

**Missouri
Women's Health Services Program
Section 1115 Quarterly Report
Quarter Ending December 31, 2014
Submitted March, 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 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. 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) 7	Begin Date	End Date	Quarterly Report Due Date (60 days following end of quarter)
Quarter 1	October 1, 2013	December 31, 2013	February 28, 2014
Quarter 2	January 1, 2014	March 31, 2014	May 31, 2014
Quarter 3	April 1, 2014	June 30, 2014	August 31, 2014
Quarter 4	July 1, 2014	September 30, 2014	November 30, 2014
Final Quarter	October 1, 2014	December 31, 2014	February 28, 2015

The Demonstration Renewal will be based on different program timeframes, with the first quarter aligned with the calendar year. Demonstration Year (DY) 8 will begin on January 1, 2015. The current quarter being reported will stand alone and be referred to as "Quarter Ending December 31, 2014."

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			Quarter 4 July 1, 2013 to September 30, 2013		
	Population 1	Population 2	Total Population	Population 1	Population 2	Total Population
Number of Newly Enrolled	5,643	11,149	16,765	5,550	11,414	16,951
Number of Total Enrollees	23,368	57,675	79,369	22,910	57,649	78,625
Number of Participants	6,101	12,096	17,991	6,133	12,228	18,162
Number of Member Months	58,371	153,857	212,219	59,121	156,689	214,703

DY 7: FFY 2014	Quarter 1 October 1, 2013 to December 31, 2013			Quarter 2 January 1, 2014 to March 31, 2014		
	Population 1	Population 2	Total Population	Population 1	Population 2	Total Population
Number of Newly Enrolled	5,987	10,860	16,832	5,810	3,911	9,686
Number of Total Enrollees	22,875	56,852	77,822	22,990	50,527	73,305
Number of Participants	5,826	11,061	16,698	5,556	10,027	15,523
Number of Member Months	57,178	151,049	208,213	67,735	145,415	206,936

DY 7: FFY 2014	Quarter 3 April 1, 2014 to June 30, 2014			Quarter 4 July 1, 2014 to September 30, 2014		
	Population 1	Population 2	Total Population	Population 1	Population 2	Total Population
Number of Newly Enrolled	5,805	3,321	9,085	4,155	2,619	6,737
Number of Total Enrollees	27,593	46,423	73,705	30,847	43,520	73,863
Number of Participants	6,570	9,265	15,792	6,900	7,980	14,846
Number of Member Months	76,464	135,036	210,869	87,589	125,673	212,328

DY 7: FFY 2015	Quarter Ending December 31, 2014		
	Population 1	Population 2	Total Population
Number of Newly Enrolled	2,532	5,249	7,744
Number of Total Enrollees	32,296	48,384	79,051
Number of Participants	6,651	7,170	13,788
Number of Member Months	92,996	139,416	228,717

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 decreased from 14,846 participants in the prior quarter to 13,788 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. 81025; Urine Pregnancy Test
2. 99213; Office/Outpatient Visit, Established
3. 99211; Office/Outpatient Visit, Established
4. 99212; Office/Outpatient Visit, Established
5. 99395; Previous Visit, Established

Provider Participation

For the previous quarter, July 1, 2014 through September 30, 2014 the unduplicated count of providers was 1,684. For this quarter, October 1, 2014 through December 31, 2014, the unduplicated count of providers has increased slightly to 1,699.

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

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.

There were no state fair hearing requests for the Women's Health Services waiver for Quarter Ending December 31, 2014.

Quarterly Expenditures

	Demonstration Year 4 FFY 2011 July 1, 2011 – September 30, 2011			
	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 4 Expenditures	\$ 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.

	Demonstration Year 5 FFY 2012 October 1, 2011 – September 30, 2012			
	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 1 Expenditures	\$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.

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

Quarter 2 Expenditures	\$1,305,047	\$50,963	\$1,356,010	\$1,699,223
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Quarter 3 Expenditures	\$2,191,841	\$0.00	\$2,191,841	\$1,803,597
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Quarter 4 Expenditures	\$2,098,999	\$0.00	\$2,098,999	\$2,356,099
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	Demonstration Year 7 FFY 2014 October 1, 2013 – September 30, 2014			
	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 1 Expenditures	\$1,863,465	\$16,950 *	\$1,863,465	\$1,959,912
Quarter 2 Expenditures	\$1,519,010	\$10,775	\$1,529,785	\$1,943,923
Quarter 3 Expenditures	\$1,904,843	\$0	\$1,904,843	\$2,051,657
Quarter 4 Expenditures	\$1,818,883	\$0	\$1,818,883	\$2,112,038
Quarter Ending December 31, 2014 Expenditures	\$1,646,876	\$5,400	\$1,652,276	\$2,320,486

*** Correction to Quarter 1 due to a prior period adjustment.**

Activities for Next Quarter

ICD-10 implementation has been completed in the Missouri MMIS in preparation for the revised October 1, 2015 effective date.

MHD will be preparing and creating new reporting templates to be used effective with the first quarter of the Renewal Demonstration. This report will be the last Quarterly report for this demonstration period. DY8 will begin with the first quarter being January 1, 2015 through March 31, 2015.

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