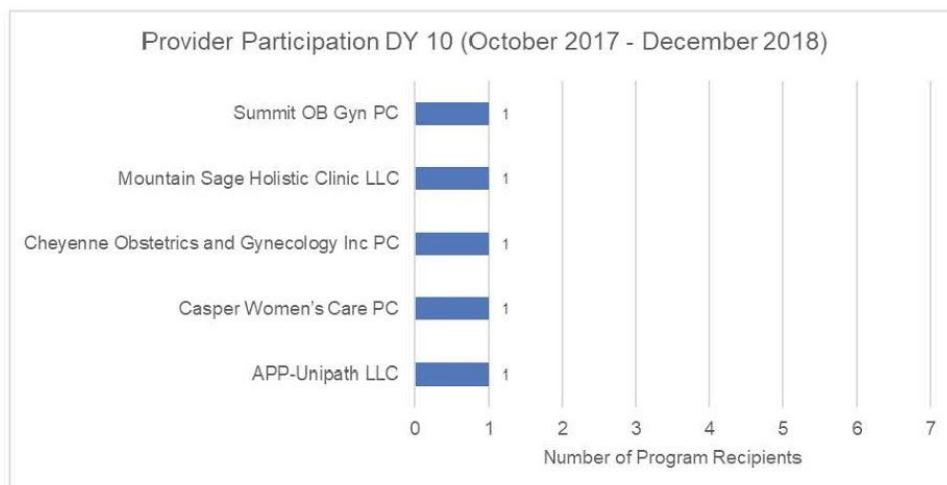
Wyoming Medicaid has a "Provider Locator" link where clients can search for providers that accept Wyoming Medicaid. There are 24 Public Health clinics in Wyoming and all accept Medicaid. There is also 99 percent Medicaid participation among physicians in Wyoming. Access to physician services is not an issue.

<https://wymedicaid.portal.conduent.com/wy/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.

<sup>3</sup> This table is not an exhaustive list of all 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 10.

**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 ten (October 2018 through September 2018) and the quarter immediately following (December 2018).

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**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 8 through DY 10, the fertility rate among waiver participants has decreased from 82 to 0.

**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 4, 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 10 October 2017 – December 2018			
	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	\$1,050	\$25	\$1,075	\$1,541
Quarter 2	\$600	\$3,099	\$3,699	\$1,050
Quarter 3	\$1,122	\$348	\$1,470	\$1,250
Quarter 4	\$456	\$0	\$456	\$599
Quarter 5	\$119	\$122	\$241	\$500
<b>Total Annual Expenditures</b>	<b>\$3,347</b>	<b>\$3,594</b>	<b>\$6,941</b>	<b>\$4,940</b>

**Actual Number of Births to Demonstration Population**

In Table 5, we summarize the quarterly births to enrollee counts. Births are counted for women who became pregnant while enrolled in the Pregnant by Choice waiver.

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**Table 5: Number of Births in DY 10**

Demonstration Year, Quarter	Age Group	Number of Births to Women Enrolled in FPW	Number of Women Enrolled in FPW
DY 10, Q1	19-44	0	18
DY 10, Q2	19-44	0	20
DY 10, Q3	19-44	0	19
DY 10, Q4	19-44	0	17
DY 10, Q5	19-44	0	17

**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 Ten, (October 2017 – December 2018)**

Age Group	Number of Births to Women Enrolled in FPW	Number of Women Enrolled in FPW DY 10	Fertility Rate (Births/1,000 Women)
19-44	0	28	0

*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 Ten in the Absence of FPW**

Age Group	Baseline Fertility Rate (Births/1,000 Women)	Number of Women Enrolled in FPW DY 10	Number of Births that would have occurred in the absence of FPW
19-44	227	28	6

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

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

Age Group	Baseline Fertility Rate (Births/1,000 Women)	Fertility Rate of Women Enrolled in FPW DY 10	Number of Women Enrolled in FPW DY 10	Number of Births Averted
19-44	227	0	28	6

*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
10	\$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
10	6	\$15,796	\$100,399

*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
10	0	\$15,796	\$3,347	\$3,347

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

**Table 12: Annual Budget Limit**

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Demonstration Year	Number of Births Averted	Average Cost of a Birth	Budget Limit
10	6	\$15,796	\$100,399

*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
10	\$100,399	\$3,347	\$97,052

*Savings = Annual Budget Limit – Cost of FPW Services*

**Activities for Next Year**

The Pregnant by Choice waiver will expire December 31, 2019. WDH is working with Navigant Consulting, Inc. to extend the demonstration beyond December 31, 2019.

## **APPENDIX D**

### **STATE QUALITY ASSURANCE MONITORING**

As part of the quarterly and annual reporting process for the PBC demonstration, Wyoming Medicaid monitors provider participation in the PBC demonstration. In addition, Wyoming Medicaid monitors service utilization and the types of contraceptive methods used by PBC demonstration participants.

Every three years, Wyoming conducts an access monitoring review plan to assess Medicaid beneficiary access to Medicaid services. As part of the review, Medicaid beneficiaries and providers receive surveys around Medicaid access to services in six key service areas. All Medicaid beneficiaries, including those enrolled in the PBC demonstration all eligible to respond to the survey. In addition, all of the provider types that are eligible to provide family planning services are eligible to respond to the survey (e.g., primary care providers, certified nurse midwives, family planning clinics, nurse practitioners, physician assistants, laboratories, federally qualified health centers, rural health clinics, outpatient departments of hospitals). The 2018 survey found that 93 percent of respondents found that it was always or usually easy to get an appointment for a check-up or routine care at a doctor's office or clinic as soon as needed. In addition, 76 percent of primary care providers and 90 percent of maternity providers indicated that they are accepting new adult Medicaid patients.

The State also conducts an annual State Financial Audit, which covers the entire process of Medicaid from eligibility through claims payment. The Medicaid Program Integrity contractor determines a sample for the audit, which includes a random selection of claims as well as targeted claims that meet certain criteria. Wyoming Medicaid also participates in the Payment Error Reporting Measurement program to ensure accuracy of the claims reimbursement process. Providers are required to submit all documentation of services within an identified time period.

In addition, Wyoming Medicaid's Program Integrity unit reviews, audits, and investigates providers for claims lacking sufficient documentation or incorrect billing. This team manages the associated administrative process, collects recoveries of State funds, as applicable, and ensures the State's compliance to the Federal standards regarding the reduction of Fraud, Waste, and Abuse. The Program Integrity unit oversees recovering funds from third party liability (TPL) and seeking other recoveries, such as Estate, drug (J-code), and credit balances.

## APPENDIX E

### COMPLIANCE WITH THE PUBLIC NOTICE PROCESS

Wyoming Medicaid conducted a public comment period from May 15, 2019 through June 14, 2019. Wyoming Medicaid notified stakeholders of the public comment period to solicit input on the demonstration extension using the following methods:

- Published abbreviated public notice on May 15, 2019, available at the following link: <https://health.wyo.gov/healthcarefin/medicaid/> within the “Provider Information - Updates” Section.
- Posted full public notice on the Wyoming Medicaid website, available at the following link: XXX
- Posted a prominent link to the draft fast track extension application on the Wyoming Medicaid website found within the full public notice, available at the following link: XXX

[Add placeholder for how Wyoming Medicaid notifies tribes of the extension application and the public comment process.]

Wyoming Medicaid held two public hearing teleconferences about the PBC demonstration extension allowing for individuals to call in using an established conference line. During the public hearings, Wyoming Medicaid presented information about the PBC demonstration extension. Wyoming Medicaid also provided the opportunity for public comment at these hearings.

Wyoming Medicaid held the following public hearings:

Date	Time	Teleconference Number
June 4, 2019	9am	304-621-9661, PIN: 218 880#
June 7, 2019	9am	417-448-6182, PIN: 947 954#

Wyoming Medicaid will continue to comply with all post-award public input requirements.

Please see the following pages for additional materials regarding the public notice process:

1. Abbreviated public notice
2. Full public notice
3. Tribal notification
4. Summary of the public comments received and Wyoming Medicaid’s responses to the comments