

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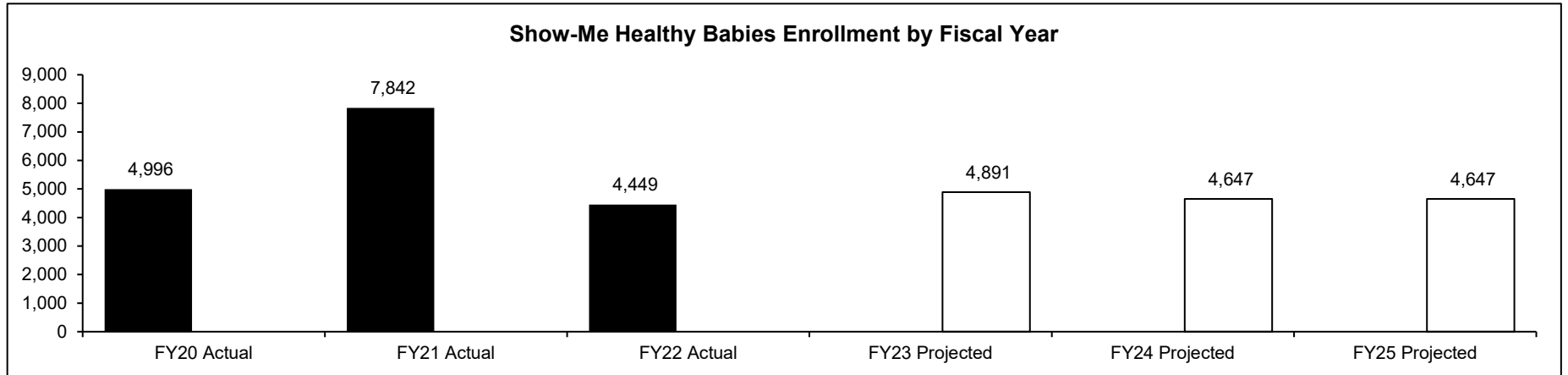
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2a. Provide an activity measure(s) for the program.



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

Note 2: Enrollment drastically increased during FY20 through FY21 due to DSS not terminating eligibility during the COVID-19 pandemic. The decrease from FY21 to FY22 is due to changes in CMS guidelines for Title XXI eligibles during the Public Health Emergency (PHE). Enrollment for SMHB individuals were able to be assessed and closed if necessary.

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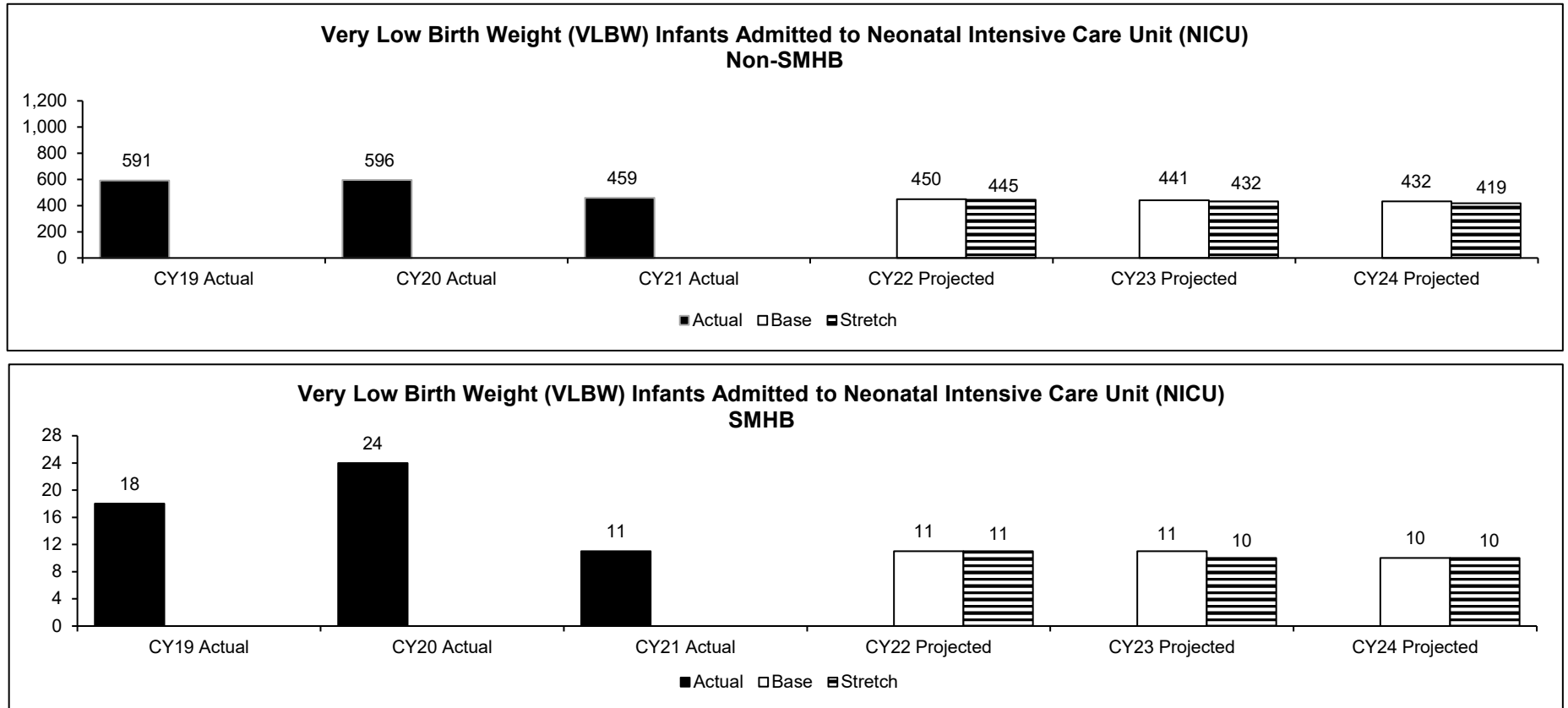
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2b. Provide a measure(s) of the program's quality.

The overall goal is to enroll women eligible for SMHB earlier to prevent more VLBW deliveries and NICU admissions.



Note 1: Chart 1 depicts the number of Non-Show-Me Healthy Babies born with a VLBW (less than 1500 grams) for both Managed Care and FFS unduplicated participants under one year of age. (Data in previous Budget Books included participants born with a VLBW regardless in age)

Note 2: Chart 2 depicts Show-Me Healthy Babies born with a VLBW (less than 1500 grams). (Data in previous Budget Books included participants born with a VLBW regardless in age)

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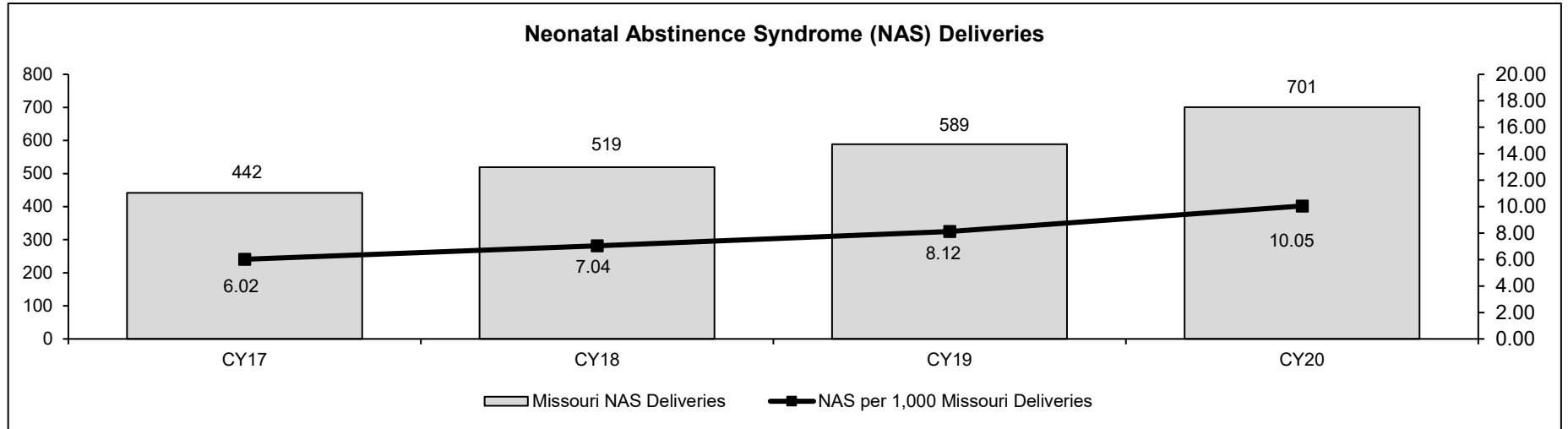
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2c. Provide a measure(s) of the program's impact.



Note 1: Chart depicts Missouri Neonatal Abstinence Syndrome (NAS) deliveries in Missouri.

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: NAS year totals reflect the most recently developed NAS definition used by the current DHSS dashboard as of June 2022. In late 2018 three additional codes were added, P04.14, P04.17, and P04.1A. These 3 codes account for changes in data from 2018 and onward.

Note 4: The increase in CY20 is due in part to the COVID-19 pandemic.

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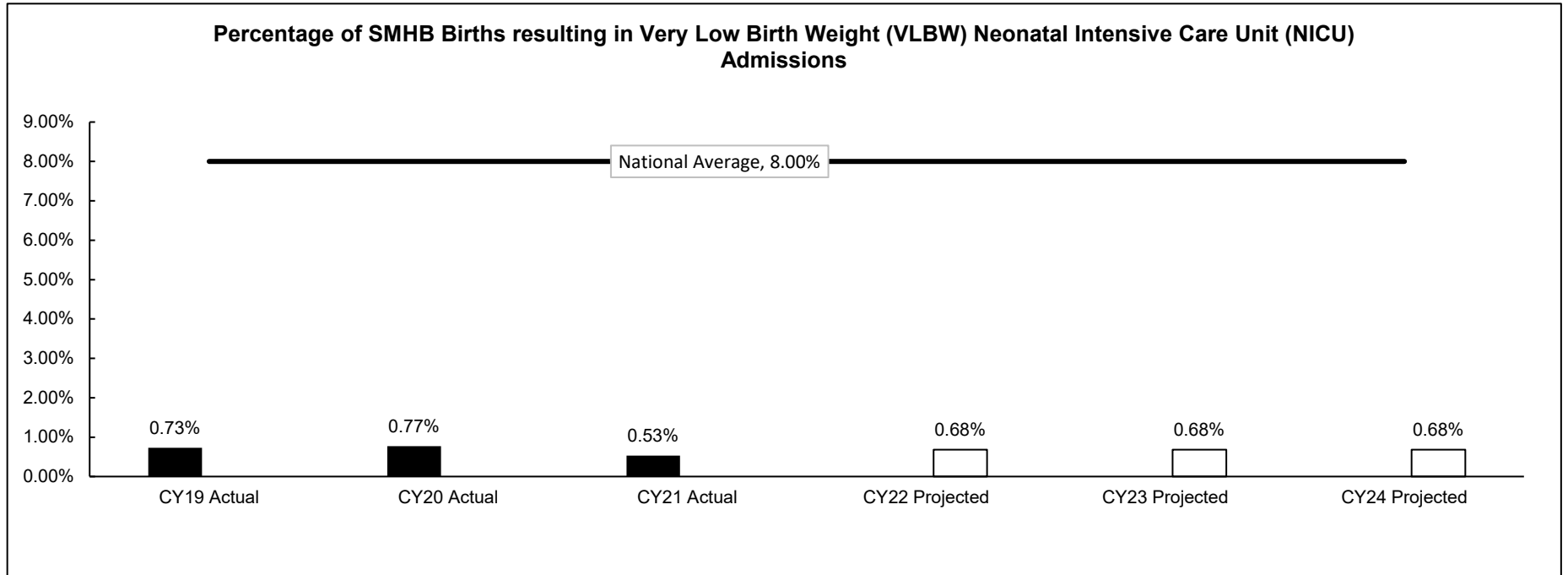
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2d. Provide a measure(s) of the program's efficiency.



Note 1: 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.

Note 2: National Average data is courtesy of the March of Dimes

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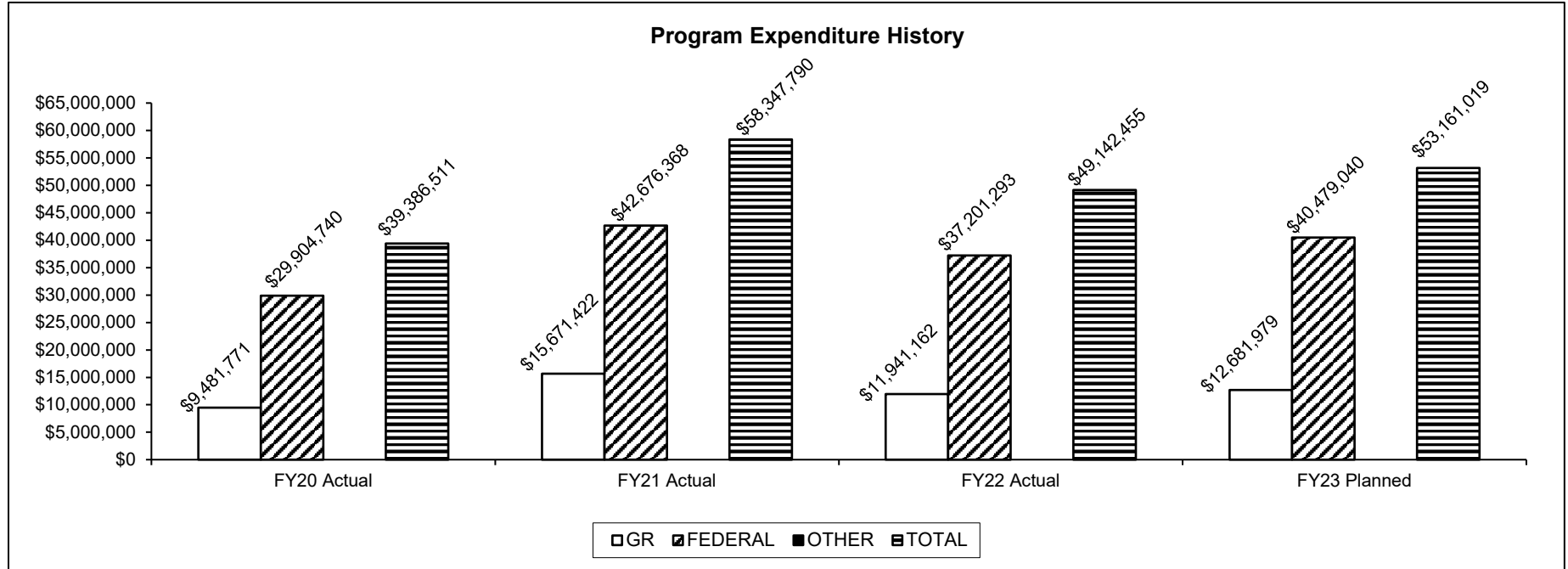
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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include



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 Statue: 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, 2020) Children's Health Insurance Program (CHIP) enhanced rate decreased from 23% to 11.5%. The Bipartisan Budget Act of 2018

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

No.