

**Missouri
Women's Health Services Program
Section 1115 Quarterly Report
Quarter Ending December 31, 2017
Submitted February, 2017**

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) 9	Begin Date	End Date	Quarterly Report Due Date (60 days following end of quarter)
Quarter 1	January 1, 2016	March 31, 2016	May 31, 2016
Quarter 2	April 1, 2016	June 30, 2016	August 31, 2016
Quarter 3	July 1, 2016	September 30, 2016	November 30, 2016
Quarter 4	October 1, 2016	December 31, 2016	February 28, 2017

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

Enrollment

DY 8: FFY 2015	Quarter 1 January 1, 2015 to March 31, 2015			Quarter 2 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 July 1, 2015 to September 30, 2015			Quarter 4 October 1, 2015 to December 31, 2015		
	Population 1	Population 2	Total Population	Population 1	Population 2	Total Population
Number of Newly Enrolled	5,745	5,536	11,270	6,220	3,318	9,525
Number of Total Enrollees	32,071	47,753	76,772	25,631	41,877	67,232
Number of Participants	5,709	7,930	13,473	5,571	7,500	13,014
Number of Member Months	78,911	134,377	208,814	73,671	127,028	198,866

DY 9: FFY 2016	Quarter 1 January 1, 2016 to March 31, 2016			Quarter 2 April 1, 2016 to June 30, 2016		
	Population 1	Population 2	Total Population	Population 1	Population 2	Total Population
Number of Newly Enrolled	7,973	3,678	11,622	8,793	2,994	11,706
Number of Total Enrollees	31,506	44,494	74,713	34,751	45,445	78,648
Number of Participants	6,369	7,390	13,706	7,495	7,526	14,964
Number of Member Months	81,820	128,563	208,323	91,105	131,092	220,876

DY 9: FFY 2016	Quarter 3 July 1, 2016 to Sept 30, 2016			Quarter 4 Oct 1, 2016 to Dec 31, 2016		
	Population 1	Population 2	Total Population	Population 1	Population 2	Total Population
Number of Newly Enrolled	7,354	3,492	10,734	6,941	3,147	10,019
Number of Total Enrollees	32,275	44,411	75,557	32,138	43,972	74,944
Number of Participants	7,078	7,101	14,087	6,904	7,033	13,844
Number of Member Months	83,286	125,170	207,787	83,690	126,755	209,791

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 slightly from 14,087 participants in the prior quarter to 13,844 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, Low to Moderate, Level 3
2. 81025; Urine Pregnancy Test
3. 87491; Chlamydia trachomatis, amplified probe technique
4. 87591; Neisseria Gonorrhoeae amplified probe technique
5. 99211; Office/Outpatient Visit, Established, Minimal, Level 1

Provider Participation

For the previous quarter, July 1, 2016 through September 30, 2016 the unduplicated count of providers was 1,794. For this quarter, October 1, 2016 through December 31, 2016, the unduplicated count of providers has decreased to 1,672.

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 39, Number 31) dated December 19, 2016 was initiated to inform providers that the listing of covered procedure codes was updated to include codes that were inadvertently left off previous listings. The bulletin also included a reminder to laboratory and radiology providers that only claims billed with covered diagnosis and covered procedure codes may be reimbursed through this program.

The annual public review of the MO HealthNet Women’s Health Services Waiver, for year January 1, 2016 through December 31, 2016 was held on December 20, 2016. There were two attendees representing one organization at the hearing and three callers representing three different organizations that attended via telephone conference line, and there was one written submission received on behalf of an organization. All parties expressed support for the program along with suggestions for enhancing the program to expand eligibility requirements and coverage.

Program Evaluation, Transition Plan and Monitoring

There was one state fair hearing request for the Women’s Health Services waiver for Quarter ending December 31, 2016. The hearing was held and the original decision was upheld.

Quarterly Expenditures

	Demonstration Year 9 FFY 2015 January 1, 2016 – December 31, 2016			
	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	\$1,337,455	\$1,675	\$1,339,130	\$1,730,599
Quarter 2 Expenditures	\$1,198,269	\$14,065	\$1,212,334	\$1,679,745
Quarter 3 Expenditures	1,608,661	10,126	1,618,787	2,823,985
Quarter 4 Expenditures	1,216,892	21,138	1,238,030	2,700,968

Activities for Next Quarter

Missouri will again be working with Mercer to compile the Annual Evaluation of the demonstration.

Missouri is currently developing system changes needed to implement changing the Women’s Health Services Program – 1115 Waiver, to a state funded program titled, “Missouri Women’s State-Funded Health Services Program.” Also, as required by 2016 House Bill 2011, system changes are being developed to not cover or pay for services provided by an organization that provides abortion services.