

**Missouri**  
**Extended Women's Health Services Program**  
**Section 1115 Quarterly Report**  
**Quarter Ending XX XX XXXX**  
**Submitted XX XX XXXX**

**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 was effective January 1, 2015 through December 31, 2017.

At the conclusion of the three year extension Missouri provided notice to CMS of the suspension of Federal Expenditure Authority for Section 1115 family planning demonstration, entitled "Missouri Woman's Health Services Program," (project number 11-W-00236/7, and announced the program known as "Missouri Woman's State-Funded Health Services Program." Women who were eligible for the federally-funded program continued to be eligible for the state-funded program, without change. The available services also remained the same. However, the provider qualifications were changed. The Missouri Women's State-Funded Health Services Program does not cover or pay for services provided by an organization that also provides abortion services. All women enrolled in the federally-funded Section 1115 family planning demonstration were automatically enrolled in the Missouri Woman's State-Funded Health Services Program. Also, funding for the Missouri Woman's Health Services Program was transferred from the Department of Social Services to the Department of Health and Senior Services.

**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 are 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 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**

Chart outlining Demonstration Year dates and reporting due date

Demonstration Year (DY) X	Begin Date	End Date	Quarterly Report Due Date (60 days following end of quarter)
Quarter 1			

**Significant Program Changes**

Narrative to include any issues related to program changes that occurred during the year, i.e., additions or deletions of procedure or diagnosis codes covered under the demonstration.

**Enrollment**

Chart outlining various enrollment numbers.

DY X: FFY XXXX	Quarter 1 XX XX XXXX to XX XX XXXX			Quarter 2 XX XX XXXX to XX XX XXXX		
	Population 1	Population 2	Total Population	Population 1	Population 2	Total Population
Number of Newly Enrolled						
Number of Total Enrollees						
Number of Participants						
Number of Member Months						

DY X: FFY XXXX	Quarter 3 XX XX XXXX to XX XX XXXX			Quarter 4 XX XX XXXX to XX XX XXXX		
	Population 1	Population 2	Total Population	Population 1	Population 2	Total Population
Number of Newly Enrolled						
Number of Total Enrollees						
Number of Participants						
Number of Member Months						

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:**

Narrative to include numbers representing participation and a comparison to previous quarter.

**Services:**

Narrative to include numbers for the top five services provided during this quarter.

**Provider Participation**

Narrative to include numbers representing provider and participant with a comparison to previous quarter.

**Program Outreach Awareness and Notification**

Narrative regarding efforts made during the quarter to keep providers informed on general program information or changes in policy or coverages, to include any “hot tips,” electronic newsletters or provider bulletins.

**Transition Plan and Monitoring**

Narrative to include information regarding, renewal, and/or transition plan status updates.  
 Narrative summarizing any state fair hearings that were requested by program participants.

**Quarterly Expenditures**

	<b>Demonstration Year X</b>			
	<b>CY XXXX</b>			
	<b>XX XX XXXX to XX XX XXXX</b>			
	Service Expenditures as Reported	Administrative Expenditures as Reported	Total Expenditures as Reported	Expenditures as requested on the CMS- 37

	on the CMS-64	on the CMS-64	on the CMS-64	
<b>Quarter 1 Expenditures</b>				

**Activities for Next Quarter**

Narrative addressing any expected changes or activities involving the Demonstration for the upcoming quarter.