

**Missouri
Women's Health Services Program
Section 1115 Annual Report
Demonstration Year X
Month Day, Year to Month Day, Year
Submitted January 20XX**

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. 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 December of 2014, CMS approved a three-year renewal of the program 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 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 201% 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 Timeframes

Demonstration Year (DY) #	Begin Date	End Date	Quarterly Report Due Date (60 days following end of quarter)
Quarter 1			
Quarter 2			
Quarter 3			
Quarter 4			

Program Highlights

Family planning services and supplies are limited to those with a primary purpose of 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.

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.

Policy Issues and Challenges

Narrative to include any issues that may have occurred during the year related to policy or challenges, i.e., CMS initiatives.

Enrollment and Renewal

	Demonstration Year X		
	Month Day, Year to Month Day, Year		
	Population 1	Population 2	Total Population
# of Total Enrollees			

# of Participants			
# of Member Months			

Population 1: Women losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum who have a family income at or below 196 percent of the FPL and assets totaling less than \$250,000 at the time of annual redetermination.

Population 2: Women who have family income at or below 201 percent of the FPL and assets totaling no more than \$250,000.

Graph to report enrollment growth.

Graph to report reasons for disenrollments during current Demonstration year.

Services and Providers

Service Utilization:

Narrative and charts to include services delivered.

Narrative and graph to include percentage of participants by age groups.

Provider Participation:

Narrative to include the number of unduplicated providers that provided services to Demonstration participants.

Program Outreach Awareness and Notification

Narrative regarding efforts made during the Demonstration year 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.

Interim Evaluation of Goals and Progress

Narrative to include each Objective and Hypothesis of the Demonstration along with reporting outcomes to support findings.

Annual Expenditures

	Service Expenditures as reported on the CMS-64		Administrative Expenditures as reported on the CMS-64		Expenditures as requested on the CMS-37	Total Expenditures as reported on the CMS-64
	Total Computable	Federal Share	Total Computable	Federal Share		
Demonstration Year X						

	Demonstration Year X Month Day, Year to Month Day, Year		
	Population 1	Population 2	Total Demonstration Population
# Member Months			
PMPM			
Total Expenditures <i>(Member months multiplied by PMPM)</i>			

Actual Number of Births to Demonstration Population

	# of Births to Demonstration Participants
Demonstration Year X	

Cost of Medicaid Funded Births

Narrative to include reporting costs for the average Medicaid-funded birth in Missouri, including costs for prenatal care, deliveries and 60-days postpartum care.

Contraceptive Methods

Chart to include number of contraceptive methods, unique contraceptive users and data source.

Activities for Next Year

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