

## PROGRAM DESCRIPTION

**Department: Social Services**

**HB Section(s): 11.805**

**Program Name: Show Me Healthy Babies (SMHB)**

**Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)**

### **1a. What strategic priority does this program address?**

Provide eligible unborn children healthcare.

### **1b. What does this program do?**

Effective January 1, 2016, Missouri established the Show-Me Healthy Babies program, a separate Children's Health Insurance Program (CHIP), for targeted low-income unborn children from families with household incomes up to 300% federal poverty level (FPL).

The unborn child's coverage period begins from the date of application and extends through birth. For the mother of the unborn child, postpartum coverage begins on the day the pregnancy ends and extends through the last day of the month which includes the sixtieth (60th) day after the pregnancy ends. Coverage for the child continues for up to one year after birth, unless otherwise prohibited by law or unless otherwise limited by the Missouri General Assembly through appropriations. The added benefit of Show-Me Healthy Babies is to keep mothers and babies healthy and avoid costly intensive care and long-term consequences of poor prenatal care such as chronic conditions and disabilities.

The program provides eligible unborn children a benefit package of essential, medically necessary health services in order to improve birth outcomes and decrease health problems during pregnancy, infancy, and childhood.

It also increases the number of women eligible for MO HealthNet during pregnancy, allowing access to prenatal and pregnancy services that benefit the health of the unborn child. This access to prenatal care is designed to promote healthy labor, delivery, birth, and postpartum care.

To be eligible for SMHB, pregnant women must meet the following guidelines:

- Self-attestation of pregnancy is accepted when making eligibility determinations and there is no waiting period for coverage to begin
- Household income must be at or below 300% of FPL
- No access to employer insurance or affordable private insurance which includes maternity benefits
- Pregnant woman cannot be eligible for any other MO HealthNet programs (with the exception of Uninsured Women's Health services, Extended Women's Health Services, or Gateway to better Health)

### **Reimbursement Methodology**

Services provided under the Show-Me Healthy Babies Program can be reimbursed individually under the fee-for-service program or through a monthly capitation rate paid to the MO HealthNet Managed Care health plans that contract with the state.

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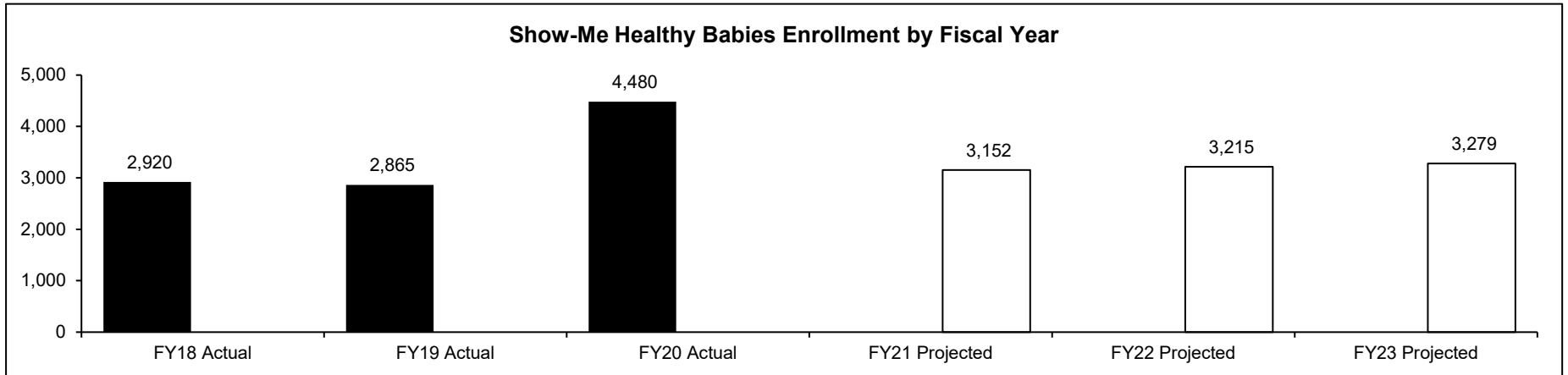
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**2a. Provide an activity measure(s) for the program.**



Note 1: Chart depicts total enrollment in Show-Me Healthy Babies.

Note 2: Enrollment drastically increased during FY20 due to DSS not terminating eligibility during the COVID-19 pandemic. FY21 projections are based on a 2% increase from FY19. FY22 and FY23 projections are based on a 2% increase over their prior FY.

Note 3: Future projections are based on eligibility requirements as of 7/1/20.

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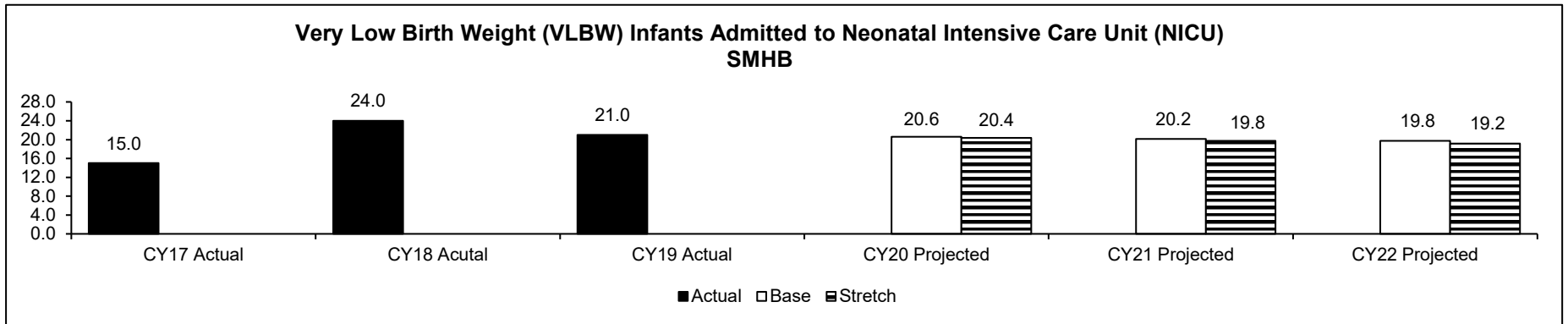
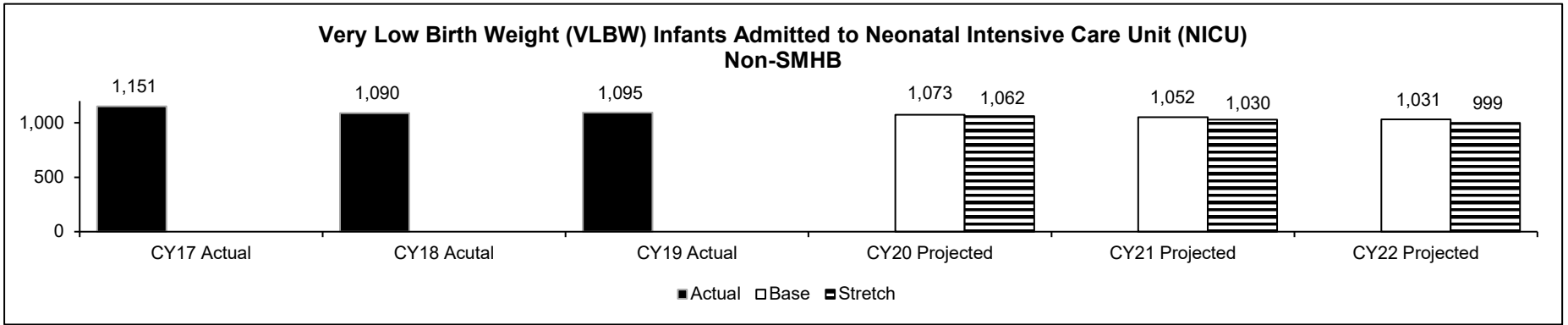
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**2b. Provide a measure(s) of the program's quality.**



Note 1: Chart 1 depicts Non-Show-Me Healthy Babies born with a VLBW (less than 1500 grams).

Note 2: Chart 2 depicts Show-Me Healthy Babies born with a VLBW (less than 1500 grams).

Note 3: Based on actuarial analysis, the healthcare costs in the first year of life for a VLBW infant is on average 40 times higher than the MO HealthNet population as a whole. In SFY 2020, among 2209 Show-Me Healthy Babies deliveries, only 0.95% were VLBW. Cost savings will be calculated for participants in the Show-Me Healthy Babies Program due to the availability of prenatal care as the program grows. Benchmarks and targets will be established as more information becomes available. The overall goal is to enroll women eligible for SMHB earlier to prevent more VLBW deliveries and NICU admissions.

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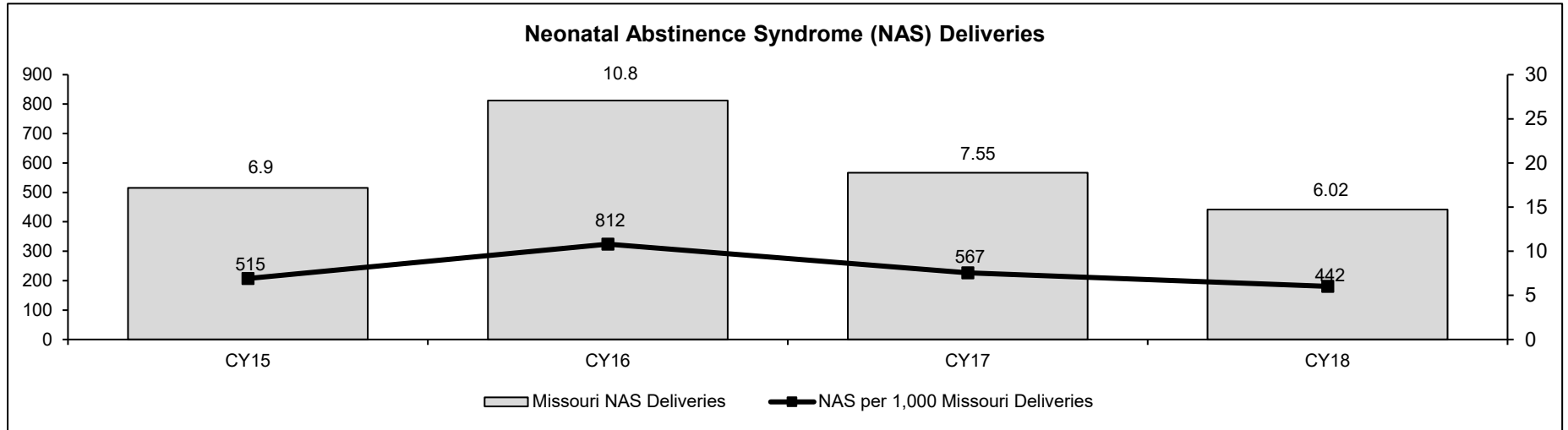
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### 2c. Provide a measure(s) of the program's impact.



Note 1: Chart depicts Missouri Neonatal Abstinence Syndrome (NAS) deliveries in Missouri. CY19 will not be available until January 2021.

Note 2: NAS occurs when babies are born addicted to certain drugs and is associated with the opioid epidemic. These infants are at a risk for low birth weight, being born prematurely, and often needed to be admitted to a Neonatal Intensive Care Unit.

Note 3: Show-Me Healthy Babies began in 2016 and will help address the increase in NAS by providing prenatal care to mothers who would otherwise not have health coverage. The increase in counts/rates between 2015 and 2016 was due to the ICD coding system change that occurred at the that time.

Note 4: NAS figures have been updated going back to 2016 based on guidance from national organizations in order to more appropriately quantify NAS across state boundaries.

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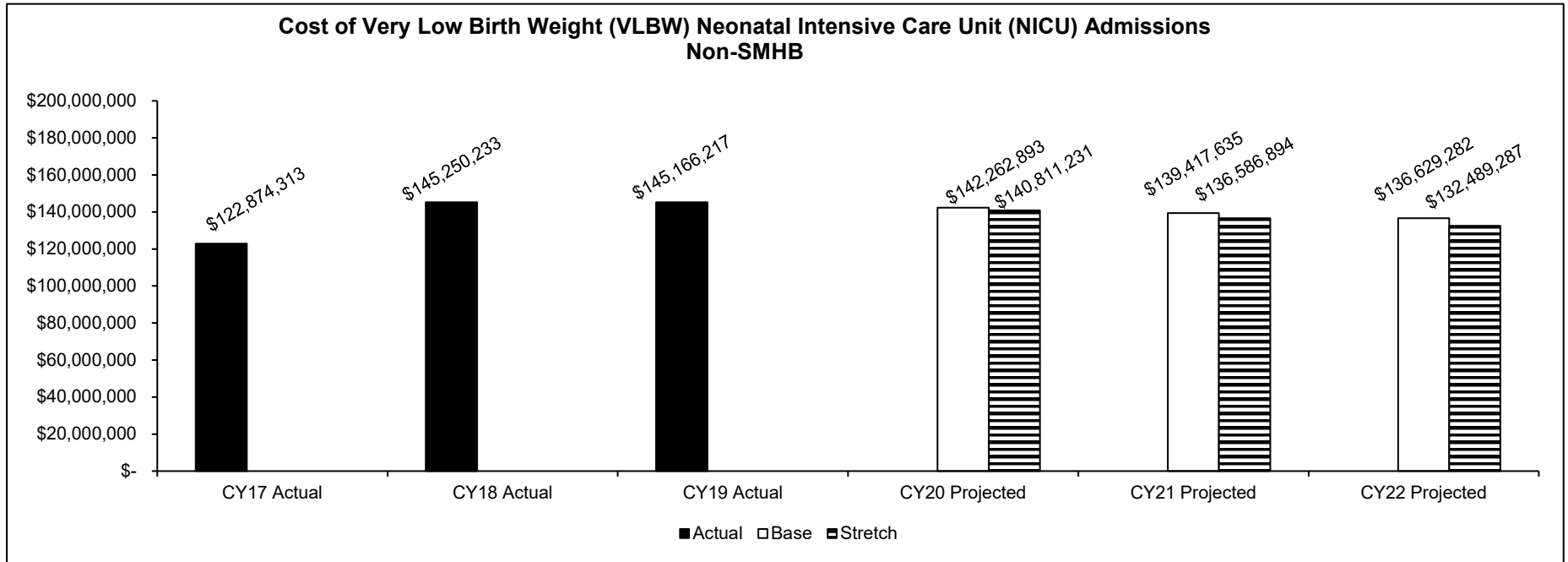
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**2d. Provide a measure(s) of the program's efficiency.**



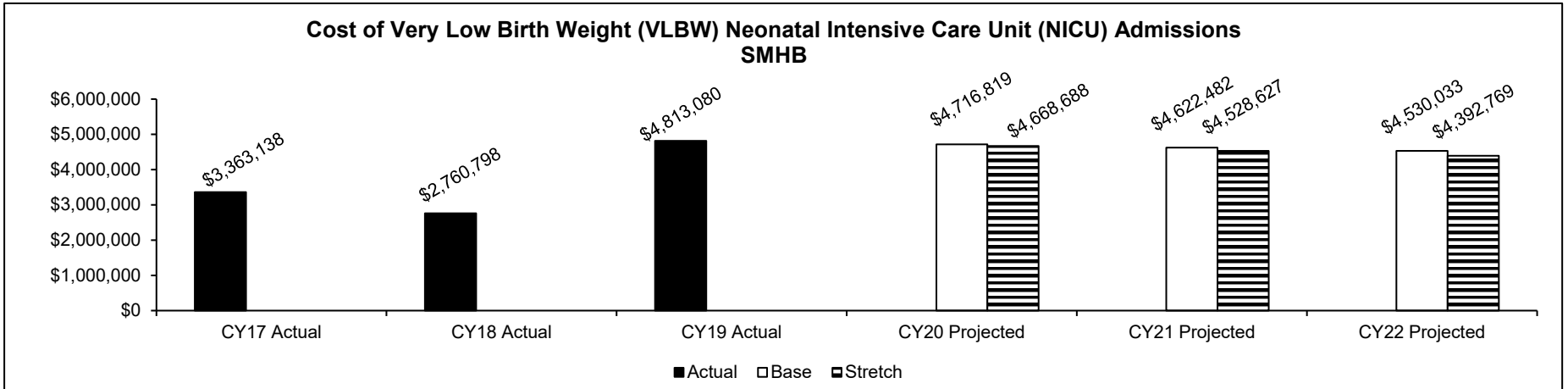
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Note 1: Chart 1 depicts the cost of Non-Show-Me Healthy Babies born with a VLBW (less than 1500 grams).

Note 2: Chart 2 depicts the cost of Show-Me Healthy Babies born with a VLBW (less than 1500 grams).

Note 3: CY 2016 cost was low due to the implementation fo the program. As enrollment grew in preceeding years, the cost did also.

Note 4: Based on actuarial analysis, the healthcare costs in the first year of life for a VLBW infant is on average 40 times higher than the MO HealthNet population as a whole. In SFY 2020, among 2,209 Show-Me Healthy Babies deliveries, only 0.95% were VLBW. Cost savings will be calculated for participants in the Show-Me Healthy Babies Program due to the availability of prenatal care as the program grows. Benchmarks and targets will be established as more information becomes available. The overall goal is to enroll women eligible for SMHB earlier to prevent more VLBW deliveries and NICU admissions.

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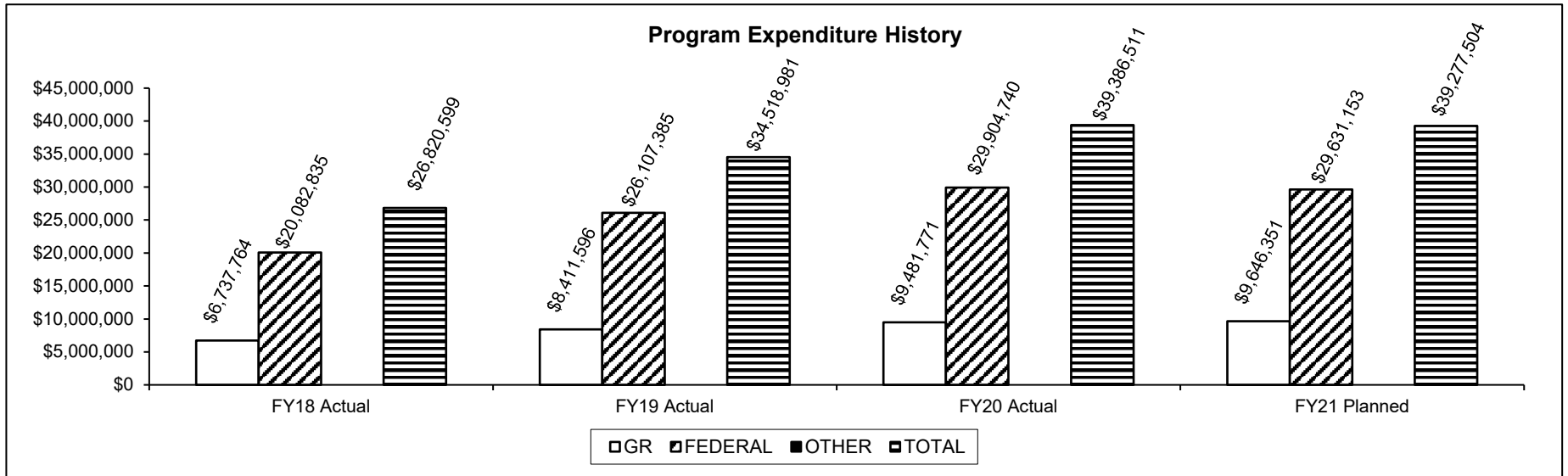
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**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



Planned FY2021 expenditures are net of reverted and reserves.

**4. What are the sources of the "Other " funds?**

N/A

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

State Statute: Section 208.662, RSMo. Federal law: Social Security Act, Title XXI. Federal Regulations: 42 CFR 457.10.

**6. Are there federal matching requirements? If yes, please explain.**

In FFY 2020 (October 1, 2019) Children's Health Insurance Program (CHIP) enhanced rate decreased from 23% to 11.5%. The Bipartisan Budget Act of 2018 (February 2018) continued CHIP funding at the regular enhanced rate through 2027.

**7. Is this a federally mandated program? If yes, please explain.**

No.