

 *Missouri Department of*
SOCIAL SERVICES
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JEREMIAH W. (JAY) NIXON, GOVERNOR • BRIAN KINKADE, DIRECTOR

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August 13, 2014

Cindy Mann
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
Mail Stop: S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Ms. Mann:

Enclosed please find Missouri's request for approval of a three-year renewal of the 1115 family planning demonstration, entitled "Women's Health Services Program," project number 11-W-00236/7.

Should you have questions or need clarification regarding this information, please feel free to contact Joe Parks, M.D., Director, MO HealthNet Division, at 573-751-6922.

Sincerely,


Brian Kinkade
Director

BK/tm

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Missouri Department of Social Services

MO HealthNet Division

Missouri Women's Health Services Program

1115 Demonstration Waiver Renewal Application

Submitted to:

Centers for Medicare & Medicaid Services

Center for Medicaid & CHIP Services

7500 Security Blvd

Mailstop: S2-01-16

Baltimore, MD 21244-1850

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Section I – Program Description

1) Provide a summary of the proposed Demonstration program, and how it will further the objectives of title XIX and/or title XXI of the Social Security Act (the Act).

Missouri's Women's Health Services Program, 1115 Family Planning Demonstration expanded Medicaid coverage for women's health services to uninsured postpartum women (Sixth Omnibus Reconciliation Act (SOBRA 1986) women) who are 18 to 55 years of age losing their Medicaid eligibility 60 days after the birth of the child.

Uninsured postpartum women are eligible for women's health services for a maximum of one year after their Medicaid eligibility expires. Eligibility is automatically extended from the current 60-day postpartum period for this eligible population. Effective January 1, 2009, the 1115 Family Planning Demonstration expanded Medicaid coverage for women's health services to uninsured women who are at least 18 to 55 years of age, with a net family income of at or below 185% of the Federal Poverty Level (FPL), and with assets totaling less than \$250,000. Uninsured women are eligible for women's health services as long as they continue to meet eligibility requirements. There is no cost sharing for coverage and services are obtained through the MO HealthNet Fee-For-Services Program.

Women who receive a sterilization procedure shall be disenrolled from the demonstration within 90 days from the notification of the sterilization. The MO HealthNet Division (MHD) runs a report each quarter to identify women for which the division received a claim for sterilization. The women's identifying information is given to the Family Support Division (FSD) for disenrollment 90 days from notification of the sterilization.

Women's health services are defined as:

- Department of Health and Human Services approved methods of contraception;
- Sexually transmitted disease testing and treatment, including pap tests and pelvic exams;
- Family planning counseling/education on various methods of birth control; and
- Drugs, supplies, or devices related to women's health services described above that are prescribed by a physician or advanced practice nurse (subject to the national drug rebate program requirements).

These services are to be obtained through state approved fee-for-services providers. A listing of the family planning codes may be found in [Attachment 1](#).

Missouri will continue the Women's Health Services Program in the same manner as the currently approved Demonstration.

2.) Include the rationale for the Demonstration.

Missouri's objectives in implementing this program are:

- Providing access to contraceptive supplies and information on reproductive health care and women's health services to the demonstration population;
- Reducing the number of unintended pregnancies in Missouri;
- Reducing Medicaid expenditures by preventing unintended births; and
- Assisting women in preventing sexually transmitted infections (STIs).

3.) Describe the hypotheses that will be tested/evaluated during the Demonstration's approval period and the plan by which the State will use to test them.

There are five hypotheses related to Missouri's objectives. The hypotheses and the measure used to test those hypotheses are as below:

- Hypothesis 1: The Program will result in a reduction in the number of unintended pregnancies among the demonstration population.
Measure: The share of women in the Program for whom unintended pregnancy has been averted during the Program year.
- Hypothesis 2: The Program will reduce MO HealthNet expenditures for unintended births.
Measure: The Program year MO HealthNet savings from averted births for Program enrollees.
- Hypothesis 3: The Program will provide information on reproductive health and women's health services to the demonstration population.
Measure: The share of women in the Program who have accessed family planning services during the Program year.
- Hypothesis 4: The Program will provide access to contraceptive supplies for the demonstration population.
Measure: The share of women who have accessed contraceptive supplies or services during the Program year.
- Hypothesis 5: The Program will assist women in preventing STIs.
Measure: The share of women in the Program who are tested for STIs during the Program year.

The most recent Evaluation of the Women's Health Services Program, prepared by Mercer Government Human Services Consulting is included as [Attachment 2](#).

The template for the Quarterly Report to CMS is included as [Attachment 3](#).

The template for the Annual Report to CMS is included as [Attachment 4](#).

4.) Describe where the Demonstration will operate.

The Demonstration will operate statewide.

5.) Include the proposed timeframe for the Demonstration.

Missouri is requesting a 3 year extension of the Demonstration to cover the time period Of January 1, 2015 through December 31, 2017.

6.) Describe whether the Demonstration will affect and/or modify other components of the State’s current Medicaid and CHIP programs outside of eligibility, benefits, cost sharing or delivery systems.

The Demonstration will not affect and/or modify other components of the State’s current Medicaid and CHIP programs outside of eligibility, benefits, cost sharing or delivery systems.

Section II – Demonstration Eligibility

1.) Include a chart identifying any populations whose eligibility will be affected by the Demonstration.

Non-State Plan Group	Federal Poverty Level and/or other Qualifying Criteria	Funding
Uninsured Postpartum Women	Uninsured postpartum women who are 18 to 55 years of age lose Medicaid eligibility 60 days after the birth of the child are eligible for women’s health services for one year (12 months).	Title XIX enhanced federal medical assistance percentage (FMAP) and FMAP calculated for Medicaid program expenditures.
Uninsured Women	Any uninsured women, who are at least 18 to 55 years of age with a net family income of at or below 185% FPL, and with assets totaling less than \$250,000, are eligible for women’s health services as long as they continue to meet eligibility requirements.	Title XIX enhanced federal medical assistance percentage (FMAP) and FMAP calculated for Medicaid program expenditures.

2.) Describe the standards and methodologies the state will use to determine eligibility for any populations whose eligibility is changed under the Demonstration, to the extent those standards or methodologies differ from the State Plan.

The Family Support Division (FSD) performs an ex parte review of the case to ensure that the pregnant woman is not eligible under any other category of assistance. An ex parte review is a review conducted without the involvement of the participant. If the ex parte review does not find eligibility for another category, the woman is sent a letter giving her the opportunity to provide additional information (such as disability, blindness, and change in income) that would indicate eligibility for another category. If eligibility exists under another category, the FSD eligibility specialist switches the individual to the appropriate category. The participant is notified of the changes in their healthcare coverage if moving to another MO HealthNet category.

Uninsured postpartum women will be offered an opportunity to qualify beyond the 1 year after expiration of the postpartum period. An uninsured postpartum woman who receives women's health services will be sent a reinvestigation form prior to the end of her 12 months of women's health services. Once she completes and returns the reinvestigation form, an eligibility determination is made for any other Medicaid program, including women's health services as an uninsured woman. The reinvestigation form instructions to the participant advise her to sign the form. The form has signature blanks for the participant and spouse, in the event that the spouse is also found to be eligible. If she is eligible, her eligibility will continue under another Medicaid program or the women's health services program if eligibility for no other program exists. If she does not return the reinvestigation form prior to the end of her 12 months of women's health services, her case will close. In Missouri, the term "reinvestigation" has the same meaning as "redetermination."

Once determined eligible for the women's health services program, a reinvestigation will be completed annually. The reinvestigation will begin with a reinvestigation form being mailed to the participant. The woman will be required to complete and return the reinvestigation form. Once the completed form is received, the FSD eligibility specialist will determine if eligibility criteria continue to be met.

There are no circumstances under which the State allows exceptions to eligibility documentation and/or verification requirements as a result of patient confidentiality concerns under this demonstration.

Missouri will only enroll individuals that are uninsured in the Women's Health Services Program.

3.) Specify any enrollment limits that apply for expansion populations under the Demonstration.

There are no enrollment limits for the expansion population under the Demonstration.

4.) Provide the projected number of individuals who would be eligible for the Demonstration, and indicate if the projections are based on current state programs.

Based on previous member population, the current enrollee growth trend is 2.5%, which projects a population count of 80,591 quarterly (count of all enrollees during a quarter only) and a projected unduplicated population count of 117,476 annually (count of all enrollees throughout the year) for DY 7.

5.) To the extent that long term services and supports are furnished (either in institutions Or the community), describe how the Demonstration will address post-eligibility treatment of income, if applicable.

Long term services and supports are not furnished as a part of Missouri's current Demonstration or proposed to be furnished in the renewal Demonstration.

6.) Describe any changes in eligibility procedures the state will use for populations under the Demonstration.

There are no changes in eligibility procedures used by the state for the Demonstration population.

7.) If applicable, describe any eligibility changes that the state is seeking to undertake for the purposes of transitioning Medicaid or CHIP eligibility standards to the methodologies or standards applicable in 2014.

N/A – Missouri is not seeking to undertake any eligibility changes for the purpose of transitioning Medicaid or CHIP eligibility standards to the methodologies or standards applicable in 2014.

Section III – Demonstration Benefits and Cost Sharing Requirements

1.) Indicate whether the benefits provided under the Demonstration differ from those provided under the Medicaid and/or CHIP State plan:

Yes No (if no, please skip questions 3 – 7)

2.) Indicate whether the cost sharing requirements under the Demonstration differ from those provided under the Medicaid and/or CHIP State plan:

- Yes No (if no, please skip questions 8 – 11)

There is no co-payment requirement for Demonstration population.

3.) If changes are proposed, or if different benefit packages will apply to different eligibility groups affected by the Demonstration, please include a chart specifying the benefit package that each eligibility group will receive under the Demonstration.

Demonstration Coverage

Eligibility Group	Benefit Package
Uninsured Postpartum Women	Demonstration-only Benefit Package
Uninsured Women	Demonstration-only Benefit Package

The Demonstration Benefit Package includes:

- Approved methods of contraception
- Sexually transmitted disease testing and treatment, including pap tests and pelvic exams
- Family planning, counseling, education on various methods of birth control; and
- Drugs, supplies, or devices related to the women's health services described above, when they are prescribed by physician or advanced practice nurse.

Benefits Not Provided

Benefit	Description of Amount, Duration, and Scope	Reference
Inpatient Hospital	Only Family Planning services and family planning related services are covered. Comprehensive Hospital services are not covered.	Mandatory 1905(a)(1)
Outpatient Hospital	Only Family Planning services and family planning related services are covered. Comprehensive Hospital services are not covered	Mandatory 1905(a)(2)
Rural Health Agency	Only Family Planning services and family planning related services are covered. Comprehensive rural health agency services are not covered	Mandatory 1905(a)(2)

FQHC	Only Family Planning services and family planning related services are covered. Comprehensive FQHC services are not covered	Mandatory 1905(a)(2)
Laboratory and X-Ray	Only Family Planning services and family planning related services are covered. Comprehensive lab & X-ray services are not covered	Mandatory 1905(a)(3)
Nursing Facility Services age 21 & older	Not Covered	Mandatory 1905(a)(4)
EPSDT	Not Covered	Mandatory 1905(a)(4)
Family Planning Services	Covered if both the procedure code and diagnosis code are both on the approved list of waiver covered services. This restriction does not apply to Medicaid family planning services.	Mandatory 1905(a)(4)
Tobacco Cessation for pregnant women	Not covered. Ineligible for family planning waiver if pregnant.	Mandatory 1905(a)(4)
Physician's Services	Only Family Planning services and family planning related services are covered. Comprehensive physician services are not covered	Mandatory 1905(a)(5)
Medical or Surgical Services by a Dentist	Not covered	Mandatory 1905(a)(5)
Medical Care and remedial care- Podiatrist Services	Not covered	Optional 1905(a)(6)
Medical Care and remedial care- Optometrists Services	Not covered	Optional 1905(a)(6)
Medical Care and remedial care- Chiropractors services	Not covered	Optional 1905(a)(6)
Medical Care and remedial care- Other practitioners	Only Family Planning services and family planning related services are covered. Comprehensive services are not covered	Optional 1905(a)(6)
Home Health Services- Intermittent	Not covered	Mandatory for certain individuals 1905(a)(7)

Home Health Services- Medical supplies, equipment and appliances	Not covered	Mandatory for certain individuals 1905(a)(7)
Home Health Services- Physical, occupational, & speech therapy, and audiology	Not covered	Optional 1905(a)(7), 1902(a)(10)(D), 42CFR 440.70
Private duty nursing	Not covered	Optional 1905(a)(8)
Agency services	Only Family Planning services and family planning related services are covered. Comprehensive agency services are not covered	Optional 1905(a)(9)
Dental services	Not covered	Optional 1905(a)(10)
Physical Therapy	Not covered	Optional 1905(a)(11)
Occupational Therapy	Not covered	Optional 1905(a)(11)
Services for individuals with speech, hearing, and language disorders	Not covered	Optional 1905(a)(11)
Prescribed drugs	Only Family Planning services and family planning related services are covered. Comprehensive drug therapy for all diagnosis and medical needs are not covered	Optional 1905(a)(12)
Dentures	Not covered	Optional 1905(a)(12)
Prosthetic devices	Not covered	Optional 1905(a)(12)
Eyeglasses	Not covered	Optional 1905(a)(12)
Diagnostic Services	Covered if both the procedure code and diagnosis code are both on the approved list of waiver covered services. This restriction does not apply to Medicaid diagnostic services. Comprehensive services available to the Medicaid population are not covered under the waiver.	Optional 1905(a)(13)
Screening Services	Covered if both the procedure code and diagnosis code are both on the approved list of waiver covered services. This restriction does not apply to Medicaid screening services. Comprehensive services available to the Medicaid	Optional 1905(a)(13)

	population are not covered under the waiver.	
Preventive Services	Covered if both the procedure code and diagnosis code are both on the approved list of waiver covered services. This restriction does not apply to Medicaid preventive services. Comprehensive services available to the Medicaid population are not covered under the waiver.	Optional 1905(a)(13)
Rehabilitative Services	Not covered	Optional 1905(a)(13)
Services for individuals over 65 in IMDs- Inpatient hospital	Not covered	Optional 1905(a)(14)
Services for individuals over 65 in IMDs- Nursing facility	Not covered	Optional 1905(a)(14)
Intermediate Care Facility services for individuals in a public institution for the intellectually disabled.	Not covered	Optional 1905(a)(15)
Inpatient psychiatric service for under 22	Not covered	Optional 1905(a)(16)
Nurse-midwife services	Not covered	Mandatory 1905(a)(17)
Hospice Care	Not covered	Optional 1905(a)(18)
Case management services	Not covered	Optional 1905(a)(19),1914(g)
Special TB related services	Not covered	Optional 1905(a)(19), 1902(z)(2)
Respiratory care services	Not covered	Optional 1905(a)(20)
Certified pediatric or family nurse practitioner's services	Covered if both the procedure code and diagnosis code are both on the approved list of waiver covered services. This restriction does not apply to Medicaid nurse practitioner services. Comprehensive services available to the Medicaid population are not covered under the waiver.	Mandatory 1905(a)(21)
Home and Community Care for functionally disabled elderly	Not covered	Optional 1905(a)(22)

Personal Care Services	Not covered	Optional 1905(a)(24), 42CFR 440.170
Primary Care case management	Not covered	Optional 1905(a)(25)
PACE services	Not covered	Optional 1905(a)(26)
Sickle-cell anemia related services	Not covered	Optional 1905(a)(27)
Free Standing Birth Centers	Not covered	Optional 1905(a)(28)
Transportation	Not covered	Optional 1905(a)(29)- 42CFR 440.170. administrative required 42CFR 421.53
Services provided in religious non-medial health care facilities	Not covered	Optional 1905(a)(29), 42CFR 440.170(b)
Nursing facility services for patients under 21	Not covered	Optional 1905(a)(29), 42CFR 440.170(d)
Emergency Hospital services	Covered if both the procedure code and diagnosis code are both on the approved list of waiver covered services. This restriction does not apply to Medicaid emergency hospital services. Comprehensive services available to the Medicaid population are not covered under the waiver.	Optional 1905(a)(29), 42CFR 440.170(e)
Expanded services for pregnant women	Not covered	Optional 1905(e)(5)
Emergency services for certain legalized aliens and undocumented aliens	Not covered	Mandatory 1903(v)(2)(A)
Home and community based services for elderly or disabled	Not covered	Optional 1915(i)
Self-directed personal assistance	Not covered	Optional 1915(k)

4.) If electing benchmark-equivalent coverage for a population please indicate which standard is being used:

Missouri Women's Health Services program does not use bench-mark coverage for this population.

5.) Benefit Specifications and Provider Qualifications

Name of Benefit or Services: Missouri Women's Health Services Program

Scope of Benefit/Service: Procedure codes are covered only when paired with an approved diagnosis code. This is a limitation not found in the MO HealthNet State Plan for family planning services.

Amount of Benefit/Service: There are no limitations on the amount of service provided under the Demonstration.

Duration of Benefit/Service: Women who receive a sterilization shall be disenrolled from the demonstration within 90 days from the notification of the sterilization.

Authorization Requirements: There are no prior, concurrent or post-authorization requirements.

6.) Indicate whether Long Term Services and Supports will be provided.

Long Term Services are not provided under the Missouri Women's Health Services.

7.) Indicate whether premium assistance for employer sponsored coverage will be available through the Demonstration.

No premium assistance for employer sponsored coverage will be available through the Missouri Women's Health Services Program.

8.) If different from the State Plan, provide the premium amounts by eligibility group and income level.

There are no premium payments for participants of the Women's Health Services Program.

9.) Include a table if the Demonstration will require co-payments, coinsurance and/or deductible that differ from the Medicaid State plan

There are no co-payments, coinsurance and/or deductible requirements for the Missouri Women's Health Services Program.

10.) Indicate if there are any exemptions from the proposed cost sharing.

There are no co-payment, coinsurance and/or deductible requirements for the Missouri Women's Health Services Program.

Section IV – Delivery System and Payment Rates for Services

1.) Indicate whether the delivery system used to provide benefits to Demonstration participants will differ from the Medicaid and/or CHIP State plan;

- Yes
 No (if no, please skip questions 2-7 and the applicable payment rate questions)

8.) If fee-for-service payment will be made for any services, specify any deviation from State plan provider payment rates. If the services are not otherwise covered under the State plan, please specify the rate methodology.

There is no deviation from the State plan fee-for-service provider payment rates.

9.) If payment is being made through managed care entities on a capitated basis, specify the methodology for setting capitation rates, and any deviation from the payment and contracting requirements under 42 CFR Part 438.

There are no payments being made through managed care entities on a capitated basis.

10.) If quality based supplemental payments are being made to any providers or class of providers, please describe the methodologies, including the quality markers that will be measured and the data that will be collected.

There are no quality based supplemental payments being made.

Section V – Implementation of the Demonstration

1.) Describe the implementation schedule.

The renewal of the current Missouri Women's Health Services Waiver will begin January 1, 2015.

2.) Describe how potential Demonstration participants will be notified/enrolled into the Demonstration.

The current enrollment process will continue to be used.

3.) If applicable, describe how the state will contract with managed care organizations to provide Demonstration benefits.

Missouri will not be contracting with managed care organizations to provide Demonstration benefits.

Section VI – Demonstration Financing and Budget Neutrality

For the Women's Health Service Program 1115 Family Planning Demonstration to be budget neutral the cost of providing family planning services to the demonstration population must be equal to or less than the savings realized through averting unintended pregnancies. The waiver permits the state to provide family planning benefits to two groups: uninsured postpartum women and uninsured women. All postpartum Women who retain Medicaid eligibility move to the regular Medicaid eligibility groups 60 days after birth of their child and are covered under the Missouri Medicaid State Plan and are not part of the demonstration population.

Non-federal funding sources for MO HealthNet 1115 Women's Health Services Waiver for SFY 2014 are made from the following state sources as appropriated by the Missouri General Assembly: General Revenue Fund, Federal Reimbursement Allowance Fund, and Pharmacy Reimbursement Allowance Fund.

The Demonstration Financing Form is included as Attachment 5.

The Budget Neutrality Form is included as Attachment 6.

The Budget Neutrality Worksheet is included as Attachment 7.

Section VII – List of Proposed Waivers and Expenditure Authorities

1.) Provide a list of proposed waivers and expenditure authorities.

Missouri is requesting waiver of selected Medicaid requirements to enable the operation of the Missouri Women’s Health Services Program as a Demonstration that will effectively meet the objectives as well as budget neutrality expectations. All Medicaid requirements apply, except for the following:

Medicaid Requirement	Expenditure Authority	Waiver Request
Proper and Efficient Administration: Transportation	Section 1902(a)(4) insofar as it incorporates 42 CFR 431.53	To the extent necessary to enable the State to not assure transportation to and from providers for the Demonstration population.
Comparability: Amount, Duration, and Scope of Services	Section 1902(a)(10)(B)	To the extent necessary to allow the State to offer the Demonstration population a benefit package consisting of only family planning services and family planning-related services.
Prospective Payment for Federally Qualified Health Centers and Rural Health Agencies	Section 1902(a)(15)	To the extent necessary for the State to establish reimbursement levels to these agencies that will compensate them solely for family planning and family planning-related services.
Retroactive Coverage	Section 1902(a)(34)	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.
Comparability: Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)	1902(a)(10)(B) Section 1902(a)(43)(A)	To the extent necessary to enable the State to not furnish or arrange for EPSDT services to the Demonstration population.

2.) Describe why the state is requesting the waiver authority, and how it will be used.

Included in the above chart.

Section VIII – Public Notice

1.) Start and end dates of the state's public comment period.

Missouri's public comment period is June 30, 2014 through July 31, 2014.

2.) Certification that the state provided public notice of the application, along with a link to the state's web site and a notice in the state's Administration Record or newspaper of widest circulation 30 days prior to submitting the application to CMS.

The language and information used in the state's public notifications is included as Attachment 8.

Copies of the notices as they appeared in Missouri's newspapers of widest circulation are included as Attachment 9.

The state's web site is <http://dss.mo.gov/mhd/>. The public notification was found under the Alerts & Notifications section of the main page.

A screen print of the notice as it appeared on the MO Healtnet website is included as Attachment 10.

There were no comments.

3.) Certification that the state convened at least 2 public hearings, of which one hearing included teleconferencing and/or web capability, 20 days prior to submitting the application to CMS, including dates and a brief description of the hearings conducted.

A public hearing which included teleconferencing was held July 25, 2014, 9:00 a.m. to 11:00 a.m. at the State Information Center – Interpretive Center, 600 West Main Street, Jefferson City, MO. A second public hearing was held July 31, 2014, 12:00 p.m. to 4:00 p.m. at the Department of Mental Health, 1706 East Elm Street, Jefferson City, MO.

There were no comments.

4.) Certification that the state used an electronic mailing list or similar mechanism to notify the public.

The public was notified of the state's intent to renew through posting of the 1115 Family Planning Demonstration Renewal application on the MO HealthNet web site. The state's web site is <http://dss.mo.gov/mhd/>. The public notification was found under the Alerts & Notifications section on the main page.

A screen print of the notice as it appeared on the MO Healtnet website is included as Attachment 10.

There were no comments.

5.) Comments received by the state during the 30-day public notice period.

There were no comments received by Missouri during the 30-day notice period.

6.) Summary of the state's responses to submitted comments, and whether or how the state incorporated them into the final application.

There were no comments received by Missouri during the 30-day notice period.

7.) Certification that the state conducted tribal consultation in accordance with the consultation process outlined in the state's approved Medicaid State plan, or at least 60 days prior to submitting this Demonstration application if the Demonstration has or would have a direct effect on Indians, tribes, on Indian health programs, or on urban Indian health organizations, including dates and method of consultation.

N/A for Missouri.

Section IX – Demonstration Administration

Please provide the contact information for the state's point of contact for the Demonstration application.

Kristen Edwards
Assistant Deputy Director
(573)-751-9290
Kristen.Edwards@dss.mo.gov

Procedure Code	Description
00851	ANESTHESIA FOR TUBAL LIGATION/ TRANSACTION
00952	ANESTHESIA FOR HYSTEROGRAPHY AND/OR HYSTEOSALPINGOGRAPHY
11976	REMOVABLE, IMPLANTABLE CONTRACEPTIVE CAPSULES
11981	INERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT
56820	COLPOSCOPY OF THE VULVA
56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX, IF PRESENT
57421	COLPOSCOPY OF THE ENTIRE VAGINA
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER VAGINA
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER VAGINA WITH BIOPSY OF THE CERVIX AND ENDOCERVICAL CURETTAGE
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER VAGINA WITH BIOPSY OF THE CERVIX
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER VAGINA WITH ENDOCERVICAL CURETTAGE
57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER VAGINA WITH LOOP ELECTRODE BIOPSY OF THE CERVIX
57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER VAGINA, WITH LOOP ELECTRODE COLONIZATION OF THE CERVIX
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)
57510	CAUTERY OF CERVIX, ELECTRO OR THERMAL
57511	CAUTERY OF CERVIX, CRYOCAUTERY, INITIAL OR REPEAT
57513	CAUTERY OF CERVIX; LASER ABLATION.
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE INFUSION SONOHYSTEROGRAPHY OR HYSTEOSALPINGOGRAPHY
58565	HYSTEROGRAPHY, WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE OCCLUSION BY PLACEMENT OF PERMANENT IMPLANTS
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBES
58611	LIGATION OR TRANSECTION OF FALLOPIAN TUBES
58615	OCCLUSION OF FALLOPIAN TUBES BY DEVICE
58670	LAPAROSCOPY, SURGICAL; W/ FULGURATION OF OVIDUCTS BY DEVICE (WITH OR WITHOUT TRANSECTION)
58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (E.G., BAND, CLIP, ETC.)
74740	HYSTEOSALPINGOGRAPHY RADIOLOGICAL SUPERVISION AND INTERPRETATION
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE RADIOLOGICAL SUPERVISION AND INTERPRETATION
76830	ULTRASOUND TRANSVAGINAL
76831	ECHO EXAM UTERUS
76856	US EXAM PELVIC COMPLETE
76857	ULTRASOUND PELVIC (NONOBSTETRIC) B-CAN &/OR REAL TIME W/ IMAGE DOCUMENTATION
80047	BASIC METABOLIC PANEL (CALCIUM, IONIZE)

Procedure Code	Description
80048	BASIC METABOLIC PANEL (CLIA PANEL PROC)
80050	GENERAL HEALTH PANEL
80051	ELECTROLYTE PANEL (CLIA PANEL PROC)
80055	OBSTETRIC PANEL
80074	ACUTE HEPATITIS PANEL
81000	URINALYSIS BY DIPSTICK/TABLET REAGENT; NON- AUTOMATED W/MICROSCOPY
81001	URINALYSIS ETC. AUTOMATED WITH MICROSCOPY
81002	URINALYSIS BY DIP STICK/TABLET REAGENT;NON-AUTOMATED W/OUT MICROSCOPY(CLIA WAIVER LIST)
81003	URINALYSIS BY DIP/TABLET;AUTOMATED W/O MICROSCOPY
81005	URINALYSIS; QUALITATIVE OR SEMIQUANTITATIVE EXCEPT IMMUNOASSAYS
81015	URINALYSIS MICROSCOPIC ONLY (PPMP CLIA LIST)
81020	URINALYSIS; 2 OR 3 GLASS TEST (PPMP CLIA LIST)
81025	URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON METHODS (CLIA WAIVER LIST)
82105	ALPHA-FETOPROTEIN; SERUM
82120	AMINES VAGINAL FLUID QUALITATIVE
82670	ESTRADIOL
82671	ESTROGENS FRACTIONATED
82672	ESTROGENS TOTAL
82677	ESTRIOL
82679	ESTRONE
82947	GLUCOSE; QUANTITATIVE (CLIA WAIVER LIST)
82948	GLUCOSE; BLOOD REAGENT STRIP
82962	GLUCOSE BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED/ FDA SPECIFICALLY/HOME USE
83001	GONADOTROPIN FOLLICLE STIMULATING HORMONE (FSH)
83002	GONADOTROPIN LUTEINIZING HORMONE (LH)
84144	PROGESTERONE
84146	PROLACTIN
84702	GONADOTROPIN CHORIONIC (HCG); QUANTITATIVE
84703	GONADOTROPIN CHORIONIC QUALITATIVE (CLIA WAIVER LIST)
85004	AUTOMATED DIFF WBC COUNT
85007	BL SMEAR W/DIFF WBC COUNT
85008	BL SMEAR W/O DIFF WBC COUNT
85009	MANUAL DIFF WBC COUNT B-COAT
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT(CLIA WAIVER LIST)
85014	HEMATOCRIT
85018	HEMOGLOBIN
85025	COMPLETE CBC W/AUTO DIFF WBC
85027	COMPLETE CBC AUTOMATED
85032	MANUAL CELL COUNT EACH
85610	PROTHROMBIN TIME (CLIA WAIVER LIST)

Procedure Code	Description
85652	SEDIMENTATION RATE ERYTHROCYTE; AUTOMATED
85730	THROMBOPLASTIN TIME PARTIAL (PTT) PLASMA OR WHOLE BLOOD
86318	IMMUNOASSAY/INFECTI AGENT ANTIBODY QUALI/SEMIQUANTSINGLE STEP METHOD
86382	NEUTRALIZATION TEST VIRAL
86386	NUCLEAR MATRIX PROTEIN 22 (NMP22), QUALITATIVE
86403	PARTICLE AGGLUTINATION; SCREEN EACH ANTIBODY
86580	SKIN TEST TUBERCULOSIS INTRADERMAL (EXEMPT FROM CLIA EDITING)
86592	SYPHILIS TEST QUALITATIVE (EG VDRL RPR ART)
86593	SYPHILIS TEST QUANTITATIVE
86628	ANTIBODY; CANDIDA
86631	ANTIBODY; CHLAMYDIA
86632	ANTIBODY ; CHLAMYDIA IGM
86687	ANTIBODY; HTLV I
86688	ANTIBODY; HTLV-II
86689	ANTIBODY; HTLV OR HIV ANTIBODY CONFIRMATORY TEST (EG WESTERN BLOT)
86694	ANTIBODY; HERPES SIMPLEX NON-SPECIFIC TYPE TEST
86695	ANTIBODY; HERPES SIMPLEX TYPE I
86696	HERPES SIMPLEX TYPE 2
86701	ANTIBODY HIV 1
86702	ANTIBODY; HIV 2
86703	ANTIBODY; HIV-1 AND HIV-2 SINGLE RESULT
86706	HEPATITIS B SURFACE ANTIBODY (HBSAB)
86707	HEPATITIS BE ANTIBODY (HBEAB)
86762	ANTIBODY; RUBELLA
86787	ANTIBODY; VARICELLA-ZOSTER
86803	HEPATITIS C ANTIBODY
86900	BLOOD TYPING; ABO
86901	BLOOD TYPING; RH(D)
87015	CONCENTRATION (ANY TYPE) FOR PARASITES OVA OR TUBERCLE BACILLUS (TB AFB)
87040	BLOOD CULTURE FOR BACTERIA
87070	CULTURE BACTERIA OTHER
87071	CULTURE BACTERIA; QUANTITATIVE AEROBIC WITH ISOLATION & PRESUMPTIVE IDENTIFICATION OF ISOLATES
87073	CULTURE BACTERIAL; QUANTITATIVE ANEROBIC WITH ISOLATION & PRESUMPTIVE IDENTIFICATION OF ISOLATES
87075	CULTURE BACTERIA EXCEPT BLOOD
87076	CULTURE BACTERIAL ANY SOURCE DEFINITIVE IDENTIFICATION EACH ANAEROBIC ORGANISM
87077	CULTURE BACTERIAL;AEROBIC ISOLATE ADDITONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION
87081	CULTURE BACTERIAL SCREENING ONLY FOR SINGLE ORGANISMS
87086	CULTURE BACTERIAL URINE QUANTITATIVE COLONY COUNT
87088	URINE BACTERIA CULTURE

Procedure Code	Description
87102	CULTURE FUNGI ISOLATION OTHER SOURCE (EXCEPT BLOOD)
87110	CULTURE CHLAMYDIA
87147	CULTURE TYPING SEROLOGIC METHOD AGGLUTINATION GROUPING PER ANTISERUM
87164	DARK FIELD EXAMINATION ANY SOURCE (EG PENILE VAGINAL ORAL SKIN)
87184	SENSITIVITY STUDIES ANTIBIOTIC DISK METHOD PER PLATE (12 OR LESS DISKS)
87186	SENSITIVITY STUDIES ANTIBIOTIC MICROTITER MINIMUM INHIBITORY CONCENTRATION (MIC)
87205	SMEAR PRIMARY SOURCE WITH INTERPRETATION ROUTINE STAIN
87206	SMEAR PRIMARY SOURCE WITH INTERPRETATION FLUORESCENT AND/OR ACID FAST STAIN FOR BACTERIA FUNGI
87207	SMEAR SPECIAL STAIN
87210	SMEAR PRIMARY SOURCE WITH INTERPRETATION WET MOUNT WITH SIMPLE STAIN
87220	TISSUE EXAMINATION FOR FUNGI (EG KOH SLIDE)
87252	VIRUS IDENTIFICATION; TISSUE CULTURE INOCULATION AND OBSERVATION
87270	INFECT AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECH; CHLAMYDIA TRACHOMATIS
87273	INFECTIOUS AGENT ANTIGEN DETECTION BY FLOURESCENT ANTIBODY; HERPES SIMPLEX VIRUS TYPE 2
87274	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECH; HERPES SIMPLEX VIRUS
87320	INFECT AGT ANTIGEN DETECTION BY ENZYME IMMUNOASSY METHOD; ADENOVIRUS ENTERIC TYPES 40/41 CHLAMYD
87340	HEPATITIS B SURFACE ANTIGEN
87350	HERPES SIMPLEX TYPE 2
87389	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE
87390	HIV-1
87391	HIV-2
87470	INFECT AGT DETECT BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND BARTONELLA QUINTANA DIRECT
87480	CANDIDA SPECIES DIRECT PROBE TECHNIQUE
87481	CANDIDA SPECIES AMPLIFIED PROBE TECHNIQUE
87482	CANDIDA SPECIES QUANTIFICATION
87485	CHLAMYDIA PNEUMONIAE DIRECT PROBE TECHNIQUE
87486	CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TECHNIQUE
87487	CHLAMYDIA PNEUMONIAE QUANTIFICATION
87490	CHLAMYDIA TRACHOMATIS DIRECT PROBE TECHNIQUE
87491	CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TECHNIQUE
87492	CHLAMYDIA TRACHOMATIS QUANTIFICATION
87495	CYTOMEGALOVIRUS DIRECT PROBE TECHNIQUE
87496	CYTOMEGALOVIRUS AMPLIFIED PROBE TECHNIQUE
87497	CYTOMEGALOVIRUS QUANTIFICATION
87510	GARDNERELLA VAGINALIS DIRECT PROBE TECHNIQUE
87511	GARDNERELLA VAGINALIS AMPLIFIED PROBE TECHNI
87512	GARDNERELLA VAGINALIS QUANTIFICATION

Procedure Code	Description
87528	HERPES SIMPLEX VIRUS DIRECT PROBE TECHNIQUE
87529	HERPES SIMPLEX VIRUS AMPLIFIED PROBE TECHNIQUE
87530	HERPES SIMPLEX VIRUS QUANTIFICATION
87531	HERPES VIRUS-6 DIRECT PROBE TECHNIQUE
87532	HERPES VIRUS-6 AMPLIFIED PROBE TECHNIQUE
87533	HERPES VIRUS-6 QUANTIFICATION
87534	HIV-1 DIRECT PROBE TECHNIQUE
87535	HIV-1 AMPLIFIED PROBE TECHNIQUE
87536	HIV-1 QUANTIFICATION
87537	HIV-2 DIRECT PROBE TECHNIQUE
87538	HIV-2 AMPLIFIED PROBE TECHNIQUE
87539	HIV-2 QUANTIFICATION
87590	NEISSERIA GONORRHOEAE DIRECT PROBE TECHNIQUE
87591	NEISSERIA GONORRHOEAE AMPLIFIED PROBE TECHNIQUE
87592	NEISSERIA GONORRHOEAE QUANTIFICATION
87620	PAPILLOMAVIRUS HUMAN DIRECT PROBE TECHNIQUE
87621	PAPILLOMAVIRUS HUMAN AMPLIFIED PROBE TECHNIQUE
87622	PAPILLOMAVIRUS HUMAN QUANTIFICATION
87660	TRICHOMONAS VAGIN DIR PROBE
87797	NOT OTHERWISE SPECIFIED DIRECT PROBE TECHNIQUE
87800	INFECT AGT DETECTION BY NUCLEIC ACID MULTIPLE ORGANISMS; DIRECT PROBE TECHIQUE
87801	INFECT AGT DETECTION BY NUCLEIC ACID MULTIPLE ORGANISMS; AMPLIFIED PROBE TECHNIQUE
87810	INFECTIOUS AGT DETECTION BY IMMUNOASSY WITH DIRECT OPTICAL OBSERVATION; CHLAMYDIA TRACHOMATIS
87850	INFECTIOUS AGT DETECTION BY IMMUNOASSY WITH DIRECT OPTICAL OBSERVATION; NEISSERIA GONORRHOEAE
88108	CYTOPATHOLOGY CONCENTRATION TECHNIQUE SMEARS AND INTERPRETATION (EG SACCOMANNO TECHNIQUE)
88141	CYTOPATHOLOGY CERVICAL OR VAGINAL
88142	CYTOPATHOLOGY CERVICAL OR VAGINAL, THIN LAYER PREPARATION; MANUAL SCREENING UNDER PHYS SUPERVISION
88143	CYTOPATHOLOGY CERVICAL OR VAGINAL, WITH MANUAL SCREENING AND RESCREENING
88147	CYTOPATHOLGY SMEARS CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM UNDER PHYSICIAN SUPERVISION
88148	CYTOPATHOLOGY SMEARS CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM WITH MANUAL RESCREENING
88150	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL; MANUAL SCREENING UNDER PHYSICIAN SUPERVISION
88152	CYTOPATHOLOGY SLIDE CERVICAL OR VAGINAL; W/ MANUAL & COMPUTER-ASSISTED RESCREENING UNDER PHYS SUPERVISION
88153	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION

Procedure Code	Description
88154	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL; WITH MANUAL SCREENINGS AND COMPUTER-ASSISTED RESCREENING
88155	CYTOPATHOLOGY SLIDE CERVICAL OR VAGINAL DEFINITIVE HORMONAL EVALUATION
88160	CYTOPATHOLOGY SMEARS ANY OTHER SOURCE; SCREENING AND INTERPRETATION
88161	CYTOPATHOLOGY SMEARS ANY OTHER SOURCE; PREPARATION SCREENING AND INTERPRETATION
88162	CYTOPATHOLOGY SMEARS ANY OTHER SOURCE; EXTENDED STUDY INVOLVING OVER 5 SLIDES AND/OR MULTIPLE STAINS
88164	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL(THE BETHESDA SYSTEM)
88165	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); UNDER PHYSICIAN'S SUPERVISION
88166	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING
88167	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING USING CELL SELECTION
88172	EVALUATION OF FINE NEEDLE ASPIRATE W/ OR W/O PREPARATION OF SMEARS; IMMEDIATE CYTOHISTOLOGIC STUDY
88173	EVALUATION OF FINE NEEDLE ASPIRATE W/ OR W/O PREPARATION OF SMEARS; INTERPRETATION AND REPORT
88174	CYTOPATH C/V AUTO IN FLUID
88175	CYTOPATH C/V AUTOMATED THIN LAYER PREPARATION, WITH SCREENING BY AUTOMATED SYSTEM AND MANUAL RESCREENING OR REVIEW, UNDER PHYSICIAN SUPERVISION
99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND ABOVE THOSE USUALLY INCLUDED WITH THE OFFICE VISIT OR OTHER SERVICES RENDERED
99201-99205	NEW PATIENT OR ESTABLISHED PATIENT - OFFICE OR OTHER OUTPATIENT VISIT
99211-99215	NEW PATIENT OR ESTABLISHED PATIENT - OFFICE OR OTHER OUTPATIENT VISIT
99383-99386	PREVENTATIVE MEDICINE SERVICES/NEW PATIENT
99393-99396	PREVENTATIVE MEDICINE SERVICES/ESTABLISHED PATIENT
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE
A4266	DIAPHRAGM
J7300	INTRAUTERINE COPPER CONTRACEPTIVE
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM
J7303	CONTRACEPTIVE VAGINAL RING
J7304	CONTRACEPTIVE HORMONE RING
J7306	LEVONORGESTREL IMPLANT
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL, OR SKIN SPECIMENS
T1015	CLINIC VISIT/ENCOUNTER ALL-INCLUSIVE

Drug Class	Description
G2A	PROGESTATIONAL AGENTS (Used for Contraception)
G8A	CONTRACEPTIVES, ORAL
G8B	CONTRACEPTIVES, IMPLANTABLE
G8C	CONTRACEPTIVES, INJECTABLE
G8F	CONTRACEPTIVES, TRANSDERMAL
G9B	CONTRACEPTIVES, INTRAVAGINAL
L5A	KERATOLYTICS
Q4F	VAGINAL ANTIFUNGALS
Q4W	VAGINAL ANTIBIOTICS
Q5R	TOPICAL ANTIPAPASITICS
Q5V	TOPICAL ANTIVIRALS
W1A	PENICILLINS
W1B	CEPHALOSPORINS
W1C	TETRACYCLINES
W1D	MACROLIDES
W1F	AMINOGLYCOSIDES
W1K	LINCOSAMIDES
W1P	BETALACTAMS
W1Q	QUINOLONES
W1Y	CEPHALOSPORINS 3RD GENERATION
W2A	ABSORBABLE SULFONAMIDES
W3B	ANTIFUNGAL AGENTS
W3C	ANTIFUNGAL AGENTS (CONTINUED)
W4E	ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS
W5A	ANTIVIRAL, GENERAL
WG4	2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL
X1B	DIAPHRAMS/CERVICAL CAP
X1C	INTRA-UTERINE DEVICES
Z2G	IMMUNOMODULATORS (Aldera)

State of Missouri Department of Social Services

Evaluation of the Women's Health Services Program

Section 1115 Waiver Demonstration Project

EVALUATION YEAR 6: OCTOBER 1, 2012 – SEPTEMBER 30, 2013

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Submitted: January 28, 2014

EXECUTIVE SUMMARY

This is the sixth evaluation of the Missouri Women’s Health Services Program 1115 Waiver Demonstration (the Program). The waiver was originally approved as a part of Missouri’s Section 1115 Managed Care Plus (MC+) waiver in 1998. The current waiver started on October 1, 2007 and was recently extended until December 31, 2014. The evaluation has covered every year since Year 1 of the waiver in 2007-2008.

Missouri’s objectives in implementing the Program are:

- Providing access to contraceptive supplies and information on reproductive health care and women’s health services to the demonstration population;
- Reducing the number of unintended pregnancies in Missouri;
- Reducing Medicaid expenditures by preventing unintended births; and
- Assisting women in preventing sexually transmitted infections (STIs).

This evaluation tested five hypotheses related to the state’s objectives. The hypotheses, the measures used to test those hypotheses, and the findings are summarized below for federal fiscal year (FFY) 2013, covering the period from October 1, 2012 through September 30, 2013 (referred to in this report as “the Program year”).

During the previous reporting period, the state changed its claims adjudication system to more closely align with the objectives of the waiver, and the 3 year trends seen in this report still reflect the effect. The change took place in December of 2011, and consisted of tightening the claims requirements to enforce the restriction that covered family planning services must be provided in a setting that is primarily a family planning visit. This change resulted in a decline in some payable services which affected the overall utilization figures, with a high impact on utilization of STI services. Contraceptive services were largely unaffected by the change. If an individual presents for service for anything other than a family planning service as defined in the waiver it is not claimable as a family planning waiver service. This change is discussed further in hypothesis 5.

Objective: Reduce the number of unintended pregnancies among the demonstration population.

Hypothesis 1: The Program will result in a reduction in the number of unintended pregnancies among the demonstration population.

Measure: The share of women in the Program for whom unintended pregnancy has been averted during the Program year.

Finding: Out of the 114,610 women enrolled during the Program year (referred to in this report as the “Program population”), rates of pregnancy were lower than the birth rates in the base year of FFY 2000 that we used for comparison. The reduction in pregnancy rates means that a total of 5,394 births were averted among the program population.

Objective: Reducing Missouri’s Medicaid costs by reducing the number of unintended pregnancies by women who otherwise would be eligible for Medicaid pregnancy-related services.

Hypothesis 2: The Program will reduce MO HealthNet expenditures for unintended births.

Measure: The Program year MO HealthNet savings from averted births for Program enrollees.

Finding: By averting 5,394 births among Program enrollees, the Program resulted in total state and federal savings of \$32,445,352. The savings are derived from the avoided costs of pregnancy, labor, and delivery. Savings are even greater (\$64,380,587) when accounting for the cost savings related to the first year of life.

Objective: Providing access to contraceptive supplies and information on reproductive health care and women’s health services to the Demonstration population.

Hypothesis 3: The Program will provide information on reproductive health and women’s health services to the demonstration population.

Measure: The share of women in the Program who have accessed family planning services during the Program year.

Finding: A total of 37,172 women, or 32.6% of the Program population, had at least one claim for a women’s health, family planning, or other waiver-covered service.

Hypothesis 4: The Program will provide access to contraceptive supplies for the demonstration population.

Measure: The share of women who have accessed contraceptive supplies or services during the Program year.

Finding: In total, 16,794 Program enrollees, or 14.7% of the Program population, had at least one claim for contraceptive supplies or services ranging from oral contraceptives to sterilization procedures.

Objective: Assisting women in preventing sexually transmitted infections

Hypothesis 5: The Program will assist women in preventing STIs.

Measure: The share of women in the Program who are tested for STIs during the Program year.

Finding: In total, 4,529 Program enrollees, or 4% of the Program population, had at least one claim for sexually transmitted infection treatment or testing.

PROGRAM OVERVIEW

Unintended pregnancies account for almost half (49%) of all pregnancies in the United States¹, and are associated with risks such as low birth weight, maternal depression and delays in receiving prenatal care.^{2 3} Unintended pregnancies are defined as those that, at the time of conception, are either unwanted (mother did not want pregnancy) or mistimed (mother wanted the pregnancy to occur at a later time).⁴ Mothers who have unintended pregnancies are less likely to breastfeed and have lower levels of psychological well-being during pregnancy and after the birth.^{5 6} For teen mothers and their children, the consequences of an unintended pregnancy can be even more profound. For mothers between the ages of 15 to 19, 82% of pregnancies are unintended.⁷ Studies have shown that teen mothers are less likely to graduate from high school or get their GED, earn lower incomes, and have to rely on public assistance for twice as long as those who postpone having children until their twenties.^{8 9}

In addition to the health impact that an unintended pregnancy can have for mother and child, there are significant social and economic consequences. A study published in 2013, using 2008 data, found that unintended pregnancies resulted in 1.7 million births nationally. Of those, 65% were paid for by Medicaid/CHIP programs. Using Pregnancy Risk Assessment Monitoring

¹ Finer L, Henshaw S. Unintended pregnancy in the United States, 2006. *Contraception*, 2011 Nov; 84 (5): 478-85.

² Cheng D, Schwarz E, Douglas E, et al. Unintended pregnancy and associated maternal preconception, prenatal and postpartum behaviors. *Contraception*. 2009 Mar; 79(3):194-8.

³ Kost K, Landry D, Darroch J. Predicting maternal behaviors during pregnancy: Does intention status matter? *Family Planning Perspectives* 1998 Mar–Apr; 30(2):79-88.

⁴ Santelli, J. S., Rochat, R., Hatfield-Timajchy, K., Gilbert, B., Curtis, K., Cabral, R., et al. (2003). The measurement and meaning of unintended pregnancy. *Perspectives on Sexual and Reproductive Health*, 35(2), 94-101.

⁵ D'Angelo, D. V., Gilbert, B. C., Rochat, R. W., Santelli, J. S., & Herold, J. M. (2002). Differences between mistimed and unwanted pregnancies among women who have live births. *Perspectives on Sexual and Reproductive Health*, 36(5), 192-197.

⁶ Grussu, P., Quatraro, R. M., & Nasta, M. T. (2005). Profile of mood states and parental attitudes in motherhood: Comparing women with unplanned and planned pregnancies. *Birth*, 32(2), 107-114.

⁷ Finer L, Henshaw S. Disparities in rates of unintended pregnancy in the United States, 1994 – 2001. *Perspectives on Sexual and Reproductive Health*, 2006 Jun; 38 (2): 90-6.

⁸ Hoffman S, Maynard R, eds. *Kids having Kids; Economic Costs and Social Consequences of Teen Pregnancy*, 2nd ed. Washington: Urban Institute Press; 2008.

⁹ Hoffman S, *By the Numbers: The Public Costs of Teen Childbearing*. Washington: National Campaign to Prevent Teen Pregnancy; 2006. <http://www.thenationalcampaign.org/costs/>

System (PRAMS) data, state surveys, and other methodology, the study found that 53% of the 2 million births, funded in 2008 by public dollars, were due to unintended pregnancies and accounted for \$12.5 billion of public expenditures.¹⁰ While these costs may be high, the authors estimate that costs of unintended births would be as high as \$25 billion a year without family planning services to help curtail the number of unintended pregnancies.¹¹ The Guttmacher Institute, a nonprofit organization advancing sexual and reproductive health through research, policy analysis and public education, reported that publicly funded family planning services, such as Missouri's Family Planning Waiver, help avert 1.94 million unintended pregnancies each year among enrollees, and help to prevent the incidence of unintended pregnancies from being almost two-thirds higher than what it is currently.¹² Moreover, they note that almost \$4 in Medicaid costs for pregnancy-related care is saved for every \$1 on family planning services, which is similar to what the results are in Missouri in Hypothesis 2 when looking at total state and federal costs.^{13 14} Similar estimates of cost savings from family planning services were noted by author James Trussell in his 2007 article comparing the \$5 billion spent on direct medical costs of unintended pregnancies in 2002 to the cost savings of \$19 billion resulting from use of contraceptives.¹⁵

Missouri is one of 37 states participating in PRAMS, a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments. PRAMS, a population-based survey that began in 1987, collects information from mothers regarding their experiences and attitudes before, during and after pregnancy. The following information comes directly from the Missouri PRAMS 2009-2010-2011 data report, which is the most recent report available¹⁶:

- Nearly half (45.2 percent) of live births in Missouri during 2009-2010-2011 were from unintended pregnancy, including 72% of births of those on Medicaid.
- The percentages of unintended pregnancies were higher among women who were under 20 years old, had less than a high school education, Non-Hispanic Black or Hispanic, rural, unmarried and covered by Medicaid before pregnancy.

¹⁰ Sonfield A and Kost K, Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy and Infant Care: Estimates for 2008, New York: Guttmacher Institute, 2013, <http://www.guttmacher.org/pubs/public-costs-of-UP.pdf>

¹¹ Ibid.

¹² Guttmacher Institute. In Brief: Facts on Publicly Funded Contraceptive Services in the United States. New York, NY: 2011. http://www.guttmacher.org/pubs/fb_contraceptive_serv.pdf

¹³ Gold RB, Sonfield A, Richards CL, et al. Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System. New York, NY: Guttmacher Institute; 2009. <http://www.guttmacher.org/pubs/NextSteps.pdf>

¹⁴ Frost J, Finer L, Tapales A. The impact of publicly funded family planning clinic services on unintended pregnancies and government cost savings. *J Health Care Poor Underserved*. 2008; 19(3):778-796.

¹⁵ Trussell J, *Contraception*. 2007 March; 75(3):168-70.

¹⁶ Missouri Pregnancy Risk Assessment Monitoring System (PRAMS) [2009-2010-2011](#) report obtained from state officials

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- Among women reporting an unintended pregnancy, 48.2 percent were not using any type of contraception.
- Women who were unmarried, had less than a high school education and those with Medicaid or no insurance before pregnancy were less likely to use contraception than their counterparts. In total, 51.3% of women with no insurance with an unintended pregnancy were not using birth control at the time of conception.
- Of the 48.2% of women who did not use birth control and had unintended pregnancies, 11.2% of women reported having problems getting birth control when they needed it.

To reduce the number of unintended pregnancies, the Women's Health Service Program Section 1115(a) Waiver Demonstration (Program) covers uninsured women who are 18 through 55 years of age losing their MO HealthNet eligibility 60 days after the birth of their child. This population is eligible for women's health services for a maximum of one year after their MO HealthNet eligibility expires. Uninsured women age 18 through 55 years of age with family net incomes of 185% FPL or below, and with assets totaling less than \$250,000, are also eligible for program services as long as they continue to meet eligibility requirements.

The waiver was originally approved as part of Missouri's Managed Care Plus (MC+) waiver which was in place from May 1, 1998 through March 1, 2007. Beginning October 1, 2007, the waiver was approved as a stand-alone women's health services Section 1115 waiver. Effective January 1, 2009, eligibility was expanded to uninsured women between 18 and 55 whose income was below 185% of the federal poverty level. The Centers for Medicare and Medicaid Services (CMS) have approved extensions of the waiver, with the Program currently being authorized until December 31, 2014.

Under this Program, women are eligible only for women's health services, which are defined as:

Family planning services and supplies are limited to those services and supplies whose primary purpose is family planning and which are provided in a family planning setting.

Family planning services and supplies include:

- Approved methods of contraception;
- Sexually transmitted infection (STI)/sexually transmitted disease (STD) testing, Pap smears and pelvic exams;
 - Note: The laboratory tests done during an initial family planning visit for contraception include a Pap smear, screening tests for STIs/STDs, blood count and pregnancy test. Additional screening tests may be performed depending on the method of contraception desired and the protocol established by the clinic, program or provider. Additional laboratory tests may be needed to address a family planning problem or need during an inter-periodic family planning visit for contraception.
- Drugs, supplies, or devices related to women's health services described above that are

prescribed by a health care provider who meets the State's provider enrollment requirements (subject to the national drug rebate program requirements); and

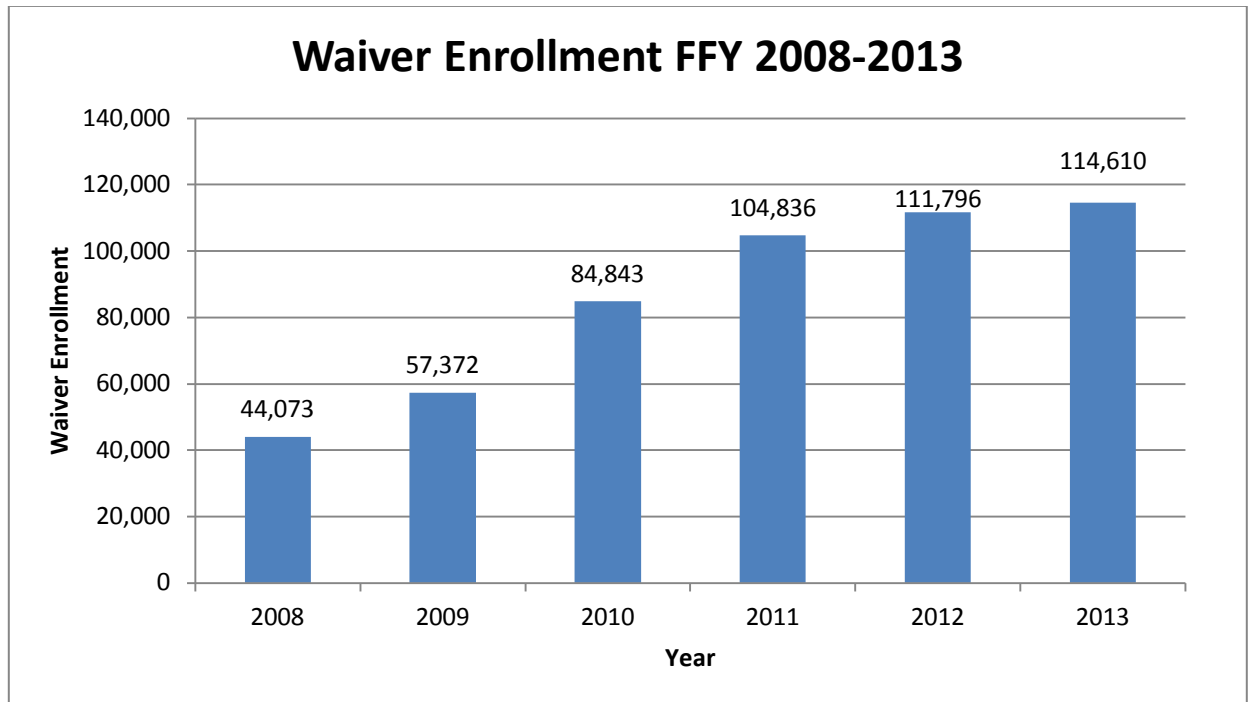
- Contraceptive management, patient education, and counseling.

Family planning-related services and supplies are defined as those services provided as part of or as follow-up to a family planning visit. Such services are provided because a "family planning-related" problem was identified and/or diagnosed during a routine or periodic family planning visit.

Examples of family planning-related services and supplies include:

- Colposcopy (and procedures done with/during a colposcopy) or repeat Pap smear performed as a follow-up to an abnormal Pap smear which is done as part of a routine/periodic family planning visit.
- Drugs for the treatment of STIs/STDs, except for HIV/AIDS and hepatitis, when the STI/STD is identified/ diagnosed during a routine/periodic family planning visit. A follow-up visit/encounter for the treatment/drugs and subsequent follow-up visits to rescreen for STIs/STDs based on the Centers for Disease Control and Prevention guidelines may be covered.
- Drugs/treatment for vaginal infections/disorders, other lower genital tract and genital skin infections/disorders, and urinary tract infections, where these conditions are identified/diagnosed during a routine/periodic family planning visit. A follow-up visit/encounter for the treatment/ drugs may also be covered.
- Other medical diagnosis, treatment, and preventive services that are routinely provided pursuant to family planning services in a family planning setting. An example of a preventive service could be a vaccination to prevent cervical cancer.
- Treatment of major complications arising from a family planning procedure such as:
 - Treatment of a perforated uterus due to an intrauterine device insertion;
 - Treatment of severe menstrual bleeding caused by a Depo-Provera injection requiring a dilation and curettage; or
 - Treatment of surgical or anesthesia-related complications during a sterilization procedure.

The Program has seen significant growth since its inception. The chart below illustrates program population for each year since 2008.



Women's Health Services are obtained through state-approved MO HealthNet fee-for-service providers. The following is a list of Title X clinics that participate in MO HealthNet and have billed for women's health services. These clinics, which are located throughout the State, ensure access statewide, are longstanding providers of women's health services, and will continue to provide services to the Program population.

Butler County Health Department

- Butler County Health Department – Poplar Bluff
- Carter County Health Center

Children's Mercy Hospital (The)

- CMH Teen Clinic
- CMH Northland Teen Clinic
- Synergy Youth Resiliency Center

East Missouri Action Agency

- EMAA Women's Wellness Center – Park Hills
- EMAA Women's Wellness Center – Cape Girardeau
- Madison County Health Department
- Howell County Health Department

Economic Security Corporation of the Southwest Area

- Economic Security Corporation of the Southwest Area – Joplin
- Economic Security Corporation of the Southwest Area – Neosho
- McDonald County Health Department

Family Care Health Centers

- Family Care Health Centers – St Louis (Holly Hills Ave)
- Family Care Health Centers – St Louis (Manchester Ave)

Family Planning Clinic of Franklin County, Inc.

- FPCFC – St Clair

Family Planning of St. Joseph, Inc.

- Family Planning – St Joseph
- Family Planning – Maryville

Green Hills Community Action Agency

- Hamilton Methodist Church
- GHCAA/Women’s Health Services
- Harrison County Health Department
- Linn County Health Department
- GHCAA/Women’s Health Services
- Putnam County Health Department
- Carroll County Health Department
- Ray County Health Department
- Chariton County Health Department

Jefferson County Health Department

- Jefferson County Health Department - Hillsboro
- Jefferson County Health Department – Arnold

Lincoln County Health Department

- Lincoln County Health Department – Troy

North East Community Action Corporation

- NECAC Family Planning Center – Hannibal
- NECAC Family Planning Center – Bowling Green
- Shelby County Health Department
- Audrain County Health Unit
- NECAC Family Planning Center – Warrenton
- NECAC Family Planning Center – O’Fallon
- Monroe County Health Department
- Adair County Health Department

Missouri 1115 Family Planning evaluation

Ozarks Area Community Action Corporation

- OACAC Family Planning - Springfield
- Barry County Health Department – Cassville
- Barry County Health Department – Monett
- Dade County Health Department
- Lawrence County Health Unit
- OACAC Family Planning – Lebanon
- Polk County Health Department
- Stone County Health – South
- Stone County Health Department – Galena
- Taney County Health Department – Forsyth
- Taney County Health Department – Branson
- Wright County Health Department – Hartville
- Wright County Health Department – Mountain Grove

Planned Parenthood of Kansas and Mid-Missouri

- Brous Center
- North Kansas City Center
- Warrensburg Center
- Columbia Center
- Independence Center
- Randolph County Health Department
- Boone County Health Department

Planned Parenthood of the St. Louis Region and Southwest Missouri

- Central West End Health Center
- South Grand Health Center

St Louis County Department of Health

- John C Murphy (JCM) Health Center
- North Central Community Health Center
- South County Health Center

Stoddard County Public Health Center

- Mississippi County Health Department
- New Madrid County Health Department
- Pemiscot County Health Department
- Scott County Health department
- Stoddard County Public Health Center

Swope Health Services

- Swope Health Central – Kansas City

Tri-Rivers Family Planning, Inc.

- Rolla Center
- Lake Center
- Lewis County Health Department
- Phelps-Maries County Health Department
- Scotland County Health Department
- Clark County Health Department
- Crawford County Health Department

West Central Missouri Community Action Agency

- WCMCAA – Butler
- WCMCAA – Warsaw
- WCMCAA – Clinton
- WCMCAA – Appleton City
- WCMCAA – Vernon County Health
- WCMCAA – Belton

Women who access services under the Program receive referrals for primary care services through the extensive network of Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) in Missouri. The Missouri Primary Care Association (MPCA) is a partner with the State of Missouri in this effort.

Note: As with evaluations from the last several years, this evaluation does not provide a comparison to the first Program year evaluation, for FFY 2008, because the State expanded Program eligibility criteria after the first year. The Program now includes Uninsured Women's Health Services which means that the mean age of Program participants for FFY 2013 is older than those enrolled in the program during FFY 2008, making comparisons with FFY 2008 less meaningful.

FINDINGS

Hypothesis 1: The Program will result in a reduction in the number of unintended pregnancies among the demonstration population.

Women enrolled in the Program had overall lower rates of pregnancy, 37.97 per 1,000 Program enrollees, than women in the base year of FFY 2000, when the rate was 78.53. Overall, when adjusted for the change in age groups among program participants since the base year, Program enrollees combined for a net reduction of 5,394 pregnancies in FFY 2013.

Table 1: Estimated Averted Pregnancies by Age Group, FFY 2013

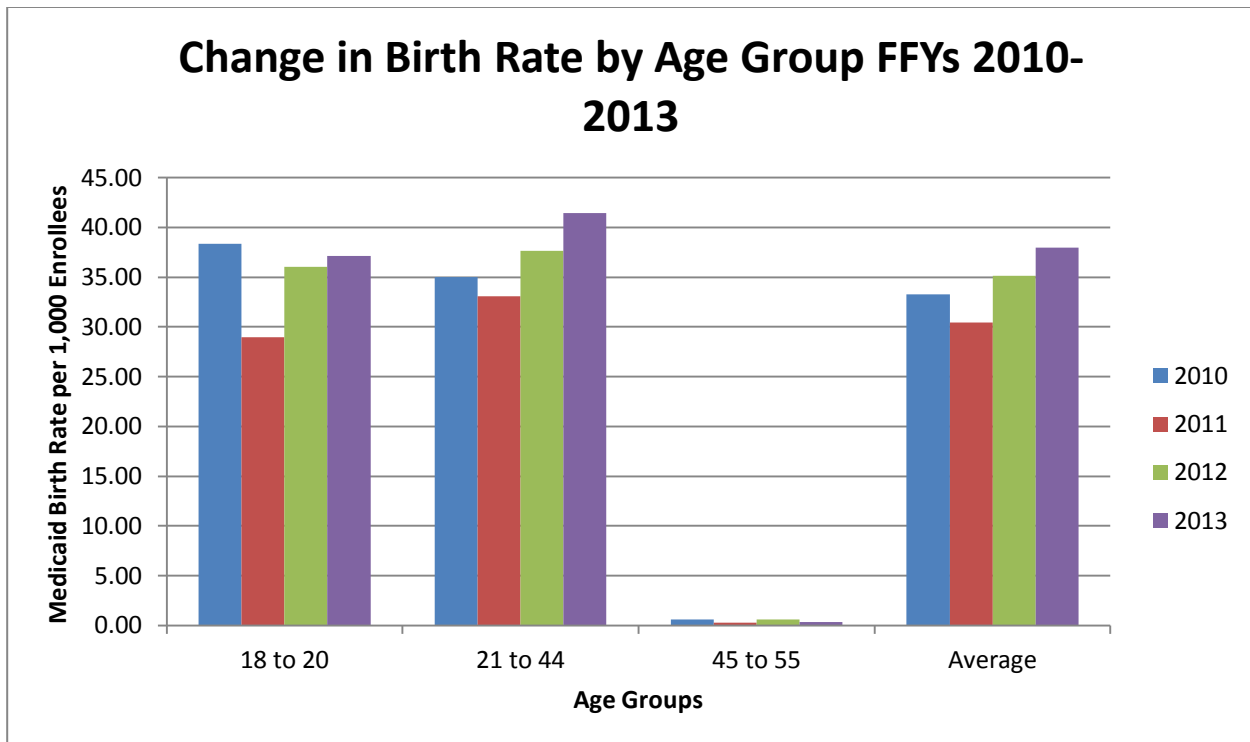
Age Group	Medicaid Birthrate in FFY 2000	Count of Program Pregnancies	Program Population	Program Birthrate per 1,000	Estimated Expected Pregnancies	Estimated Averted Pregnancies
18 to 20	89.16	529	14,237	37.16	1,269	740
21 to 44	91.98	3,820	92,108	41.47	8,472	4,652
45 to 55	0.53	3	8,265	0.36	4	1
Total	78.53	4,352	114,610	37.97	9,746	5,394

Source: Missouri Department of Social Services 1115 Waiver Budget Neutrality

Note: The 18 - 20 age group baseline MO HealthNet birthrate in 2000 includes women aged 13 - 17 as the 1115 Waiver at that time included both CHIP and Women's Health Services. The Program population birthrate does not include these women because women under 18 are not eligible for the Program as of October 1, 2007. This change in age requirement for the Program occurred with the implementation of a separate 1115 Waiver for Women's Health Services. Birthrates are per 1,000 enrollees. "Estimated expected pregnancies" is the base year birthrate applied to FFY 2013 population. Age group cohorts are those used in the budget neutrality calculations. Numbers in the Estimated Averted Pregnancies column do not necessarily add up due to rounding

The pregnancy rates among Program enrollees varied by age group as shown in Table 1, with women in the 18 - 20 age group at 37.16 births per 1,000 enrollees. This represents an improvement from the base year birth rate of 89.16 births per 1,000 enrollees. This improvement is notable because the program in FFY 2000 included women aged 13 – 17 who have lower birth rates than women aged 18 – 20. Therefore the measured improvement in birth rate in comparison to the baseline probably understates the significant impact of the Program because that age group in the program today only includes women from 18 – 20.

A comparison of fiscal years 2012 and 2013 shows an increase in birth rates among the main program population aged 18 to 44. The overall program birth rate increased from 35.16 births per 1,000 in FFY 2012 to 37.97 births per 1,000 in FFY 2013. The increase is not isolated to one age group and represents a total of 421 additional births among the program population, though the increase is largest in the 21-44 age group. This measure should be monitored in the future to see if it is a fluctuation or a trend.



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Hypothesis 2: The Program will reduce MO HealthNet expenditures for unintended births.

Averting pregnancies for women who are enrolled in the Program results in avoidance of the costs related to pre-natal care, pregnancy, labor, delivery, and first year of life for the infant. By averting 5,394 pregnancies among Program enrollees, the Program achieved savings of \$32.4 million. This amount is calculated by multiplying the number of averted births by the actual cost of pregnancy, labor, and delivery for a MO HealthNet enrollee in FFY 2013 and subtracting the program spending. The total savings are even greater at \$64.4 million, when actual FFY 2013 Medicaid costs in the first year of life are included.¹⁸

The reported costs of pregnancy, labor, and delivery increased by 4.1 % from FFY 2012. Some of this may be due to the addition of a new managed care organization (MCO) who experienced a lag in payment reporting in FFY 2012. As a result, the cost of birth payments

¹⁷ Note: The graph from the FY 2012 report did not use the final data in showing pregnancy rates for FY 2012. The issue has been corrected for this year's report.

¹⁸ Savings from averted births related to costs of pregnancy, labor, delivery and the cost of the first year of life were calculated by multiplying the number of averted births (5,394) by the average Medicaid cost of a birth in FFY 2013 (\$7,408) and the average Medicaid cost of the first year of life in FFY 2013 (\$5,920), and subtracting Program spending (\$7,514,188). Costs were as reported on the CMS 64 report for FFY 2012. This calculation of savings differs from the method used on the family planning waiver budget neutrality report because that report does not use actual cost figures, per CMS instructions. Rather, costs per birth in the budget neutrality report are base year costs inflated to the program year. Actual costs are used in this evaluation to show the calculation of savings based on actual costs for the contemporaneous fiscal year.

that showed up in FY 2012 may have been artificially depressed and likely reflect reality more in FFY 2013.

The costs associated with the first year of life fell by 7.4% and the total cost of the family planning program fell by 4.1%. (See Table 2) The program saved \$64,380,587, which was less than in FFY 2012 because of the decrease in averted births and the decrease in costs for the first year of life.

Table 2: Program Costs and Savings, FFY 2012 and FFY 2013¹⁹

	FY 2012	FY 2013
Births Averted	5,677	5,394
Costs Per Birth	\$7,119	\$7,408
Costs Per First Year	\$6,393	\$5,920
FP Waiver Costs	\$7,831,424	\$7,514,188
Total Savings for Births	\$32,583,588	\$32,445,352
Total Savings for Births and First Years	\$68,880,911	\$64,380,587

¹⁹ Note: Births Averted, Costs per Birth, and Costs per First Year are rounded in Table 2, but are not rounded in the calculations for total savings. The result is that the final numbers do not multiply exactly to the numbers in the table.

Hypothesis 3: The Program will provide information on reproductive health and women's health services to the demonstration population.

The Program makes women's health services, including routine exams, contraceptive supplies, and STI screening and treatment, available to women who would not otherwise have health coverage for these services because they have no other source of credible coverage. As a measure of whether information on reproductive health and women's health services is provided to the Program population, this evaluation examined the number of Program enrollees who used at least one women's health service.

As shown in Table 3, a total of 37,172 women, or 32.6% of the Program population, had at least one claim for a Program-covered service in FFY 2013. In general, the rate of service use declined with increasing age. The youngest cohorts, those ages 18 - 24 and 25 - 29 years old, had the highest rate of service use at 37.2% and 36.1% respectively.

Table 3: Program Service use, FFY 2013

Age group	Service Users	Program Population	Share (in percent)
18 to 24	14,440	38,839	37.2%
25 to 29	9,835	27,249	36.1%
30 to 34	6,678	20,048	33.3%
35 to 39	3,218	11,817	27.2%
40 to 44	1,709	7,702	22.2%
45 to 56	1,292	8,307	15.6%
Total	37,172	113,962	32.6%

Source: Mercer analysis of claims data and enrollment data from Missouri DSS MMIS

Notes: The slight discrepancy in enrollment numbers between the analysis performed for Hypothesis 3 and the analysis in Hypothesis 1 (see Table 1) is due to the counting methodology: The budget neutrality population data is based on the period of remittance dates for claims paid during FFY 2013, while the program population for the service usage sections is based on the period of enrollment during FFY 2013, a shift of about 2 weeks. Age of service users is as of the end date of the evaluation period (September 30, 2013), and thus includes women who were 56 at the end of the period but would have had a period of eligibility during FY 2013 while they were still 55. "Service users" is an unduplicated count of unique departmental control numbers (DCN) in the claims data file. For a complete description of data and methods see page 22. Age categories 45 - 50 and 51 - 56 were combined due to small population ranges.

While total program population grew, the percentage and number of Program enrollees who used at least one women’s health service in FFY 2013 increased from 32.3% in FFY 2011 to 32.6% as shown in the charts below:

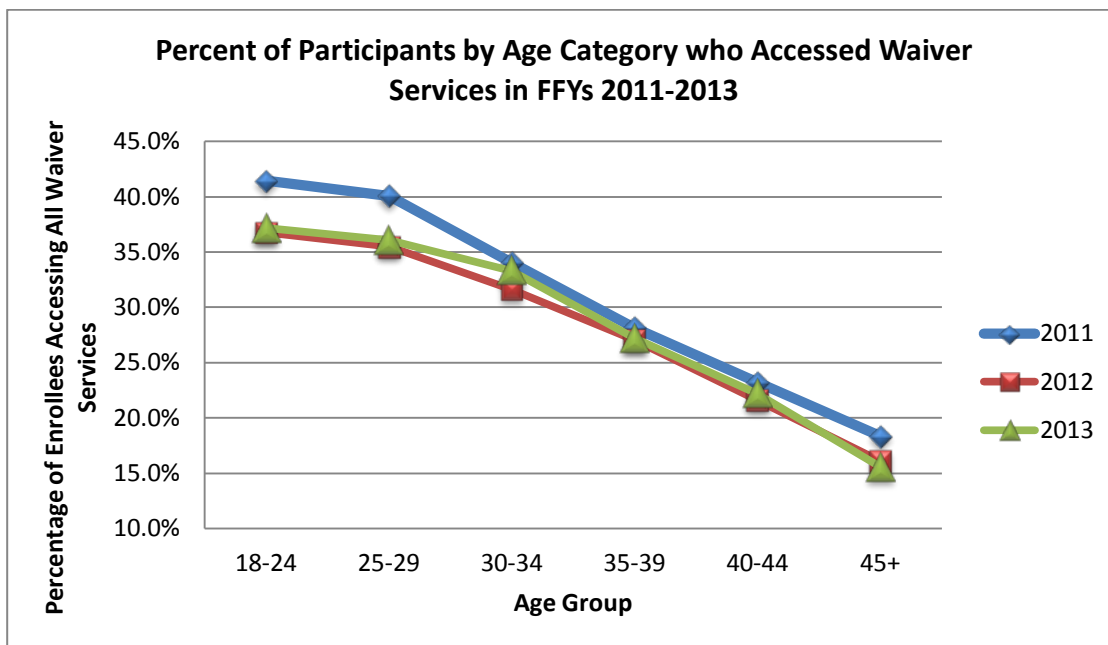
Table 4: Number of Enrollees Using Program Services, FFY 2011-2013

Year	Service Users	Percent Share
2011	37,941	35.9%
2012	35,701	32.3%
2013	37,172	32.6%

Table 5: Percentage of Enrollees by Age Groups Accessing Program Services, FFY 2011-2013

Age Group	2011	2012	2013
18-24	41.4%	36.7%	37.2%
25-29	40.1%	35.5%	36.1%
30-34	34.1%	31.6%	33.3%
35-39	28.1%	27.0%	27.2%
40-44	23.2%	21.6%	22.2%
45+	18.3%	16.1%	15.6%
Total	35.9%	32.3%	32.6%

The slight drop in overall access from 2011 to 2012 was largely accounted for by a change in requirements discussed in last year’s report for family services claims made in December of 2011, to align the program with the intention of the waiver. The overall use increased slightly from 2012 to 2013 and increased slightly across almost every age group.



*Missouri 1115 Family Planning evaluation***Hypothesis 4: The Program will provide access to contraceptive supplies for the demonstration population.**

Providing access to contraceptive supplies is one of the Program's objectives and is integral to reducing unintended pregnancies. This evaluation assessed the number of unique users of contraceptive services and supplies, such as oral contraceptives, diaphragms, and tubal ligation. In total, 14.7% of the women enrolled during the Program year had at least one claim for contraceptive supplies or services (see Table 6). Women in the 18 to 24 age group had the highest rates of contraceptive use, with 19.4% of women using contraceptive services or supplies for which there was a claim paid by the Program. It is important to note that this measure of contraceptive use counts provider encounters for contraceptive procedures, e.g., insertion, implantable contraceptive capsules, and modes of contraception for which a claim would have been submitted by a physician or pharmacy. It does not include non-prescription methods of contraception such as condoms, nor does it include an office visit during which guidance on natural family planning methods or abstinence may have been provided.

Table 6: Contraceptive supplies and service use by age group, FFY 2013

Age group	Service Users	Program Population	Share (in percent)
18 to 24	7,524	38,839	19.4%
25 to 29	4,658	27,249	17.1%
30 to 34	2,842	20,048	14.2%
35 to 39	1,121	11,817	9.5%
40 to 44	453	7,702	5.9%
45 to 56	196	8,307	2.4%
Total	16,794	113,962	14.7%

Source: Mercer analysis of claims data and enrollment data from Missouri DSS MMIS

Notes: The slight discrepancy in enrollment numbers between the analysis performed for Hypothesis 4 and the analysis in Hypothesis 1 (see Table 1) is due to the counting methodology: The budget neutrality population data is based on the period of remittance dates for claims paid during FFY 2013, while the program population for the service usage sections is based on the period of enrollment during FFY 2013, a shift of about 2 weeks. Age of service users is as of the end date of the evaluation period (September 30, 2013). "Service users" is an unduplicated count of unique departmental control numbers (DCN) in the claims data file. For a complete description of data and methods see page 22. Age categories 45 - 50 and 51 - 56 were combined due to small population ranges.

As shown in the figure below, users of contraceptive supplies and services as a percentage of the Program population declined slightly between FFY 2012 and FFY 2013 in every age group. 14.7% of Program enrollees had a claim for contraceptive supplies or services, as opposed to 16.9% in FFY 2012.

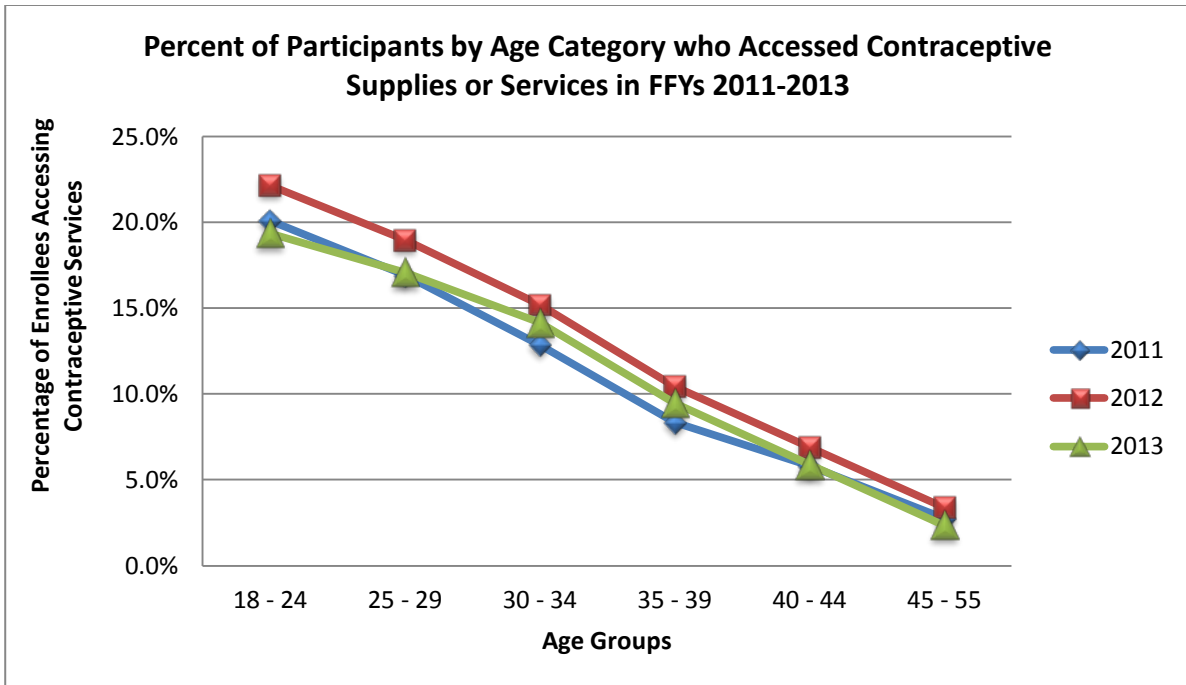


Table 7 below shows that the contraceptive service use share has declined in 2013 below both the 2012 and 2011 rates.

Table 7: Contraceptive Services Usage, FFY 2011 – 2013

Age Group	2011	2012	2013
18 - 24	20.1%	22.2%	19.4%
25 - 29	16.9%	19.0%	17.1%
30 - 34	12.9%	15.2%	14.2%
35 - 39	8.3%	10.4%	9.5%
40 - 44	5.8%	6.9%	5.9%
45 - 55	2.7%	3.4%	2.4%
Total	15.0%	16.9%	14.7%

Hypothesis 5: The Program will assist women in preventing STIs.

Detecting and preventing STIs such as chlamydia, gonorrhea, and syphilis for women in family planning settings is another goal of the Missouri Women's Health Services Program. Untreated STIs can have a long-lasting negative impact on a woman's life. Untreated gonorrhea and chlamydia can cause infertility, with estimates of at least 24,000 women in the United States becoming infertile each year due to untreated STIs.²⁰ Undetected STIs can increase the risk of HIV and cause other serious health problems. The CDC estimates that every year there are 19 million new STI infections, incurring \$17 billion in costs annually to the health care system.²¹

In December of 2011, MO HealthNet made a claims system change to enforce the policy that payable family planning claims under this waiver must be provided during a family planning visit. The state imposed stricter edits on diagnosis/procedure matches on claims, meaning that claims would not be paid if they were not provided during a visit that had the primary purpose of family planning, as indicated by the primary diagnosis code. Specifically, the state now requires that the primary diagnosis be in the range from V25 to V259, which are all in the category of Contraceptive Management.

This change reflects the intention of the state and CMS that the family planning waiver be used to pay for visits that are primarily for the purpose of family planning, and that STI or other treatments or testing that are performed during an episode with any other primary diagnosis are not intended to be covered by this waiver.

The diagnosis code restriction resulted in an increase in denied claims for services that would have been allowable before the change. Analysis of those denials shows that as expected, a high percentage of the denied claims are for STI services that were no longer payable because the diagnosis code did not fall within the allowable range. This appears to account not only for the significant drop in STI service use from 10.2% of enrollees in FFY 2011 to 4.6% in FFY 2012, but also in the slight overall drop in service use seen in hypothesis 3. While this makes comparison of service use less meaningful between years, it is an indication that the policy change was effective in limiting the services paid for under this waiver to services and settings intended by the waiver, since the denied claims are for services which were provided in a setting with a primary diagnosis that was not family planning.

Based on analysis of claims data, this evaluation found that 4,529 women or 4.0% of the FFY 2013 Program population received services for an STI. The rate of those tested or treated was highest among the 25 - 29 age group, with the rates generally declining with age. When comparing Program STI testing rates to other populations it should be noted that many of the Program enrollees, by virtue of having been pregnant and given birth in the past year, were likely to have had previous access to testing and treatment of STIs during their pregnancies.

²⁰ 2010 Sexually Transmitted Disease Surveillance, Centers for Disease Control and Prevention at <http://www.cdc.gov/std/stats10/trends.htm>

²¹ Ibid.

Table 8. Sexually Transmitted Infections testing, FFY 2013

Age group	Service Users	Program Population	Share (in percent)
18 to 24	1,617	38,839	4.2%
25 to 29	1,209	27,249	4.4%
30 to 34	859	20,048	4.3%
35 to 39	442	11,817	3.7%
40 to 44	223	7,702	2.9%
45 to 56	179	8,307	2.2%
Total	4,529	113,962	4.0%

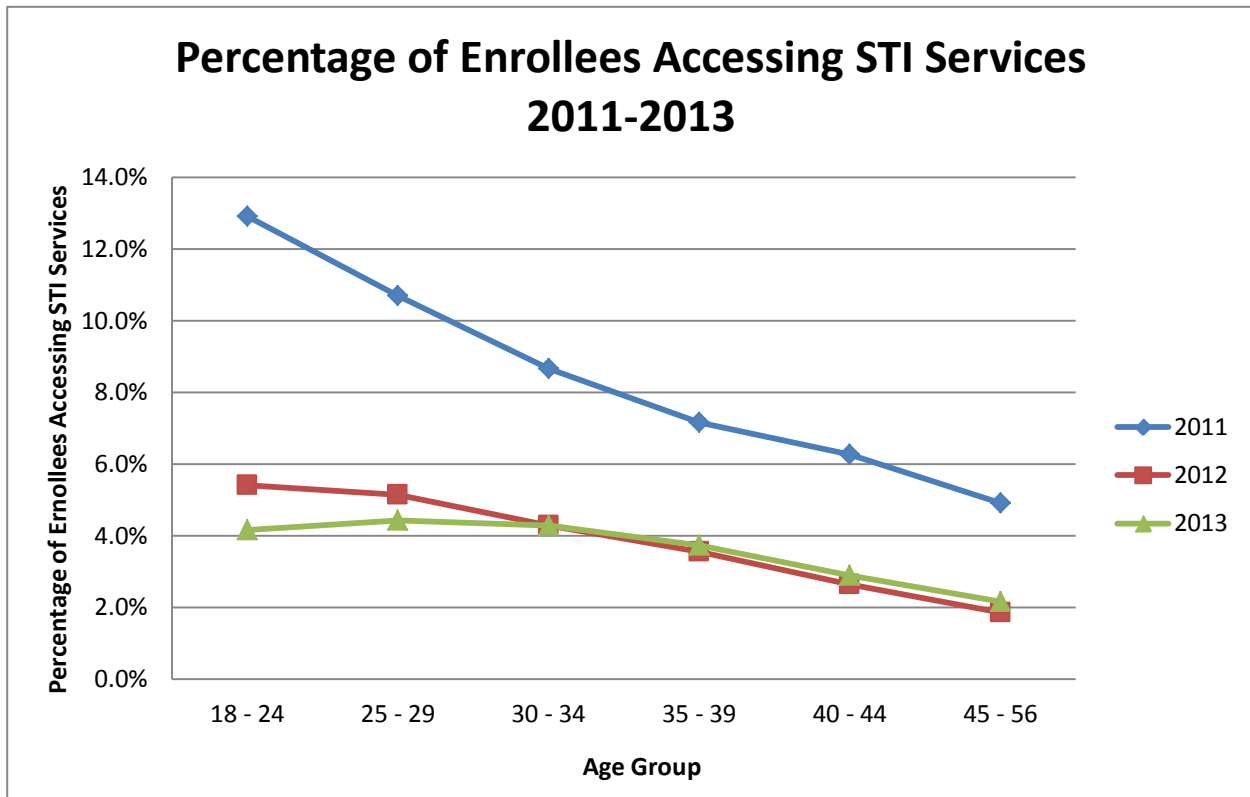
FFY 2013 shows a very slight decline in overall use from FFY 2012, shown in table 9 below. The decrease was in the younger age groups, women aged 18 to 29, while women aged 35 to 56 actually increased use rates slightly.

Table 9: Sexually Transmitted Infections testing, FFY 2011 – 2013

<u>Age Group</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
18 - 24	12.9%	5.4%	4.2%
25 - 29	10.7%	5.1%	4.4%
30 - 34	8.7%	4.3%	4.3%
35 - 39	7.2%	3.5%	3.7%
40 - 44	6.3%	2.6%	2.9%
45 - 56	4.9%	1.9%	2.2%
Total	10.2%	4.6%	4.0%

Source: Mercer analysis of claims data and enrollment data from Missouri DSS MMIS

Notes: The slight discrepancy in enrollment numbers between the analysis performed for Hypothesis 4 and the analysis in Hypothesis 1 (see Table 1) is due to the counting methodology: The budget neutrality population data is based on the period of remittance dates for claims paid during FFY 2013, while the program population for the service usage sections is based on the period of enrollment during FFY 2013, a shift of about 2 weeks. Age of service users is as of the end date of the evaluation period (September 30, 2013). "Service users" is an unduplicated count of unique departmental control numbers (DCN) in the claims data file. For a complete description of data and methods see page 22. Age categories 45 - 50 and 51 - 56 were combined due to small population ranges.



SUMMARY AND CONCLUSIONS

Data from this evaluation period shows that the birthrate for women in the Program continues to be significantly lower than the baseline year of FFY 2000. Consequently, the program avoided the potential costs associated with the averted births. The Program saved a total of \$32,445,352 in birth costs, and a total of \$64,380,587 including first year costs, in FFY 2013. Because these savings figures are based on the actual average cost of Medicaid prenatal, labor, delivery, and infant costs, this could be an underestimate of program savings. Waiver savings could be greater to the extent that births occurring within the first year after a preceding birth are more likely to result in adverse perinatal outcomes.

Service data continues to show that women in the Program are accessing waiver services, contraceptive services and STI services. Women aged 18-29 accessed contraceptive and STI testing services at a rate higher than any other age group. This relatively higher rate of contraceptive use among younger women is encouraging given their higher fertility than older women. Generally, rates of service usage declined with age and were lowest for the oldest age cohort. This is likely because younger populations are more likely to be sexually active and are more likely to have a greater need for contraceptive services or STI testing.

Service use for contraceptives shows a slight drop in FFY 2013 that may indicate that the increase seen between FFY 2011 and FFY 2012 was merely fluctuation rather than a trend. The drop in the rate of women accessing STI services from 10.2% in FFY 2011 to 4.6% in FFY 2012 was the expected result of the policy change made in December, 2011 to prevent services from being inappropriately billed and paid, and there is very little change in the STI usage rate between FFY 2012 and FFY 2013.

Program enrollment continues to increase since the expansion of coverage to uninsured women ages 18 through 55 years of age with net family incomes at or below 185% FPL and assets of less than \$250,000. This expansion of coverage, coupled with the impact of the recession on Medicaid enrollment, resulted in a significant increase in enrollment from 57,372 in FFY 2009 to 114,610 in FFY 2013.

Providing contraceptive services is a core mission of this Program, and ensuring that every interested enrolled woman receives access to contraceptive services should be a priority for the state. As suggested in previous years' reports, efforts to encourage further increases in the rate of access to contraceptive services should be made. The state should consider conducting informational interviews with women who sign up for the program to determine what kind of barriers are preventing contraceptive use, and examine strategies for helping to remove those barriers. It should be noted that claims for users who seek services at an FQHC and who discover other medical complications during the visit are not billed as a family planning visit, which may account for a slightly lower number of contraceptive visits, as many enrollees receive their care from FQHCs in the state.

DATA SOURCES AND METHODS

Data to address hypotheses 1 and 2 came from the Missouri DSS MMIS. To determine the number of pregnancies among Women's Health Waiver Program enrollees, DSS staff requested a data extract of women who were pregnant in the evaluation period and whose ME code switched from one indicating enrollment in the Women's Health Waiver Program (ME codes 80 and 89) to an eligibility code indicating pregnancy. Pregnancies for Program enrollees are attributed to the year in which the woman gave birth. For example, women who became pregnant (and had an ME code switch) in FFY 2012 and gave birth in FFY 2013 are counted in FFY 2013; women who became pregnant in FFY 2013 and will give birth in FFY 2014 will be counted in FFY 2014. To count the number of women ever enrolled in the Program during the fiscal year, DSS staff pulled an extract of women with Program ME codes during the year and determined the number of women in each age category.

MO HealthNet cost of pregnancy, labor, and delivery were determined by retrieving actual paid claims through the MMIS. Fee for service claims were identified for pregnant women recipients (ME Codes 18, 43, 44, 45, and 61) eligible under the Missouri Medicaid State Plan during the reported FFY by delivery procedure codes and/or delivery diagnosis codes. Managed Care costs were identified by calculating the portion of the managed care capitation payments applicable to pregnancy and delivery costs. MO HealthNet costs in the first year of life were determined by retrieving actual FFY 2013 paid claims retrieved through the MMIS for infants through their first birthday.

Data to address hypotheses 3 through 5 related to unique users of services came from two files. The first file contained eligibility information and date of birth for all women enrolled in the Program during the evaluation period. Women were assigned to an age category using their age as of the end date of the evaluation period (September 30, 2013). The second file, a use and spending file extract from the state's MMIS, contained any claim with an ME code of 80 or 89 on it that had a paid date of October 1, 2012 through September 30, 2013. Paid dates, rather than service dates, were used to identify claims for analysis to ensure that data could be extracted and analyzed in time to meet CMS's deadline for the evaluation.

Claims were coded as contraceptive, STI, or other women's health services based on the procedure codes, National Drug Codes (NDCs), Generic Code Number (GCN) and drug names in the file.²² To categorize codes, the state provided the list of procedure codes to be counted as contraceptive services, STI testing, or other women's health services. It also provided a list of NDCs/drug names to be counted as contraceptive codes. The state did not provide a way to classify other drugs, such as antibiotics into broad categories, so they were counted as waiver services but not categorized specifically as STI treatment. If drugs could be more specifically categorized as STI treatments, subsequent evaluations of STI service use among populations could link claims for testing with claims for treatment. This could provide the state with additional information about the extent to which Program enrollees receive treatment.

²² Appendix I contains the list of procedure codes and drug classes covered under this program.

The decision rule for counting a claim in the final analysis file was to count all procedure codes and drug codes/names affirmatively identified by the state as a covered waiver service. Once all valid claims were identified, unique DCNs, categorized by age, were counted for each type of claim: any waiver service, contraceptive products and services, and STI testing procedures.

SOURCES

National Campaign to Prevent Teen Pregnancy <http://www.thenationalcampaign.org>

Guttmacher Institute

Journal: Perspectives on Sexual and Reproductive Health

Journal: Contraception

Journal: Family Planning Perspectives

Journal of Health care for the Poor and Underserved

Hoffman S, Maynard R, eds. Kids having Kids; Economic Costs and Social Consequences of Teen Pregnancy, 2nd ed. Washington: Urban Institute Press; 2008.

2009-2010-2011 PRAMS report obtained from the state

APPENDIX I**Covered Services²³**

Procedure Code	Description
00851	ANESTHESIA FOR TUBAL LIGATION/ TRANSACTION
00952	ANESTHESIA FOR HYSTEROSCOPY AND/OR HYSTEROSALPINGOGRAPHY
11976	REMOVABLE, IMPLANTABLE CONTRACEPTIVE CAPSULES
11981	INERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT
56820	COLPOSCOPY OF THE VULVA
56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX, IF PRESENT
57421	COLPOSCOPY OF THE ENTIRE VAGINA
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER VAGINA
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER VAGINA WITH BIOPSY OF THE CERVIX AND ENDOCERVICAL CURETTAGE
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER VAGINA WITH BIOPSY OF THE CERVIX
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER VAGINA WITH ENDOCERVICAL CURETTAGE
57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER VAGINA WITH LOOP ELECTRODE BIOPSY OF THE CERVIX
57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER VAGINA, WITH LOOP ELECTRODE COLONIZATION OF THE CERVIX
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)
57510	CAUTERY OF CERVIX, ELECTRO OR THERMAL
57511	CAUTERY OF CERVIX, CRYOCAUTERY, INITIAL OR REPEAT
57513	CAUTERY OF CERVIX; LASER ABLATION.
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE INFUSION SONOHYSTEROGRAPHY OR HYSTEROSALPINGOGRAPHY
58565	HYSTEROSCOPY, WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE OCCLUSION BY PLACEMENT OF PERMANENT IMPLANTS
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBES

²³ Note: A Provider Bulletin dated March 21, 2013 and found online here:

http://www.dss.mo.gov/mhd/providers/pdf/bulletin35-24_2013mar21.pdf deleted many of the procedure codes that had been used in previous analyses after it was determined that some of the procedure codes were not directly related to sexually transmitted diseases or family planning. Effective March 6, 2013, the following codes were no longer covered: 80061, 80076, 80100, 80101, 80102, 82040, 82042, 82043, 82150, 82247, 82310, 82330, 82435, 82465, 82520, 82550, 82553, 82565, 82570, 82575, 82607, 82728, 82746, 82950, 83020, 83021, 83026, 83036, 83518, 83520, 83690, 84-75, 84425, 84520, 84550, 85045, 85300, 85378, 85576, 85597, 85660, 86255, 86698

Missouri 1115 Family Planning evaluation

Procedure Code	Description
58611	LIGATION OR TRANSECTION OF FALLOPIAN TUBES
58615	OCCLUSION OF FALLOPIAN TUBES BY DEVICE
58670	LAPAROSCOPY, SURGICAL; W/ FULGURATION OF OVIDUCTS BY DEVICE (WITH OR WITHOUT TRANSECTION)
58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (E.G., BAND, CLIP, ETC.)
74740	HYSTEROSALPINGOGRAPHY RADIOLOGICAL SUPERVISION AND INTERPRETATION
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE RADIOLOGICAL SUPERVISION AND INTERPRETATION
76830	ULTRASOUND TRANSVAGINAL
76831	ECHO EXAM UTERUS
76856	US EXAM PELVIC COMPLETE
76857	ULTRASOUND PELVIC (NONOBSTETRIC) B-CAN &/OR REAL TIME W/ IMAGE DOCUMENTATION
80047	BASIC METABOLIC PANEL (CALCIUM, IONIZE)
80048	BASIC METABOLIC PANEL (CLIA PANEL PROC)
80050	GENERAL HEALTH PANEL
80051	ELECTROLYTE PANEL (CLIA PANEL PROC)
80055	OBSTETRIC PANEL
80074	ACUTE HEPATITIS PANEL
81000	URINALYSIS BY DIPSTICK/TABLET REAGENT; NON- AUTOMATED W/MICROSCOPY
81001	URINALYSIS ETC. AUTOMATED WITH MICROSCOPY
81002	URINALYSIS BY DIP STICK/TABLET REAGENT;NON-AUTOMATED W/OUT MICROSCOPY(CLIA WAIVER LIST)
81003	URINALYSIS BY DIP/TABLET;AUTOMATED W/O MICROSCOPY
81005	URINALYSIS; QUALITATIVE OR SEMIQUANTITATIVE EXCEPT IMMUNOASSAYS
81015	URINALYSIS MICROSCOPIC ONLY (PPMP CLIA LIST)
81020	URINALYSIS; 2 OR 3 GLASS TEST (PPMP CLIA LIST)
81025	URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON METHODS (CLIA WAIVER LIST)
82105	ALPHA-FETOPROTEIN; SERUM
82120	AMINES VAGINAL FLUID QUALITATIVE
82670	ESTRADIOL
82671	ESTROGENS FRACTIONATED
82672	ESTROGENS TOTAL
82677	ESTRIOL
82679	ESTRONE
82947	GLUCOSE; QUANTITATIVE (CLIA WAIVER LIST)
82948	GLUCOSE; BLOOD REAGENT STRIP
82962	GLUCOSE BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED/ FDA SPECIFICALLY/HOME USE
83001	GONADOTROPIN FOLLICLE STIMULATING HORMONE (FSH)
83002	GONADOTROPIN LUTEINIZING HORMONE (LH)

Procedure Code	Description
84144	PROGESTERONE
84146	PROLACTIN
84702	GONADOTROPIN CHORIONIC (HCG); QUANTITATIVE
84703	GONADOTROPIN CHORIONIC QUALITATIVE (CLIA WAIVER LIST)
85004	AUTOMATED DIFF WBC COUNT
85007	BL SMEAR W/DIFF WBC COUNT
85008	BL SMEAR W/O DIFF WBC COUNT
85009	MANUAL DIFF WBC COUNT B-COAT
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT(CLIA WAIVER LIST)
85014	HEMATOCRIT
85018	HEMOGLOBIN
85025	COMPLETE CBC W/AUTO DIFF WBC
85027	COMPLETE CBC AUTOMATED
85032	MANUAL CELL COUNT EACH
85610	PROTHROMBIN TIME (CLIA WAIVER LIST)
85652	SEDIMENTATION RATE ERYTHROCYTE; AUTOMATED
85730	THROMBOPLASTIN TIME PARTIAL (PTT) PLASMA OR WHOLE BLOOD
86318	IMMUNOASSAY/INFECTI AGENT ANTIBODY QUALI/SEMIQUANTSINGLE STEP METHOD
86382	NEUTRALIZATION TEST VIRAL
86386	NUCLEAR MATRIX PROTEIN 22 (NMP22), QUALITATIVE
86403	PARTICLE AGGLUTINATION; SCREEN EACH ANTIBODY
86580	SKIN TEST TUBERCULOSIS INTRADERMAL (EXEMPT FROM CLIA EDITING)
86592	SYPHILIS TEST QUALITATIVE (EG VDRL RPR ART)
86593	SYPHILIS TEST QUANTITATIVE
86628	ANTIBODY; CANDIDA
86631	ANTIBODY; CHLAMYDIA
86632	ANTIBODY ; CHLAMYDIA IGM
86687	ANTIBODY; HTLV I
86688	ANTIBODY; HTLV-II
86689	ANTIBODY; HTLV OR HIV ANTIBODY CONFIRMATORY TEST (EG WESTERN BLOT)
86694	ANTIBODY; HERPES SIMPLEX NON-SPECIFIC TYPE TEST
86695	ANTIBODY; HERPES SIMPLEX TYPE I
86696	HERPES SIMPLEX TYPE 2
86701	ANTIBODY HIV 1
86702	ANTIBODY; HIV 2
86703	ANTIBODY; HIV-1 AND HIV-2 SINGLE RESULT
86706	HEPATITIS B SURFACE ANTIBODY (HBSAB)
86707	HEPATITIS BE ANTIBODY (HBEAB)
86762	ANTIBODY; RUBELLA
86787	ANTIBODY; VARICELLA-ZOSTER
86803	HEPATITIS C ANTIBODY
86900	BLOOD TYPING; ABO

Missouri 1115 Family Planning evaluation

Procedure Code	Description
86901	BLOOD TYPING; RH(D)
87015	CONCENTRATION (ANY TYPE) FOR PARASITES OVA OR TUBERCLE BACILLUS (TB AFB)
87040	BLOOD CULTURE FOR BACTERIA
87070	CULTURE BACTERIA OTHER
87071	CULTURE BACTERIA; QUANTITATIVE AEROBIC WITH ISOLATION & PRESUMPTIVE IDENTIFICATION OF ISOLATES
87073	CULTURE BACTERIAL; QUANTITATIVE ANEROBIC WITH ISOLATION & PRESUMPTIVE IDENTIFICATION OF ISOLATES
87075	CULTURE BACTERIA EXCEPT BLOOD
87076	CULTURE BACTERIAL ANY SOURCE DEFINITIVE IDENTIFICATION EACH ANAEROBIC ORGANISM
87077	CULTURE BACTERIAL;AEROBIC ISOLATE ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION
87081	CULTURE BACTERIAL SCREENING ONLY FOR SINGLE ORGANISMS
87086	CULTURE BACTERIAL URINE QUANTITATIVE COLONY COUNT
87088	URINE BACTERIA CULTURE
87102	CULTURE FUNGI ISOLATION OTHER SOURCE (EXCEPT BLOOD)
87110	CULTURE CHLAMYDIA
87147	CULTURE TYPING SEROLOGIC METHOD AGGLUTINATION GROUPING PER ANTISERUM
87164	DARK FIELD EXAMINATION ANY SOURCE (EG PENILE VAGINAL ORAL SKIN)
87184	SENSITIVITY STUDIES ANTIBIOTIC DISK METHOD PER PLATE (12 OR LESS DISKS)
87186	SENSITIVITY STUDIES ANTIBIOTIC MICROTITER MINIMUM INHIBITORY CONCENTRATION (MIC)
87205	SMEAR PRIMARY SOURCE WITH INTERPRETATION ROUTINE STAIN
87206	SMEAR PRIMARY SOURCE WITH INTERPRETATION FLUORESCENT AND/OR ACID FAST STAIN FOR BACTERIA FUNGI
87207	SMEAR SPECIAL STAIN
87210	SMEAR PRIMARY SOURCE WITH INTERPRETATION WET MOUNT WITH SIMPLE STAIN
87220	TISSUE EXAMINATION FOR FUNGI (EG KOH SLIDE)
87252	VIRUS IDENTIFICATION; TISSUE CULTURE INOCULATION AND OBSERVATION
87270	INFECT AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECH; CHLAMYDIA TRACHOMATIS
87273	INFECTIOUS AGENT ANTIGEN DETECTION BY FLOURESCENT ANTIBODY; HERPES SIMPLEX VIRUS TYPE 2
87274	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECH; HERPES SIMPLEX VIRUS
87320	INFECT AGT ANTIGEN DETECTION BY ENZYME IMMUNOASSY METHOD; ADENOVIRUS ENTERIC TYPES 40/41 CHLAMYD
87340	HEPATITIS B SURFACE ANTIGEN
87350	HERPES SIMPLEX TYPE 2
87389	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE,

Procedure Code	Description
	QUALITATIVE
87390	HIV-1
87391	HIV-2
87470	INFECT AGT DETECT BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND BARTONELLA QUINTANA DIRECT
87480	CANDIDA SPECIES DIRECT PROBE TECHNIQUE
87481	CANDIDA SPECIES AMPLIFIED PROBE TECHNIQUE
87482	CANDIDA SPECIES QUANTIFICATION
87485	CHLAMYDIA PNEUMONIAE DIRECT PROBE TECHNIQUE
87486	CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TECHNIQUE
87487	CHLAMYDIA PNEUMONIAE QUANTIFICATION
87490	CHLAMYDIA TRACHOMATIS DIRECT PROBE TECHNIQUE
87491	CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TECHNIQUE
87492	CHLAMYDIA TRACHOMATIS QUANTIFICATION
87495	CYTOMEGALOVIRUS DIRECT PROBE TECHNIQUE
87496	CYTOMEGALOVIRUS AMPLIFIED PROBE TECHNIQUE
87497	CYTOMEGALOVIRUS QUANTIFICATION
87510	GARDNERELLA VAGINALIS DIRECT PROBE TECHNIQUE
87511	GARDNERELLA VAGINALIS AMPLIFIED PROBE TECHNI
87512	GARDNERELLA VAGINALIS QUANTIFICATION
87528	HERPES SIMPLEX VIRUS DIRECT PROBE TECHNIQUE
87529	HERPES SIMPLEX VIRUS AMPLIFIED PROBE TECHNIQUE
87530	HERPES SIMPLEX VIRUS QUANTIFICATION
87531	HERPES VIRUS-6 DIRECT PROBE TECHNIQUE
87532	HERPES VIRUS-6 AMPLIFIED PROBE TECHNIQUE
87533	HERPES VIRUS-6 QUANTIFICATION
87534	HIV-1 DIRECT PROBE TECHNIQUE
87535	HIV-1 AMPLIFIED PROBE TECHNIQUE
87536	HIV-1 QUANTIFICATION
87537	HIV-2 DIRECT PROBE TECHNIQUE
87538	HIV-2 AMPLIFIED PROBE TECHNIQUE
87539	HIV-2 QUANTIFICATION
87590	NEISSERIA GONORRHOEAE DIRECT PROBE TECHNIQUE
87591	NEISSERIA GONORRHOEAE AMPLIFIED PROBE TECHNIQUE
87592	NEISSERIA GONORRHOEAE QUANTIFICATION
87620	PAPILLOMAVIRUS HUMAN DIRECT PROBE TECHNIQUE
87621	PAPILLOMAVIRUS HUMAN AMPLIFIED PROBE TECHNIQUE
87622	PAPILLOMAVIRUS HUMAN QUANTIFICATION
87660	TRICHOMONAS VAGIN DIR PROBE
87797	NOT OTHERWISE SPECIFIED DIRECT PROBE TECHNIQUE
87800	INFECT AGT DETECTION BY NUCLEIC ACID MULTIPLE ORGANISMS; DIRECT PROBE TECHNIQUE
87801	INFECT AGT DETECTION BY NUCLEIC ACID MULTIPLE ORGANISMS; AMPLIFIED

Procedure Code	Description
	PROBE TECHNIQUE
87810	INFECTIOUS AGT DETECTION BY IMMUNOASSY WITH DIRECT OPTICAL OBSERVATION; CHLAMYDIA TRACHOMATIS
87850	INFECTIOUS AGT DETECTION BY IMMUNOASSY WITH DIRECT OPTICAL OBSERVATION; NEISSERIA GONORRHOEAE
88108	CYTOPATHOLOGY CONCENTRATION TECHNIQUE SMEARS AND INTERPRETATION (EG SACCOMANNO TECHNIQUE)
88141	CYTOPATHOLOGY CERVICAL OR VAGINAL
88142	CYTOPATHOLOGY CERVICAL OR VAGINAL, THIN LAYER PREPARATION; MANUAL SCREENING UNDER PHYS SUPERVISION
88143	CYTOPATHOLOGY CERVICAL OR VAGINAL, WITH MANUAL SCREENING AND RESCREENING
88147	CYTOPATHOLGY SMEARS CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM UNDER PHYSICIAN SUPERVISION
88148	CYTOPATHOLOGY SMEARS CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM WITH MANUAL RESCREENING
88150	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL; MANUAL SCREENING UNDER PHYSICIAN SUPERVISION
88152	CYTOPATHOLOGY SLIDE CERVICAL OR VAGINAL; W/ MANUAL & COMPUTER-ASSISTED RESCREENING UNDER PHYS SUPERVISION
88153	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION
88154	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL; WITH MANUAL SCREENINGS AND COMPUTER-ASSISTED RESCREENING
88155	CYTOPATHOLOGY SLIDE CERVICAL OR VAGINAL DEFINITIVE HORMONAL EVALUATION
88160	CYTOPATHOLOGY SMEARS ANY OTHER SOURCE; SCREENING AND INTERPRETATION
88161	CYTOPATHOLOGY SMEARS ANY OTHER SOURCE; PREPARATION SCREENING AND INTERPRETATION
88162	CYTOPATHOLOGY SMEARS ANY OTHER SOURCE; EXTENDED STUDY INVOLVING OVER 5 SLIDES AND/OR MULTIPLE STAINS
88164	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL(THE BETHESDA SYSTEM)
88165	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); UNDER PHYSICIAN'S SUPERVISION
88166	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING
88167	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING USING CELL SELECTION
88172	EVALUATION OF FINE NEEDLE ASPIRATE W/ OR W/O PREPARATION OF SMEARS; IMMEDIATE CYTOHISTOLOGIC STUDY
88173	EVALUATION OF FINE NEEDLE ASPIRATE W/ OR W/O PREPARATION OF SMEARS; INTERPRETATION AND REPORT
88174	CYTOPATH C/V AUTO IN FLUID

Missouri 1115 Family Planning evaluation

Procedure Code	Description
88175	CYTOPATH C/V AUTOMATED THIN LAYER PREPARATION, WITH SCREENING BY AUTOMATED SYSTEM AND MANUAL RESCREENING OR REVIEW, UNDER PHYSICIAN SUPERVISION
99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND ABOVE THOSE USUALLY INCLUDED WITH THE OFFICE VISIT OR OTHER SERVICES RENDERED
99201-99205	NEW PATIENT OR ESTABLISHED PATIENT - OFFICE OR OTHER OUTPATIENT VISIT
99211-99215	NEW PATIENT OR ESTABLISHED PATIENT - OFFICE OR OTHER OUTPATIENT VISIT
99383-99386	PREVENTATIVE MEDICINE SERVICES/NEW PATIENT
99393-99396	PREVENTATIVE MEDICINE SERVICES/ESTABLISHED PATIENT
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE
A4266	DIAPHRAGM
J7300	INTRAUTERINE COPPER CONTRACEPTIVE
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM
J7303	CONTRACEPTIVE VAGINAL RING
J7304	CONTRACEPTIVE HORMONE RING
J7306	LEVONORGESTREL IMPLANT
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL, OR SKIN SPECIMENS
T1015	CLINIC VISIT/ENCOUNTER ALL-INCLUSIVE

Covered Drug Classes²⁴

Drug Class	Description
G2A	PROGESTATIONAL AGENTS (Used for Contraception)
G8A	CONTRACEPTIVES, ORAL
G8B	CONTRACEPTIVES, IMPLANTABLE
G8C	CONTRACEPTIVES, INJECTABLE
G8F	CONTRACEPTIVES, TRANSDERMAL
G9B	CONTRACEPTIVES, INTRAVAGINAL
L5A	KERATOLYTICS
Q4F	VAGINAL ANTIFUNGALS
Q4W	VAGINAL ANTIBIOTICS
Q5R	TOPICAL ANTIPAPASITICS
Q5V	TOPICAL ANTIVIRALS
W1A	PENICILLINS
W1B	CEPHALOSPORINS
W1C	TETRACYCLINES
W1D	MACROLIDES
W1F	AMINOGLYCOSIDES
W1K	LINCOSAMIDES
W1P	BETALACTAMS
W1Q	QUINOLONES
W1Y	CEPHALOSPORINS 3RD GENERATION
W2A	ABSORBABLE SULFONAMIDES
W3B	ANTIFUNGAL AGENTS
W3C	ANTIFUNGAL AGENTS (CONTINUED)
W4E	ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS
W5A	ANTIVIRAL, GENERAL
WG4	2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL
X1B	DIAPHRAMS/CERVICAL CAP
X1C	INTRA-UTERINE DEVICES
Z2G	IMMUNOMODULATORS (Aldera)

²⁴ Note: A Provider Bulletin dated March 21, 2013 and found online here: http://www.dss.mo.gov/mhd/providers/pdf/bulletin35-24_2013mar21.pdf deleted the drug classification Q6V (eye antivirals) that had been used in previous analyses after it was determined that its use was not directly related to sexually transmitted diseases or family planning.

**Missouri
Women's Health Services Program
Section 1115 Quarterly Report
Demonstration Year XXXX, Quarter XXXX
Submitted XXXXXXXX**

Introduction

This waiver was originally approved by the Centers for Medicare and Medicaid Services (CMS) as part of Missouri's Section 1115 Demonstration Project, No. 11-W-00122/7, entitled, "Managed Care Plus (MC+)," for the period beginning May 1, 1998 through March 1, 2004 and was subsequently extended through September 30, 2007. Effective October 1, 2007, Missouri implemented the Missouri Family Planning Expansion Project entitled, "Women's Health Services Program", which ran through September 30, 2010. CMS has approved a three-year renewal of the program through September 30, 2013. The MO HealthNet Division received a letter from CMS on June 24, 2012 which included Special Terms and Conditions that extended the 1115 Family Planning Demonstration through December 31, 2013. On June 27, 2013 MO HealthNet received a letter from CMS granting a temporary extension of the Missouri's Women's Health Services Program (Project No. 11-W00236/7) demonstration until December 31, 2014, under the current special terms and conditions. [Renewal information here.](#)

Executive Summary

Missouri's Women's Health Services Program, the 1115 Family Planning Demonstration, expanded Medicaid coverage for women's health services to uninsured postpartum women who are 18 through 55 years of age and losing their Medicaid eligibility 60 days after the birth of their child. Effective January 1, 2009, the 1115 Family Planning Demonstration expanded Medicaid coverage for women's health services to uninsured women who are at least 18 through 55 years of age with a net family income of at or below 185% of the Federal Poverty Level (FPL) and with assets totaling less than \$250,000.

Missouri's goals under this Demonstration are:

- To provide access to contraceptive supplies and information on reproductive health care and women's health services to the Demonstration population;
- To reduce the number of unintended pregnancies in Missouri;
- To reduce Missouri's Medicaid costs by reducing the number of unintended pregnancies by women who otherwise wouldn't be eligible for Medicaid pregnancy-related services; and
- To assist women in preventing sexually transmitted infections.

Program Highlights:

Family planning services and supplies are limited to those services and supplies whose primary purpose is family planning and which are provided in a family planning setting. Family planning services and supplies include:

- Approved methods of contraception;
- Sexually transmitted infection (STI)/sexually transmitted disease (STD) testing, Pap smears and pelvic exams;

- Note: The laboratory tests done during an initial family planning visit for contraception include a Pap smear, screening tests for STIs/STDs, blood count and pregnancy test. Additional screening tests may be performed depending on the method of contraception desired and the protocol established by the clinic, program or provider. Additional laboratory tests may be needed to address a family planning problem or need during an inter-periodic family planning visit for contraception.
- Drugs, supplies, or devices related to women’s health services described above that are prescribed by a health care provider who meets the State’s provider enrollment requirements (subject to the national drug rebate program requirements); and
- Contraceptive management, patient education, and counseling.

Family planning-related services and supplies are defined as those services provided as part of or as follow-up to a family planning visit. Such services are provided because a “family planning-related” problem was identified and/or diagnosed during a routine or periodic family planning visit. Examples of family planning-related services and supplies include:

- Colposcopy (and procedures done with/during a colposcopy) or repeat Pap smear performed as a follow-up to an abnormal Pap smear which is done as part of a routine/periodic family planning visit.
- Drugs for the treatment of STIs/STDs, except for HIV/AIDS and hepatitis, when the STI/STD is identified/diagnosed during a routine/periodic family planning visit. A follow-up visit/encounter for the treatment/drugs and subsequent follow-up visits to rescreen for STIs/STDs based on the Centers for Disease Control and Prevention guidelines may be covered.
- Drugs/treatment for vaginal infections/disorders, other lower genital tract and genital skin infections/disorders, and urinary tract infections, where these conditions are identified/diagnosed during a routine/periodic family planning visit. A follow-up visit/encounter for the treatment/drugs may also be covered.
- Other medical diagnosis, treatment, and preventive services that are routinely provided pursuant to family planning services in a family planning setting. An example of a preventive service could be a vaccination to prevent cervical cancer.
- Treatment of major complications arising from a family planning procedure such as:
 - Treatment of a perforated uterus due to an intrauterine device insertion;
 - Treatment of severe menstrual bleeding caused by a Depo-Provera injection requiring a dilation and curettage; or
 - Treatment of surgical or anesthesia-related complications during a sterilization procedure.

Program Timeframes:

Demonstration Year (DY) X	Begin Date	End Date	Quarterly Report Due Date (60 days following end of quarter)
Quarter 1			
Quarter 2			
Quarter 3			
Quarter 4			

Significant Program Changes: List or add “none for this quarter”

Policy issues and challenges: List or add “none for this quarter”

Enrollment

Narrative on trends and explanation of data.

Explain fluctuations of 10% or more from previous quarter and previous year, same quarter.

DY X: FFY 20XX	Quarter X		
	Month Day, Year to Month Day, Year		
	Population 1	Population 2	Total Population
# of Newly Enrolled			
# of Total Enrollees			
# of Participants			
# of Member Months			

Population 1: Women losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum and who have a family income at or below 185 percent of the Federal Poverty Level (FPL) and assets totaling less than \$250,000 at the time of annual redetermination.

Population 2: Women who have family income at or below 185 percent of the FPL and assets totaling no more than \$250,000.

(***New chart will be added for new quarter. Previous charts will remain on report.)

Participants, Services and Providers

Participants

Narrative to include reported number of participants in the program (number of enrollees who actually accessed services through the program)

Service Utilization

A listing of the top five services provided during the current quarter.

Provider Participation

Narrative to include the reported unduplicated count of current provider participation based on claims.

Program Outreach Awareness and Notification

General outreach and awareness efforts that occurred during the quarter. These are efforts geared toward provider education and notification of changes within the program.

Program Evaluation, Transition Plan and Monitoring

Program Evaluation, Renewal, and/or transition plan status updates.

Narrative summarizing any state fair hearings that were requested by program participants.

Quarterly Expenditures – CMS-64 report

	Demonstration Year X			
	FFY XXXX			
	Month Day, Year to Month Day, Year			
	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 X Expenditures				
Total Annual Expenditures				

(***New chart will be added for new quarter. Previous charts will remain on report.)

Activities for Next Quarter

Narrative to report on any anticipated activities for next quarter.

**MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION**

**WOMEN’S HEALTH SERVICES PROGRAM
1115 WAIVER
FAMILY PLANNING DEMONSTRATION
PROJECT NUMBER 11-W-00236/7**

**ANNUAL REPORT
DEMONSTRATION YEAR #
Month Day, Year to Month Day, Year**

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Annual Expenditures.....	X
Actual Number of Births to Demonstration Population.....	X
Cost of Medicaid Funded Births.....	X
Activities for Next Year.....	X

**Missouri
 Women’s Health Services Program
 Section 1115 Annual Report
 Demonstration Year X
 Month Day, Year to Month Day, Year
 Submitted January 201X**

Introduction

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- To reduce Missouri’s Medicaid costs by reducing the number of unintended pregnancies by women who otherwise wouldn’t be eligible for Medicaid pregnancy-related services; and
- To assist women in preventing sexually transmitted infections.

Program Timeframes:

Demonstration Year (DY) #	Begin Date	End Date	Quarterly Report Due Date (60 days following end of quarter)
Quarter 1	October 1, 20XX	December 31, 20XX	February 28, 20XX
Quarter 2	January 1, 20XX	March 31, 20XX	May 31, 20XX
Quarter 3	April 1, 20XX	June 30, 20XX	August 31, 20XX
Quarter 4	July 1, 20XX	September 30, 20XX	November 30, 20XX

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- Drugs, supplies, or devices related to women’s health services described above that are prescribed by a health care provider who meets the State’s provider enrollment requirements (subject to the national drug rebate program requirements); and
- Contraceptive management, patient education, and counseling.

Family planning-related services and supplies are defined as those services provided as part of or as follow-up to a family planning visit. Such services are provided because a “family planning-related” problem was identified and/or diagnosed during a routine or periodic family planning visit. Examples of family planning-related services and supplies include:

- Colposcopy (and procedures done with/during a colposcopy) or repeat Pap smear performed as a follow-up to an abnormal Pap smear which is done as part of a routine/periodic family planning visit.
- Drugs for the treatment of STIs/STDs, except for HIV/AIDS and hepatitis, when the STI/STD is identified/diagnosed during a routine/periodic family planning visit. A follow-up visit/encounter for the treatment/drugs and subsequent follow-up visits to rescreen for STIs/STDs based on the Centers for Disease Control and Prevention guidelines may be covered.
- Drugs/treatment for vaginal infections/disorders, other lower genital tract and genital skin infections/disorders, and urinary tract infections, where these conditions are identified/diagnosed during a routine/periodic family planning visit. A follow-up visit/encounter for the treatment/drugs may also be covered.
- Other medical diagnosis, treatment, and preventive services that are routinely provided pursuant to family planning services in a family planning setting. An example of a preventive service could be a vaccination to prevent cervical cancer.

- Treatment of major complications arising from a family planning procedure such as:
 - Treatment of a perforated uterus due to an intrauterine device insertion;
 - Treatment of severe menstrual bleeding caused by a Depo-Provera injection requiring a dilation and curettage; or
 - Treatment of surgical or anesthesia-related complications during a sterilization procedure.

Significant Program Changes:

There were no significant program changes during this demonstration year.

Policy Issues and Challenges:

During Demonstration Year 6, there were a number of procedure codes deleted from the listing of procedure codes covered by this program. A more detailed account of this change will be found in the Program Outreach and Awareness and Notification section of this report.

Enrollment and Renewal

	Demonstration Year X		
	Month Day, Year to Month Day, Year		
	Population 1	Population 2	Total Population
# of Total Enrollees			
# of Participants			
# of Member Months			

Population 1: Women losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum who have a family income at or below 185 percent of the FPL and assets totaling less than \$250,000 at the time of annual redetermination.

Population 2: Women who have family income at or below 185 percent of the FPL and assets totaling no more than \$250,000.

The program has seen significant growth since its inception in 1998. Prior to 2007, the program population included females ages 13 to 17 but, with the implementation of the separate 1115 Waiver for Women’s Health Services, the minimum age for enrollment became 18 years of age. The program grew in 2009 when coverage was expanded to uninsured women, ages 18 through 55, with a net family income at or below 185% of the Federal Poverty Level and with assets totaling less than \$250,000.

The following graph was reproduced from the Year X Evaluation prepared by Mercer Government Human Services Consulting, and reports the continued growth in enrollment since 2008.

Graph will be inserted here.

The following graph provides a break out of the two populations served in the waiver as well as the unduplicated total of program enrollees for the last two Demonstration Years.

Graph will be inserted here.

The following graph represents reasons for disenrollments during this demonstration year.

Graph will be inserted here.

Services and Providers

Service Utilization:

Narrative to include information from the previous year regarding activities such HCPCS updates or other coverage changes.

The top five services provided during the 2013 reporting period are listed below along with the top five services for the same reporting period in 2012.

Chart will be inserted here.

Percentage of Enrollees by Age Groups Accessing Program Services, FFY 2009-20XX

Chart inserted here.

Number of Enrollees Using Program Services, FFY 2009-2013

Chart inserted here.

Chart inserted here representing Percent of Participants by Age Category who Accessed Waiver Services.

Provider Participation:

Text to include the number of unduplicated providers that provided services to Demonstration participants. Comparison to previous year's numbers and any explanation needed to justify large fluctuations.

Program Outreach Awareness and Notification

General Outreach and Awareness:

Text regarding efforts made during the Demonstration year to keep providers informed on general program information or changes in policy or coverages, to include any "hot tips," electronic newsletters or provider bulletins.

Program Evaluation, Transition Plan and Monitoring

Program Evaluation, Renewal, and/or transition plan status updates.
 Narrative summarizing any state fair hearings that were requested by program participants.

Interim Evaluation of Goals and Progress

Narrative to include each Objective and Hypothesis of the Demonstration along with reporting outcomes to support findings.

Annual Expenditures

	Service Expenditures as reported on the CMS-64		Administrative Expenditures as reported on the CMS-64		Expenditures as requested on the CMS-37	Total Expenditures as reported on the CMS-64
	Total Computable	Federal Share	Total Computable	Federal Share		
Demonstration Year X						

	Demonstration Year X Month Day, Year to Month Day, Year		
	Population 1	Population 2	Total Demonstration Population
# Member Months			
PMPM			
Total Expenditures <i>(Member months multiplied by PMPM)</i>			

Actual Number of Births to Demonstration Population

	# of Births to Demonstration Participants
Demonstration Year X	

Cost of Medicaid Funded Births

Narrative to include reporting costs for the average Medicaid-funded birth in Missouri, including costs for prenatal care, deliveries and 60-postpartum care.

Activities for Next Year

Narrative addressing any expected changes or activities involving the Demonstration for the upcoming year.

If providers are required to return any portion of any payment, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount of percentage of payments that are returned, and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.). Please indicate the period that the following data is from.

Section 1902(a) (2) provides that the lack of adequate funds from other sources will not result in the lowering of the amount, duration, scope, or quality of care and services available under the plan.

Please describe how the NFS of each type of Medicaid payment (normal per diem, DRG, fee schedule, global, supplemental, enhanced payments, capitation payments, other) is funded.

Please describe whether the NFS comes from appropriations from the legislature to the Medicaid agency, through IGT agreements, CPEs, provider taxes, or any other mechanism used by the State to provide NFS. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either an IGT or CPE. In this case, please identify the agency to which the funds are appropriated.

RESPONSE: Non-federal funding sources for MO HealthNet 1115 Women’s Health Services Waiver for SFY 2014 are made from the following state sources as appropriated by the Missouri General Assembly: General Revenue Fund, Federal Reimbursement Allowance Fund, and Pharmacy Reimbursement Allowance Fund.

Please provide an estimate of total expenditures and NFS amounts for each type of Medicaid payment. Please indicate the period that the following data is from:

If any of the NFS is being provided using IGTs or CPEs, please fully describe the matching arrangement, including when the state agency receives the transferred amounts from the local governmental entity transferring the funds.

If CPEs are used, please describe the methodology used by the State to verify that the total expenditures being certified are eligible for Federal matching funds is in accordance with 42 CFR 433.51(b).

RESPONSE: An estimate of total expenditures and non-federal share amounts for each type of MO HealthNet payment has been provided to CMS as part of the detailed listing of appropriations submitted in compliance with the MPP agreement.

Section 1902(a) (30)(A) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a) (1) and 2105(a)(1) provide for Federal financial participation to States for expenditures for services under an approved State Plan. If supplemental or enhanced payments are made, please provide the total amount for each type

of supplemental or enhanced payment made to each provider type, and indicate the time period that the data is from.

RESPONSE: No supplemental or enhanced payments are involved.

Please provide a detailed description of the methodology used by the State to estimate the upper payment limit for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated).

RESPONSE: Not applicable.

Does any governmental provider or contractor receive payments (normal per diem, DRG, fee schedule, global, supplemental, enhanced, and other) that, in the aggregate, exceed its reasonable costs of providing services?

Yes No

If yes, provide an explanation.

In the case of MCOs, PIHPs, PAHPs, are there any actual or potential payments which supplement or otherwise exceed the amount certified as actuarially sound as required under 42 CFR 438.6(c)? (These payments could be for such things as incentive arrangements with contractors, risk sharing mechanisms such as stop-loss limits or risk corridors, or direct payments to providers such as DSH hospitals, academic medical centers, or FQHCs.)

Yes No Not Applicable

If so, how do these arrangements comply with the limits on payments in §438.6(c)(5) and §438.60 of the regulations?

If payments exceed the cost of services (as defined above), does the State recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?

Yes No

Use of other Federal Funds

Are other federal funds, from CMS or another federal agency, being used for the Demonstration program?

Yes No

If yes, provide a list below of grants the State is receiving from CMS or other federal agencies. CMS must ensure these funds are not being used as a source of the non-federal share, unless

such use is permitted under federal law. In addition, this will help to identify potential areas of duplicative efforts and highlight that this demonstration is building off of an existing grant or program.

Budget Neutrality Form

Section 1115 Medicaid Demonstrations should be budget neutral. This means the Demonstration cannot cost the federal government more than what would have otherwise been spent absent the Demonstration. In this section, the state must provide its explanation of how the Demonstration program will achieve budget neutrality and the data to support its rationale.

I. Without- and With-Waiver Projections for Historical Medicaid Populations

A. Recent Historical Actual or Estimated Data

Explain the sources and methodology used for the actual and/or estimated historical data. If actual data have been provided, explain the source of the data (MMIS data, other state system Medicaid data, other program data, etc.) and the program(s) and source(s) of program funding that the data represent. Indicate if the data represent all Medicaid expenditures for the population. For example, are they inclusive of long-term care expenditures? Were the expenditures reported on the CMS-64? If the data provided are a combination of actual and estimated data, provide the dates pertaining to each type of data. If any of the data are estimated, provide a detailed explanation concerning how the estimated data were developed.

RESPONSE: The number of total MO HealthNet participants that used a family planning service is reported. Adhocs were run from the MMIS system to determine the total number of participants using Family Planning Services:

Adhoc 1– This is to report Managed Care participants using family planning services. It extracts all encounter claim types, excluding voided claims, with a Family Planning Indicator = Y, and provides an unduplicated count of DCNs and ME Code.

Adhoc 2 – This is to report FFS participants using family planning services. It extracts all FFS paid claims, with no adjustment overlays, with a Family Planning Indicator = Y, and provides an unduplicated count of DCNs, Paid Amount, ME Code, Claim Type, DOB, Race, Sex, Units, and TPL Indicator.

No adjustment overlays are included since the budget neutrality is reported on Paid date.

The actual number of unduplicated FFS and Managed Care DCNs are added together to determine the Number of Persons.

The future persons are trended by the average growth rate of Medicaid State Plan enrollees as reported on the Base Year tab. This trend is developed by historical actual trends.

The data represents all Medicaid expenditures for the population and all expenditures are reported on the CMS-64.

B. Bridge Period

Based on the ending date of the most recent year of historic data and the proposed Demonstration implementation date, a bridge period will apply to this proposal. Estimates of Demonstration costs must be trended across this bridge period when calculating the projected first year of PMPM costs without the waiver.

In the blanks below, enter the last day of the most recent historical year, and the last day of the year immediately preceding the first Demonstration Year. The number of months between these dates is the length of the bridge period. Depending on the length of the available historical data series and data quality, each demonstration population could have its own unique bridge period.

Enter the number of months in the bridge period in the “WOW” tab of the Excel Workbook, in the grayed cell under “MONTHS OF AGING.” The spreadsheet is programmed to project Demonstration Year PMPM expenditures and member month totals using historical trend rates and the length of bridge period, and assumes that the same bridge period applies to all calculations. Applicants should feel free to alter these programming features as needed.

Demonstration Bridge Period: 09/30/2013 to 12/31/2014

Please see Budget Neutrality Spreadsheet for the applicable remainder of information requested on this form.

The Budget Neutrality Spreadsheet is included as *Attachment 7*.

Please note that this Excel Spreadsheet is a draft work in progress, and is only to be used to offer guidance to States interested in submitting a Section 1115 Family Planning Demonstration. Formulas embedded in the worksheets, should be checked and are the responsibility of the submitting State.

Budget Neutrality Worksheet for : ALL COSTS				
		Base Year		
		<u>2000</u>		
WITHOUT DEMONSTRATION				
<i>FAMILY PLANNING SERVICES UNDER MEDICAID STATE PLAN -- All current Medicaid eligibles/participants</i>	Persons	74,667		
	Annual Cost per Person	\$ 119.65		
	Total	\$ 8,933,955		
<i>DELIVERIES UNDER MEDICAID STATE PLAN (include costs for prenatal care, deliveries, and 60- days postpartum)</i>	Persons	23,156		
	Cost per Person	\$ 2,823.34		
	Total	\$ 65,377,350		
<i>FIRST YEAR INFANT COSTS UNDER MEDICAID STATE PLAN</i>	Persons	23,156		
	Cost per Person	\$ 151.72		
	Total	\$ 3,513,302		
<i>TOTAL BASE YEAR (WITHOUT DEMONSTRATION COSTS)</i>		\$ 77,824,608		
PARAMETER ASSUMPTIONS				
REGULAR FMAP	61.37%	FFY 13 FMAP		
FP FMAP =	90.00%			
MCPI COST TREND	4.06%			
DELIVERY REDUCTION	0%			
DELIVERY TO FIRST YEAR PERSON FACTOR	0%			
BASE YEAR FERTILITY RATE	7.9%			
AVERAGE GROWTH RATE FOR MEDICAID STATE PLAN ENROLLEES/PARTICIPANTS	10%	was 7% - Determine total Medicaid growth		
AVERAGE GROWTH RATE FOR DEMONSTRATION PARTICIPANTS	10%			

Trend Rate

President's budget trend
(2010-2014) 6.2%

3-Year Trend

	<u>DY 2</u> FFY 2008	<u>DY 3</u> FFY 2009
<i>FP Expenditures</i>	\$ 3,176,101	\$ 4,068,182
<i>FP Enrollees who utilized services</i>	16,087	20,941
<i>Cost per Person utilization</i>	\$ 197.43	\$ 194.27
<i>Cost per Person Per Month</i>	\$ 16.45	\$ 16.19

Historical Trend (2008-2010)

	<u>DY 5</u> FFY 2011	<u>DY 6</u> FFY 2012	<u>DY 7</u> FFY 2013	<u>DY 8</u> FFY 2014
<i>Average Monthly Enrollment</i>	65,482	72,030	79,233	87,156

Per Member/Per Month (PMPM) Cost (Total Computable)

Trend	<u>DY 5</u> FFY 2011	<u>DY 6</u> FFY 2012	<u>DY 7</u> FFY 2013	<u>DY 8</u> FFY 2014	
<i>Demonstration Eligibles</i>	6.2%	\$ 20.26	\$ 21.51	\$ 22.85	\$ 24.26

SAMPLE: Extension Budget Neutrality Agreement (Total Computable)

	<u>DY 5</u> FFY 2011	<u>DY 6</u> FFY 2012	<u>DY 7</u> FFY 2013	<u>DY 8</u> FFY 2014	Total
WITHOUT DEMONSTRATION					
<i>Member Months</i>	196,445	864,358	950,794	261,468	2,273,065
<i>PMPM</i>	\$ 20.26	\$ 21.51	\$ 22.85	\$ 24.26	
<i>Total Costs</i>	\$ 3,979,347.21	\$ 18,594,693.63	\$ 21,722,321.10	\$ 6,344,003.88	\$ 50,640,365.81
WITH DEMONSTRATION					
<i>Member Months</i>	196,445	864,358	950,794	261,468	2,273,065
<i>PMPM</i>	\$ 13.58	\$ 21.51	\$ 22.85	\$ 24.26	
<i>Total Costs</i>	\$ 2,667,299.00	\$ 18,594,693.63	\$ 21,722,321.10	\$ 6,344,003.88	\$ 49,328,317.60
<i>Projected Margin</i>	\$ (1,312,048)	\$ -	\$ -	\$ -	

DY 4	
FFY 2010	
\$	7,088,278
	30,968
\$	228.89
\$	19.07
	18%

Trend Rate (Composite Federal Share)

President's budget trend
(2010-2014) 6.2%

3-Year Trend

DY 2
FFY 2008

<i>FP Expenditures</i>	\$ 3,176,101
<i>FP Enrollees who utilized services</i>	16,087
<i>Cost per Person utilization</i>	\$ 197.43
<i>Cost per Person Per Month</i>	\$ 16.45
<i>Historical Trend (2008-2010)</i>	

	<u>DY 5</u> FFY 2011	<u>DY 6</u> FFY 2012	<u>DY 7</u> FFY 2013	<u>DY 8</u> FFY 2014
<i>Average Monthly Enrollment</i>	65,482	72,030	79,233	87,156

Per Member/Per Month (PMPM) Cost (Total Computable)

Trend	<u>DY 5</u> FFY 2011	<u>DY 6</u> FFY 2012	<u>DY 7</u> FFY 2013	<u>DY 8</u> FFY 2014	
<i>Demonstration Eligibles</i>	6.2%	\$ 20.26	\$ 21.51	\$ 22.85	\$ 24.26

SAMPLE: Extension Budget Neutrality Agreement (Total Computable)

	<u>DY 5</u> FFY 2011	<u>DY 6</u> FFY 2012	<u>DY 7</u> FFY 2013	<u>DY 8</u> FFY 2014	Total
WITHOUT DEMONSTRATION					
<i>Member Months</i>	196,445	864,358	950,794	261,468	2,273,065
<i>PMPM</i>	\$ 15.54	\$ 16.50	\$ 17.53	\$ 18.61	
<i>Total Costs</i>	\$ 3,052,570.58	\$ 14,264,051.79	\$ 16,663,265.30	\$ 4,866,506.63	\$ 38,846,394.29
WITH DEMONSTRATION					
<i>Member Months</i>	196,445	864,358	950,794	261,468	2,273,065
<i>PMPM</i>	\$ 10.42	\$ 16.50	\$ 17.53	\$ 18.61	
<i>Total Costs</i>	\$ 2,046,094.00	\$ 14,264,051.79	\$ 16,663,265.30	\$ 4,866,506.63	\$ 37,839,917.71
<i>Projected Margin</i>	\$ (1,006,477)	\$ -	\$ -	\$ -	

<u>DY 3</u>	<u>DY 4</u>
FFY 2009	FFY 2010
\$ 4,068,182	\$ 7,088,278
20,941	30,968
\$ 194.27	\$ 228.89
\$ 16.19	\$ 19.07
	18%

Budget Neutrality Worksheet for : ALL COSTS

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
WITHOUT DEMONSTRATION															
<i>FAMILY PLANNING SERVICES UNDER MEDICAID STATE PLAN -- All current Medicaid eligibles/participants</i>	Persons	89,103	94,759	94,796	95,001	90,900	86,423	77,635	85,687	94,763	114,859	119,807	113,405	116,887	128,576
	Cost per Person	\$ 199.62	\$ 246.50	\$ 237.16	\$ 272.28	\$ 298.38	\$ 294.86	\$ 355.07	\$ 380.30	\$ 377.47	\$ 381.04	\$ 377.35	\$ 416.89	\$ 433.83	\$ 451.46
	Total	\$ 17,786,411	\$ 23,358,282	\$ 22,481,507	\$ 25,866,417	\$ 27,122,465	\$ 25,482,352	\$ 27,565,569	\$ 32,587,068	\$ 35,770,656	\$ 43,765,518	\$ 45,209,320	\$ 47,277,159	\$ 50,709,177	\$ 58,047,088
<i>DELIVERIES UNDER MEDICAID STATE PLAN (include costs for prenatal)</i>	Persons	24,475	23,547	23,677	24,426	26,259	31,462	36,630	34,940	34,426	32,746	30,270	30,724	31,216	31,738
	Cost per Person	\$ 3,135.81	\$ 3,263.26	\$ 3,395.88	\$ 3,533.89	\$ 3,677.52	\$ 3,826.98	\$ 3,982.51	\$ 4,144.37	\$ 4,312.80	\$ 4,488.08	\$ 4,670.48	\$ 4,860.30	\$ 5,057.83	\$ 5,263.39
	Total	\$ 76,749,025.92	\$ 76,840,332.42	\$ 80,404,570.81	\$ 86,319,884.83	\$ 96,569,598.92	\$ 120,405,379	\$ 145,877,567	\$ 144,805,943	\$ 148,472,178	\$ 146,966,909	\$ 141,375,555	\$ 149,329,434	\$ 157,885,820	\$ 167,048,729
<i>FIRST YEAR INFANT COSTS UNDER MEDICAID STATE PLAN</i>	Persons	24,475	23,547	23,677	24,426	26,259	31,462	36,630	34,940	34,426	32,746	30,270	30,724	31,216	31,738
	Cost per Person	\$ 3,247.55	\$ 6,151.81	\$ 6,401.83	\$ 6,662.01	\$ 6,932.76	\$ 7,214.52	\$ 7,507.73	\$ 7,812.86	\$ 8,130.39	\$ 8,460.82	\$ 8,804.68	\$ 9,162.52	\$ 9,534.90	\$ 9,922.41
	Total	\$ 79,483,947.72	\$ 144,857,520.11	\$ 151,576,735.36	\$ 162,728,141.05	\$ 182,050,652.00	\$ 226,985,283.54	\$ 275,004,831	\$ 272,984,631	\$ 279,896,128	\$ 277,058,431	\$ 266,517,747	\$ 281,512,206	\$ 297,642,495	\$ 314,916,189
TOTAL WITHOUT-WAIVER COSTS	\$ 174,019,385	\$ 245,056,134	\$ 254,462,813	\$ 274,914,443	\$ 305,742,716	\$ 372,873,015	\$ 448,447,968	\$ 450,377,641	\$ 464,138,962	\$ 467,790,858	\$ 453,102,623	\$ 478,118,799	\$ 506,237,492	\$ 540,012,007	
WITH DEMONSTRATION															
<i>FAMILY PLANNING SERVICES UNDER MEDICAID STATE PLAN --</i>	Persons	89,103	94,759	94,796	95,001	90,900	86,423	77,635	85,687	94,763	114,859	119,807	113,405	116,887	128,576
	Cost per Person	\$ 199.62	\$ 246.50	\$ 237.16	\$ 272.28	\$ 298.38	\$ 294.86	\$ 355.07	\$ 380.30	\$ 377.47	\$ 381.04	\$ 377.35	\$ 416.89	\$ 418.91	\$ 435.94
	Total	\$ 17,786,411	\$ 23,358,282	\$ 22,481,507	\$ 25,866,417	\$ 27,122,465	\$ 25,482,352	\$ 27,565,569	\$ 32,587,068	\$ 35,770,656	\$ 43,765,518	\$ 45,209,320	\$ 47,277,159	\$ 48,965,272	\$ 56,050,830
<i>DELIVERIES UNDER MEDICAID STATE PLAN ADJUSTED FOR</i>	Persons	23,057	22,475	22,652	23,241	25,104	29,881	34,290	33,318	31,326	28,284	24,470	25,047	25,822	26,344
	Cost per Person	\$ 3,135.83	\$ 3,153.88	\$ 3,285.28	\$ 4,078.99	\$ 3,522.90	\$ 3,622.01	\$ 4,487.01	\$ 5,029.67	\$ 6,360.47	\$ 7,308.76	\$ 8,215.28	\$ 7,118.66	\$ 7,407.98	\$ 7,709.05
	Total	\$ 72,302,841	\$ 70,883,447	\$ 74,418,121	\$ 94,799,748	\$ 88,438,832	\$ 108,229,280	\$ 153,859,694	\$ 167,578,660	\$ 199,248,228	\$ 206,720,838	\$ 201,027,837	\$ 178,301,114	\$ 202,065,290	\$ 203,085,223
<i>FIRST YEAR INFANT COSTS ADJUSTED FOR EFFECTS OF THE DEMONSTRATION</i>	Persons	23,057	22,475	22,652	23,241	25,104	29,881	34,290	33,318	31,326	28,284	24,470	25,047	25,822	26,344
	Cost per Person	\$ 3,127.08	\$ 6,060.86	\$ 6,066.48	\$ 6,228.87	\$ 5,314.37	\$ 6,139.71	\$ 6,857.91	\$ 4,150.98	\$ 4,482.44	\$ 4,262.82	\$ 6,368.09	\$ 6,393.38	\$ 5,920.37	\$ 6,160.99
	Total	\$ 72,101,145.69	\$ 136,217,741	\$ 137,417,820	\$ 144,765,134	\$ 133,411,976	\$ 183,460,555	\$ 235,157,673	\$ 138,302,202	\$ 140,417,003	\$ 120,569,604	\$ 155,827,162	\$ 160,134,885	\$ 152,875,909	\$ 162,303,532
<i>FAMILY PLANNING SERVICES FOR DEMONSTRATION PARTICIPANTS</i>	Persons	29,133	27,530	21,693	22,240	23,571	29,386	39,421	44,073	57,372	84,843	104,836	111,796	114,610	126,071
	Cost per Person	\$ 107	\$ 104	\$ 95	\$ 94	\$ 90	\$ 70.47	\$ 65.66	\$ 72.06	\$ 70.91	\$ 83.55	\$ 89.37	\$ 70.05	\$ 65.56	\$ 68.23
	Total	\$ 3,122,004	\$ 2,866,140	\$ 2,060,424	\$ 2,087,514	\$ 2,114,857	\$ 2,070,947	\$ 2,588,340	\$ 3,176,101	\$ 4,068,182	\$ 7,088,278	\$ 9,369,062	\$ 7,831,424	\$ 7,514,188	\$ 8,601,534
TOTAL WITH DEMONSTRATION COSTS	\$ 165,312,402	\$ 233,325,610	\$ 236,377,872	\$ 267,518,814	\$ 251,088,130	\$ 319,243,134	\$ 419,171,276	\$ 341,644,031	\$ 379,504,070	\$ 378,144,238	\$ 411,433,382	\$ 393,544,582	\$ 411,420,659	\$ 430,041,119	
DIFFERENCE	\$ 8,706,983	\$ 11,730,525	\$ 18,084,941	\$ 7,395,629	\$ 54,654,586	\$ 53,629,881	\$ 29,276,692	\$ 108,733,610	\$ 84,634,893	\$ 89,646,620	\$ 41,669,241	\$ 84,574,217	\$ 94,816,833	\$ 109,970,888	
PARAMETER ASSUMPTIONS															
FP FMAP	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	
REGULAR FMAP	61.03%	61.06%	61.23%	61.47%	61.15%	61.93%	61.60%	62.42%	63.19%	64.51%	63.29%	63.45%	61.37%	62.03%	

TOTAL

645,408
\$ 396
\$ 255,318,899
194,323
\$ 4,574
\$ 888,835,838
194,323
\$ 8,623
\$ 1,675,611,638
\$ 2,819,766,375
645,408
\$ 253,574,994
168,267
\$ 1,154,941,966
168,267
\$ 868,126,765
517,530
\$ 39,047,235
\$ 2,315,690,961
\$ 504,075,414
90.00%
61.37%

Model Budget Neutrality Worksheet for: FEDERAL COSTS

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	TOTAL	
WITHOUT DEMONSTRATION																
<i>FP SERVICES UNDER MEDICAID STATE PLAN -- All current Medicaid eligibles/participants</i>	Persons	89,103	94,759	94,796	95,001	90,900	86,423	77,635	85,687	94,763	114,859	119,807	113,405	116,887	128,576	645,408
	Cost per Person	\$ 180	\$ 222	\$ 213	\$ 245	\$ 269	\$ 265	\$ 320	\$ 342	\$ 340	\$ 343	\$ 340	\$ 375	\$ 390	\$ 406	
	Total	\$ 16,007,770	\$ 21,022,454	\$ 20,233,356	\$ 23,279,776	\$ 24,410,218	\$ 22,934,117	\$ 24,809,012	\$ 29,328,361	\$ 32,193,591	\$ 39,388,966	\$ 40,688,388	\$ 42,549,443	\$ 45,638,260	\$ 52,242,379	\$ 229,787,009
<i>DELIVERIES UNDER MEDICAID STATE PLAN (include costs for prenatal)</i>	Persons	24,475	23,547	23,677	24,426	26,259	31,462	36,630	34,940	34,426	32,746	30,270	30,724	31,216	31,738	194,323
	Cost per Person	\$ 1,914	\$ 1,993	\$ 2,079	\$ 2,172	\$ 2,249	\$ 2,370	\$ 2,453	\$ 2,587	\$ 2,725	\$ 2,895	\$ 2,956	\$ 3,084	\$ 3,104	\$ 3,265	
	Total	\$ 46,839,931	\$ 46,918,707	\$ 49,231,719	\$ 53,060,833	\$ 59,052,310	\$ 74,567,051	\$ 89,860,582	\$ 90,387,869	\$ 93,819,569	\$ 94,808,353	\$ 89,476,589	\$ 94,749,526	\$ 96,894,527	\$ 103,620,327	\$ 560,136,434
<i>FIRST YEAR INFANT COSTS UNDER MEDICAID STATE PLAN</i>	Persons	24,475	23,547	23,677	24,426	26,259	31,462	36,630	34,940	34,426	32,746	30,270	30,724	31,216	31,738	194,323
	Cost per Person	\$ 1,982	\$ 3,756	\$ 3,920	\$ 4,095	\$ 4,239	\$ 4,468	\$ 4,625	\$ 4,877	\$ 5,138	\$ 5,458	\$ 5,572	\$ 5,814	\$ 5,852	\$ 6,155	
	Total	\$ 48,509,053	\$ 88,450,002	\$ 92,810,435	\$ 100,028,988	\$ 111,323,974	\$ 140,571,986	\$ 169,402,976	\$ 170,397,006	\$ 176,866,363	\$ 178,730,394	\$ 168,679,082	\$ 178,619,495	\$ 182,663,199	\$ 195,342,512	\$ 1,055,955,540
TOTAL WITHOUT-WAIVER COSTS		\$ 111,356,754	\$ 156,391,162	\$ 162,275,510	\$ 176,369,597	\$ 194,786,502	\$ 238,073,154	\$ 284,072,570	\$ 290,113,237	\$ 302,879,523	\$ 312,927,713	\$ 298,844,059	\$ 315,918,463	\$ 325,195,986	\$ 351,205,218	\$ 1,845,878,982
WITH DEMONSTRATION																
<i>FAMILY PLANNING SERVICES UNDER MEDICAID STATE PLAN --</i>	Persons	89,103	94,759	94,796	95,001	90,900	86,423	77,635	85,687	94,763	114,859	119,807	113,405	116,887	128,576	645,408
	Cost per Person	\$ 180	\$ 222	\$ 213	\$ 245	\$ 269	\$ 265	\$ 320	\$ 342	\$ 340	\$ 343	\$ 340	\$ 375	\$ 390	\$ 406	
	Total	\$ 16,007,770	\$ 21,022,454	\$ 20,233,356	\$ 23,279,776	\$ 24,410,218	\$ 22,934,117	\$ 24,809,012	\$ 29,328,361	\$ 32,193,591	\$ 39,388,966	\$ 40,688,388	\$ 42,549,443	\$ 45,638,260	\$ 52,242,379	\$ 229,787,009
<i>DELIVERIES UNDER MEDICAID STATE PLAN ADJUSTED FOR EFFECTS</i>	Persons	23,057	22,475	22,652	23,241	25,104	29,881	34,290	33,318	31,326	28,284	24,470	25,047	25,822	26,344	168,267
	Cost per Person	\$ 1,914	\$ 1,926	\$ 2,012	\$ 2,507	\$ 2,154	\$ 2,243	\$ 2,764	\$ 3,140	\$ 4,019	\$ 4,715	\$ 5,199	\$ 4,517	\$ 4,546	\$ 4,782	
	Total	\$ 44,126,424	\$ 43,281,432	\$ 45,566,216	\$ 58,273,405	\$ 54,080,346	\$ 67,026,393	\$ 94,777,572	\$ 104,602,600	\$ 125,904,955	\$ 133,355,612	\$ 127,230,518	\$ 113,132,057	\$ 117,393,900	\$ 125,973,764	\$ 721,619,642
<i>FIRST YEAR INFANT COSTS ADJUSTED FOR EFFECTS OF THE DEMONSTRATION</i>	Persons	23,057	22,475	22,652	23,241	25,104	29,881	34,290	33,318	31,326	28,284	24,470	25,047	25,822	26,344	168,267
	Cost per Person	\$ 1,908	\$ 3,701	\$ 3,715	\$ 3,829	\$ 3,250	\$ 3,802	\$ 4,224	\$ 2,591	\$ 2,832	\$ 2,750	\$ 4,030	\$ 4,057	\$ 3,633	\$ 3,822	
	Total	\$ 44,003,329	\$ 83,174,553	\$ 84,140,931	\$ 88,987,128	\$ 81,581,424	\$ 113,617,121	\$ 144,857,127	\$ 86,328,234	\$ 88,729,504	\$ 77,779,452	\$ 98,623,011	\$ 101,605,585	\$ 93,819,945	\$ 100,676,881	\$ 546,885,731
<i>FAMILY PLANNING SERVICES FOR DEMONSTRATION PARTICIPANTS</i>	Persons	29,133	27,530	21,693	22,240	23,571	29,386	39,421	44,073	57,372	84,843	104,836	111,796	114,610	126,071	517,530
	Cost per Person	\$ 96	\$ 94	\$ 85	\$ 84	\$ 81	\$ 63	\$ 59	\$ 65	\$ 64	\$ 75	\$ 80	\$ 63	\$ 59	\$ 61	
	Total	\$ 2,809,804	\$ 2,579,526	\$ 1,854,382	\$ 1,878,763	\$ 1,903,371	\$ 1,863,852	\$ 2,329,506	\$ 2,858,491	\$ 3,661,364	\$ 6,379,450	\$ 8,432,156	\$ 7,048,282	\$ 6,762,769	\$ 7,741,381	\$ 35,142,512
TOTAL WITH WAIVER COSTS		\$ 106,947,327	\$ 150,057,965	\$ 151,794,885	\$ 172,419,072	\$ 161,975,359	\$ 205,441,484	\$ 266,773,216	\$ 223,117,686	\$ 250,489,414	\$ 256,903,480	\$ 274,974,073	\$ 264,335,366	\$ 263,614,874	\$ 286,634,405	\$ 1,533,434,894
DIFFERENCE		\$ 4,409,427	\$ 6,333,197	\$ 10,480,625	\$ 3,950,525	\$ 32,811,143	\$ 32,631,671	\$ 17,299,353	\$ 66,995,551	\$ 52,390,109	\$ 56,024,232	\$ 23,869,986	\$ 51,583,098	\$ 61,581,112	\$ 64,570,814	\$ 312,444,089
PARAMETER ASSUMPTIONS																
							MCPI COST TREND =		4.06%							

	2009	2010	2011	2012	2013	TOTAL
Administrative Costs						
<i>PERSONNEL</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<i>SYSTEMS & SYSTEM CHANGES</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<i>PUBLIC AWARENESS</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<i>EVALUATION</i>	\$ 156,310.00	\$ 19,576.00	\$ 26,313.00	\$ 35,012.50	\$ 52,976.00	\$ 290,187.50
<i>OTHER</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

	Year	Data from BLS
Year 1	2000	260.8
Year 10	2010	388.436
	# steps	10
	avg. growth	4.1%

Source:
BLS, Medical Care CPI
Consumer Price Index - All Urban Consumers - Item: Medical Care
<http://data.bls.gov/cgi-bin/surveymost>

If you are completing this budget for a renewal, please use this worksheet to calculate the annualized rate of without demonstration deliveries. In Year 1, input the number of without demonstration deliveries calculated for the first year of the demo. In Year X, put the last year of the demonstration for which you have a births averted calculation that was used to create the without demonstration deliveries, and then input the number of deliveries. The formula will then calculate the trend rate. Use this trend rate to project forward the without demonstration deliveries for the renewal years.

	Year	Number of Without Demonstration Deliveries
Year 1	2000	23156
Year 10	2010	28284
	# steps	10
	avg. growth	2.021%

BIRTHS AVERTED

	Base Rate Calculation, 2000			Calculations for 2001					Calculations for 2002				
	B	C	D	E	F	G	H	I	J	K	L	M	N
			B/C x 1000		Sum(DxE by age)/Total E x 1000		G/E x 1000	(F-H) x E		Sum (DxJ by age) /Total J x 1000		L/J x 1000	K-M x J
AGE GROUP	Medicaid births	Est. eligible population	Medicaid birth rate (per 1000 est. eligibles)	Female Demonstration Clients	Age-adjusted base year birth rate	Actual Medicaid births to Demo clients	Medicaid birth rate (per 1000 Demo clients)	Births Averted	Female Demonstration Clients	Age-adjusted base year birth rate	Actual Medicaid births to Demo clients	Medicaid birth rate (per 1000 Demo clients)	Births Averted
7-13	0	12,388	0.00	0		0	#DIV/0!		0		0	#DIV/0!	
14-20	7,012	78,642	89.16	5,435		365	67.16		4,553		324	71.16	
21-44	16,129	175,348	91.98	23,639		876	37.06		22,908		1117	48.76	
45+	15	28,493	0.53	59		0	0.00		69		0	0.00	
TOTAL	23,156	294,871	79	29,133	91.27	1,241	43	1,418	27,530	91.29	1,441	52	1,072

BIRTHS AVERTED

	Calculations for 2003					Calculations for 2004				
	O	P Sum (DxO by age) /Total O x 1000	Q	R Q/O x 1000	S P - R x O	T	U Sum (DxT by age) /Total T x 1000	V	W V/T x 1000	X U - W x O
AGE GROUP	Female Demonstr ation Clients	Age- adjusted base year birth rate	Actual Medicaid births to Demo clients	Medicaid birth rate (per 1000 Demo clients)	Births Averted	Female Demonstr ation Clients	Age- adjusted base year birth rate	Actual Medicaid births to Demo clients	Medicaid birth rate (per 1000 Demo clients)	Births Averted
7-13	0		0	#DIV/0!		1		0	0.00	
14-20	4,126		228	55.26		3,912		232	59.30	
21-44	17,538		728	41.51		18,291		614	33.57	
45+	29		0	0.00		36		0	0.00	
TOTAL	21,693	91.32	956	44	1,025	22,240	91.33	846	38	1,185

BIRTHS AVERTED

	Calculations for 2005					Calculations for 2006				
	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH
		Sum (DxY by age) /Total Y x 1000		AA/Y x 1000	Z - AB x Y		Sum (DxAD by age) /Total AD x 1000		AF/AD x 1000	AE-AG x AD
AGE GROUP	Female Demonstration Clients	Age-adjusted base year birth rate	Actual Medicaid births to Demo clients	Medicaid birth rate (per 1000 Demo clients)	Births Averted	Female Demonstration Clients	Age-adjusted base year birth rate	Actual Medicaid births to Demo clients	Medicaid birth rate (per 1000 Demo clients)	Births Averted
7-13	1		0	0.00		0		0	#DIV/0!	
14-20	4,097		252	61.51		4,829		267	55.29	
21-44	19,429		745	38.34		24,501		836	34.12	
45+	44		0	0.00		56		0	0.00	
TOTAL	23,571	91.32	997	42	1,155	29,386	91.35	1103	38	1,581

BIRTHS AVERTED

	Calculations for 2007					Calculations for 2008				
	AI	AJ Sum (DxAI by age) /Total AD x 1000	AK	AL AK/AI x 1000	AM AE-AG x AD	AN	AO Sum (DxAN by age) /Total AD x 1000	AP	AQ AP/AN x 1000	AR AO-AQ x AN
AGE GROUP	Female Demonstr ation Clients	Age- adjusted base year birth rate	Actual Medicaid births to Demo clients	Medicaid birth rate (per 1000 Demo clients)	Births Averted	Female Demonstr ation Clients	Age- adjusted base year birth rate	Actual Medicaid births to Demo clients	Medicaid birth rate (per 1000 Demo clients)	Births Averted
7-13	1		0	0.00		0		0	0.00	
14-20	6,328		362	57.21		6,429		612	95.19	
21-44	33,031		901	27.28		37,563		1794	47.76	
45+	61		0	0.00		81		0	0.00	
TOTAL	39,421	91.39	1263	32	2,340	44,073	91.40	2406	55	1,622

BIRTHS AVERTED

	Calculations for 2009					Calculations for 2010					Calculations for 2011				
	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG
		Sum (DxAS by age) /Total AD x 1000		AU/AS x 1000	AE-AG x AD		Sum (DxAX by age) /Total AD x 1000		AZ/AX x 1000	AE-AG x AD		Sum (DxBC by age) /Total AD x 1000		BE/BC x 1000	AE-AG x AD
AGE GROUP	Female Demonstr ation Clients	Age- adjusted base year birth rate	Actual Medicaid births to Demo clients	Medicaid birth rate (per 1000 Demo clients)	Births Averted	Female Demonstr ation Clients	Age- adjusted base year birth rate	Actual Medicaid births to Demo clients	Medicaid birth rate (per 1000 Demo clients)	Births Averted	Female Demonstr ation Clients	Age- adjusted base year birth rate	Actual Medicaid births to Demo clients	Medicaid birth rate (per 1000 Demo clients)	Births Averted
7-13	0		0	0.00		0		0	0.00		0		0	0.00	
14-20	7,288		303	41.58		11,076		425	38.37		13,574		393	28.95	
21-44	48,031		1666	34.69		68,455		2397	35.02		84,594		2800	33.10	
45+	2,053		0	0.00		5,312		3	0.56		6,668		2	0.30	
TOTAL	57,372	88.35	1969	34	3,100	84,843	85.89	2825	33	4,462	104,836	85.80	3195	30	5,800

BIRTHS AVERTED

	Calculations for 2012					Calculations for 2013				
	BH	BI Sum (DxBH by age) /Total AD x 1000	BJ Actual Medicaid births to Demo clients	BK Medicaid birth rate (per 1000 Demo clients)	BL AE-AG x AD	BM	BN Sum (Dxbm by age) /Total AD x 1000	BO Actual Medicaid births to Demo clients	BP Medicaid birth rate (per 1000 Demo clients)	BQ AE-AG x AD
AGE GROUP	Female Demonstr ation Clients	Age- adjusted base year birth rate	Actual Medicaid births to Demo clients	Medicaid birth rate (per 1000 Demo clients)	Births Averted	Female Demonstr ation Clients	Age- adjusted base year birth rate	Actual Medicaid births to Demo clients	Medicaid birth rate (per 1000 Demo clients)	Births Averted
7-13	0		0	0.00		0		0	0.00	
14-20	14,608		527	36.08		14,237		529	34.47	
21-44	90,258		3400	37.67		92,108		3820	35.26	
45+	6,930		4	0.58		8,265		3	0.48	
TOTAL	111,796	85.95	3931	35	5,677	114,610	85.04	4352	38	5,394

Pregnant Women Eligibles			Pregnant Women Costs							Total	Cost per Delivery
FFY	Unduplicated DCN	Adhoc #	FFS		RX		Managed Care				
			Expenditures	Adhoc #	Expenditures	Adhoc #	Expenditures	Adhoc #			
FFY 2000	41670	10446	\$ 31,484,503.83	10461	\$ 2,355,451.56	10484	\$ 31,351,382.79	Kick Pmt file	\$ 65,191,338.18	\$ 1,564.47	
FFY 2001	40714	10492	\$ 30,846,303.83	10497	\$ 4,370,386.89	10485	\$ 37,086,150.55	Kick Pmt file	\$ 72,302,841.27	\$ 1,775.87	
FFY 2002	39881	10493	\$ 28,416,299.07	10498	\$ 2,687,690.24	10528	\$ 39,779,457.23	Kick Pmt file	\$ 70,883,446.54	\$ 1,777.37	
FFY 2003	40008	10494	\$ 29,502,945.24	10499	\$ 3,100,019.91	10529	\$ 41,815,155.95	Kick Pmt file	\$ 74,418,121.10	\$ 1,860.08	
FFY 2004	41581	10495	\$ 32,538,496.75	10500	\$ 3,624,280.09	10530	\$ 58,636,971.52	Kick Pmt file	\$ 94,799,748.36	\$ 2,279.88	
FFY 2005	45232	10496	\$ 36,056,071.75	10501	\$ 3,545,314.50	10531	\$ 48,837,445.40	Kick Pmt file	\$ 88,438,831.65	\$ 1,955.23	
FFY 2006	54312	10470	\$ 45,173,702.52	10471	\$ 4,370,386.89	10485	\$ 58,685,190.26	Kick Pmt file	\$ 108,229,279.67	\$ 1,992.73	

FFY	First Year Eligibles		First \
	Undup DCN	Adhoc #	
FFY 2000	23,156	10464	\$ 3,513,302.00
FFY 2001	23,057	10502	\$ 72,101,145.49
FFY 2002	22,475	10503	\$ 136,251,503.18
FFY 2003	22,652	10504	\$ 137,417,819.89
FFY 2004	23,241	10525	\$ 144,765,134.46
FFY 2005	25,104	10526	\$ 133,411,976.35
FFY 2006	29,881	10472	\$ 183,460,554.64
FFY 2007	34,290	11162	\$ 235,157,672.94

Family Planning Eligibles and Costs

FFY	Eligibles					FFS Expenditures		Managed Care Expenditures per CMS 64 reports, Waiver Forms*			Grand Total
	FFS Undup DCN	Encounter Undup DCN	Total Undup DCN	Trend	Adhoc #s	Expenditures	Adhoc #	1915b	1115	Total	
FFY 2000	42911	31756	74667		10467, 10468	\$ 8,933,954.72	10467	\$ -	\$ -	\$ -	\$ 8,933,954.72
FFY 2001	46756	42347	89103	19.3%	10512, 10517	\$ 9,815,437.97	10512	\$ 7,970,973.00	\$ -	\$ 7,970,973.00	\$ 17,786,410.97
FFY 2002	48970	45789	94759	6.3%	10513, 10518	\$ 11,053,226.81	10513	\$ 11,865,146.00	\$ 439,909.00	\$ 12,305,055.00	\$ 23,358,281.81
FFY 2003	50474	44322	94796	0.0%	10514, 10519	\$ 12,261,000.01	10514	\$ 10,215,421.00	\$ 5,086.00	\$ 10,220,507.00	\$ 22,481,507.01
FFY 2004	47297	47704	95001	0.2%	10515, 10520	\$ 12,168,730.27	10515	\$ 13,647,243.00	\$ 50,444.00	\$ 13,697,687.00	\$ 25,866,417.27
FFY 2005	47670	43230	90900	-4.3%	10516, 10521	\$ 12,780,588.66	10516	\$ 14,324,597.00	\$ 17,279.00	\$ 14,341,876.00	\$ 27,122,464.66
FFY 2006	43766	42657	86423	-4.9%	10475, 10476	\$ 11,257,938.26	10475	\$ 14,224,414.00	\$ -	\$ 14,224,414.00	\$ 25,482,352.26
FFY 2007	43572	34063	77635	-10.2%	11148, 11149	\$ 11,660,984.17	11148	\$ 15,904,585.00		\$ 15,904,585.00	\$ 27,565,569.17
FFY 2008	47833	37854	85687	10.4%	11251, 11250	\$ 13,483,998.29	11251	\$ 19,103,070.00		\$ 19,103,070.00	\$ 32,587,068.29
FFY 2009	53893	40870	94763	10.6%	11802, 11801	\$ 15,959,511.49	11802	\$ 19,811,145.00		\$ 19,811,145.00	\$ 35,770,656.49
FFY 2010	81618	33241	114859		12542, 12541	\$ 23,713,667.75	12542	\$ 20,051,850.00		\$ 20,051,850.00	\$ 43,765,517.75
FFY 2011	85057	34750	119807	10.48%	13445, 13446	\$ 26,068,662.61	13446	\$ 19,140,657.78		\$ 19,140,657.78	\$ 45,209,320.39
FFY 2012	85713	27692	113405	10.59%	14225, 14226	\$ 27,160,865.19	14226	\$ 20,116,293.33		\$ 20,116,293.33	\$ 47,277,158.52
FFY 2013	87254	29633	116887	10.48%	142870, 14871	\$ 28,848,979.00	14871	\$ 20,116,293.33		\$ 20,116,293.33	\$ 48,965,272.33

*See Family Planning PMPM Weighted Average file for SFY 06

* SFY 2006 Eligibility cuts to the adult population. Therefore, used 10% growth (the last 2 years of historical data) to project Family Planning eligibles.

SFY 06	131153	
SFY 07	116690	-11.0%
SFY 08	140131	20.1%
SFY 09	156204	11.5%
	544178	6.8%

Waiver Eligibles

FFY	Eligibles ever enrolled	Trend	Adhoc #s	Expenditures Per CMS 64
FFY 2000				
FFY 2001	29,133		11294a	
FFY 2002	27,530	-5.5%	11294b	
FFY 2003	21,693	-21.2%	11294c	
FFY 2004	22,240	2.5%	11294d	
FFY 2005	23,571	6.0%	11294e	
FFY 2006	29,386	24.7%	11294f	\$ 1,714,343.00
FFY 2007	39,421	34.1%	11294g	\$ 2,588,340.00
FFY 2008	44,073	11.8%	copy of datafileoneligibility	\$ 3,176,101.00
FFY 2009	57,372	30.2%	Individuals Under 18 and Over 55_Kims adhoc.xlsx	\$ 4,068,182.00
FFY 2010	84,843	47.9%	12548.rerun	\$ 7,088,278.00
FFY 2011	104,836	23.6%	13440	\$ 9,369,062.00
FFY 2012	111,796	6.6%	14220	\$ 7,831,424.00
FFY 2013	114,610	2.5%	14865	\$ 7,514,188.00

Average Growth

15%

FFY	Demonstration Population	Waiver Births				% of Births to		Waiver Averted	% of Averted	
		Age 14-20	Age 21-44	Age 45+	Total	Adhoc #				
FFY 2000										
FFY 2001	16,557									
FFY 2002	13,269									
FFY 2003	9,539									
FFY 2004	9,664									
FFY 2005	10,134									
FFY 2006	13,218	267	836	0	1103	8%	10546		0%	
<i>FFY 2007</i>	24,511	362	901	0	1263	5%	11249		0%	36%
<i>FFY 2008</i>	44073	612	1794	0	2406	5%	11249		0%	69%
FFY 2009	57372	303	1666	0	1969	3%	11800		0%	-50%
FFY 2010	84843	425	2397	3	2825	3%	12539		0%	40%
FFY 2011	104,836	393	2800	2	3195	3%	13444		0%	-8%
FFY 2012	111,796	527	3400	4	3931	4%	14224			
FFY 2013	114,610	529	3820	3	4352	4%	14869			

Eligibles - From Table 5: Percent of Managed Care vs Total Eligibles

SFY	Quarter	Table 5	Total Eligibles	Total Cap Enrollment	Total 1915b	1115 Adult Enrollment		Total Admin rptd on CMS 64.10 Line 20
2006	1	Jul-05	975,927	444,518	45.55%	10,330	1.06%	
2006	1	Aug-05	972,857	426,995	43.89%	10,721	1.10%	
2006	1	Sep-05	959,560	421,684	43.95%	10,987	1.15%	
Total SFY 2006 Quarter 1			969,448	431,066	44.47%	10,679	1.10%	\$ 63,738,609.00 \$ 702,137.56
2006	2	Oct-05	938,365	418,213	44.57%	11,332	1.21%	
2006	2	Nov-05	935,606	405,969	45.31%	11,803	1.26%	
2006	2	Dec-05	930,532	405,351	43.56%	12,249	1.32%	
Total SFY 2006 Quarter 2			934,834	409,844	43.84%	11,795	1.26%	\$ 67,494,780.00 \$ 851,571.67
2006	3	Jan-06	910,117	404,709	44.47%	12,518	1.38%	
2006	3	Feb-06	896,354	393,445	43.89%	12,752	1.42%	
2006	3	Mar-06	896,994	484,857	54.05%	13,150	1.47%	
Total SFY 2006 Quarter 3			901,155	427,670	47.46%	12,807	1.42%	\$ 58,608,373.00 \$ 832,906.54
2006	4	Apr-06	887,346	453,014	51.05%	13,442	1.51%	
2006	4	May-06	880,467	421,808	47.91%	13,853	1.57%	
2006	4	Jun-06	1,010,517	490,261	48.52%	11,876	1.18%	
Total SFY 2006 Quarter 4			926,110	455,028	49.13%	13,057	1.41%	\$ 81,991,593.00 \$ 1,155,979.56
		Jul-2006	830,262			14,488	1.74%	
		Aug-2006	828,535			15,002	1.81%	
		Sep-2006	828,802			15,336	1.85%	
Total SFY 2007 Quarter 1			829,200			14,942	1.80%	\$ 65,428,528.00 \$ 1,179,008.03
FFY 2006 Total								\$ 4,019,465.80

DFAS now reports admin on 64.10 waiver form, Women's Health Services

Public Notice

Pursuant to the provisions of Title 42, Section 431.408, Code of Federal Regulations, public notice is hereby given to the submission of MO HealthNet proposed demonstration extension request of the Women's Health Services Waiver, effective January 1, 2015 through December 31, 2017.

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- Department of Health and Human Services approved methods of contraception;
- Sexually transmitted disease testing and treatment, including pap tests and pelvic exams;
- Family planning counseling/education on various methods of birth control; and
- Drugs, supplies or devices related to the women's health services described above when they are prescribed by a physician or advanced practice nurse (subject to the national drug rebate program requirements).

During state fiscal year 2013 there were 114,610 participants enrolled in this waiver at a total cost of \$7,567,164.

There are no changes to the Women's Health Services Waiver in the renewal application to CMS. Please see complete application on the MO HealthNet website under Alerts and Notifications at <http://dss.mo.gov/mhd/>.

Public Hearings

There will be two public hearings in which the public is invited to comment on the demonstration renewal. The public hearings are scheduled:

July 25, 2014
9:00 a.m. – 11:00 a.m.
State Information Center – Interpretive Center
600 West Main Street
Jefferson City, MO
Public may call 866-630-9351 for teleconference

July 31, 2014
12:00 – 4:00 p.m.
Department of Mental Health
1706 East Elm Street
Jefferson City, MO
This meeting is part of the regularly scheduled Oversight Committee Meeting in Jefferson City, MO.

The State will take verbal and written comments at the public hearings. The community input provided will be summarized for CMS.

Written comments may also be mailed to:

MO Health Net Division
P.O. Box 6500
Jefferson City, MO 65102-6500
Attn: MO HealthNet Director

WE NEED MALES & FEMALES

Are you a healthy, non-smoking.

- MALE OR FEMALE 18 years of age or older?
- Free of daily medications?

If so, you may be eligible for our upcoming clinical research study:

Study 1728

- Study starts on Tuesday, July 8, 2014 - 2 sessions with no return visits.
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Public & Self Storage 9003

AUCTION ON OR AFTER JULY 10th, 2014

• ATU Store II
1500 Page Blvd
St. Louis MO 63137
314-423-0355 at 8:00am

• ATU Store II
1331 Dunn Road
St. Louis MO 63138
314-858-1133 at 100 pm

Contents to be sold for non-payment of rent.

Bids/Proposals 9005

ADVERTISEMENT FOR BID

Sealed bids for the Busch (August A) Memorial Conservation Area Shooting Range Demolition and Site Preparation Project No. 474192, St. Charles County, Missouri, will be received at MO Dept. of Conservation, PO Box 189, 1901 W. Truman Blvd., Jefferson City, MO 65102, UNTIL 2:00 P.M. July 30, 2014 then publicly opened. A Mandatory Pre-Bid meeting will be held for this project on July 15, 2014 at 1:30 P.M. at the Busch Shooting Range and Outdoor Education Center, 3500 Highway D, Bellvue, MO. Bidders must obtain a full set of printed construction documents for a non-refundable fee of \$700.00 per set by certified cashier's or company check from American Document Solutions, 1820 Forum Blvd., Suite 1C, Columbia, Missouri 65203, PH No. 573-449-7768, F X 573-355-8413. **MAKE CHECKS PAYABLE TO "ADS"**. The electronic sets are available for viewing only at <http://planroom.ads.mo.gov>. Busch (August A) Memorial Conservation Area Shooting Range Demolition and Site Preparation. **CONTACTS:** Project Questions - William Schepeler, (573) 522-4115 ext. 3765. Bidding questions - Greg Trinkle, (573) 522-0135.



POST-DISPATCH STORE BOOKS
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Now Hiring for
Experienced Automotive Title Clerk

The Midwest Region's
#1 Volume Nissan Dealership

is looking for an experienced full time Title Clerk. Title experience and ability to handle large volume is required. Reynolds and Reynolds

Legal Notices 9000

Public Notice of Reimbursement Methodology for MO HealthNet Inpatient Hospital Services Reimbursement Plan; Outpatient Hospital Services Reimbursement Methodology and Global Per Diem Adjustments to Nursing Facility and HIV Nursing Facility Reimbursement Rates and Global Private Long-Term Care Services and Supports Partnership Supplemental Payment to Nursing Facilities

Pursuant to Sections 1902(a)(13)(A) of the Social Security Act and 42 Code of Federal Regulations (CFR) 447.205, which mandate that proposed changes in statewide methods and standards for setting Medicaid payment rates be published and made available for review and comment, this is to advise that:

- The Missouri Department of Social Services, MO HealthNet Division (MHD), provides notice of the following:
- The State Fiscal Year (SFY) 2015 trend factor to be applied in determining federal reimbursement allowance funded capital payments for SFY 2015 will be four and three tenths percent (43%).
- The estimated cost of applying the SFY 2015 trend factor is \$83.1 million.
- Global Per Diem adjustments to Nursing Facility and HIV Nursing Facility Reimbursement Rates, Nursing facilities and HIV nursing facilities with either an interim rate or a prospective rate in effect on July 1, 2014, shall be granted an increase to their per diem rate effective for dates of services beginning July 1, 2014, of one dollar and twenty-five cents (\$1.25) to allow for a trend adjustment to

Legal Notices 9000

Public Notice

Pursuant to the provisions of Title 42, Section 428, Code of Federal Regulations, public notice is hereby given to the submission of MO HealthNet proposed demonstration extension request of the Women's Health Services Waiver, effective January 1, 2015 through December 31, 2017.

The Women's Health Services Waiver provides funding for health care services to MO HealthNet participants covered by an approved Centers for Medicare and Medicaid (CMS) 1115 waiver.

Uninsured women losing their MO HealthNet eligibility 60 days after the birth of their child are eligible for women's health services for one year (12 months).

Legislation passed in 2007 and an approved amendment to the CAS 1115 waiver resulted in the expansion of services on January 1, 2009 to uninsured women who are 18 to 55 years of age, have a net family income at or below 185% of the federal poverty level with assets totaling less than \$250,000 and have no access to health insurance covering family planning services. These women are not limited to one year of coverage and remain eligible for the program as long as they continue to meet eligibility requirements and require family planning services. Women's health services are defined as:

- Department of Health and Human Services approved methods of contraception,
- Sexually transmitted disease testing and treatment, including pap tests and pelvic exams,
- Family planning counseling/education

LETTING NO. 8553

TRAFFIC MANAGEMENT ENHANCEMENTS PHASE II FEDERAL PROJECT NO. CMAQ-9900(666)

Sealed proposals will be received by the Board of Public Service in Room 205, City Hall, 100 Market Street, St. Louis, Missouri 63102, until 10:00 A.M. on July 29, 2014, then publicly opened and read. Drawings and Specifications may be examined on the Board of Public Service website <http://www.sll-bps.org/planroom.aspx> (BPS On Line Plan Room) and may be purchased directly through the BPS website from INDOX Services at cost plus shipping. No refunds will be made. The prime contractor must have a fully responsive contractor questionnaire on file with the Missouri Highway and Transportation Commission at least 7 days prior to bid opening date in order for MODOT to concur with the award of the project. Bidders shall comply with all applicable City, State and Federal laws (including DBE policies).

All bidders must regard Federal Executive Order 12261 - "Notice of Requirement for Affirmative Action for Equal Employment Opportunity," the Executive Order 12812 - "Standard Federal Equal Employment

We offer one of the best compensation plans in the industry, which includes a comprehensive benefits package:

- Medical
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...services described above when they are prescribed by a physician or advanced practice nurse (subject to the national drug rebate program requirements).

The estimated cost of the global per diem adjustments to nursing facility and HIV nursing facility reimbursement rates for SFY 2015 is \$10.4 million.

• Public/Private Long-Term Care Services and Supports Partnership Supplemental Payment to Nursing Facilities. An annual Partnership Supplemental Payment shall be made of the end of each state fiscal year to qualifying nursing facilities. Public nursing facilities that have executed an agreement with the department are eligible for a Partnership Supplemental Payment and shall be referred to as qualifying nursing facilities. In addition, to qualify for the Partnership Supplemental Payment, each nursing facility must be enrolled in the Medicaid program at the time the Partnership Supplemental Payment is calculated and made. The annual Partnership Supplemental Payment will be made to qualifying nursing facilities based on each facility's unreimbursed costs determined from the facility's audited prior year Medicaid cost report, subject to the Medicare Upper Payment Limit.

The estimated cost of the Partnership Supplemental Payment for SFY 2014 is \$4.8 million.

2. A copy of the proposed reimbursement adjustment is available for public review by 9 a.m. to 4 p.m. Family Support Division Office or by contacting the Department of Social Services, MO HealthNet Division at www.dss.mo.gov/mhd. Written comments must be delivered by regular mail, express or overnight mail, in person, or by courier within thirty days after publication of this notice and must be sent or delivered to the following address:

Department of Social Services, MO HealthNet Division
Jefferson City, MO 6502-6500
Attention: MO HealthNet Director

• No public hearing will be held.

Pet listings in Classified - they're the cat's meow

314-621-6666
stltoday.com/classifieds

During state fiscal year 2013 there were 11,260 participants enrolled in the waiver of a total cost of \$7,567,164.

There are no changes to the Women's Health Services Waiver in the renewal application to CMS. Please see complete application on the MO HealthNet website under Alerts and Notifications at <http://dss.mo.gov/mhd/>

Public Hearings

There will be two public hearings in which the public is invited to comment on the demonstration renewal. The public hearings are scheduled:

- July 25, 2014 9:00 a.m. - 11:00 a.m. State Information Interpretive Center 600 West Main Street Jefferson City, MO Public may call 855-693-9351 for teleconference
- July 31, 2014 12:00 - 4:00 p.m. Department of Mental Health 1705 East Elm Street Jefferson City, MO This meeting is part of the regularly scheduled Quarterly Community Meeting in Jefferson City, MO

The State will take verbal and written comments of the public and the community input provided will be summarized for CMS. Written comments may also be mailed to:

MO HealthNet Division
P.O. Box 6500
Jefferson City, MO 6502-6500
Attn: MO HealthNet Director

Conversation Dating Services 9165

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Hoopnet 197 cult. slide by Side Edge w/comforter, white w/wood handles. \$150 (636) 272-3562	Pool Rover T Junior Electric Automatic Pool Cleaner \$100 Call (636) 219-9285	314-911-6666 www.postclassifieds.com

To place your ad, call at 314-621-6666 or 800-365-0820, ext. 6666.

Vans 4450

'11 Chevy 2500 Express Cargo Van Extended White, 21K Miles, One Owner, \$21,775

Don Brown Chevrolet 636-217-0253

'03 Ford E350 Cargo Van, #83192A, \$11,990, 858-971-5457

Suntrup Ford Westport suntrupford.com

'05 Ford Econoline Cargo Van, 8 cyl., 175K mi., #11565AA, \$8,990, 888-843-6064

Suntrup Ford Kirkwood

'05 Ford E Series Cargo E250, RWD, 8 cyl., auto, white, 175K, #113555AA, \$8,990, 888-843-6064

Suntrup Ford Kirkwood

RV Motor Homes 4445

'03 Coachman Santana motor-home, 32 ft diesel pusher, cummins motor, 60K mi, Spartan Chassis. A/C on automatic trans. 6.7 quart motor oil, hooded w/doors, non-smoking, stored indoors. Will send pics upon request. \$15,600. (317) 254-2200

ATV/Dune Buggies Trailers 4520

'11 Club Car Precedent Golf Cart, auto, \$3990, #12465

Rafferty Auto 866-387-2134

Help Wanted 4725

DRIVERS WANTED NOW! NO CDL REQUIRED! Must be 21+ Poss Drug/Buf Valid DL, clean MVR
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Misc. Merchandise For Sale 6175

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Dogs 5005

puppies!

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Dogs 5005

21/2 yr Blenheim KING CHARLES CAVALIER STUDD SERVICE AKC/OFA Negotiable (636) 455-1956

American Bulldog (KC Pups \$70) 8 wks, 3 babies.
Call 314-332-3968

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Eng Bulldogs AKC, Am. brindle fawn, RHH Guar, Del Avail \$1000-1200 (417) 838-2712

Dogs 5005

GOLDEN RETRIEVER PUPS AKC, OFA, shots, warmed, health guar. See parents: 618.831.2137 www.stevekennels.com

Great Dane Pups - AKC Reg w/ papers, 9 wks, Shots, Wormed, Blue w/White Markings \$500. Call (636) 224-5063

LAB PUPS, AKC, OFA black, yellow, see parents, select bred-coming, black, shots, warmed, health guar. 618.831.2137 www.stevekennels.com

White You Can Best Seller
Call 636-219-9285

POST CLASSIFIEDS

Dogs 5005

Lab pups, black, yellow & chocolate, AKC, OFA, blocky, Golden Retriever Pups, AKC, OFA, blocky, Labrador's & Golden doodles standard & minis. Shots, warmed, guar. bred for looks, disposition, hunting ability. Ready now & thru summer 618.398.2274

Mini Dachshund puppies, 2m3L AKC/HH Guar. Del Avail \$300-599 (417) 830-0230

Dogs 5005

Mini Dachshunds Pups, 7 wks old, AKC Reg parents on premises, vet checked, Ready 672, Donna (636) 272-9566

Old English Sheep Dog - Puppies, AKC reg, shots, warmed, ready for new home, 7 weeks old (636) 208-9291

Puppies Yorkies, Poodles, Dachshund (Mini S/W) Call (618) 556-2435

Yorkshire Terrier Puppies, pure bred SMU, Adorable! 1st vet shots Home raised \$500 & up Call (636) 281-1929

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'10 TRANSIT CONNECT XLT Cargo Van white, 53xxx miles, \$17,995
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'11 Transit Connect Cargo Van, #83192A, \$15,990, 888-971-5457

Suntrup Ford Westport suntrupford.com

Motorcycles 4535

'05 Ducati 999R, less than 100 miles on odometer, brand new bike. Limited production bike #16722, \$15,599, Suntrup West County BMW (609) 946-7024

'05 Harley #83379A, \$8,990, 888-971-5457

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Education/Instruction 4675

AIRLINE CAREERS - Get FAA approved. Aviation Maintenance Training. Financial aid if qualified. Job Placement Assistance. Call AWA 866-315-9434 www.FixJets.com

Refriges/Washed 6290

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22 Wilshamsburg Estates, Lot 7 and Sun Bam, Large ranch home off Clayton Rd w/vineyard, deer, clothing, cooking, records. Packed home, formal, fully dressed occasion! Appliances, photo, even rollings, doors, lighting, landscaping etc as desired on scheduled keywords

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Garage Sales - MISSOURI 6325

63021 - 1407 Westgrove Terrace Dr. Sat. 6/28, 7am-6pm. Huge Moving Sale, Donating! Appliances, Housewifery, Men's & Toys

314-621-6666
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Garage Sales - MISSOURI 6325

63043-PINEHURST SUB-DIVISION GARAGE SALE, Saturday 7am-11:00am. Dorsett between Fee Fee & Lindbergh. Sponsored by MARTINE SAKOCHIA, Caldwell Banker Gun-daker

63122-11933 Birmingham Dr. Sat. 6/28, 7am-12 Noon. Priced to sell. All books \$5 cents. Lawn-mower, glass coffee table, more

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Garage Sales - MISSOURI 6325

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White You Can Best Seller
Call 636-219-9285

Garage Sales - MISSOURI 6325

63359-2621 Breezy Point Ln. Sat. 6/28, 7a-9:00am. Items, video games, men's/women clothing, photography equip, etc.

314-621-6666
stltoday.com/classifieds

NEWS LEADER • NewsLeader.com

CLASSIFIED 836-1150 OR TOLL FREE 800-695-1908

Saturday, June 28, 2014 71

Public Notices 255

PUBLIC NOTICE
Pursuant to the provisions of Title 42, Section 431-408, Code of Federal Regulations, public notice is hereby given to the submission of MO HealthNet proposed demonstration extension request of the Women's Health Services Waiver, effective January 1, 2015 through December 31, 2017.
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Announcements 265

WANTED: Photos and Feet hand stores about the Dixie Presley Show on May 17, 1956. Please send emails to info@ozarkaboutshow.com Phone or text: 417-633-5937

Cats 694

Free to good homes, east Springfield area. 8 weeks old, Calico, Black & White, Tabby, Gray & Blue. 417-207-2933

Farm Equipment 674

D17 Allis Chalmers
64 bush/hp \$3200
417-768-2358

General Auction 760

DOWN'S AUCTIONEERS
CAR ZERO TURN MOWER-TOOLS ANTIQUE & HOUSE-HOLD AUCTION
SAT. JUNE 28, 10 AM
4970 N. Castle Oak Dr. STRAUFORD, MO
Estate of Larry Weber, Lena Weber owner. Visit our website & click on auction #28 for details
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downsauctioneers.com

Income Property 818

Marshfield, 24 unit - 2 BR complex, 100% leased, 9% return \$1,200,000
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Open Homes 842

MUST SEE FSDO Home
\$129,900, 3 BR+2 Bath, attached 3 car garage/2 sheds, Kickapoo Schools, one story traditional home 4069 S Parkcrest Ave, SPRINGFIELD, MO 417-766-2116

Homes For Sale 854

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\$224,900
4 BR, split plan, 3 car gar, over 2100 sq ft, very open plan, gorgeous kitchen with HUGE bar. Large full Kickapoo school. MLS #11402425
DONNA NEVILL
838-8025 or 623-2360

Plexes

Southeast 1 BR, gar, trpc, 21 appls \$510/mo.
417-855-3924

Public Notices 255

PUBLIC HEARINGS
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MO Health Net Division
P.O. Box 6500
Jefferson City, MO 65102-6500
Attn: MO HealthNet Director

Building Material 551

Vermillion
Now open Saturday 8:00 am - 12 pm
Factory direct hardwood flooring
Tons of Granite Slabs to Choose From
Showroom Hours: Mon-Fri, 7:30am to 5pm
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Building Material 551

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Hay 680

1500 4x5 & 4x6 mixed grass & Bromo, 1st & 2nd cutting. By the bale or by the ton. Delivery available. Small square Prairie \$4.50
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Real Estate Wanted 806

Looking for property outside of Springfield. Prefer something with acreage for horses. Would be owner financing. I have a mortgage now. Have between \$20,000 & \$25,000 to put down. Want a house with at least 2 BR. No more than \$100,000.
1-573-734-0302

Real Estate Wanted 806

Looking for property outside of Springfield. Prefer something with acreage for horses. Would be owner financing. I have a mortgage now. Have between \$20,000 & \$25,000 to put down. Want a house with at least 2 BR. No more than \$100,000.
1-573-734-0302

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1-573-734-0302

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Sporting Goods 588

OLHAUSEN 4 1/2X9 commercial grade pool table. Accurate, 3/8" pc slate. Includes Champion series ball & rack. Very nice table for the money. \$1200. 417-818-3039

Dogs 606

AUSTRALIAN SHEPHERD PUPPIES
AKC registered, great with kids, farm raised, curled shins, microchipped, born of working parents
Females & Males
Males & Females Available
\$550-\$800
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Topsoil 684

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Seymour, MO
Offering 3 Grades
Specializing in high quality amended soil + Grass Grade + Garden Quality
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Local Delivery Free
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Businesses For Sale 612

For Sale: Ozark Restaurant Service & Duct Cleaning
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Commercial & Industrial 814

Glenstone & Chestnut
Exley 41,900 sq ft office warehouse space for lease. \$2.75/sq ft/yr gross. 12' eave, dock
NEIL STENGER
879-7211 or 661-5947

Commercial & Industrial 814

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Exley 41,900 sq ft office warehouse space for lease. \$2.75/sq ft/yr gross. 12' eave, dock
NEIL STENGER
879-7211 or 661-5947

Wanted to Buy 596

CASH PAID FOR CARS & TRUCKS
OR NOT!
I will pay you CASH on the spot for cars and trucks in any condition. Running or not! Junkers and wrecks too! \$200-\$2500. Call 417-664-4930

BULL MASTIFF

Female puppy Beautiful Light Fawn AKC registered \$700
417-621-6931 or 417-493-6663 for info and photos

Orchards 694

MURPHY ORCHARD
Hwy. 60, Marshfield
417-258-2353
Mon-Sat 9am-6pm
Peaches, Berries, and Lots More!

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Hwy. 60, Marshfield
417-258-2353
Mon-Sat 9am-6pm
Peaches, Berries, and Lots More!

Wanted: Diabetic Test Strips

Wanted: Diabetic Test Strips most brands. Will pay Cash. 15¢ Pk Up. No Cheq. 417-663-1607

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The Classified reSource
POLLEN POWER
Although no single factor can predict whether the allergy season will be good or bad, mild winters followed by relatively dry spring weather can help promote higher levels of springtime pollen, according to Sean McCarthy, director of the Apriaire Center for Indoor Air Comfort.
Trees develop winter buds during the previous fall, and pollen forms on them, he

DOBERMAN PUPPIES
Reds & Blacks, AKC, bred for good temperament & excellent disposition. Breeder of 43 years. Sold with ears one. 417-390-1428 or 742-4596

MURPHY ORCHARD
Hwy. 60, Marshfield
417-258-2353
Mon-Sat 9am-6pm
Peaches, Berries, and Lots More!

Commercial Land 816
Ozark, 4 acres, Hwy 65 & Hwy 14 zoned commercial, will divide. \$261,300 per acre. all utilities at site.
NEIL STENGER
879-7211 or 661-5947

54 ACRES JAMES RIVER
About 1/4 mile from River runs through this tract. Easy access to water, bottom fields for hay, B&W with overhanging some trees on steep parts, several building sites and one on top that overlooks the river valley. Marshfield schools \$199,900 M/LS #1310293

3-5 ACRES ROGERSVILLE
Several tracts available some open, part wooded, without basement compatible, natural gas available and possible shared well on some. 1/2 mile off of US Hwy 60. Some covenants \$29,900-\$45,000
GEORGE LOEWEN
837-4557 or 623-9571

Homes For Sale 854
PONME DE TERRE LAKE All electric, 3 BR, 2 BA, all appliances included, dock, sunroom, new carpeting, \$85,000 to owner 417-282-1230, vncloff@hvs.com 417-282-1230

Office Space
PLAZA TOWERS 400 - 3400 sq. ft. will divide
Plaza Towers Center, 1,000 - 2,000 sq. ft. will divide
417-883-7424

Independence

Saturday, June 28, 2014

CLASSIFIED



**GIVE US
 A CALL!!**

**Our friendly
 Classified
 Advisors are
 waiting to
 hear from you!**

350-6301

WORD SCRIMAGE™
 BY JUDD HAMBRICK © 2014 US Patent & Trademark Office

1st Level + 6 PTS
 (U, S, R, B, C, Y, B)

2nd Level + 32 PTS
 (H, O, L, T, R, D, A)

3rd Level + 32 PTS
 (T, T, L, U, U, W, C)

4th Level + 7 PTS
 (H, T, M, G, L, W, H)

FOUR PLAY TOTAL

TIME LIMIT: 20 MIN AVERAGE GAME 115-125 PTS
 On each turn, make a 2- to 7-letter word from the letters on each yard. Add 50 points to each word or letter using scoring directions. Seven-letter words get a 60-point bonus. All words can be found in Webster's New World College Dictionary.
 © 2014 JUDD'S SOLUTION TOMORROW

WORD SCRIMAGE™ SOLUTION BY JUDD HAMBRICK
 © 2014 US Patent & Trademark Office

1st DOWN = 52
 (F, O, L, L, O, W)

2nd DOWN = 91
 (A, V, O, C, A, D, O)

3rd DOWN = 77
 (P, U, R, L, S, T)

4th DOWN = 70
 (E, H, L, S, L, E)

AVERAGE GAME 185-195 PTS JUDD'S TOTAL = 290
 © 2014

It Pays to Read the Classifieds!

SUDOKU

				9		3	4	
	2	1						
		4	5	7				
	9		2					1
	8	3						
5		2	9			3		
			7					6
7				2				3
6				4	9	7		

Fun By The Numbers
 Like puzzles? Then you'll love sudoku. This mind-bending puzzle will have you hooked from the moment you square off, so sharpen your pencil and put your sudoku savvy to the test!

Here's How it Works:

Sudoku puzzles are formatted as a 9x9 grid, broken down into nine 3x3 boxes. To solve a sudoku, the numbers 1 through 9 must fill each row, column and box. Each number can appear only once in each row, column and box. You can figure out the order in which the numbers will appear by using the numeric clues already provided in the boxes. The more numbers you name, the easier it gets to solve the puzzle!

5	7	4	9	7	3	8	1	2
3	4	6	2	5	8	1	8	7
6	2	4	8	7	9	3	1	5
8	4	8	1	3	4	7	6	2
2	2	3	4	5	6	7	7	1
1	4	9	6	2	8	3	7	5
9	8	3	4	5	7	2	1	6
7	8	2	1	3	4	6	5	8
4	6	5	7	8	1	9	2	3

ANSWER:

PUBLIC NOTICE

Public Notice

Pursuant to the provisions of Title 42, Section 431.408, Code of Federal Regulations, public notice is hereby given to the submission of MO HealthNet proposed demonstration extension request of the Women's Health Services Waiver, effective January 1, 2015 through December 31, 2017.

The Women's Health Services Waiver provides funding for health care services to MO HealthNet participants covered by an approved Centers for Medicare and Medicaid (CMS) 1115 waiver.

Uninsured women losing their MO HealthNet eligibility 60 days after the birth of their child are eligible for women's health services for one year (12 months). Legislation passed in 2007 and an approved amendment to the CMS 1115 waiver resulted in the expansion of services on January 1, 2009 to uninsured women who are 18 to 55 years of age, have a net family income at or below 185% of the federal poverty level with assets totaling less than \$250,000 and have no access to health insurance covering family planning services. These women are not limited to one year of coverage and remain eligible for the program as long as they continue to meet eligibility requirements and require family planning services. Women's health services are defined as:

Public Notice of Reimbursement Methodology for MO HealthNet Inpatient Hospital Services Reimbursement Plan; Outpatient Hospital Services Reimbursement Methodology and Global Per Diem Adjustments to Nursing Facility and HIV Nursing Facility Reimbursement Rates and Public/Private Long-Term Care Services and Supports Partnership Supplemental Payment to Nursing Facilities

Pursuant to Section 1902 (a)(13)(A) of the Social Security Act and 42 Code of Federal Regulations (CFR) 447.205, which mandate that proposed changes in statewide methods and standards for setting Medicaid payment rates be published and made available for review and comment, this is to advise that:

- The Missouri Department of Social Services, MO HealthNet Division (MHD) provides notice of the following:
 - The State Fiscal Year (SFY) 2015 trend factor to be applied in determining federal reimbursement allowance funded hospital payments for SFY 2015, will be four and three tenths percent (4.3%).

The estimated cost of applying the SFY 2015 trend factor is \$ million.

PUBLIC NOTICE

Public Notice

Pursuant to the provisions of Title 42, Section 431.408, Code of Federal Regulations, public notice is hereby given to the submission of MO HealthNet proposed demonstration extension request of the Women's Health Services Waiver, effective January 1, 2015 through December 31, 2017.

The Women's Health Services Waiver provides funding for health care services to MO HealthNet participants covered by an approved Centers for Medicare and Medicaid (CMS) 1115 waiver.

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- Department of Health and Human Services approved methods of contraception;
- Sexually transmitted disease testing and treatment, including pap tests and pelvic exams;
- Family planning counseling/education on various methods of birth control; and
- Drugs, supplies or devices related to the women's health services described above when they are prescribed by a physician or advanced practice nurse (subject to the national drug rebate program requirements).

During state fiscal year 2013 there were 114,610 participants enrolled in this waiver at a total cost of \$7,567,164.

There are no changes to the Women's Health Services Waiver in the renewal application to CMS. Please see complete application on the MO HealthNet website under Alerts and Notifications at <http://dss.mo.gov/mhd/>.

Public Hearings

There will be two public hearings in which the public is invited to comment on the demonstration renewal. The public hearings are scheduled:

July 25, 2014
9:00 a.m. - 11:00 a.m.
State Information Center - Interpretive Center
600 West Main Street
Jefferson City, MO
Public may call 866-630-9351 for teleconference

July 31, 2014
12:00 - 4:00 p.m.
Department of Mental Health
1706 East Elm Street
Jefferson City, MO
This meeting is part of the regularly scheduled Oversight Committee Meeting in Jefferson City, MO.

The State will take verbal and written comments at the public hearings. The community input provided will be summarized for CMS.

Written comments may also be mailed to:
MO Health Net Division
P.O. Box 6500
Jefferson City, MO 65102-6500
Attn: MO HealthNet Director

June 28, 2014

Public Notice of Reimbursement Methodology for MO HealthNet Inpatient Hospital Services Reimbursement Plan; Outpatient Hospital Services Reimbursement Methodology and Global Per Diem Adjustments to Nursing Facility and HIV Nursing Facility Reimbursement Rates and Public/Private Long-Term Care Services and Supports Partnership Supplemental Payment to Nursing Facilities

Pursuant to Section 1902 (a)(13)(A) of the Social Security Act and 42 Code of Federal Regulations (CFR) 447.205, which mandate that proposed changes in statewide methods and standards for setting Medicaid payment rates be published and made available for review and comment, this is to advise that:

1. The Missouri Department of Social Services, MO HealthNet Division (MHD) provides notice of the following:

a. The State Fiscal Year (SFY) 2015 trend factor to be applied in determining federal reimbursement allowance funded hospital payments for SFY 2015 will be four and three tenths percent (4.3%).

The estimated cost of applying the SFY 2015 trend factor is \$* million.

b. Global Per Diem adjustments to Nursing Facility and HIV Nursing Facility Reimbursement Rates. Nursing facilities and HIV nursing facilities with either an interim rate or a prospective rate in effect on July 1, 2014, shall be granted an increase to their per diem rate effective for dates of services beginning July 1, 2014, of one dollar and twenty-five cents (\$1.25) to allow for a trend adjustment to ensure quality nursing facility services. The trend adjustment shall be added to the facility's current rate as of June 30, 2014, and is effective for dates of service beginning July 1, 2014. This increase is contingent upon approval by the Centers for Medicare and Medicaid Services.

The estimated cost of the global per diem adjustments to nursing facility and HIV nursing facility reimbursement rates for SFY 2015 is \$10.4 million.

c. Public/Private Long-Term Care Services and Supports Partnership Supplemental Payment to Nursing Facilities. An annual Partnership Supplemental Payment shall be made at the end of each state fiscal year to qualifying nursing facilities. Public nursing facilities that have executed an agreement with the department are eligible for a Partnership Supplemental Payment and shall be referred to as qualifying nursing facilities. In addition, to qualify for the Partnership Supplemental Payment, each nursing facility must be enrolled in the Medicaid program at the time the Partnership Supplemental Payments are calculated and made. The annual Partnership Supplemental Payment will be made to qualifying nursing facilities based on each facility's unreimbursed costs determined from the facility's second prior year Medicaid cost report, subject to the Medicare Upper Payment Limit.

The estimated cost of the Partnership Supplemental Payment for SFY 2014 is \$4.8 million.

2. A copy of the proposed reimbursement adjustment is available for public review by going to any Family Support Division Office or by contracting the Department of Social Services, MO HealthNet Division at www.dss.mo.gov/mhd/.

3. Written comments must be delivered by regular mail, express or overnight mail, in person, or by courier within thirty days after publication of this notice and must be sent or delivered to the following address:

Department of Social Services, MO HealthNet Division
P.O. Box 6500
Jefferson City, MO 65102-6500
Attention: MO HealthNet Director

4. No public hearing will be held.

June 28, 2014

NOTICE TO BIDDERS

Sealed Bids or proposals for furnishing supplies, equipment or services will be received until 2:00 p.m., via www.publicpurchase.com. A public bid opening will be held at the location specified on the bid Cover Page. For other opportunities, go to www.independence-mo.org/purchasing.

59258 Substation J Foundation and Oil Containment System Construction

Mandatory Pre-Bid Meeting 7/2/14 @ 10:00 AM

REQUEST FOR QUALIFICATIONS (RFQ), For On-Call Engineering Services, City of Lake Lotawana, Missouri

The City of Lake Lotawana, Missouri, seeks proposals from qualified firms or individuals to provide on-call engineering and other professional services related Utility Infrastructure, Stormwater and Wastewater Management, and General Planning Services.

Qualifications will be received until 10:00 a.m. local time on July 25, 2014, at the City of Lake Lotawana, 100 Lake Lotawana Dr., Lake Lotawana, Missouri 64036. Late proposals will not be considered. There will be

NOTICE OF CHANGE OF NAME

Public notice is hereby given that on the 25th day of June 2014 by an order of the Circuit Court of Jackson County, Missouri, Case No. 1416-FC04760 the name of Laurie Michelle Schulze was changed to Laurie Michelle Martin.

Laurie Michelle Martin
formerly
Laurie Michelle Schulze

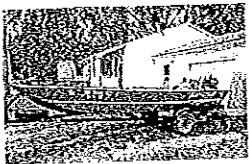
June 28, 2014; July 5, 12, 2014

Start your morning
the right way...
<http://examiner.net>



4

MOTORS ETC.



Lowe Flat bottom Jon Boat, 16.5' x 5', 25 HP elec start Mercury motor, 20 hrs, selling for health reasons. \$4200. 660-248-2731

Queen BR Suite - 4 pc \$2500 or best offer. 825-3942

Oak colored Kitchen table w/ 1 leaf & 6 chairs. \$450. 660-341-4907

Oak Dining Room Hutch & Oak Hall tree. \$475 neg. 573-999-7384

Oak DR Table, 36-72", 2 leaves, 6 chairs. \$500 good cond. 219-2724

TIRED OF A CLUTTERED HOME?
Sell your extra stuff & make extra money.
TRIBUNE CLASSIFIEDS

toddler items, toys, highchair, Porta-crib, Co-sleeper, and more. Hshh items, Adult Clothes, & Furn.

2- Prathersville Rd 1700 & 1710. Sat 8-4. All sz kids clothes from infant-14, boys & girls, stroller, carseat, home schooling supplies, fishing equip, TV & lots misc

2- Riviera Dr. 1903, Fri/Sat 7-12. HUGE MULTI FAMILY & PRESCHOOL SALE, Don't want to miss. fun, toys, electronics, boy & girl, & adult, housewares, etc, something for everyone, too much to mention

ma Pottery, Wall Art, Home Decor, Hoises, Snow Babies, CD's, DVD's, Game Cube, German Baby Bugger, Toys, 4 Cases of Jewelry, Ty collector Plates, Sports Collectibles, PEZ, Vintage China & More.

Tribune Classified Hours: Mon-Fri 7:30 a.m.-5:30 p.m.

1993 Encyclopedia Britannica set, like new/looks great \$50 446-4713

2 guess leather jackets small and large \$75. 573-489-1331

2- 4" wide, drainage pipes 1- 60' & 1- 40' \$20. 573-819-3288

20" BMX bike, Harley Davidson 6 speed. \$75. 573-823-6397

Hoover Spin Vac Carpet Shampooer \$75. 660-341-4907

Ladies tops, an assortment, med-ig exc cond. \$20 for all. 819-1429

Large desk, 30 x 50. \$25. 573-219-0292

Loveseat 56" floral, ex cond. \$50. 573-228-9864

Public Notice of Reimbursement Methodology for MO HealthNet Inpatient Hospital Services Reimbursement Plan; Outpatient Hospital Services Reimbursement Methodology and Global Per Diem Adjustments to Nursing Facility and HIV Nursing Facility Reimbursement Rates and Public/Private Long-Term Care Services and Supports Partnership Supplemental Payment to Nursing Facilities

Pursuant to Section 1902 (a)(13)(A) of the Social Security Act and 42 Code of Federal Regulations (CFR) 447.205, which mandate that proposed changes in state-wide methods and standards for setting Medicaid payment rates be published and made available for review and comment, this is to advise that:

1. The Missouri Department of Social Services, MO HealthNet Division (MHD) provides notice of the following:

a. The State Fiscal Year (SFY) 2015 trend factor to be applied in determining federal reimbursement allowance funded hospital payments for SFY 2015 will be four and three tenths percent (4.3%).

The estimated cost of applying the SFY 2015 trend factor is \$83.1 million.

b. Global Per Diem adjustments to Nursing Facility and HIV Nursing Facility Reimbursement Rates. Nursing facilities and HIV nursing facilities with either an interim rate or a prospective rate in effect on July 1, 2014, shall be granted an increase to their per diem rate effective for dates of services beginning July 1, 2014, of one dollar and twenty-five cents (\$1.25) to allow for a trend adjustment to ensure quality nursing facility services. The trend adjustment shall be added to the facility's current rate as of June 30, 2014, and is effective for dates of service beginning July 1, 2014. This increase is contingent upon approval by the Centers for Medicare and Medicaid Services.

The estimated cost of the global per diem adjustments to nursing facility and HIV nursing facility reimbursement rates for SFY 2015 is \$10.4 million.

c. Public/Private Long-Term Care Services and Supports Partnership Supplemental Payment to Nursing Facilities. An annual Partnership Supplemental Payment shall be made at the end of each state fiscal year to qualifying nursing facilities. Public nursing facilities that have executed an agreement with the department are eligible for a Partnership Supplemental Payment and shall be referred to as qualifying nursing facilities. In addition, to qualify for the Partnership Supplemental Payment, each nursing facility must be enrolled in the Medicaid program at the time the Partnership Supplemental Payments are calculated and made. The annual Partnership Supplemental Payment will be made to qualifying nursing facilities based on each facility's unreimbursed costs determined from the facility's second prior year Medicaid cost report, subject to the Medicare Upper Payment Limit.

The estimated cost of the Partnership Supplemental Payment for SFY 2014 is \$4.8 million.

2. A copy of the proposed reimbursement adjustment is available for public review by going to any Family Support Division Office or by contracting the Department of Social Services, MO HealthNet Division at www.dss.mo.gov/mhd.

3. Written comments must be delivered by regular mail, express or overnight mail, in person, or by courier within thirty days after publication of this notice and must be sent or delivered to the following address:

Department of Social Services, MO HealthNet Division
P.O. Box 6500
Jefferson City, MO 65102-6500
Attention: MO HealthNet Director

4. No public hearing will be held.

Public Notice
Pursuant to the provisions of Title 42, Section 431.408, Code of Federal Regulations, public notice is hereby given to the submission of MO HealthNet proposed demonstration extension request of the Women's Health Services Waiver, effective January 1, 2015 through December 31, 2017.

The Women's Health Services Waiver provides funding for health care services to MO HealthNet participants covered by an approved Centers for Medicare and Medicaid (CMS) 1115 waiver.

Uninsured women losing their MO HealthNet eligibility 60 days after the birth of their child are eligible for women's health services for one year (12 months). Legislation passed in 2007 and an approved amendment to the CMS 1115 waiver resulted in the expansion of services on January 1, 2009 to uninsured women who are 18 to 55 years of age, have a net family income at or below 185% of the federal poverty level with assets totaling less than \$250,000 and have no access to health insurance covering family planning services. These women are not limited to one year of coverage and remain eligible for the program as long as they continue to meet eligibility requirements and require family planning services. Women's health services are defined as:

- Department of Health and Human Services approved methods of contraception;
- Sexually transmitted disease testing and treatment, including pap tests and pelvic exams;
- Family planning counseling/education on various methods of birth control; and
- Drugs, supplies or devices related to the women's health services described above when they are prescribed by a physician or advanced practice nurse (subject to the national drug rebate program requirements).

During state fiscal year 2013 there were 114,610 participants enrolled in this waiver at a total cost of \$7,567,164.

There are no changes to the Women's Health Services Waiver in the renewal application to CMS. Please see complete application on the MO HealthNet website under Alerts and Notifications at <http://dss.mo.gov/mhd/>.

Public Hearings

There will be two public hearings in which the public is invited to comment on the demonstration renewal. The public hearings are scheduled:

July 25, 2014
9:00 a.m. - 11:00 a.m.
State Information Center - Interpretive Center
600 West Main Street
Jefferson City, MO
Public may call 866-630-9351 for teleconference

July 31, 2014
12:00 - 4:00 p.m.
Department of Mental Health
1706 East Elm Street
Jefferson City, MO
This meeting is part of the regularly scheduled Oversight Committee Meeting in Jefferson City, MO.

The State will take verbal and written comments at the public hearings. The community input provided will be summarized for CMS.

Written comments may also be mailed to:
MO Health Net Division
P.O. Box 6500
Jefferson City, MO 65102-6500
Attn: MO HealthNet Director

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DAILY DATA

More Daily Data | B7

T-BONES REPORT

T-BONES 4, RAILCATS 2

GAME RECAP: The T-Bones jumped out to an early 3-1 lead in the second inning and held on. ON THE MOUND: Daniel Barone got his fifth win of the season and retired 11 straight hitters. UP NEXT: The T-Bones continue the three-game series against Gary at 7:05 tonight.

MLS

Table with columns: Eastern, W, L, T, Pts, GF, GA. Lists MLS Eastern Conference standings.

NWSL

Table with columns: Team, W, L, T, Pts, GF, GA. Lists NWSL standings.

x-late game not included. Friday's results: Sporting KC at Portland, 1st. Toronto FC 2, New York 2. Today's games: Seattle FC at D.C. United, 6:30 p.m. Philadelphia at New England, 6:30 p.m. FC Dallas at Columbus, 7 p.m. Vancouver at Colorado, 8 p.m. Real Salt Lake at Chivas USA, 9:30 p.m. Los Angeles at San Jose, 9:30 p.m.

WORLD CUP SOCCER

Table with columns: Second round, TODAY'S GAMES, MONDAY'S GAMES, TUESDAY'S GAMES. Lists World Cup soccer matches.

AMERICAN ASSOCIATION

Table with columns: Central, W, L, Pct., GB. Lists American Association Central Division standings.

Table with columns: Friday's box score, T-BONES 4, RAILCATS 2. Lists game statistics.

Friday's results: Kansas City 4, Gary 2. Wichita 2, Lincoln 4. Winnipeg 4, Fargo 1. Amarillo 5, Sioux City 1. Sioux Falls 4, St. Paul 3. Laredo 4, Grand Prairie 2. Today's games: Gary at Kansas City, 7:05 p.m. Fargo at Wichita, 6 p.m. St. Paul at Sioux Falls, 6:05 p.m. Wichita at Lincoln, 7:05 p.m. Sioux City at Amarillo, 7:05 p.m. Grand Prairie at Laredo, 7:30 p.m. Thursday's late results: St. Paul 4, Fargo-Moorhead 3. Grand Prairie 4, Wichita 3.

WNBA

Table with columns: Eastern Conference, W, L, Pct., GB. Lists WNBA Eastern Conference standings.

Table with columns: Western Conference, W, L, Pct., GB. Lists WNBA Western Conference standings.

Friday's results: Phoenix at Indiana 75. Washington 69, Connecticut 63. Chicago 73, New York 69. Minnesota at Seattle, late. Today's game: Los Angeles at Tulsa, 5 p.m.

SPRINT CUP QUAKER STATE 400 LINEUP

Table with columns: Start (No.) Driver, Car, Speed. Lists Sprint Cup Quaker State 400 race lineup.

AUTO RACING

Table with columns: Nationwide John R. Elliott, HERO Campaign 300. Lists Nationwide race results.

CFL

Table with columns: East, W, L, T, Pts, PF, PA. Lists CFL Eastern Division standings.

HOLES IN ONE

- List of golf holes-in-one: AT SHAWNEE GOLF AND CC: Lois Webb, 14, 123 yards, driver. AT BROOKHURST GOLF AND FITNESS: Bob Eselman, 15, 720 yards, driver. AT TWIN PINES CC: Terry O'Brien, 10, 2, 150 yards, 6-ir club. AT LAKEWOOD OASIS GC: Barry Eselman, 15, 173 yards, 7-iron. AT OVERLAND PARK GC: Adam Parrman, 10, 124 yards, wedge. AT STATION CHERRY GC: Chris Rankin, 101 yards, 7-iron.

IN PRINT. ONLINE. ANYTIME. Your Star Classifieds.

Classified

www.kansascity.com/classifieds or 816.234.4000 or 1.800.366.9688. PLACING AN AD IS EASY ANYTIME ONLINE BY PHONE M-TH 8:00 AM - 5:00 PM, FRI 7:15 AM - 4 PM EXCLUDING HOLIDAYS

Public Notice 104. www.kansascity.com click-on-cars.com. Public Notice 104. Pursuant to the provisions of Title 42, Section 431.015, Code of Federal Regulations...

Public Notice 104. We are seeking bids for Contract Work on the 12-story High School Addition & Renovations Building Package. Work is expected to be awarded by the end of July 2014. A Prebid Meeting is scheduled at 1:00 PM on 6/27/14 at 8 Victory Lane Liberty, 420-4258 (3rd Floor Board Room). Bids are currently due at 1:00 PM, 7/10/14.

400 Employment & Education. Help Wanted 403. Help Wanted 403.

ESTATE & GARAGE SALES. BEST DEAL! Garage Sale - Johnson County 809. Estate Sale 811. Estate Sale 811. Estate Sale 811.

PUBLIC NOTICE

Pursuant to the provisions of Title 42, Section 441.028, Code of Federal Regulations, public notice is hereby given to the submission of MO HealthNet renewal demonstration extension request by the Women's Health Services Waiver, effective January 1, 2015 through December 31, 2017.

The Women's Health Services Waiver provides funding for health care services to MO HealthNet participants covered by an approved Centers for Medicare and Medicaid (CMS) 1115 waiver.

Uninsured women living their MO HealthNet eligibility 60 days after the birth of their child are eligible for women's health services for one year (12 months).

There will be two public hearings in which the public is invited to comment on the demonstration renewal. The public hearings are scheduled as follows:

July 25, 2014 5:00 p.m. at Missouri State Information Center - Interpretive Center 600 West Main Street Jefferson City, MO 65102-9351 for teleconference

July 31, 2014 12:00 - 4:00 p.m. Department of Mental Health 1700 East Main Street Jefferson City, MO This meeting is part of the regularly scheduled Oversight Committee Meeting in Jefferson City, MO.

The State will take all comments at the public hearings. The committee will provide a summary of the public comments to CMS.

Written comments may also be mailed to: MO HealthNet Division Jefferson City, MO 65102-6500 Attn: MO HealthNet Director

100 Announcements & Personals

ATTENTION You can find the following classifications on the Centuries page: Cards of Thanks 13 Castles/Aliens 18 Cemetery Lots & Memorials 17 Funeral Notices 10 In Memoriam 15

Companion Connection 103 Competition Connection 103 Dog Missing 123 Found 131 Personals 140

PLEASE CHECK YOUR AD We ask that you check your ad on the first day, and if you find an error, report it promptly by calling our classified department at 816-234-4000.

Public Notice 104 Public Notice 104 Public Notice 104

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS Case No. 13JC02565 Division 10

NOTICE OF HEARING 10, Ana Perez, mother, Juan Jesus Duran, father, et al. Johnson County, Kansas. All unknown grandparents of the above-named child, et al.

You are hereby notified that a Petition has been filed in the above-named Court by Ana A. Perez, Assistant District Attorney, alleging that said child is a Child in Need of Care as defined by K.S.A. 20-2202.

400 Employment & Education

Help Wanted 403 Help Wanted 403

Help Wanted 403

Help Wanted 403

Help Wanted 403

Help Wanted 403

Help Wanted 403

Help Wanted 403

800 Mean Deals for Sale

Garage Sale - Johnson County - 809

Garage Sale - Jackson County - 805

Garage Sale - Jackson County - 805

Garage Sale - Jackson County - 805

Garage Sale - Jackson County - 805

Garage Sale - Jackson County - 805

Garage Sale - Jackson County - 805

REAL ESTATE & LIQUIDATION

Garage Sale - Johnson County - 809

Garage Sale - Jackson County - 805

Garage Sale - Jackson County - 805

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Thank you for printing our content at The Missouri Department of Social Services. Please check back soon for new and updated information.

(<http://dss.mo.gov/>)

MO HealthNet Division

Welcome to the MO HealthNet Division website. The MO HealthNet Division (formerly Division of Medical Services) is one of six agencies reporting to the Department of Social Services (DSS). The MO HealthNet Division is responsible for the administration of services provided in accordance with Title XIX, Public Law 89-97, 1965 amendments to the federal Social Security Act, 42 U.S.C. Section 301

Our Mission

The purpose of the MO HealthNet Division is to purchase and monitor health care services for low income and vulnerable citizens of the State of Missouri. The agency assures quality health care through development of service delivery systems, standards setting and enforcement, and education of providers and participants. We are fiscally accountable for maximum and appropriate utilization of resources.

Our Vision

Missouri's low income and vulnerable citizens will have access to excellent health care in order to maximize their quality of life and independence. We are committed to purchasing services that are cost effective and appropriate. We value and respect our partners in health care delivery.

Alerts & Notifications

- **Request for Information:**

Deadline extended to August 13

Business Intelligence Solutions (<http://dss.mo.gov/business-processes/request-for-information/>)

MO HealthNet Division, DSS

- **Update: MO HealthNet Managed Care Health Plan Enrollment**
(<http://dss.mo.gov/mhd/mc/pages/update-managed-care-enrollment-20140627.htm>)
- **1115 Women's Health Waiver Renewal**
(<http://dss.mo.gov/mhd/providers/pages/1115-health-waiver-renewal-women.htm>)
- **Gateway to Better Health**
Section 1115 Demonstration: Public Hearing
(<http://dss.mo.gov/mhd/general/pdf/missouri-gateway-to-better-health-post-award-notice.pdf>)
- **Gateway to Better Health Demonstration; Demonstration Extension Application**
(<http://dss.mo.gov/mhd/general/pdf/missouri-gateway-better-health-demonstration-extension-application.pdf>)
- **Balancing Incentive Program: Approved Application and Structural Change Work Plan** (<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Balancing/Balancing-Incentive-Program.html>)
- **Balancing Incentive Program: Quarterly Report, Oct. 1, 2012—Dec. 31, 2012**
(<http://dss.mo.gov/mhd/general/pdf/bip-quarterly-report.pdf>)
- **Medicaid Primary Care Physicians' Certification and Attestation for Primary Care Rate Increase form updated** (<http://dss.mo.gov/mhd/providers/pages/mmac-form-update.htm>)
- **Community Psychiatric Rehabilitation Program Services to MO HealthNet Eligible Deaf Persons** (<http://dss.mo.gov/mhd/providers/pages/clinical-standards-of-care.htm>)
- **Notice to Plaintiff Class Members of the Proposed Settlement of the Comas v. Schaefer Lawsuit, Concerning the Delivery of Mental Health Services to Deaf Persons.** (<http://dss.mo.gov/mhd/general/pages/notice-comas-v-schaefer-lawsuit.htm>)
- **Important information for members of a federally-recognized American Indian or Native Alaskan tribe** (<http://dss.mo.gov/mhd/participants/pages/native.htm>)
- **Important Scam Alert Notice from Centers for Medicare and Medicaid Services (CMS)** (http://dss.mo.gov/mhd/participants/pdf/cms_alert.pdf)
- **Want to quit smoking?**
(<http://dss.mo.gov/mhd/participants/pages/quitsmoke.htm>)
- **Text4baby Flyer** (<http://dss.mo.gov/mhd/providers/pdf/text4baby2.pdf>)

- **Text4baby Fact Sheet** (<http://dss.mo.gov/mhd/providers/pdf/text4baby.pdf>)

Archives... (<http://dss.mo.gov/mhd/archive/>)

Thank you for printing our content at The Missouri Department of Social Services. Please check back soon for new and updated information.

(<http://dss.mo.gov/>)

1115 Women's Health Waiver Renewal

Public Notice

Pursuant to the provisions of Title 42, Section 431.408, Code of Federal Regulations, public notice is hereby given to the submission of MO HealthNet proposed demonstration extension request of the Women's Health Services Waiver, effective January 1, 2015 through December 31, 2017.

The Women's Health Services Waiver provides funding for health care services to MO HealthNet participants covered by an approved Centers for Medicare and Medicaid (CMS) 1115 waiver.

Uninsured women losing their MO HealthNet eligibility 60 days after the birth of their child are eligible for women's health services for one year (12 months). Legislation passed in 2007 and an approved amendment to the CMS 1115 waiver resulted in the expansion of services on January 1, 2009 to uninsured women who are 18 to 55 years of age, have a net family income at or below 185% of the federal poverty level with assets totaling less than \$250,000 and have no access to health insurance covering family planning services. These women are not limited to one year of coverage and remain eligible for the program as long as they continue to meet eligibility requirements and require family planning services. Women's health services are defined as:

- Department of Health and Human Services approved methods of contraception;
- Sexually transmitted disease testing and treatment, including pap tests and pelvic exams;
- Family planning counseling/education on various methods of birth control; and
- Drugs, supplies or devices related to the women's health services described above when they are prescribed by a physician or advanced practice nurse (subject to the national drug rebate program requirements).

During state fiscal year 2013 there were 114,610 participants enrolled in this waiver at a total cost of \$7,567,164.

There are no changes to the Women's Health Services Waiver in the renewal application to CMS. Please see complete application on this page.

Public Hearings

There will be two public hearings in which the public is invited to comment on the demonstration renewal. The public hearings are scheduled:

July 25, 2014

9:00 a.m. – 11:00 a.m.

State Information Center – Interpretive Center

600 West Main Street

Jefferson City, MO

Public may call 866-630-9351 for teleconference

July 31, 2014

12:00 – 4:00 p.m.

Department of Mental Health

1706 East Elm Street

Jefferson City, MO

This meeting is part of the regularly scheduled Oversight Committee Meeting in Jefferson City, MO.

The State will take verbal and written comments at the public hearings. The community input provided will be summarized for CMS.

Written comments may also be mailed to:

MO Health Net Division

PO Box 6500

Jefferson City, MO 65102-6500

Attn: MO HealthNet Director

Documentation

Public Meetings

Renewal Application (<http://dss.mo.gov/mhd/providers/files/1115-demonstration-renewal-application.pdf>)

Attachments

1. **Covered Procedure Codes** (<http://dss.mo.gov/mhd/providers/files/covered-procedure-codes-1115-demonstration-renewal-application.pdf>)

2. **Evaluation** (<http://dss.mo.gov/mhd/providers/files/2013-evaluation-1115-demonstration-renewal-application.pdf>)
3. **Quarterly Report Template**
(<http://dss.mo.gov/mhd/providers/files/quarterly-report-template-1115-demonstration-renewal-application.pdf>)
4. **Annual Report Template** (<http://dss.mo.gov/mhd/providers/files/annual-report-template-1115-demonstration-renewal-application.pdf>)
5. **Demonstration Financing Form**
(<http://dss.mo.gov/mhd/providers/files/demonstration-financing-form-1115-demonstration-renewal-application.pdf>)
6. **Budget neutrality Form** (<http://dss.mo.gov/mhd/providers/files/budget-neutrality-form-demonstration-renewal-application.pdf>)
7. **Budget Neutrality Worksheet**
(<http://dss.mo.gov/mhd/providers/files/budget-neutrality-worksheet-1115-demonstration-renewal-application.xlsx>)
8. **Public Notice** (<http://dss.mo.gov/mhd/providers/files/public-notice-1115-health-waiver.pdf>)

06/26/14