

**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**

Table of Contents

Introduction.....	X
Executive Summary.....	X
Enrollment and Renewal.....	X
Services and Providers.....	X
Program Outreach Awareness and Notification.....	X
Program Evaluation, Transition Plan and Monitoring.....	X
Interim Evaluation of Goals and Progress.....	X
Annual Expenditures.....	X
Actual Number of Births to Demonstration Population.....	X
Cost of Medicaid Funded Births.....	X
Activities for Next Year.....	X

**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. 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.

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. Effective January 1, 2014 Missouri statutes were revised to require eligibility determination 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 Timeframes:

Demonstration Year (DY) #	Begin Date	End Date	Quarterly Report Due Date (60 days following end of quarter)
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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 201 percent of the FPL.

Population 2: Women who have family income at or below 201 percent of the FPL.

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.

Graph will be inserted here.

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

Graph will be inserted here.

	Computable	Share	Computable			
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.

Contraceptive Methods

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