



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

State of Iowa
Iowa Family Planning Network (IFPN)
Section 1115 Quarterly Report
Demonstration Year 10, Quarter 2
April 1, 2015 through June 30, 2015

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 the 1115 Demonstration waiver group, 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 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.

Effective January 1, 2014, the IFPN section 1115(a) Medicaid demonstration expands family planning and family planning-related services to individuals aged 12-54, who are not otherwise enrolled in Medicaid and are (1) Women losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum and who have a family income at or below 300 percent of the Federal Poverty Level (FPL) at the time of annual redetermination or (2) Men and women who have family income at or below 300 percent of the FPL.

DHS contracts 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

Description of demonstration population:

Iowa provides limited Medicaid coverage for family services and planning-related services through the Iowa Family Planning Network (IFPN) to:

1. Men and women of reproductive age, who are not otherwise enrolled in Medicaid and have countable income at or below 300% of the federal poverty level (FPL) for their household size; or
2. Women who are eligible due to the conclusion of their 60-day postpartum period under a full Medicaid coverage group.

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.

Program highlights:

No new procedure or diagnosis codes were added for this quarter.

CORRECTION FROM LAST QUARTER'S REPORT: Relative to last quarter's report indicating that we added CPT code 58561 (with removal of leiomyomata), this is incorrect. The CPT code that was added was 58562 (Hysteroscopy, surgical; with removal of impacted foreign body).

During this quarter, we continued testing ICD-10 diagnosis codes to assure that IFPN claims will process correctly after October 1, 2015 switch-over to ICD-10. Providers that provide service to IFPN members continued to submit test claims with ICD-10 codes.

Provider Participation:

There has been no change in IFPN provider participation numbers since last quarter's report. For convenience, the IFPN provider participation numbers for last quarter were as follows:

- Hospital: 50
- Physician (MD/DO): 171
- Pharmacy: 515
- Independent Labs: 23

- Medical Supplier 1
- Rural Health Clinic: 1
- Family Planning Clinic: 11
- Nurse Practitioner: 27
- Certified Nurse Anesthetist (CRNA): 2
- Certified Nurse Midwife: 5
- Ambulatory Surgical Centers 3
- Federally Qualified Health Center: 1
- Physician Assistant 3
- Screening Center: 1
- Ambulance 1

Enrollment

I. Quarterly Enrollment Reporting

Demonstration Year 10 2015	Quarter 2 4/1/2015 - 6/30/2015			
	Population 1 SOBRA PW	Population 2 Other Women	Population 3 Men	Total Population
# of Newly Enrolled	1,722	1,341	113	3,167
# of Total Enrollees	8,053	12,214	456	20,479
# of Participants	1,943	5,504	120	7,567
# of Member Months	21,344	31,256	1,127	53,727

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

See the attached spreadsheet of diagnostic codes and procedural codes.

Iowa Family Planning Evaluation: Trends Observed with Service Utilization Calendar Year 2015 Quarter 2 (April-June 2015)

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 2015 –April through June 2015.

DIAGNOSTIC CODES

The table “Diagnostic Codes 2nd Quarter 2015” shows by month total number of diagnostic codes that have been used for each of the last 3 months. The table shows a fairly stable count from April to June from 2,759 to 2,492 to 2,156. The average total number of procedure codes for each of the 3 months is 7,407 with an average variability of 12% and a slight decrease of the average of the previous quarter.

There were 20 different codes used in during the 2nd Quarter of 2015. The most frequently used codes; V25.41 averaged 1301 times per months and Code V25.49 averaged 499 times per month. These two codes accounted for 72.9% of the total reporting and the top 3 codes accounted for 80.3% of the total reporting.

PROCEDURE CODES

The table “Procedure Code 2nd QTR 2015” 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 97 distinct codes reported while not all codes were used each month (Jan=80, Feb=72, Mar=67). As shown in the table “Procedure Code 2nd QTR 2015”, the most frequently used procedure code was S4993. This code was used a total of 4,176 times during the quarter for an average of 1,392 times per month compared to an average of 1,555 times per month in the previous analysis. The top 3 codes (S4993, 87591, 87491) represented 43.6% of the reported codes. The total reported codes for the quarter were 13,914, an average of 4,638 per month.

The pattern of usage for procedure codes in the first quarter of 2015 follows the pattern of usage shown in the CY2015Q1 report.

In summary, the pattern of usage established during calendar year 2011 and CY2012 Q2 for both diagnostic procedure codes was continued during the first quarter of 2015.

Program Outreach Awareness and Notification

There were no training or outreach activities this quarter.

Program Evaluation, Transition Plan and Monitoring

Program Evaluation

The Evaluation Report for 2013 has been submitted.

Transition Plan

No longer applicable

Program Monitoring

IFPN cases continue to be reviewed for accuracy and correct application of policy by reviewers from the Iowa Department of Public Health. In Federal Fiscal Year 2015, IDPH staff reviewed 80 individual case files from seven family planning agencies. Overall, the case records contained the required components. The files were organized, complete and consistent, making it easy for the IDPH auditor to find the required elements. The reviews found few errors.

Feedback and grievances made by beneficiaries

No grievances to report this quarter.

Quarterly Expenditures

II. Quarterly Financial Reporting

Demonstration Year 10 2015	Quarter 2 4/1/2015 - 6/30/2015			
	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	\$ 942,230	\$ 90,585	\$ 1,032,815	\$ 1,054,236
Quarter 2 Expenditures	\$ 902,610	\$ 87,333	\$ 989,943	\$ 1,007,248
Quarter 3 Expenditures				
Quarter 4 Expenditures				
Total Annual Expenditures	\$ 1,844,840	\$ 177,918	\$ 2,022,758	\$ 2,061,484

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 6/30/2015 were 1.75% more than actual expenditures. This same percentage is assumed for purposes of this report.

Expenditures include Demonstration Year 7 - 10 service dates.

Activities for next quarter

Training

A new IFPN agency will be added next quarter and training will be provided.