

 *Missouri Department of*  
**SOCIAL SERVICES**  
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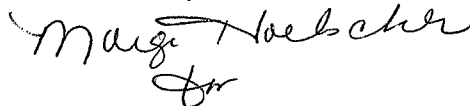
Jennifer L.O. Sheer, MPH  
Centers for Medicare and Medicaid Services  
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Division of State Demonstrations and Waivers  
7500 Security Blvd., Mailstop S2-01-16  
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Dear Ms. Sheer:

Enclosed is the April 1, 2012 through June 30, 2012 quarterly report for Missouri's 1115 family planning demonstration entitled "Women's Health Services Program," project number 11-W-00236/7.

If you have any questions, please contact Kristen Edwards of my staff at 573/751-9290.

Sincerely,



Ian McCaslin, M.D., M.P.H.  
Director

IM:tm

Enclosure

cc: James G. Scott

**Missouri  
Women's Health Services Program  
Section 1115 Quarterly Report  
Demonstration Year 5, Quarter 3  
April 1, 2012 – June 30, 2012  
Submitted August 2012**

**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.

**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 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) 5	Begin Date	End Date	Quarterly Report Due Date (60 days following end of quarter)
Quarter 1	October 1, 2011	December 31, 2011	February 29, 2012
Quarter 2	January 1, 2012	March 31, 2012	May 31, 2012
Quarter 3	April 1, 2012	June 30, 2012	August 31, 2012
Quarter 4	July 1, 2012	September 30, 2012	November 30, 2012

Significant Program Changes: There were no administrative or operational changes during this quarter.

Policy issues and challenges: There were no policy issues or challenges during this quarter.

**Enrollment**

DY 4: FFY 2011	Quarter 4 July 1, 2011 to September 30, 2011		
	Population 1	Population 2	Total Population
Number of Newly Enrolled	5,620	12,868	18,488
Number of Total Enrollees	23,038	51,776	73,007
Number of Participants	2,958	5,824	8,782
Number of Member Months	58,266	138,179	196,445

DY 5: FFY 2012	Quarter 1 October 1, 2011 to December 31, 2011			Quarter 2 January 1, 2012 to March 31, 2012		
	Population 1	Population 2	Total Population	Population 1	Population 2	Total Population
Number of Newly Enrolled	5,761	12,054	17,815	5,827	10,118	15,933
Number of Total Enrollees	22,864	52,708	73,833	23,836	54,950	77,096
Number of Participants	2,440	5,845	8,252	1,837	3,997	5,822
Number of Member Months	57,980	141,690	199,670	60,126	148,211	208,337

DY 5: FFY 2012	Quarter 3 April 1, 2012 to June 30, 2012		
	Population 1	Population 2	Total Population
Number of Newly Enrolled	5,781	10,151	15,919
Number of Total Enrollees	23,679	55,808	77,784
Number of Participants	1,941	4,105	6,023
Number of Member Months	59,654	148,805	208,451

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.

The State will continue with oversight of the program to ensure participants are un-enrolled when they reach the age limit, if they obtain other insurance, or when 90 days have elapsed after a sterilization procedure.

### **Services and Providers**

#### Service Utilization

There were no changes to the benefit package during this quarter. Service utilization figures increased from 5,822 participants in the prior quarter to 6,023 participants in this quarter. These are enrollees who actually accessed women's health services during the quarter.

The top five services provided during this quarter were:

1. 99213; Office/Outpatient Visit, Established
2. 81025; Urine Pregnancy Test
3. 99211; Office/Outpatient Visit, Established
4. 87491; Chylmd Trach DNA Amp Probe
5. 87591; N. Gonorrhoeae DNA amp Probe

#### Provider Participation

For the previous quarter, January 1, 2012 through March 31, 2012 the unduplicated count of providers was 648. For this quarter, April 1, 2012 through June 30, 2012 the unduplicated count of providers was 651. This very slight increase is consistent with the slight increase in the number of participants that accessed services this quarter.

**Program Outreach Awareness and Notification**

General Outreach and Awareness

Providers may subscribe to be placed on a list for electronic notifications to be kept informed of current events concerning MO HealthNet programs. The MO HealthNet Division (MHD) periodically sends out “hot tips” to the providers subscribed to the list.

**Program Evaluation, Transition Plan and Monitoring**

Missouri will work with Mercer (formerly Alicia Smith & Associates) on the next waiver evaluation.

No discussions regarding the transition plan took place during this quarter.

There were no requests for a state fair hearing from participants in the Women’s Health Services Program.

**Quarterly Expenditures**

	<b>Demonstration Year 4 FFY 2011 July 1, 2011 – September 30, 2011</b>			
	<b>Service Expenditures as Reported on the CMS-64</b>	<b>Administrative Expenditures as Reported on the CMS-64</b>	<b>Total Expenditures as Reported on the CMS-64</b>	<b>Expenditures as requested on the CMS- 37</b>
<b>Quarter 4 Expenditures</b>	\$ 2,667,299	\$ 0	\$ 2,667,299	\$ 0 – The Special Terms and Conditions for the 1115 Family Planning Demonstration were accepted on July 20, 2011. Quarter Ending 09/30/2011 Form CMS-37 estimates were submitted in May 2011; prior to the above acceptance date. As a result, the estimated 1115 Family Planning expenditures were not reported separately for QE 09/30/2011. Upon CMS revision to Form CMS-37, estimates will be reported separately for Demonstration expenditures.

	<b>Demonstration Year 5 FFY 2012 October 1, 2011 – September 30, 2012</b>			
	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
<b>Quarter 1 Expenditures</b>	\$2,271,218	\$ 0	\$2,271,218	\$0 – In December of 2011 MHD received guidance on reporting the 1115 Family Planning estimates on form CMS-37. It was identified that the 1115 Family Planning estimates will be included with the total 1115 estimates reported on form CMS-37 and noted in the narrative. Due to the timing of this guidance (QE 12/31/2011 estimates were due in August 2011) the estimated 1115 Family Planning expenditures were not identified separately in the narrative for QE 12/31/2011. It is anticipated that the expenditures will be separately identified in the narrative for QE 06/30/2012 estimates.
<b>Quarter 2 Expenditures</b>	\$1,798,478	\$29,412	\$1,827,890	\$0 – In December of 2011 MHD received guidance on reporting the 1115 Family Planning estimates on form CMS-37. It was identified that the 1115 Family Planning estimates will be included with the total 1115 estimates reported on form CMS-37 and noted in the narrative. Due to the timing of this guidance (QE 12/31/2011 estimates were due in August 2011) the estimated 1115 Family Planning expenditures were not identified separately in the narrative for QE 03/31/12. It is anticipated that the expenditures will be separately identified in the narrative for QE 06/30/2012 estimates.
<b>Quarter 3 Expenditures</b>	\$1,842,470	\$5,600	\$1,848,070	\$2,844,144

**Activities for Next Quarter**

ICD-10 implications as they may affect this waiver will continue to be reviewed.