Wyoming's Family Planning Waiver (FPW) Program:

Interim Evaluation Report

Presented to:
Centers for Medicare & Medicaid Services

December 2023

A. Executive Summary

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

In order to have insight into the Pregnant by Choice Program, the Agency regularly monitors health outcomes within the enrollee population.

After considering the data during this reflection period, the Agency believes it was *minimally effective* in affecting positive change toward measured goals. Positive and neutral trends outweigh negative trends as compared to the baseline data (also included in this report):

- Positive Trends:
    - An increase in family planning service utilization
    - An increase in the number of beneficiaries with a 12 month enrollment period
    - An increase in the number of beneficiaries subsequently re-enrolled in the program
- Neutral Trends (no change)
    - Number of beneficiaries receiving a clinical breast exam
    - Number of low birth weight babies
    - Number of premature babies born
- Negative Trends
    - A decrease in family planning encounters
    - A decrease in contraceptive utilization
    - A decrease in long-acting reversible contraceptive usage
    - A decrease in testing for sexually transmitted diseases
    - A decrease in testing for cervical cancer screening
    - An increase in enrollees with births occurring within 18 months of the previous pregnancy

There was no change in the number of low birth weight and premature babies born to beneficiaries – there continues to be none, which is a desired outcome.

The demonstration is able to draw simple conclusions based on available data; however, there continues to be very minimal data available to draw these simple conclusions and enrollment numbers remain low.

Overall, there is room for improvement.

Outcomes are tracked and discussed further in this Interim Evaluation Report, below.

B. General Background Information

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

Eligibility and enrollment for both Programs are tracked in the Wyoming Eligibility System. This allows for ease of notification to women on the Pregnant Women Program eligible for Pregnant by Choice. Typically, eligible women are sent a notification at forty-five (45) days before their Pregnant Women Program benefits end to encourage them to continue their Medicaid coverage by transitioning into the Pregnant by Choice Program.

Historically, there were hundreds of women enrolled in the Family Planning Waiver, Pregnant by Choice Program. After the implementation of the Affordable Care Act in 2010, the Program saw an understandable exodus of women who were able to get a healthcare plan with minimum essential coverage benefits at a reduced or free rate. It made more sense to use the Healthcare Exchange and find a robust health plan instead of remaining on the Pregnant by Choice Program, which provided benefits limited to reproductive healthcare coverage. Family Planning Waiver Enrollment in the Family Planning Waiver does fluctuate minutely, but hovers around five (5) to ten (10) enrolled women. Since the end of the PHE Wyoming Medicaid began renewal verifications and the Program realizes many women will lose their full Medicaid benefits. With the unprecedented PHE, Wyoming Medicaid still offered the Pregnant by Choice Program to all members that might qualify – even if they are beyond the typical sixty (60) day window. CMS approval to transition women to the Pregnant by Choice Program after sixty (60) days postpartum due to the PHE was confirmed on December 1, 2020 via email with Felix Milburn.

The Wyoming Legislature has approved House Bill HB0004 to extend Medicaid postpartum coverage to a full year (an additional ten (10) months beyond the current

sixty (60) days of coverage a woman receives postpartum). The effective date of this change was July 1, 2023 and a State Plan Amendment completed. This did affect the Pregnant by Choice Program and an Amendment was submitted to Felix Milburn, Michael Trieger, and 1115DemoRequests@CMS.GOV on April 3, 2023. To summarize, this Amendment requested approval for the Wyoming Eligibility System to attempt an ex parte renewal for individuals enrolled in the Pregnant Women Program in order to *auto-enroll women prior to their anticipated coverage termination date. If the member cannot be renewed using the ex parte process, a renewal form is mailed to the member giving them sixty (60) days to complete and return the renewal.* No follow up on the Amendment has been received as of the date this Report was submitted.

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

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

The overarching goals of the "Pregnant by Choice" (PBC) initiative are to:

- Reduce the incidence of closely spaced pregnancies,
- Decrease the number of unintended pregnancies,
- Achieve cost savings, and
- Reduce 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.

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

- Education about reproductive health and methods of birth control
- Initial physical exam and health history, including a pap smear and testing for sexually transmitted diseases
- Contraceptive management including prescriptions, devices, and supplies
- Annual follow up exam for reproductive health/family planning purposes, including Pap smear and testing for sexually transmitted diseases when indicated. Includes follow up office visits related to family planning
- Removal of contraceptive devices

- Necessary family planning/reproductive health-related laboratory procedures and diagnostic tests
- Sterilization services and related laboratory services (with properly completed sterilization consent form) and medications required as part of a procedure done for birth control purposes

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

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

More information on the Program, including brochures in English and Spanish, can be found on the Wyoming Medicaid Pregnant by Choice webpage: https://health.wyo.gov/healthcarefin/medicaid/pregnant-by-choice/

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C. Evaluation Questions and Hypotheses

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source Administrative data (state should specify source)	Analytic Approach Descriptive statistics (frequencies and percentages)
Demonstration Goal 1: Ensure access to and utilization of family planning and/or family planning-related services for individuals not otherwise eligible for Medicaid. **Objective 1**: Improve use of Medicaid family planning services by women who have received Medicaid pregnancy related services and are not otherwise eligible for Medicaid.					
Process	How did beneficiaries utilize covered health services?	Enrollees will utilize family planning services and/or family planning related services.	Number of beneficiaries who had a family planning or family planning related service encounter in each year of the demonstration/total number of beneficiaries	Medicaid Claim Data	1. Numerator/Denominator 2. % 3. Trend from Baseline: ▲▼►
			Number of family planning services utilized/total number of beneficiaries	Medicaid Claim Data	1. Numerator/Denominator 2. % 3. Trend from Baseline: ▲▼►
			Number of female beneficiaries who utilized any contraceptive in each year of the demonstration /total number of female beneficiaries	Medicaid Claim Data	1. Numerator/Denominator 2. % 3. Trend from Baseline: ▲▼►
			Number of female beneficiaries who utilized long-acting reversible contraceptives in each year of the demonstration/ total number of female beneficiaries	Core Measures	1. Numerator/Denominator 2. % 3. Trend from Baseline: ▲▼►
			Number of beneficiaries tested for any sexually transmitted disease (by STD)/total number of beneficiaries	Medicaid Claim Data	1. Numerator/Denominator 2. % 3. Trend from Baseline: ▲▼►
			Number of female beneficiaries who obtained a cervical cancer screening/total number of female beneficiaries	Medicaid Claim Data	1. Numerator/Denominator 2. % 3. Trend from Baseline: ▲▼►
			Number of female beneficiaries who received a clinical breast exam/total number of female beneficiaries	Core Measures	1. Numerator/Denominator 2. % 3. Trend from Baseline: ▲▼►
	Do beneficiaries maintain coverage long-term (12 months or more)?	Beneficiaries will maintain coverage for one or more	Number of beneficiaries who completed one spell of 12 month enrollment/total number of beneficiaries	Eligibility Data (program code A20)	1. Numerator/Denominator 2. % 3. Trend from Baseline: ▲▼►

		12 month enrollment period.	Number of beneficiaries re-enrolled for at least their second spell of coverage/total number of beneficiaries		1. Numerator/Denominator 2. % 3. Trend from Baseline: ▲▼►
Demonstration Goal 2: Improve or maintain health outcomes for the target population as a result of access to family planning and family planning-related services. **Objective 2:** Reduce closely spaced pregnancies **Objective 3:** Reduce health risks to women and children **Objective 4:** Decrease the number of unintended pregnancies					
Outcome/ Impact	Does the demonstration improve health outcomes? [Calculate for target population and similar population from Medicaid withinstate]	Health outcomes will improve as a result of the demonstration.	Number of second live births that occurred at an interval of 18 months or longer/ total number of second live births	Medicaid Claim Data	<u>Enrollees with births within 18 months/total # 2nd live births to enrollees:</u> 1. Numerator/Denominator 2. % Trend from Baseline: ▲▼► <u>Enrollees with births longer than 18 months/total # 2nd live births to enrollees:</u> 1. Numerator/Denominator 2. % Trend from Baseline: ▲▼►
			Number of low birth weight babies born to beneficiaries /total number of babies born to beneficiaries		1. Numerator/Denominator 2. % 3. Trend from Baseline: ▲▼►
			Number of premature babies born in the state/total number of babies born to beneficiaries		1. Numerator/Denominator 2. % 3. Trend from Baseline: ▲▼►
			Benefit awareness and satisfaction survey for all FPW beneficiaries (See table below with actual survey questions, Section D5.)	FPW Beneficiary Survey	Trended survey response statistics shall be captured and reported.

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D. Methodology

1. Evaluation Design/Interim Evaluation Report. This report will utilize a post-only assessment with a comparison group for the period covering January 1, 2019 through December 31, 2022.

2. Data Collection & Sources. For the data sources identified in the above table, describe how the data will be collected. Additionally, identify the frequency of the data collection, and limitations of the data. Identify which data will be collected prospectively via beneficiary surveys or interviews (if applicable), or retrospectively through administrative data.
   a. **Data Collection.** The data presented in Table C. Summary of Key Evaluation Questions, Hypotheses, Data Sources, and Analytic Approaches, will be compiled from several different sources. The main data source will be claims. Wyoming will also use Core Measures as a data source for the measure, "Number of female beneficiaries who utilized long-acting reversible contraceptives in each year of the demonstration/total number of female beneficiaries." The number of program beneficiaries is obtained using eligibility data, specifically the eligibility program code (A20) that is unique to the Family Planning Waiver, Pregnant by Choice Program.
   b. **Frequency of Data Collection.** The data will be collected annually and submitted to CMS for review in the Annual Report as well as this Interim Evaluation Report. This is the frequency desired by CMS per the expectations outlined within the current demonstration's Special Terms and Conditions (STCs).

3. Data Analysis Strategy. Describe the analytic methods that will be utilized to answer the evaluation questions identified in the above table. If the design is mixed methods (collecting both quantitative and qualitative), the state should explain how the evaluation team plans to integrate the findings from both types of assessments.
   a. **Analytic Methods:** Wyoming is using historical program data (baseline) to compare against data presented in this report in order to determine program direction and whether the program has improved beneficiaries' health and if there is positive program growth. To help interpret findings in the Interim Evaluation Report, a baseline was established from past annual program data that covers program activities from January 1, 2015 through December 31, 2018, included below:

Evaluation Component	**Evaluation Question**	**Evaluation Hypotheses**	**Measure (to be reported for each Demonstration Year)**	**Recommended Data Source** Administrative data (state should specify source)	**Analytic Approach** Descriptive statistics (frequencies and percentages)
Demonstration Goal 1: Ensure access to and utilization of family planning and/or family planning-related services for individuals not otherwise eligible for Medicaid.					
Process	How did beneficiaries utilize covered health services?	Enrollees will utilize family planning services and/or family planning related services.	Number of beneficiaries who had a family planning or family planning related service encounter in each year of the demonstration/total number of beneficiaries	Medicaid Claim Data	1. 36/121 2. 30% 3. Baseline
			Number of family planning services utilized/total number of beneficiaries	Medicaid Claim Data	1. 20/121 2. 17% 3. Baseline
			Number of female beneficiaries who utilized any contraceptive in each year of the demonstration /total number of female beneficiaries	Medicaid Claim Data	1. 64/121 2. 53% 3. Baseline
			Number of female beneficiaries who utilized long-acting reversible contraceptives in each year of the demonstration/ total number of female beneficiaries	Core Measures	1. 19/121 2. 16% 3. Baseline
			Number of beneficiaries tested for any sexually transmitted disease (by STD)/total number of beneficiaries	Medicaid Claim Data	***Data Suppressed – Numerator is between 1 and 10*** 3. Baseline
			Number of female beneficiaries who obtained a cervical cancer screening/total number of female beneficiaries	Medicaid Claim Data	***Data Suppressed – Numerator is between 1 and 10*** 3. Baseline
			Number of female beneficiaries who received a clinical breast exam/total number of female beneficiaries	Core Measures	1. 0/121 2. 0% 3. Baseline
	Do beneficiaries maintain coverage long-term (12 months or more)?	Beneficiaries will maintain coverage for one or more 12 month	Number of beneficiaries who completed one spell of 12 month enrollment/total number of beneficiaries	Eligibility Data (program code A20)	***Data Suppressed – Numerator is between 1 and 10*** 3. Baseline

		enrollment period.	Number of beneficiaries re-enrolled for at least their second spell of coverage/total number of beneficiaries		***Data Suppressed – Numerator is between 1 and 10*** 3. Baseline
Demonstration Goal 2: Improve or maintain health outcomes for the target population as a result of access to family planning and family planning-related services.					
Outcome/ Impact	Does the demonstration improve health outcomes? [Calculate for target population and similar population from Medicaid within-state]	Health outcomes will improve as a result of the demonstration.	Number of second live births that occurred at an interval of 18 months or longer/ total number of second live births	Medicaid Claim Data	<u>Enrollees with births within 18 months/total # 2nd live births to enrollees:</u> ***Data Suppressed – Denominator is between 1 and 10*** 3. Baseline <u>Enrollees with births longer than 18 months/total # 2nd live births to enrollees:</u> ***Data Suppressed – Denominator is between 1 and 10*** 3. Baseline
			Number of low birth weight babies born to beneficiaries /total number of babies born to beneficiaries		***Data Suppressed – Denominator is between 1 and 10*** 3. Baseline
			Number of premature babies born in the state/total number of babies born to beneficiaries		***Data Suppressed – Denominator is between 1 and 10*** 3. Baseline

b. Mixed Methods: There will be mixed methods within the data analysis design. The majority of data will be derived from quantitative methods with some qualitative methods. Analysis will be performed from quantitative and qualitative data and outcomes.

4. Quantitative Methods. Wyoming is using historical program data (baseline) to compare data presented in this report in order to determine program direction and whether the program has improved beneficiaries' health and if there is positive program growth. A baseline was established from past annual program data – this baseline was submitted to CMS on 11/13/2020. When the subsequent Interim Evaluation Report is submitted to CMS (due by 12/31/2026), this version will serve as the new baseline.

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

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

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

5. Qualitative Methods. Historically, Wyoming's Pregnant by Choice Program has seen enrollment hover at around ten (10) beneficiaries each month. With Medicaid eligibility rules extending coverage for recipients during the Public Health Emergency, enrollment in Pregnant by Choice dipped to six (6) beneficiaries at one point – our lowest monthly enrollment in recent Program history. For this reason, Wyoming has attempted to survey one hundred percent (100%) of Pregnant by Choice beneficiaries in the previous Demonstration Years during Q1 of the next Demonstration Year. For example, the first survey was administered in Q1 of 2022 and sent to beneficiaries enrolled during Demonstration Year 13 (January 1, 2021 through December 31, 2021). Surveying consisted of sending a text to alert all beneficiaries that the PBC Program Manager will call in the next few business days.

Next, Wyoming telephonically outreached to 100% of beneficiaries to administer the survey. If the beneficiary was not reached, Wyoming left a HIPAA-compliant telephone message to alert her that she should expect a follow-up letter from the PBC Program, requesting she complete the survey using the URL link provided in the letter. To summarize:

- The Wyoming Pregnant by Choice Program Manager sent a text to 100% of identified beneficiaries letting them know someone from Wyoming Medicaid will contact them to ask questions about their experience and satisfaction with the Pregnant by Choice Program.
- The Wyoming Pregnant by Choice Program Manager telephonically outreached women the following week after text deployment, verified their identity, asked survey questions, and captured their responses. The survey was built in Google Forms and responses populate a backend spreadsheet for ease of review.
- For women who are not reachable by phone, a letter was sent explaining the purpose of the survey and include a link to the Annual Pregnant by Choice Benefit Awareness and Satisfaction Survey in hopes the beneficiary will complete it themselves.
- Resulting responses to the survey were very low. Only two unique individuals (three separate responses) in the two years the survey was completed were actually reached and agreed to answer the survey questions in DY13 and DY14 combined. Two enrollees answered the questions in the survey version from February 2022 and one enrollee answered all of the final survey questions in February 2023. Please note: The survey questions from February 2022 were similar to the questions in the approved Evaluation Design (which was approved April 22, 2022 - those survey questions were used in February 2023). Since the questions were updated from the survey questions used in 2022, not all enrollees answered all the same questions, noted below. Due to the low response rates, survey results have been suppressed from this report.

The Annual Pregnant by Choice Benefit Awareness and Satisfaction Survey Questions are included below.

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Annual Pregnant by Choice Benefit Awareness and Satisfaction Survey Questions:

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

   _____
   _____

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

   _____
   _____

3. Have you used your Pregnant by Choice (PBC) benefits in the last 12 months?
   __ Yes → *Please skip to Question 3 below*
   __ No → *Continue to Question 2*

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

__ My usual provider is not part of PBC/would not accept PBC payment
__ Could not find health care provider
__ Could not get an appointment
__ Appointment days and times were not convenient
__ Health care provider location was not convenient
__ Health care provider didn't offer service(s) I needed
__ I can take care of my health without PBC services
__ I was concerned about how much it would cost me
__ I did not have time to go, did not have transportation to get there, or did not have child care
__ If there was another reason or you have other feedback about why you didn't use your PBC benefits (please explain)
_____
_____

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

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

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

	Strongly Agree	Agree	Neutral/ No opinion	Disagree	Strongly Disagree	Not Applicable
a. I was able to find all of the information I needed about the PBC benefits easily.	☐	☐	☐	☐	☐	☐
b. It was easy for me to find a health care provider(s) that is convenient.	☐	☐	☐	☐	☐	☐
c. I like the PBC services that I received.	☐	☐	☐	☐	☐	☐
d. I was able to get all of the services I needed.	☐	☐	☐	☐	☐	☐
e. I was able to get all of the services at one location.	☐	☐	☐	☐	☐	☐
f. The health care provider(s) listens carefully to me.	☐	☐	☐	☐	☐	☐
g. The health care provider(s) explains things in a way that I understand.	☐	☐	☐	☐	☐	☐
h. The health care provider(s) showed respect for what I had to say.	☐	☐	☐	☐	☐	☐
i. The health care provider(s) spends enough time with me.	☐	☐	☐	☐	☐	☐

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

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

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

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

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

F. Results – In this section, the state presents and uses the quantitative and qualitative data to show to whether and to what degree the evaluation questions and hypotheses of the demonstration were achieved. The findings should visually depict the demonstration results (tables, charts, graphs). This section should include information on the statistical tests conducted.

Measures were calculated using Medicaid claim data between January 1, 2019 through December 31, 2022.

Evaluation Component	**Evaluation Question**	**Evaluation Hypotheses**	**Measure (to be reported for each Demonstration Year)**	**Recommended Data Source** Administrative data (state should specify source)	**Analytic Approach** Descriptive statistics (frequencies and percentages)
Demonstration Goal 1: Ensure access to and utilization of family planning and/or family planning-related services for individuals not otherwise eligible for Medicaid. **Objective 1**: Improve use of Medicaid family planning services by women who have received Medicaid pregnancy related services and are not otherwise eligible for Medicaid.					
Process	How did beneficiaries utilize covered health services?	Enrollees will utilize family planning services and/or family planning related services.	Number of beneficiaries who had a family planning or family planning related service encounter in each year of the demonstration/total number of beneficiaries	Medicaid Claim Data	***Data Suppressed – Numerator is between 1 and 10*** 1. Trend from Baseline: ▼
			Number of family planning services utilized/total number of beneficiaries	Medicaid Claim Data	***Data Suppressed – Numerator is between 1 and 10*** 1. Trend from Baseline: ▲
			Number of female beneficiaries who utilized any contraceptive in each year of the demonstration /total number of female beneficiaries	Medicaid Claim Data	***Data Suppressed – Numerator is between 1 and 10*** 1. Trend from Baseline: ▼
			Number of female beneficiaries who utilized long-acting reversible contraceptives in each year of the demonstration/ total number of female beneficiaries	Core Measures	***Data Suppressed – Numerator is between 1 and 10*** 1. Trend from Baseline: ▼
			Number of beneficiaries tested for any sexually transmitted disease (by STD)/total number of beneficiaries	Medicaid Claim Data	1. 0/27 2. 0% 3. Trend from Baseline: ▼
			Number of female beneficiaries who obtained a cervical cancer screening/total number of female beneficiaries	Medicaid Claim Data	1. 0/27 2. 0% 3. Trend from Baseline: ▼
			Number of female beneficiaries who received a clinical breast exam/total number of female beneficiaries	Core Measures	1. 0/27 2. 0% 3. Trend from Baseline: ►

	Do beneficiaries maintain coverage long-term (12 months or more)?	Beneficiaries will maintain coverage for one or more	Number of beneficiaries who completed one spell of 12 month enrollment/total number of beneficiaries	Eligibility Data (program code A20)	***Data Suppressed – Numerator is between 1 and 10*** 1. Trend from Baseline: ▲
		12 month enrollment period.	Number of beneficiaries re-enrolled for at least their second spell of coverage/total number of beneficiaries		***Data Suppressed – Numerator is between 1 and 10*** 1. Trend from Baseline: ▲
Demonstration Goal 2: Improve or maintain health outcomes for the target population as a result of access to family planning and family planning-related services. **Objective 2:** Reduce closely spaced pregnancies **Objective 3:** Reduce health risks to women and children **Objective 4:** Decrease the number of unintended pregnancies					
Outcome/ Impact	Does the demonstration improve health outcomes? [Calculate for target population and similar population from Medicaid within state]	Health outcomes will improve as a result of the demonstration.	Number of second live births that occurred at an interval of 18 months or longer/ total number of second live births	Medicaid Claim Data	Enrollees with births within 18 months/total # 2nd live births to enrollees: ***Data Suppressed – Denominator is between 1 and 10*** 1. Trend from Baseline: ▲ Enrollees with births occurring longer than 18 months/total # 2nd live births to enrollees: ***Data Suppressed – Denominator is between 1 and 10*** 1. Trend from Baseline: ▼
			Number of low birth weight babies born to beneficiaries /total number of babies born to beneficiaries		***Data Suppressed – Denominator is between 1 and 10*** 1. Trend from Baseline: ►

			Number of premature babies born in the state/total number of babies born to beneficiaries		***Data Suppressed – Denominator is between 1 and 10*** 1. Trend from Baseline: ►
			Benefit awareness and satisfaction survey for all FPW beneficiaries (See table below with actual survey questions, Section D5.)	FPW Beneficiary Survey	Trended survey response statistics shall be captured and reported.

Since the baseline was established using historical Program data, current data can be compared against it in the areas to follow.

Question 1: How did beneficiaries utilize covered health services? Hypothesis: Enrollees will utilize family planning services and/or family planning related services.

To gauge the outcome, there were seven measures that were considered:

- Number of beneficiaries who had a family planning or family planning related service encounter in each year of the demonstration/total number of beneficiaries
- Number of family planning services utilized/total number of beneficiaries
- Number of female beneficiaries who utilized any contraceptive in each year of the demonstration/total number of female beneficiaries
- Number of female beneficiaries who utilized long-acting reversible contraceptives in each year of the demonstration/ total number of female beneficiaries
- Number of beneficiaries tested for any sexually transmitted disease (by STD)/total number of beneficiaries
- Number of female beneficiaries who obtained a cervical cancer screening/total number of female beneficiaries
- Number of female beneficiaries who received a clinical breast exam/total number of female beneficiaries

There were decreases in the number of family planning related service encounters, use of any contraceptive, use of long-acting reversible contraceptives, the number of beneficiaries being tested for STDs, and a decrease in beneficiaries obtaining cervical screenings as compared to the baseline. The Program saw no changes in beneficiaries receiving a clinical breast exam – the data remained static as compared to the baseline. The only positive trend was the number of family planning services utilized as compared to the baseline. With enrollment numbers hovering between 5-10 beneficiaries enrolled at one time, small fluctuations cause large swings in the data trend.

Question 2: Do beneficiaries maintain coverage long-term (12 months or more)? Hypothesis: Beneficiaries will maintain coverage for one or more 12 month enrollment period.

To gauge the outcome, there were two measures that were considered:

- Number of beneficiaries who completed one spell of 12 month enrollment/total number of beneficiaries
- Number of beneficiaries re-enrolled for at least their second spell of coverage/total number of beneficiaries

Encouragingly, beneficiaries saw an increase in both measures related to enrollment. This means that during the measured time period, beneficiaries are staying on the program longer and are finding value in it and re-enrolling.

Question 3: Does the demonstration improve health outcomes? Hypothesis: Health outcomes will improve as a result of the demonstration.

To gauge the outcome, there were three measures that were considered:

- Number of second live births that occurred at an interval of 18 months or longer/ total number of second live births
- Number of low birth weight babies born to beneficiaries /total number of babies born to beneficiaries
- Number of premature babies born in the state/total number of babies born to beneficiaries

Less beneficiaries are seeing 18 months or more between pregnancies – which is not ideal – as compared to the baseline. There was no change in the number of low birth weight and premature babies born to beneficiaries – there continues to be none, which is a desired outcome.

Results of the benefit awareness and satisfaction survey for all FPW beneficiaries.

There were three responses to the survey in two years with one enrollee responding in both survey years – the Program is only able to draw simple conclusions from the results. Due to low response rates, survey results have been suppressed from this report.

Questions were not finalized before being utilized in 2022 as the Evaluation Design was not approved yet and CMS' additional survey suggestions had not been incorporated yet.

G. Conclusions – In this section, the state will present the conclusions about the evaluation results.

1) In general, did the results show that the demonstration was/was not effective in achieving the goals and objectives established at the beginning of the demonstration?
2) Based on the findings, discuss the outcomes and impacts of the demonstration and identify the opportunities for improvements, Specifically:
    a. If the state did not fully achieve its intended goals, why not? What could be done in the future that would better enable such an effort to more fully achieve those purposes, aims, objectives, and goals?

The demonstration believes it was *not effective* in making positive changes in the beneficiary population. Positive and neutral trends do not outweigh negative trends. It is definitely disappointing to see regressions – almost across all data points in the service utilization area. Although it doesn't seem like beneficiaries are utilizing their benefits to the extent they could be, they are remaining in the program and opting for re-enrollment during their re-enrollment periods. Overall, the data is disappointing. It's safe to say there is absolutely room for improvement.

The demonstration is able to draw simple conclusions based on available data; however, there is very minimal data available to draw these simple conclusions. The Program does not feel entirely confident in the conclusions simply because the sample size is extremely limited, with 5-10 monthly beneficiaries typically enrolled and only two unique individuals answering the survey questions. *It should also be noted that Wyoming should be tentative of conclusions that are made based on the beneficiary data and survey outcomes since minimal data could easily skew conclusions.*

The demonstration did not affect positive change on all measures likely because enrollment remains low. The Wyoming Legislature approved an additional 10 months of postpartum coverage for Medicaid members, bringing the total coverage to a full year. This coverage began July 1, 2023. As a result, any woman qualified member whose coverage is ending under the Pregnant Woman Program would be ex parte enrolled into the Pregnant by Choice Program (after 12 months postpartum), if she is not eligible for another program. Income will be verified through an interface from the Social Security Administration as well as through Wyoming's Department of Workforce Services. Once it is verified that the member meets the income guidelines for the program, an approval notice will be mailed letting the member know she has been enrolled in the PBC Program, the basis on which the determination was made, the benefits of the Program, and how to report changes and dis-enroll, if she desires. A PBC questionnaire will be sent annually to prompt her to reenroll/verify continued eligibility.

The Program is anticipating an increase in enrollment beginning in July 2024 as a result of this new auto-enrollment process (as requested in Amendment #1, spring 2023). Automatic re-enrollments using this ex-parte process in the regular Medicaid population sits at about 52% of total re-enrollments (looking at the last 6 months of ex-parte re-enrollments). In SFY2022, there were 1,906 births to mothers on Wyoming Medicaid. Using 52% to estimate the number of possible auto-enrollments into the Pregnant by Choice Program, we believe there will be an increase of 991 enrollments into the Pregnant by Choice Program just due to the auto-enrollment process. At that time, an increase in enrollment will ensure there will be additional data and survey responses to more confidently confirm Program trends.

To have more of an impact at the beneficiary level, it would be helpful for the Program to send annual brochures or educational mailings to enrollees to remind them of their benefits and to encourage using them! *A welcome packet outlining how to effectively use all Pregnant by Choice benefits would likely be very helpful for new enrollees.*

H. Interpretations, Policy Implications and Interactions with Other State Initiatives.

In this section, the state will discuss the Section 1115 demonstration with an overall Medicaid context and long range planning. This should include interrelations of the demonstration with other aspects of the State's Medicaid program, interactions with other Medicaid demonstrations and other federal awards affecting service delivery, health outcomes and the cost of care under Medicaid. This section provides the state with an opportunity to provide interpretation of the data using evaluative reasoning to make judgements about the demonstration. This section should also include a discussion of the implications of the findings at both the state and national levels.

In 2023, the Wyoming Legislature approved House Bill HB0004 to extend Medicaid postpartum coverage to a full year (an additional ten (10) months beyond the current sixty (60) days of Medicaid coverage a woman receives postpartum). The effective date of this change was July 1, 2023 and a State Plan Amendment is in process and will be completed to reflect this legislative change. This coverage will be available to women until March 31, 2027 – so it doesn't provide this coverage indefinitely. This legislation does affect the Pregnant by Choice Program as it will cause an adjustment to the timeframe a woman is eligible to enroll into the Pregnant by Choice Program – at least through the end of March 2027.

The Wyoming Department of Health requested the following changes to the Family Planning Waiver, Pregnant by Choice Program (PBC) eligibility and enrollment process: the Wyoming Eligibility System will attempt an ex parte renewal for individuals enrolled in the Pregnant Women Program in order to *auto-enroll women prior to their anticipated coverage termination date. If the member cannot be renewed using the ex parte process,*

a renewal form is mailed to the member giving them sixty (60) days to complete and return the renewal.

Instead of PBC eligibility being offered within sixty (60) days postpartum (*after delivery)*, the member would be eligible to qualify for the Program within sixty (60) days *of* coverage *ending (benefits terminating).* Women enrolled in a pregnant woman program will be offered enrollment into the Family Planning Waiver, PBC program (if she hasn't already been enrolled using the ex parte process within that time frame). She must elect coverage during that sixty (60) day window, or else she is no longer eligible.

This legislation was passed in order to improve beneficiary health. Due to the Public Health Emergency (PHE), women who had given birth on Wyoming Medicaid didn't lose their health coverage at sixty (60) days postpartum. As far as Program enrollment during the PHE, it remained very static. With some women being covered for a year or more, this gave Wyoming Medicaid the opportunity to study the actual cost of covering women for a year postpartum (an additional ten (10) months). In looking at data for the one thousand, nine hundred and ninety-nine (1,999) women who gave birth during CY2020, the total cost for all claims three through twelve (3-12) months postpartum was four million, seven hundred twelve thousand, four hundred eighty-three dollars ($4,712,483) – please see Exhibit 1, below.

Exhibit 1 - Pregnancies and Associated Costs in Wyoming between 1/1/20 to 12/31/20	
Number of women that gave birth	1,999
Estimated member months 3-12 months post-partum (10 months per person)	19,990
Total costs for all claims 3-12 months postpartum	$4,712,483
Number of women with a paid/denied claim 3-12 months postpartum	1,659
Cost per person enrolled	$2,841
Estimated per member per month cost	$236
Number of women with SMM* conditions with claims 3-12 months postpartum	31
Cost associated with SMM claims 3-12 months post-partum	$175,643
Number of women with SMM or MH* claims 3-12 months post-partum	592
Cost associated with SMM or MH conditions 3-12 months postpartum	$909,037
Number of women who died 3-12 months postpartum	

The cost of this additional full benefit coverage was able to pay postpartum claims for physician care as well as mental health coverage and support and other clinical care. Prior to this study, Wyoming Medicaid's goal for postpartum members needing mental health support would be to triage their needs within the WYhealth Care Management Program and connect women to mental health care through Community Substance Use Treatment

Providers and Community Mental Health Service Providers, when identified and engaged in the WYhealth Program. Sixty (60) days is a short window to catch and refer women struggling with postpartum depression to mental health services – speculatively, there are probably many cases where the whirlwind of pregnancy and delivery didn't give women a chance to identify they might have postpartum depression and begin to seek help until after their Medicaid coverage termed – especially when the study found that seventeen percent (17%) of women didn't attend their postpartum care visit.

Within the CY2020 study, five hundred ninety-two (592) women were diagnosed with Severe Morbidity and Mortality (SMM) and mental health (MH) conditions[1] and were able to receive care. That means more than a quarter of the women giving birth were able to receive mental health care! That's wonderful for the Moms and Babies of Wyoming! It's also important to note that the clinical health community has come to realize that life experiences play a huge role in an individual's mental health and the decisions they make[2]. Negative experiences can cause depression, anxiety, and other mental health conditions which can go on to manifest in the physical body causing health conditions. Since there is a connection between mental health and physical health, it is important to address mental health – not only for Wyoming Moms, but also because her mood and choices also directly affect her Baby. Better care for Mom, means Baby is better cared for and can reduce negative environmental experiences that can cause future mental health issues in Baby (and that associated cost).

Through approval of Amendment #1, it will ensure that thousands of Wyoming women having their babies while covered by Wyoming Medicaid will benefit from life-saving mental health support and medical coverage under sustained full Medicaid benefits during their postpartum periods in the years to come while still retaining the ability to elect and transition to the limited reproductive health coverage in the Pregnant by Choice Program once their coverage ends on the Pregnant Women Program after the full postpartum year.

The Family Planning Waiver, Pregnant by Choice Amendment #1 was submitted to CMS on April 3, 2023. On April 21, 2023, CMS sent an Amendment Transparency Letter back to Wyoming Medicaid indicating that a preliminary review was conducted and it was determined the Amendment Request meets amendment requirements and it would be posted for a 30-day federal comment period.

[1] Please note: Severe Morbidity and Mortality diagnosis includes: acute myocardial infarction, aneurysm, acute renal failure, adult respiratory distress syndrome, amniotic fluid embolism, cardiac arrest/ventricular fibrillation, conversion of cardiac rhythm, disseminated intravascular coagulation, eclampsia, heart failure/arrest during surgery or procedure, puerperal cerebrovascular disorders, pulmonary edema/acute heart failure, severe anesthesia complications, sepsis, shock, sickle cell disease with crisis, air and thrombotic embolism, blood products transfusion, hysterectomy, temporary tracheostomy, and ventilation. For the purpose of this study, Wyoming included serious mental illness (SMI) and substance use disorder (SUD) as well. [2] Nature, nurture, and mental health. Part 2: The influence of life experience - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9112352/

Although no Amendment approval has been received from CMS, the requested eligibility and enrollment changes won't fully take effect until July 2024 (since women now have 12 months of full Medicaid coverage postpartum). Wyoming Medicaid continues to anticipate adoption of the new process as outlined to CMS.

Currently, the Pregnant by Choice Program is the only 1115 Waiver Demonstration in Wyoming Medicaid. Please note, on October 25, 2023, Wyoming submitted a new demonstration request to provide home and community based services (HCBS) to individuals over the age of 65 who are currently ineligible for Medicaid. The goal of the demonstration is to prevent or delay future institutional level of care. The federal public comment period will be open from November 8, 2023 through December 8, 2023.

I. Lessons Learned and Recommendations

This section of the report involves the transfer of knowledge. Specifically, the "opportunities" for future or revised demonstrations to inform Medicaid policymakers, advocates, and stakeholders is just as significant as identifying current successful strategies. Based on the evaluation results:

1) What lessons were learned as a result of the demonstration?
2) What would you recommend to other states which may be interested in implementing a similar approach?

As a result of the demonstration, the Program has a few lessons learned:

- The number of enrollees has dropped significantly since the Program's inception (likely due to the PHE), which has seriously impacted confidence in data trends. Through changes to eligibility and enrollment criteria and education and encouragement to potential enrollees to get enrolled into Pregnant by Choice, the Program is still waiting to determine if enrollment numbers will ever increase.
- It was costly to have a contractor prepare all of the required reporting for CMS and it is entirely possible to build the reports within the Agency's data warehouse and shift writing up the reports to internal staff in order to save money.
- Overseeing the Program for the last several years has been a learning experience that I am grateful for. I have really appreciated the opportunities to talk to members when conducting the survey and even though there have only been two unique individuals in the last two years, I think looking at the numbers/data so often, it's easy to forget there are people behind those numbers – it's a good reminder of the "why" behind the program.

There are a couple recommendations for states interested in implementing a similar approach:

- Consider your potential pool of enrollees and determine if you will have enough members to support through your future waiver. Figure out what the minimum amount of enrollees will be that you will serve in order to make implementation "worth it."
- There is a lot of "administrative burden" for the Program Manager as well as the Fiscal Staff that must occur in order to support the Program – consider whether the amount of positive impact you believe you can have for individuals is worth the time that will need to be expended in order to make the Program happen.

J. Attachments

1. Independent Evaluator. All reporting related to the Family Planning Waiver, Pregnant by Choice Program will be compiled and completed using staff within the Wyoming Medicaid Technology and Business Operations Unit (in-house), as well as informed by the Family Planning Waiver, Pregnant by Choice Program Manager. No independent contractors will be used for demonstration evaluation purposes at this time. The Agency would like to reserve the right to utilize an independent entity(ies) if advantageous in the future.

2. Evaluation Budget. The required budget will consist of the following line items:
   - Computer programming (cost per hour x hours); (Report development) $35x100=$3,500
   - Analysis of the data (cost per hour x hours); $35x5=$175
   - Preparation of the report (cost per hour x hours); $35x5=$175
   - Other (specify work, cost per hour, and hours). If work is outside the requirements of the basic evaluation this should be identified in the draft evaluation design along with justification for an increased budget match.

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

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

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

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

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

K. Appendix A – Sexually Transmitted Disease Codes

Procedure Codes:		
Chlamydia	86631	Antibody; Chlamydia
	86632	Antibody; Chlamydia, IgM
	87110	Culture, chlamydia, any source
	87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis
	87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis
	87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
	87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
	87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
	87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis
Gonorrhea	87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhea, direct probe technique
	87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhea, amplified probe technique
	87850	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhea
	87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
Syphilis	86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)
	86593	Syphilis test, non-treponemal antibody; quantitative
	86780	Antibody; Treponema pallidum
Hepatitis B	87340	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)
	87341	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg) neutralization
	G0432	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening

HIV (HCPCS Level II)	G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening
	G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening
ICD-10		
Coding for STD Services	Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission (excludes HPV and HIV)
	Z11.4	Encounter for screening HIV
	Z11.51	Screening for HPV
	Z111.59	Screening for other viral diseases
	Z11.8	Encounter for screening for other infectious and parasitic diseases (applicable to encounter for screening for chlamydia) Encounter for screening for other infectious and parasitic diseases (screening for chlamydia or syphilis, not gonorrhea)
	Z11.9	Encounter for screening for infectious and parasitic diseases, unspecified
	Z12.4	Encounter for screening for malignant neoplasm of cervix (excludes HPV)
	Z12.72	Encounter for screening for malignant neoplasm of cervix (excludes HPV)
	Z20.6	Contact or exposure to other viral diseases (HIV)
	Z20.828	Contact with exposure to other viral communicable diseases
	Z20.9	Contact with or exposure to communicable disease
	Z71.89	Counseling on other sexually transmitted diseases
	Z72.51	High-risk sexual behavior
	Z72.52	High risk homosexual behavior
	Z72.53	High risk bisexual behavior
Use in conjunction with the codes above for "Coding for STD Services"	Z34.0x	Encounter for supervision of normal first pregnancy
	Z34.8x	Encounter for supervision of other normal pregnancy
Other ICD-10 codes associated with STI screening	A74.9	A74.9 Chlamydial infection NOS
	A64	Unspecified sexually transmitted disease
	A63.0	Condyloma
	A59.9	Trichomoniasis

	B20	HIV
	R87.81	High Risk HPV positive test results
	R87.82	Low Risk HPV positive test results
	A54	All gonococcal infections fall under A54 in ICD-10.
	A54.00	acute gonorrhea infection
	A54.03	gonococcal infection of the cervix