

**Missouri  
Women's Health Services Program  
Section 1115 Quarterly Report  
Quarter Ending September 30, 2015  
Submitted November, 2015**

**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 approved a three-year renewal of the program through September 30, 2013. The MO HealthNet Division (MHD) 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. In August of 2014, MO HealthNet submitted an application to CMS for a three year extension of the 1115 demonstration project, which was approved, and is effective January 1, 2015 through December 31, 2017.

**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. Effective January 1, 2014 Missouri Statutes were revised to require eligibility determinations through the Modified Adjusted Gross Income (MAGI) methodology. Income assets are no longer regarded in the determination and the Federal Poverty Level (FPL) was changed from 185% to 201%.

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) 8 | Begin Date      | End Date           | Quarterly Report Due Date (60 days following end of quarter) |
|---------------------------|-----------------|--------------------|--|
| Quarter 1                 | January 1, 2015 | March 31, 2015     | May 31, 2015   |
| Quarter 2                 | April 1, 2015   | June 30, 2015      | August 31, 2015  |
| Quarter 3                 | July 1, 2015    | September 30, 2015 | November 30, 2015  |
| Quarter 4                 | October 1, 2015 | December 31, 2015  | February 28, 2016  |

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

Policy issues and challenges: Missouri has started the process to add Presumptive Eligibility to this waiver and estimates it will be implemented in the near future.

**Enrollment**

| DY 8: FFY 2015            | Quarter 1<br>January 1, 2015 to March 31, 2015 |              |                  | Quarter 2<br>April 1, 2015 to June 30, 2015 |              |                  |
|---------------------------|--|--------------|------------------|---|--------------|------------------|
|                           | Population 1                                   | Population 2 | Total Population | Population 1                                | Population 2 | Total Population |
| Number of Newly Enrolled  | 2,617  | 6,502        | 9,116            | 5,166                                       | 9,091        | 14,249           |
| Number of Total Enrollees | 32,904   | 48,633       | 78,896           | 33,513                                      | 47,934       | 77,440           |
| Number of Participants    | 6,319  | 8,009        | 14,202           | 5,514                                       | 7,412        | 12,800           |
| Number of Member Months   | 91,959   | 135,139      | 222,085          | 89,974                                      | 134,835      | 217,724          |

| DY 8: FFY 2015            | Quarter 3<br>July 1, 2015 to September 30, 2015 |              |                  |  |  |  |
|---------------------------|---|--------------|------------------|--|--|--|
|                           | Population 1                                    | Population 2 | Total Population |  |  |  |
| Number of Newly Enrolled  | 5,745   | 5,536        | 11,270           |  |  |  |
| Number of Total Enrollees | 32,071  | 47,753       | 76,772           |  |  |  |
| Number of Participants    | 5,709   | 7,930        | 13,473           |  |  |  |
| Number of Member Months   | 78,911  | 134,377      | 208,814          |  |  |  |

Population 1: Women losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum and who have a family income at or below 196 percent of the Federal Poverty Level (FPL) when determined eligible for Medicaid for Pregnant Women.

Population 2: Women who have family income at or below 201 percent of the FPL.

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.

### **Participants, Services and Providers**

#### Participants

There were no changes to the benefit package during this quarter. Participant utilization figures increased from 12,800 participants in the prior quarter to 13,473 participants in this quarter. These are enrollees who actually accessed women's health services during the quarter.

#### Services

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. 99212; Office/Outpatient Visit, Established
5. 99395; Previous Visit, Established

#### Provider Participation

For the previous quarter, April 1, 2015 through June 30, 2015 the unduplicated count of providers was 1,695. For this quarter, July 1, 2015 through September 30, 2015, the unduplicated count of providers has increased to 1,746.

### **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.

A Provider Bulletin (Volume 38, Number 10) dated August 21, 2015, was initiated to remind providers of the requirement to use ICD-10 diagnosis codes when billing for dates of service October 1, 2015 and after. Also provided in this bulletin was a listing of the ICD-10 codes for all diagnoses covered through the Women's Health Services Program.

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

There were no state fair hearing requests for the Women's Health Services waiver for Quarter Ending September 30, 2015.

**Quarterly Expenditures**

|                               | <b>Demonstration Year 8<br/>FFY 2015<br/>January 1, 2015 – December 31, 2015</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> | \$ 1,550,610   | \$ 14,275   | \$ 1,564,885                                 | \$ 2,346,159                             |
| <b>Quarter 2 Expenditures</b> | \$1,359,987  | \$25,212.50   | \$1,385,199.50                               | \$1,979,078                              |
| <b>Quarter 3 Expenditures</b> | \$1,453,664  | \$1,950.00  | \$1,455,614.00                               | \$2,863,044                              |

**Activities for Next Quarter**

ICD-10 implementation has been completed in the Missouri MMIS and is ready for the October 1, 2015 launch date.

In response to the April 16, 2014 letter from CMS regarding clarification of family planning-related services, MHD continues to work on system and policy changes which when implemented will allow coverage of STI treatment regardless of the initial purpose of the visit.

MHD continues the process of implementing Presumptive Eligibility, and estimates it will be implemented in the near future.