Missouri Department of Social Services

MO HealthNet Division

Missouri Women's Health Services Program

1115 Demonstration Waiver Renewal Application

Submitted to:

Centers for Medicare & Medicaid Services

Office of Information Services

Information Services Design & Development Group

7500 Security Blvd

Baltimore, MD 21244-1850

Section I – Program Description

1) Provide a summary of the proposed Demonstration program, and how it will further the objectives of title XIX and/or title XXI of the Social Security Act (the Act).

Missouri's Women's Health Services Program, 1115 Family Planning Demonstration expanded Medicaid coverage for women's health services to uninsured postpartum women (Sixth Omnibus Reconciliation Act (SOBRA 1986) women) who are 18 to 55 years of age losing their Medicaid eligibility 60 days after the birth of the child. Uninsured postpartum women are eligible for women's health services for a maximum of one year after their Medicaid eligibility expires. Eligibility is automatically extended from the current 60-day postpartum period for this eligible population. 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 to 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. Uninsured women are eligible for women's health services as long as they continue to meet eligibility requirements. There is no cost sharing for coverage and services are obtained through the MO HealthNet Fee-For-Services Program.

Women who receive a sterilization procedure shall be disenrolled from the demonstration within 90 days from the notification of the sterilization. The MO HealthNet Division (MHD) runs a report each quarter to identify women for which the division received a claim for sterilization. The women's identifying information is given to the Family Support Division (FSD) for disenrollment 90 days from notification of the sterilization.

Women's health services are defined as:

- Department of Health and Human Services approved methods of contraception;
- Sexually transmitted disease testing and treatment, including pap tests and pelvic exams;
- Family planning counseling/education on various methods of birth control; and
- Drugs, supplies, or devices related to women's health services described above that are prescribed by a physician or advanced practice nurse (subject to the national drug rebate program requirements).

These services are to be obtained through state approved fee-for-services providers. A listing of the family planning codes may be found in *Attachment 1*.

Missouri will continue the Women's Health Services Program in the same manner as the currently approved Demonstration.

2.) Include the rationale for the Demonstration.

Missouri's objectives in implementing this program are:

- Providing access to contraceptive supplies and information on reproductive health care and women's health services to the demonstration population;
- Reducing the number of unintended pregnancies in Missouri;
- Reducing Medicaid expenditures by preventing unintended births; and
- Assisting women in preventing sexually transmitted infections (STIs).

3.) Describe the hypotheses that will be tested/evaluated during the Demonstration's approval period and the plan by which the State will use to test them.

There are five hypotheses related to Missouri's objectives. The hypotheses and the measure used to test those hypotheses are as below:

- Hypothesis 1: The Program will result in a reduction in the number of unintended pregnancies among the demonstration population.
  Measure: The share of women in the Program for whom unintended pregnancy has been averted during the Program year.
- Hypothesis 2: The Program will reduce MO HealthNet expenditures for unintended births.
  Measure: The Program year MO HealthNet savings from averted births for Program enrollees.
- Hypothesis 3: The Program will provide information on reproductive health and women's health services to the demonstration population.
  Measure: The share of women in the Program who have accessed family planning services during the Program year.
- Hypothesis 4: The Program will provide access to contraceptive supplies for the demonstration population.
  Measure: The share of women who have accessed contraceptive supplies or services during the Program year.
- Hypothesis 5: The Program will assist women in preventing STIs.
  Measure: The share of women in the Program who are tested for STIs during the Program year.

The most recent Evaluation of the Women's Health Services Program, prepared by Mercer Government Human Services Consulting is included as *Attachment 2*.

The template for the Quarterly Report to CMS is included as *Attachment 3*.

The template for the Annual Report to CMS is included *as Attachment 4*.

4.) Describe where the Demonstration will operate.

The Demonstration will operate statewide.

5.) Include the proposed timeframe for the Demonstration.

Missouri is requesting a 3 year extension of the Demonstration to cover the time period Of January 1, 2015 through December 31, 2017.

6.) Describe whether the Demonstration will affect and/or modify other components of the State's current Medicaid and CHIP programs outside of eligibility, benefits, cost sharing or delivery systems.

The Demonstration will not affect and/or modify other components of the State's current Medicaid and CHIP programs outside of eligibility, benefits, cost sharing or delivery systems.

Section II – Demonstration Eligibility

1.) Include a chart identifying any populations whose eligibility will be affected by the Demonstration.

Non-State Plan Group	Federal Poverty Level and/or other Qualifying Criteria	Funding
Uninsured Postpartum Women	Uninsured postpartum women who are 18 to 55 years of age lose Medicaid eligibility 60 days after the birth of the child are eligible for women's health services for one year (12 months).	Title XIX enhanced federal medical assistance percentage (FMAP) and FMAP calculated for Medicaid program expenditures.
Uninsured Women	Any uninsured women, who are at least 18 to 55 years of age with a net family income of at or below 185% FPL, and with assets totaling less than $250,000, are eligible for women's health services as long as they continue to meet eligibility requirements.	Title XIX enhanced federal medical assistance percentage (FMAP) and FMAP calculated for Medicaid program expenditures.

2.) Describe the standards and methodologies the state will use to determine eligibility for any populations whose eligibility is changed under the Demonstration, to the extent those standards or methodologies differ from the State Plan.

The Family Support Division (FSD) performs an ex parte review of the case to ensure that the pregnant woman is not eligible under any other category of assistance. An ex parte review is a review conducted without the involvement of the participant. If the ex parte review does not find eligibility for another category, the woman is sent a letter giving her the opportunity to provide additional information (such as disability, blindness, and change in income) that would indicate eligibility for another category. If eligibility exists under another category, the FSD eligibility specialist switches the individual to the appropriate category. The participant is notified of the changes in their healthcare coverage if moving to another MO HealthNet category.

Uninsured postpartum women will be offered an opportunity to qualify beyond the 1 year after expiration of the postpartum period. An uninsured postpartum woman who receives women's health services will be sent a reinvestigation form prior to the end of her 12 months of women's health services. Once she completes and returns the reinvestigation form, an eligibility determination is made for any other Medicaid program, including women's health services as an uninsured woman. The reinvestigation form instructions to the participant advise her to sign the form. The form has signature blanks for the participant and spouse, in the event that the spouse is also found to be eligible. If she is eligible, her eligibility will continue under another Medicaid program or the women's health services program if eligibility for no other program exists. If she does not return the reinvestigation form prior to the end of her 12 months of women's health services, her case will close. In Missouri, the term "reinvestigation" has the same meaning as "redetermination."

Once determined eligible for the women's health services program, a reinvestigation will be completed annually. The reinvestigation will begin with a reinvestigation form being mailed to the participant. The woman will be required to complete and return the reinvestigation form. Once the completed form is received, the FSD eligibility specialist will determine if eligibility criteria continue to be met.

There are no circumstances under which the State allows exceptions to eligibility documentation and/or verification requirements as a result of patient confidentiality concerns under this demonstration.

Missouri will only enroll individuals that are uninsured in the Women's Health Services Program.

3.) Specify any enrollment limits that apply for expansion populations under the Demonstration.

There are no enrollment limits for the expansion population under the Demonstration.

4.) Provide the projected number of individuals who would be eligible for the Demonstration, and indicate if the projections are based on current state programs.

Based on previous member population, the current enrollee growth trend is 2.5%, which projects a population count of 80,591 quarterly (count of all enrollees during a quarter only) and a projected unduplicated population count of 117,476 annually (count of all enrollees throughout the year) for DY 7.

5.) To the extent that long term services and supports are furnished (either in institutions Or the community), describe how the Demonstration will address post-eligibility treatment of income, if applicable.

Long term services and supports are not furnished as a part of Missouri's current Demonstration or proposed to be furnished in the renewal Demonstration.

6.) Describe any changes in eligibility procedures the state will use for populations under the Demonstration.

There are no changes in eligibility procedures used by the state for the Demonstration population.

7.) If applicable, describe any eligibility changes that the state is seeking to undertake for the purposes of transitioning Medicaid or CHIP eligibility standards to the methodologies or standards applicable in 2014.

N/A – Missouri is not seeking to undertake any eligibility changes for the purpose of transitioning Medicaid or CHIP eligibility standards to the methodologies or standards applicable in 2014.

Section III – Demonstration Benefits and Cost Sharing Requirements

1.) Indicate whether the benefits provided under the Demonstration differ from those provided under the Medicaid and/or CHIP State plan:

☑ Yes ☐ No (if no, please skip questions 3 – 7)

2.) Indicate whether the cost sharing requirements under the Demonstration differ from those provided under the Medicaid and/or CHIP State plan:

☑ Yes ☐ No (if no, please skip questions 8 – 11)

There is no co-payment requirement for Demonstration population.

3.) If changes are proposed, or if different benefit packages will apply to different eligibility groups affected by the Demonstration, please include a chart specifying the benefit package that each eligibility group will receive under the Demonstration.

Demonstration Coverage

Eligibility Group	Benefit Package
Uninsured Postpartum Women	Demonstration-only Benefit Package
Uninsured Women	Demonstration-only Benefit Package

The Demonstration Benefit Package includes:

- Approved methods of contraception
- Sexually transmitted disease testing and treatment, including pap tests and pelvic exams
- Family planning, counseling, education on various methods of birth control; and
- Drugs, supplies, or devices related to the women's health services described above, when they are prescribed by physician or advanced practice nurse.

Benefits Not Provided

Benefit	Description of Amount, Duration, and Scope	Reference
Inpatient Hospital	Only Family Planning services and family planning related services are covered. Comprehensive Hospital services are not covered.	Mandatory 1905(a)(1)
Outpatient Hospital	Only Family Planning services and family planning related services are covered. Comprehensive Hospital services are not covered	Mandatory 1905(a)(2)
Rural Health Agency	Only Family Planning services and family planning related services are covered. Comprehensive rural health agency services are not covered	Mandatory 1905(a)(2)

Benefit	Description of Amount, Duration, and Scope	Reference
FQHC	Only Family Planning services and family planning related services are covered. Comprehensive FQHC services are not covered	Mandatory 1905(a)(2)
Laboratory and X-Ray	Only Family Planning services and family planning related services are covered. Comprehensive lab & X-ray services are not covered	Mandatory 1905(a)(3)
Nursing Facility Services age 21 & older	Not Covered	Mandatory 1905(a)(4)
EPSDT	Not Covered	Mandatory 1905(a)(4)
Family Planning Services	Covered if both the procedure code and diagnosis code are both on the approved list of waiver covered services. This restriction does not apply to Medicaid family planning services.	Mandatory 1905(a)(4)
Tobacco Cessation for pregnant women	Not covered. Ineligible for family planning waiver if pregnant.	Mandatory 1905(a)(4)
Physician's Services	Only Family Planning services and family planning related services are covered. Comprehensive physician services are not covered	Mandatory 1905(a)(5)
Medical or Surgical Services by a Dentist	Not covered	Mandatory 1905(a)(5)
Medical Care and remedial care- Podiatrist Services	Not covered	Optional 1905(a)(6)
Medical Care and remedial care- Optometrists Services	Not covered	Optional 1905(a)(6)
Medical Care and remedial care- Chiropractors services	Not covered	Optional 1905(a)(6)
Medical Care and remedial care- Other practitioners	Only Family Planning services and family planning related services are covered. Comprehensive services are not covered	Optional 1905(a)(6)
Home Health Services- Intermittent	Not covered	Mandatory for certain individuals 1905(a)(7)

Benefit	Description of Amount, Duration, and Scope	Reference
Home Health Services-Medical supplies, equipment and appliances	Not covered	Mandatory for certain individuals 1905(a)(7)
Home Health Services-Physical, occupational, & speech therapy, and audiology	Not covered	Optional 1905(a)(7), 1902(a)(10)(D), 42CFR 440.70
Private duty nursing	Not covered	Optional 1905(a)(8)
Agency services	Only Family Planning services and family planning related services are covered. Comprehensive agency services are not covered	Optional 1905(a)(9)
Dental services	Not covered	Optional 1905(a)(10)
Physical Therapy	Not covered	Optional 1905(a)(11)
Occupational Therapy	Not covered	Optional 1905(a)(11)
Services for individuals with speech, hearing, and language disorders	Not covered	Optional 1905(a)(11)
Prescribed drugs	Only Family Planning services and family planning related services are covered. Comprehensive drug therapy for all diagnosis and medical needs are not covered	Optional 1905(a)(12)
Dentures	Not covered	Optional 1905(a)(12)
Prosthetic devices	Not covered	Optional 1905(a)(12)
Eyeglasses	Not covered	Optional 1905(a)(12)
Diagnostic Services	Covered if both the procedure code and diagnosis code are both on the approved list of waiver covered services. This restriction does not apply to Medicaid diagnostic services. Comprehensive services available to the Medicaid population are not covered under the waiver.	Optional 1905(a)(13)

Benefit	Description of Amount, Duration, and Scope	Reference
Screening Services	Covered if both the procedure code and diagnosis code are both on the approved list of waiver covered services. This restriction does not apply to Medicaid screening services. Comprehensive services available to the Medicaid population are not covered under the waiver.	Optional 1905(a)(13)
Preventive Services	Covered if both the procedure code and diagnosis code are both on the approved list of waiver covered services. This restriction does not apply to Medicaid preventive services. Comprehensive services available to the Medicaid population are not covered under the waiver.	Optional 1905(a)(13)
Rehabilitative Services	Not covered	Optional 1905(a)(13)
Services for individuals over 65 in IMDs-Inpatient hospital	Not covered	Optional 1905(a)(14)
Services for individuals over 65 in IMDs-Nursing facility	Not covered	Optional 1905(a)(14)
Intermediate Care Facility services for individuals in a public institution for the intellectually disabled.	Not covered	Optional 1905(a)(15)
Inpatient psychiatric service for under 22	Not covered	Optional 1905(a)(16)
Nurse-midwife services	Not covered	Mandatory 1905(a)(17)
Hospice Care	Not covered	Optional 1905(a)(18)
Case management services	Not covered	Optional 1905(a)(19),1914(g)
Special TB related services	Not covered	Optional 1905(a)(19), 1902(z)(2)
Respiratory care services	Not covered	Optional 1905(a)(20)

Benefit	Description of Amount, Duration, and Scope	Reference
Certified pediatric or family nurse practitioner's services	Covered if both the procedure code and diagnosis code are both on the approved list of waiver covered services. This restriction does not apply to Medicaid nurse practitioner services. Comprehensive services available to the Medicaid population are not covered under the waiver.	Mandatory 1905(a)(21)
Home and Community Care for functionally disabled elderly	Not covered	Optional 1905(a)(22)
Personal Care Services	Not covered	Optional 1905(a)(24), 42CFR 440.170
Primary Care case management	Not covered	Optional 1905(a)(25)
PACE services	Not covered	Optional 1905(a)(26)
Sickle-cell anemia related services	Not covered	Optional 1905(a)(27)
Free Standing Birth Centers	Not covered	Optional 1905(a)(28)
Transportation	Not covered	Optional 1905(a)(29)-42CFR 440.170. administrative required 42CFR 421.53
Services provided in religious non-medial health care facilities	Not covered	Optional 1905(a)(29), 42CFR 440.170(b)
Nursing facility services for patients under 21	Not covered	Optional 1905(a)(29), 42CFR 440.170(d)
Emergency Hospital services	Covered if both the procedure code and diagnosis code are both on the approved list of waiver covered services. This restriction does not apply to Medicaid emergency hospital services. Comprehensive services available to the Medicaid population are not covered under the waiver.	Optional 1905(a)(29), 42CFR 440.170(e)
Expanded services for pregnant women	Not covered	Optional 1905(e)(5)

Benefit	Description of Amount, Duration, and Scope	Reference
Emergency services for certain legalized aliens and undocumented aliens	Not covered	Mandatory 1903(v)(2)(A)
Home and community based services for elderly or disabled	Not covered	Optional 1915(i)
Self-directed personal assistance	Not covered	Optional 1915(k)

4.) If electing benchmark-equivalent coverage for a population please indicate which standard is being used:

Missouri Women's Health Services program does not use bench-mark coverage for this population.

5.) Benefit Specifications and Provider Qualifications

Name of Benefit or Services: Missouri Women's Health Services Program

Scope of Benefit/Service: Procedure codes are covered only when paired with an approved diagnosis code. This is a limitation not found in the MO HealthNet State Plan for family planning services.

Amount **of Benefit/Service:** There are no limitations on the amount of service provided under the Demonstration.

Duration **of Benefit/Service:** Women who receive a sterilization shall be disenrolled From the demonstration within 90 days from the notification of the sterilization.

Authorization **Requirements:** There are no prior, concurrent or post-authorization requirements.

6.) Indicate whether Long Term Services and Supports will be provided.

Long Term Services are not provided under the Missouri Women's Health Services.

7.) Indicate whether premium assistance for employer sponsored coverage will be available through the Demonstration.

No premium assistance for employer sponsored coverage will be available through the Missouri Women's Health Services Program.

8.) If different from the State Plan, provide the premium amounts by eligibility group and income level.

There are no premium payments for participants of the Women's Health Services Program.

9.) Include a table if the Demonstration will require co-payments, coinsurance and/or deductible that differ from the Medicaid State plan

There are no co-payments, coinsurance and/or deductible requirements for the Missouri Women's Health Services Program.

10.) Indicate if there are any exemptions from the proposed cost sharing.

There are no co-payment, coinsurance and/or deductible requirements for the Missouri Women's Health Services Program.

Section IV – Delivery System and Payment Rates for Services

1.) **Indicate whether the delivery system used to provide benefits to Demonstration participants will differ from the Medicaid and/or CHIP State plan;**

☐ Yes
☑ No (if no, please skip questions 2-7 and the applicable payment rate questions)

8.) If fee-for-service payment will be made for any services, specify any deviation from State plan provider payment rates. If the services are not otherwise covered under the State plan, please specify the rate methodology.

There is no deviation from the State plan fee-for-service provider payment rates.

9.) If payment is being made through managed care entities on a capitated basis, specify the methodology for setting capitation rates, and any deviation from the payment and contracting requirements under 42 CFR Part 438.

There are no payments being made through managed care entities on a capitated basis.

10.) If quality based supplemental payments are being made to any providers or class of providers, please describe the methodologies, including the quality markers that will be measured and the data that will be collected.

There are no quality based supplemental payments being made.

Section V – Implementation of the Demonstration

1.) Describe the implementation schedule.

The renewal of the current Missouri Women's Health Services Waiver will begin January 1, 2015.

2.) Describe how potential Demonstration participants will be notified/enrolled into the Demonstration.

The current enrollment process will continue to be used.

3.) If applicable, describe how the state will contract with managed care organizations to provide Demonstration benefits.

Missouri will not be contracting with managed care organizations to provide Demonstration benefits.

Section VI – Demonstration Financing and Budget Neutrality

For the Women's Health Service Program 1115 Family Planning Demonstration to be budget neutral the cost of providing family planning services to the demonstration population must be equal to or less than the savings realized through averting unintended pregnancies. The waiver permits the state to provide family planning benefits to two groups: uninsured postpartum women and uninsured women. All postpartum Women who retain Medicaid eligibility move to the regular Medicaid eligibility groups 60 days after birth of their child and are covered under the Missouri Medicaid State Plan and are not part of the demonstration population.

Non-federal funding sources for MO HealthNet 1115 Women's Health Services Waiver for SFY 2014 are made from the following state sources as appropriated by the Missouri General Assembly: General Revenue Fund, Federal Reimbursement Allowance Fund, and Pharmacy Reimbursement Allowance Fund.

The Demonstration Financing Form is included as *Attachment 5*.

The Budget Neutrality Form is included as *Attachment 6*.

The Budget Neutrality Worksheet is included as *Attachment 7.*

Section VII – List of Proposed Waivers and Expenditure Authorities

1.) Provide a list of proposed waivers and expenditure authorities.

Missouri is requesting waiver of selected Medicaid requirements to enable the operation of the Missouri Women's Health Services Program as a Demonstration that will effectively meet the objectives as well as budget neutrality expectations. All Medicaid requirements apply, except for the following:

Medicaid Requirement	Expenditure Authority	Waiver Request
Proper and Efficient Administration: Transportation	Section 1902(a)(4) insofar as it incorporates 42 CFR 431.53	To the extent necessary to enable the State to not assure transportation to and from providers for the Demonstration population.
Comparability: Amount, Duration, and Scope of Services	Section 1902(a)(10)(B)	To the extent necessary to allow the State to offer the Demonstration population a benefit package consisting of only family planning services and family planning-related services.
Prospective Payment for Federally Qualified Health Centers and Rural Health Agencies	Section 1902(a)(15)	To the extent necessary for the State to establish reimbursement levels to these agencies that will compensate them solely for family planning and family planning-related services.
Retroactive Coverage	Section 1902(a)(34)	To the extent necessary to enable the State to not provide medical assistance to the Demonstration population for any time prior to when an application for the Demonstration is made.
Comparability: Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)	1902(a)(10)(B) Section 1902(a)(43)(A)	To the extent necessary to enable the State to not furnish or arrange for EPSDT services to the Demonstration population.

2.) Describe why the state is requesting the waiver authority, and how it will be used.

Included in the above chart.

Section VIII – Public Notice

1.) Start and end dates of the state's public comment period.

Missouri's public comment period is June 30, 2014 through July 31, 2014.

2.) Certification that the state provided public notice of the application, along with a link to the state's web site and a notice in the state's Administration Record or newspaper of widest circulation 30 days prior to submitting the application to CMS.

The language and information used in the state's public notifications is included as *Attachment 8.*

The state's web site is http://dss.mo.gov/mhd/ . The public notification will be found under the Alerts & Notifications section of the main page.

3.) Certification that the state convened at least 2 public hearings, of which one hearing included teleconferencing and/or web capability, 20 days prior to submitting the application to CMS, including dates and a brief description of the hearings conducted.

A public hearing which includes teleconferencing is scheduled for July 25, 2014, 9:00 a.m. to 11:00 a.m. at the State Information Center – Interpretive Center, 600 West Main Street, Jefferson City, MO. A second public hearing is scheduled for July 31, 2014, 12:00 p.m. to 4:00 p.m. at the Department of Mental Health, 1706 East Elm Street, Jefferson City, MO.

4.) Certification that the state used an electronic mailing list or similar mechanism to notify the public.

The public will be notified of the state's intent to renew though posting of the 1115 Family Planning Demonstration Renewal application on the MO HealthNet web site. The state's web site is http://dss.mo.gov/mhd/ . The public notification will be found under the Alerts & Notifications section on the main page.

5.) Comments received by the state during the 30-day public notice period.

Pending

6.) Summary of the state's responses to submitted comments, and whether or how the state incorporated them into the final application.

Pending

7.) Certification that the state conducted tribal consultation in accordance with the consultation process outlined in the state's approved Medicaid State plan, or at least 60 days prior to submitting this Demonstration application if the Demonstration has or would have a direct effect on Indians, tribes, on Indian health programs, or on urban Indian health organizations, including dates and method of consultation.

N/A for Missouri.

Section IX – Demonstration Administration

Please provide the contact information for the state's point of contact for the Demonstration application.

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