

**MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION**

**WOMEN’S HEALTH SERVICES PROGRAM
1115 WAIVER
FAMILY PLANNING DEMONSTRATION
PROJECT NUMBER 11-W-00236/7**

**ANNUAL REPORT
DEMONSTRATION YEAR #
Month Day, Year to Month Day, Year**

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**Missouri
 Women’s Health Services Program
 Section 1115 Annual Report
 Demonstration Year X
 Month Day, Year to Month Day, Year
 Submitted January 201X**

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. [Renewal information here.](#)

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 185% 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	October 1, 20XX	December 31, 20XX	February 28, 20XX
Quarter 2	January 1, 20XX	March 31, 20XX	May 31, 20XX
Quarter 3	April 1, 20XX	June 30, 20XX	August 31, 20XX
Quarter 4	July 1, 20XX	September 30, 20XX	November 30, 20XX

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:

There were no significant program changes during this demonstration year.

Policy Issues and Challenges:

During Demonstration Year 6, there were a number of procedure codes deleted from the listing of procedure codes covered by this program. A more detailed account of this change will be found in the Program Outreach and Awareness and Notification section of this report.

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 185 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 185 percent of the FPL and assets totaling no more than \$250,000.

The program has seen significant growth since its inception in 1998. Prior to 2007, the program population included females ages 13 to 17 but, with the implementation of the separate 1115 Waiver for Women’s Health Services, the minimum age for enrollment became 18 years of age. The program grew in 2009 when coverage was expanded to uninsured women, ages 18 through 55, with a net family income at or below 185% of the Federal Poverty Level and with assets totaling less than \$250,000.

The following graph was reproduced from the Year X Evaluation prepared by Mercer Government Human Services Consulting, and reports the continued growth in enrollment since 2008.

Graph will be inserted here.

The following graph provides a break out of the two populations served in the waiver as well as the unduplicated total of program enrollees for the last two Demonstration Years.

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The following graph represents reasons for disenrollments during this demonstration year.

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Services and Providers

Service Utilization:

Narrative to include information from the previous year regarding activities such HCPCS updates or other coverage changes.

The top five services provided during the 2013 reporting period are listed below along with the top five services for the same reporting period in 2012.

Chart will be inserted here.

Percentage of Enrollees by Age Groups Accessing Program Services, FFY 2009-20XX

Chart inserted here.

Number of Enrollees Using Program Services, FFY 2009-2013

Chart inserted here.

Chart inserted here representing Percent of Participants by Age Category who Accessed Waiver Services.

Provider Participation:

Text to include the number of unduplicated providers that provided services to Demonstration participants. Comparison to previous year's numbers and any explanation needed to justify large fluctuations.

Program Outreach Awareness and Notification

General Outreach and Awareness:

Text 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.

Program Evaluation, Transition Plan and Monitoring

Program Evaluation, 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-postpartum care.

Activities for Next Year

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