

**Missouri**  
**Women's Health Services Program**  
**Section 1115 Quarterly Report**  
**Demonstration Year 6, Quarter 3**  
**April 1, 2013 – June 30, 2013**  
**Submitted August 2013**

**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.

**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) 6	Begin Date	End Date	Quarterly Report Due Date (60 days following end of quarter)
Quarter 1	October 1, 2012	December 31, 2012	February 28, 2013
Quarter 2	January 1, 2013	March 31, 2013	May 31, 2013
Quarter 3	April 1, 2013	June 30, 2013	August 31, 2013
Quarter 4	July 1, 2013	September 30, 2013	November 30, 2013

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 31, 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			Quarter 4 July 1, 2012 to September 30, 2012		
	Population 1	Population 2	Total Population	Population 1	Population 2	Total Population
Number of Newly Enrolled	5,781	10,151	15,919	5,625	10,435	16,051
Number of Total Enrollees	23,679	55,808	77,784	23,573	55,633	77,524
Number of Participants	1,941	4,105	6,023	2,018	4,222	6,220
Number of Member Months	59,654	148,805	208,451	59,209	146,885	206,088

DY 6: FFY 2013	Quarter 1 October 1, 2012 to December 31, 2012			Quarter 2 January 1, 2013 to March 31, 2013		
	Population 1	Population 2	Total Population	Population 1	Population 2	Total Population
Number of Newly Enrolled	6,103	10,877	16,961	5,721	10,895	16,607
Number of Total Enrollees	23,907	55,479	77,585	23,732	56,263	78,337
Number of Participants	6,905	13,559	20,191	7,015	13,937	20,676
Number of Member Months	59,874	147,057	206,920	60,245	150,567	210,807

DY 6: FFY 2013	Quarter 3 April 1, 2013 to June 30, 2013		
	Population 1	Population 2	Total Population
Number of Newly Enrolled	5,643	11,149	16,765
Number of Total Enrollees	23,368	57,675	79,369
Number of Participants	6,101	12,096	17,991
Number of Member Months	58,371	153,857	212,219

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 decreased slightly from 20,676 participants in the prior quarter to 17,991 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. 81025; Urine Pregnancy Test
2. 99213; Office/Outpatient Visit, Established
3. 99212; Office/Outpatient Visit, Established
4. 99211; Office/Outpatient Visit, Established
5. 87591; N. Gonorrhoeae DNA Amp Prob

#### Provider Participation

For the previous quarter, January 1, 2013 through March 31, 2013 the unduplicated count of providers was 1,284. For this quarter, April 1, 2013 through June 30, 2013, the unduplicated count of providers was 1,299.

### **Program Outreach Awareness and Notification**

Providers may subscribe to the MO HealthNet Electronic Newsletter to keep informed about current events concerning the MO HealthNet program MHD periodically sends out "hot tips" and direct links to Provider Bulletins through the electronic newsletters as a general outreach and awareness effort.

### **Program Evaluation, Transition Plan and Monitoring**

MHD continues to work towards meeting with the CMS State Operations Assistance (SOTA) team to discuss development of the 1115 waiver transition plan, which due to the CMS extension referred to in the introduction of this report, will now be planned for December of 2014 .

Missouri will work with Mercer on the next waiver evaluation.

There was one Women's Health Services waiver participant that requested a state fair hearing during this quarter due to receiving a bill for charges that were denied payment through the Waiver. Investigation showed that the claim denial was due to provider error in billing. The provider has agreed to re-submit the claim; therefore no hearing will be necessary.

**Quarterly Expenditures**

	<b>Demonstration Year 4</b>			
	<b>FFY 2011</b>			
	<b>July 1, 2011 – September 30, 2011</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 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</b>			
	<b>FFY 2012</b>			
	<b>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.
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<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.
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<b>Quarter 3 Expenditures</b>	\$1,842,470	\$5,600	\$1,848,070	\$2,844,144
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<b>Quarter 4 Expenditures</b>	\$1,919,386	\$0	\$1,919,386	\$2,589,323
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	<b>Demonstration Year 6 FFY 2013 October 1, 2012 – September 30, 2013</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>	\$1,918,301	\$2,013	\$1,920,314	\$2,382,003

<b>Quarter 2 Expenditures</b>	\$1,305,047	\$50,963	\$1,356,010	\$1,699,223
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<b>Quarter 3 Expenditures</b>	\$2,191,841	\$0.00	\$2,191,841	\$1,803,597
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**Activities for Next Quarter**

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

MHD will continue to develop the 1115 waiver transition plan, to explore and determine the impact of upcoming federal changes on the waiver.