



Iowa Department of Human Services

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State of Iowa
Iowa Family Planning Network (IFPN)
Section 1115 Quarterly Report
Demonstration Year 7, Quarter (April 1, 2013 through June 30, 2013)

Introduction

Iowa received approval for the 1115 Family Planning Demonstration waiver from the Centers for Medicare and Medicaid Services (CMS) on January 10, 2006. Iowa implemented the family planning waiver, entitled Iowa Family Planning Network (IFPN) on February 1, 2006, to cover limited family planning and family planning-related services for women who are not otherwise enrolled in Medicaid (other than IowaCare), Children Health Insurance Program (CHIP), entitled Health and Well Kids in Iowa (*hawk-i*), or other health insurance coverage and: (1) have countable income at or below 200% of the Federal Poverty level (FPL), or (2) have lost Medicaid pregnancy coverage at the conclusion of the 60-day postpartum period

The General Assembly in 2010 Iowa Acts, H.F.2526, directed the Department of Human Services (DHS) to renew and expand the IFPN waiver eligibility to: cover men, increase the age limit to 54, increase the income limit to 300% FPL and to cover individuals that are uninsured or have health insurance coverage that does not include coverage for benefits provided under IFPN.

Iowa received approval from CMS to renew and expand the IFPN waiver on December 15, 2011, and the expansion changes were implemented effective December 29, 2011.

DHS contracted with the University of Iowa Public Policy Center (PPC) to evaluate the cost and benefits of the IFPN waiver. PPC findings showed that the first 6 years of the IFPN waiver were a success. IFPN increased the number of women receiving family planning services within the Medicaid program. Over 65,000 women have accessed family planning services through IFPN since the implementation of the demonstration. The repeat birth rates for women accessing IFPN services have dropped for most age groups with large decreases among teens. Reductions in Medicaid cost for deliveries and birth and first year of life are over \$50 million. Net Medicaid savings are estimated at over \$10 million due to services provided under the IFPN.

Executive Summary

1. **Description of Demonstration population:** Iowa provides limited Medicaid coverage for family services and planning-related services through the Iowa Family Planning Network (IFPN)
 1. to men and women ages 12 through 54, who are not otherwise enrolled in Medicaid (other than the IowaCare 1115 waiver program), or Children Health Insurance Program (CHIP), entitled Health and Well Kids in Iowa (*hawk-i*), or are uninsured or have

- health insurance that does not provide family planning services, and Have countable income at or below 300% of the federal poverty level (FPL); or
2. who are eligible due to the conclusion of their 60-day postpartum period under a full Medicaid coverage group.

2. **Goals of Demonstration**

The IFPN waiver has the following goals:

- Improve the access to and use of Medicaid family planning services by women who have received Medicaid pregnancy-related services.
 - Improve birth outcomes and the health of women by increasing the child spacing interval among women in the target population.
 - Decrease the number of Medicaid paid deliveries, which will result in a reduction of annual expenditures for prenatal, delivery newborn and infant care.
 - Reduce the number of unintended and unwanted pregnancies among women eligible for Medicaid.
 - Reduce teenage pregnancy by reducing the number of repeat teenage births.
 - Estimate the overall savings in Medicaid spending attributable to providing family planning services to women for two years postpartum.
3. **Program highlights:** There were no changes in the benefit package in this quarter from the prior quarter. The IFPN Family Planning Waiver only allows a set of certain services identified by procedure codes, diagnosis codes, and surgical procedure codes. Both the procedure code and the diagnosis code on a claim must be allowable for the claim to pay.
 4. **Provider Participation.-** In the second quarter of 2013 Medicaid had providers participating in the IFPN program as follows:
 - Hospital: 79
 - Physician (MD/DO): 222
 - Pharmacy: 529
 - Independent Labs: 27
 - Rural Health Clinic: 1
 - Family Planning Clinic: 12
 - Nurse Practitioner: 30
 - Certified Nurse Anesthetist (CRNA): 9
 - Ambulatory Surgical Centers 3
 - Screening Center: 1

Program Outreach Awareness and Notification

Iowa Medicaid began the annual statewide provider education program. Areas of focus are identified and repeated in several times across the state. The focus of the 2013 provider education presentations includes the following:

- Iowa Medicaid Basics
- Documentation Requirements and the Iowa Administrative Code

The meetings have been well attended and give individual providers an opportunity to resolve outstanding claim issues.

Policy Issues and Challenges

Iowa DHS has requested a renewal of the 1115 Demonstration waiver for the Iowa Family Planning Network to be implemented after the current waiver end date of December 31, 2013. Please see the **Transition Plan** section on page 5.

Quarterly Enrollment Report

Demonstration Year 8 2013	Quarter 2 4/1/2013 - 6/30/2013			
	Population 1 SOBRA PW	Population 2 Other Women	Population 3 Men	Total Population
# of Newly Enrolled	3,361	5,151	188	8,664
# of Total Enrollees	10,940	22,538	783	33,940
# of Participants	2,013	13,310	269	15,475
# of Member Months	26,693	60,896	2,005	89,594

Note

Individuals may transition between Population 1 and Population 2 throughout the quarter. These individuals would be reflected in both the population 1 and population 2 columns. However, the total population column is an unduplicated count. As a result the total population figure may be less than the sum of the three population totals.

Services and Providers

Service Utilization can be thought of both in terms of what diagnostic codes have been used and what procedure codes have been used during the waiver extension. The following data is for the 2nd quarter of Calendar Year 2013 – months April thru June 2013.

DIAGNOSTIC CODES

The table “Diagnostic Codes 2nd Quarter 2013” shows by month total number of diagnostic codes that have been used for each of the last 3 months. The table shows a steady decrease from April to June to from 5,924 to 5,485 to 4,219. The average total number of procedure codes for each of the 3 months is 5,209 with an average variability of 12% and a 10% reduction to the average of the previous quarter.

There were 22 different codes used in during the 2nd Quarter of 2013. The most frequently used codes; V25.41 averaged 2,388 times per months and Code V25.49 averaged 1,094 times per month. These two codes accounted for 67% of the total reporting and the top 3 codes accounted for 76% of the total reporting.

PROCEDURE CODES

The table "Procedure Code 2nd QTR 2013" shows the total number of procedure codes that have been used for each of the last 3 months. As the table shows, over the last 3 months there a total of 123 distinct codes reported while not all codes were used each month (April=102, May=99, June=63). As shown in the table "Procedure Code 2nd QTR 2013", the most frequently used procedure code was S4993. This code was used a total of 7,803 times during the quarter for an average of 2,601 times per month compared to an average of 2,801 times per month in the previous analysis. The top 3 codes (S4993, 96372, J1050) represented 42.5% of the reported codes. The total reported codes for the quarter were 28,679, an average of 9,560 per month.

The pattern of usage for procedure codes in the first quarter of 2013 follows the pattern of usage shown in the CY2013Q1 report.

In summary, the pattern of usage established during calendar year 2011 and CY2012 Q2 for both diagnostic procedure codes was continued during the second quarter of 2013.

Program Evaluation, Transition Plan and Monitoring

Program Evaluation

The Evaluation Report for 2012 was submitted in June 2013, per the agreed upon extension filing date.

Transition Plan

The Iowa Department of Human Services has requested a renewal of the IFPN 1115 Demonstration waiver to begin effective January 1, 2013. This request was necessary due to two changes in eligibility requirements.

Program Monitoring

Quality Control (QC) reviewers read the case file for each sampled case. Information from the case reading was recorded on a worksheet that listed each eligibility factor to be reviewed. The reviewer contacted the recipient to resolve any questionable information. We did not contact clients who claimed confidentiality.

The following eligibility factors were reviewed:

- Age
- Citizenship and Alien Status
- Residency
- Household Composition and Relationship
- Income and Income Deductions
- Health Insurance Coverage
- Application Processing Standards
- Enrollment in the Iowa's Children Health Insurance Program (CHIP) or Medicaid, other than IowaCare, Medically Needy with a spenddown, or a Medicare Savings Plan.

Results:

QC reviewed 610 IFPN cases and completed 583 reviews.

543	Eligible for Family Planning Services (543/583)	93%
37	Not eligible for Family Planning Services (37/583)	6%
2	Ineligible for IFPN, but eligible for other Medicaid (2/583)	<1%
27	Incomplete (27/610)	4%

Ineligible – Agency Error (3/37) 3 different clinics

- Received hawk-i benefits (1)
- Did not follow up on client’s reported health insurance coverage (2)

Ineligible – Client Error (34/37)

- 30 clients did not report they had health insurance coverage
- 3 received full Medicaid
- 1 was not an Iowa resident

Of the eligible cases, 48% had technical errors (some cases had more than one technical error). The most common technical errors were:

- not recording how the Notice of Decision was given to the client (in person or by mail) (124)
- technical errors in the calculation of wages and salaries that did not impact eligibility (100)
- not completing the Income Worksheet (required even with no income) (67)
- not processing the application timely (30-day processing) (41)

Corrective Actions:

- A *Report of Quality Control Review* was prepared on all cases with an eligibility error or a technical error or the need to relay new information to the clinic. Clinics were asked to respond by describing how they addressed the issues raised by the report and making suggestions for prevention of future errors. Many of the responses stated clinic supervisors had shared information about the error with other staff to ensure all understood correct policy and procedures. Technical errors were fewer in the second half of the review year, which supports improvement in processing due to recognizing error prone areas.
- Recognizing the presence of other health insurance was the most common eligibility error found. This was overwhelmingly a client error – failure to report.
- Common procedural errors such as completion of the Income Worksheet and documenting how the Notice of Decision was issued will be taken into account when updating provider training material.
- The second most frequently occurring technical error was in the element of Wages & Salaries. These errors did not impact eligibility on the cases reviewed but had the potential to do so if the amount of the error due to the client’s failure to report or the clinic’s mistreatment of the income had been greater. The most common reasons for these technical errors were:

- Client did not report earnings (18) *QC found employment listed on wage reports from the Department of Workforce Development.*
- Client did not report having a second job. (16) *QC found employment listed on wage reports from the Department of Workforce Development.*
- Clinic did not exempt earnings of high school students. (10) *The question of school attendance is not on the current Health Services application. The clinic worker would have to ask the client about student status based on the client's age.*
- Clinic did not use income from tips. (7) *Tip income is not always obvious on paystubs. The clinic worker would have to ask the client about tips based on the type of employer.*
- Clinic did not exempt Work Study or other educational income for college students. (5) *Again, client's student status would have to be explored in discussion with the client if it was not apparent from the income verification.*
- Clinic used net income rather than gross. (5)
- Clinic projected income that was not continuing. (5)
- Clinic did not request verification or use income from a new job reported by the client. (5)
- Clinic did not record gross pay correctly from pay stubs. (5)
- Clinic incorrectly determined pay frequency. (3)
- Clinic did not verify income or income termination. (2)
- The other technical earned income errors were variations on failure to project income correctly. These issues will be taken into account the next time training is provided for clinic workers.

Feedback and grievances made by beneficiaries

No grievances to report this quarter.

Quarterly Expenditures

Demonstration Year 8 2013	Quarter 2 4/1/2013 - 6/30/2013			
	Service Expenditures as Reported on the CMS-64	Administrative Expenditures as Reported on the CMS- 64	Total Expenditures as Reported on the CMS-64	Expenditures as requested on the CMS-37
Quarter 1 Expenditures	\$ 1,882,330	\$ 107,358	\$ 1,989,688	\$ 2,030,897
Quarter 2 Expenditures	\$ 2,370,928	\$ 104,144	\$ 2,475,072	\$ 2,680,695
Quarter 3 Expenditures				

Quarter 4 Expenditures				
Total Annual Expenditures	\$ 4,253,258	\$ 211,502	\$ 4,464,760	\$ 4,711,592

Notes

Expenditures requested on the CMS-37 report are based on aggregate Medicaid spending trends and are not reported separately by waiver. In total, expenditures requested on the CMS-37 report for the quarter-ending 6/30/2013 were 8.31% more than actual expenditures. This same percentage is assumed for purposes of this report.

Quarter 1 and Quarter 2 expenditures include both Demonstration Year 7 and Demonstration Year 8 service dates.

Activities for next quarter

Training:

Due to priorities for implementing the new Iowa Adult Expansion group, the Iowa Health and Wellness Plan, and the new eligibility system, the Department is delaying training for agency staff.

Provider Manual and Employees' Manual:

No revisions were required in the Family Planning Provider Manual and the DHS Employees' Manual during second quarter of 2013.

IFPN System:

Due concentration on the development of a new eligibility system which will include the Iowa Family Planning Network, there were no changes to the IFPN system during the second quarter of 2013.