



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 7, Quarter 1 (January 1st – March 31st, 2012)
May 30, 2012

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. Iowa implemented the renewal and expansion of IFPN 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 well over \$10 million from the IFPN waiver.

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 men and women ages 12 through 54, who are not otherwise enrolled in Medicaid (other than IowaCare), or Children Health Insurance Program (CHIP), entitled Health and Well Kids in Iowa (hawk-i), or are uninsured or have health insurance that provides family planning services and:

- have countable income at or below 300% of the federal poverty level (FPL); or
- Have lost Medicaid pregnancy coverage within the last year, at the conclusion of their 60-day postpartum period.

- **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 reduce annual expenditures for prenatal, delivery newborn and infant care.
- Reduce the number of unintended and unwanted pregnancies among women eligible for Medicaid.
- Reduce teen pregnancy by reducing the number of repeat teen births.
- Estimate the overall savings in Medicaid spending attributable to providing family planning services to women for 2 years postpartum.

- **Program highlights:** There were significant changes in the benefit package in this quarter from the prior year (under the previous waiver). Prior to this waiver approval period services for males were not covered under the IFPN waiver. Services utilized by males were added. Additionally there were some Current Procedural Terminology (CPT) changes or additions. The IFPN Family Planning Waiver only allows a set of certain services identified by procedure codes, diagnosis codes, and surgical procedure codes. New CPT codes (00921, 55250, 55450, 76830, 89300, 94761, 99144, A4267, A4268, J2250 and J3010) and diagnosis codes (V25.8, V26.5, V26.52) were added.

It was determined that colposcopy services could be added to the IFPN waiver and remain within the budget neutrality expenditure limits. The CPT codes of 57420, 57421, 57452, 57454, and 88305 were added as payable services under the IFPN waiver.

Attached you will find an up-to-date list of all the services covered under IFPN.

Effective 12-29-11

• Procedure Code	Description
• 00921	Anesthesia for procedures on male genitalia
• 55250	Vasectomy, unilateral/bilateral
• 55450	Ligation of vas deferens
• 76830	Ultrasound transvaginal
• 89300	Semen analysis
• 94761	Noninvasive ear op pulse oximetry
• 99144	Moderate sedation
• A4267	contraceptive supply, condom, male
• A4268	Female condom
• J2250	Injection Midazolam

- J3010 Injection, Fentanyl citrate

Diagnosis code

- V25.8 Other specified contraceptive management
- V26.5 Sterilization status
- V26.52 Vasectomy status

Description

Effective 1-1-12

Procedure Code

- 11981 Insertion, non-biodegradable drug delivery implant
- 11982 removal non-biodegradable drug delivery implant
- 11983 Removal with reinsertion, non-biodegradable drug delivery implant
- 57420 Colposcopy of the entire vagina with cervix
- 57421 Colposcopy of the entire vagina with biopsy
- 57452 Colposcopy of the cervix including upper/vagina
- 57454 Colposcopy of the cervix including upper vagina with biopsy
- G0445 High intensity behavioral counseling to prevent sexually transmitted infection
- G0450 Screening for sexually transmitted infections, includes lab test for chlamydia

Description

Diagnosis code

- 622.10 Dysplasia of cervix
- 622.11 Mild dysplasia of cervix
- 622.12 Moderate dysplasia of cervix
- 079.88 Other specified chlamydial infection
- V02.7 Gonorrhea

Description

• **Significant Program Changes**

- Effective 12/01/11 DHS implemented an automated process to verify citizenship and identity through the Social Security Validation Enumeration System (SVES). The SVES match allows the IFPN applicant to be approved for IFPN while citizenship and identity verification is pending, if the applicant is otherwise eligible. The system changes included:
 - A “citizenship and identity screen” that allows the worker to request and check the status of the SVES match response (consistent or inconsistent)
 - This screen also displays information regarding the 90 – day reasonable opportunity period (displays due date) and also shows whether or not a notice have being sent to the client, requesting proof of citizenship and/or identity (if SVES match is inconsistent).
- The IFPN help desk monitored all the calls and questions that came in regards to the SVES match from 12/01/11 to 01/31/12, we then, put together a Q&A document with the most frequent asked questions and answers and sent the document to all family planning providers that assist with IFPN determinations.

- DHS implemented system changes to the Family Planning Waiver (FPW) system to reflect the IFPN expansion (cover men, increase age limit to 54, increase income limit to 300% and to provide coverage to individuals that are uninsured or have health insurance coverage that does not provide family planning services). The system changes included:
 - Increase of FPL from 200% to 300%FPL
 - Added the word “male” under the gender option.
 - Added additional questions in regards to the insurance coverage
 - Added additional question to “track” confidential cases.
- Updated the 300% FPL income limits chart in the FPW system, Provider Manual and DHS-employee manual due to an increase in federal poverty levels effective 04/01/12.
- **Policy issues and challenges**
 - Iowa is currently exploring different options offered under the ACA for the IFPN participants and recipients see “Progress Update on Transition Plan” on pg. 8 of this document.

Enrollment

Iowa's Section 1115 Family Planning Demonstration				
Quarterly Report				
I. Quarterly Enrollment Reporting				
Demonstration Year 7 2012	Quarter 1 1/1/2012 - 3/31/2012			
	Population 1 SOBRA PW	Population 2 Other Women	Population 3 Men	Total Population
# of Newly Enrolled	3,093	4,329	253	7,675
# of Total Enrollees	11,632	21,792	259	33,680
# of Participants	3,388	10,939	79	14,406
# of Member Months	28,902	57,732	508	87,142
Note				
There are 3 enrollees that transitioned from population 1 to population 2 in the March 2012 quarter. These individuals would be reflect in both the population1 and population 2 columns. However, the total population column is an unduplicated count. As a result the total population figure (33,680) is less than the sum of the three population totals (33,683).				

Services and Providers

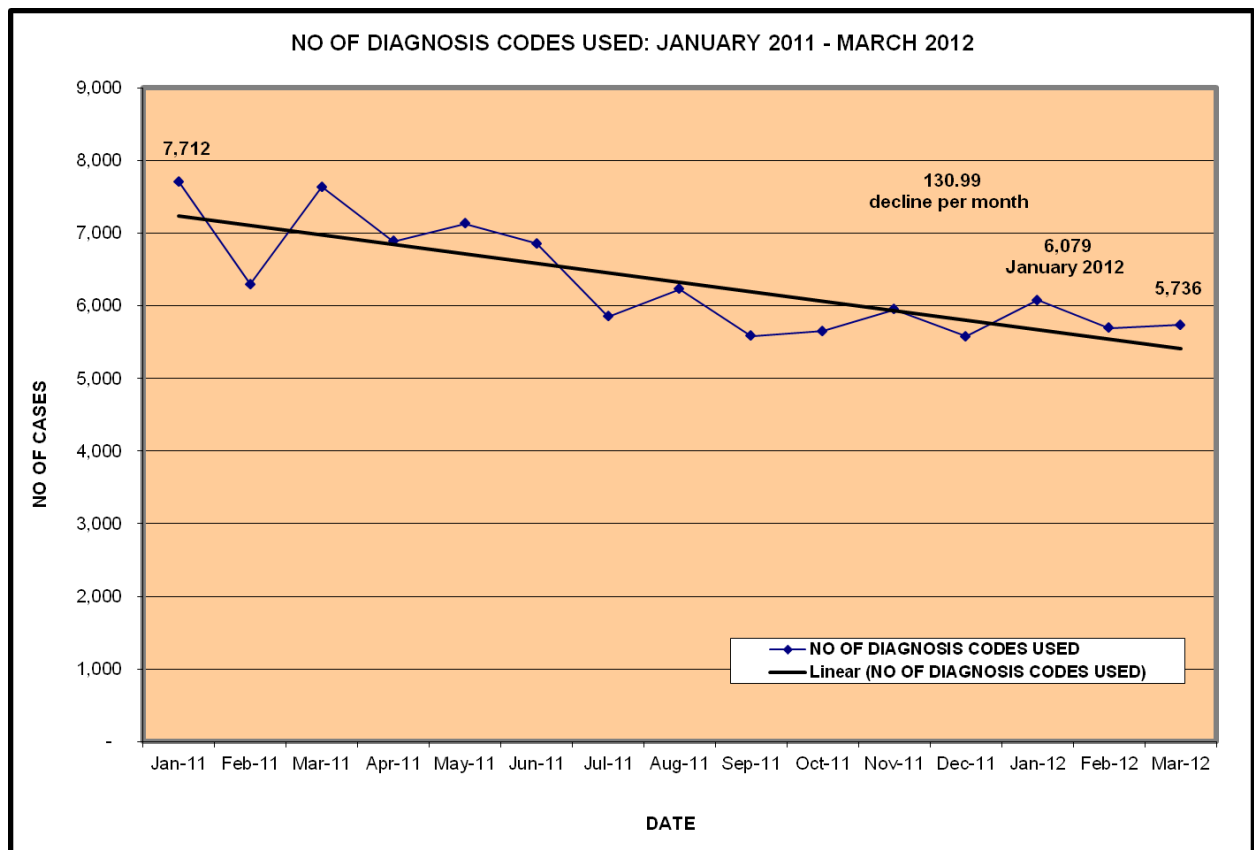
• **Trends Observed with Service Utilization**

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. Since the extension has only run for one calendar quarter, data from the previous calendar year, 2011, has been added to the data for the first quarter of calendar 2012 to make it easier to spot any long term trends.

DIAGNOSTIC CODES

The graph of the “No Diagnosis Codes Used: January 2011 – March 2012” shows the total number of diagnostic codes that have been used for each of the last 15 months. The graph shows that over the last 15 months there has been a decline of 131 in the number of diagnostic codes used per month. For example, in January of 2011, 7,712 total code entries were made. By September of 2011, the total number of monthly codes used had fallen to 5,587, and did not go back up to 6,000 a month again in 2011.

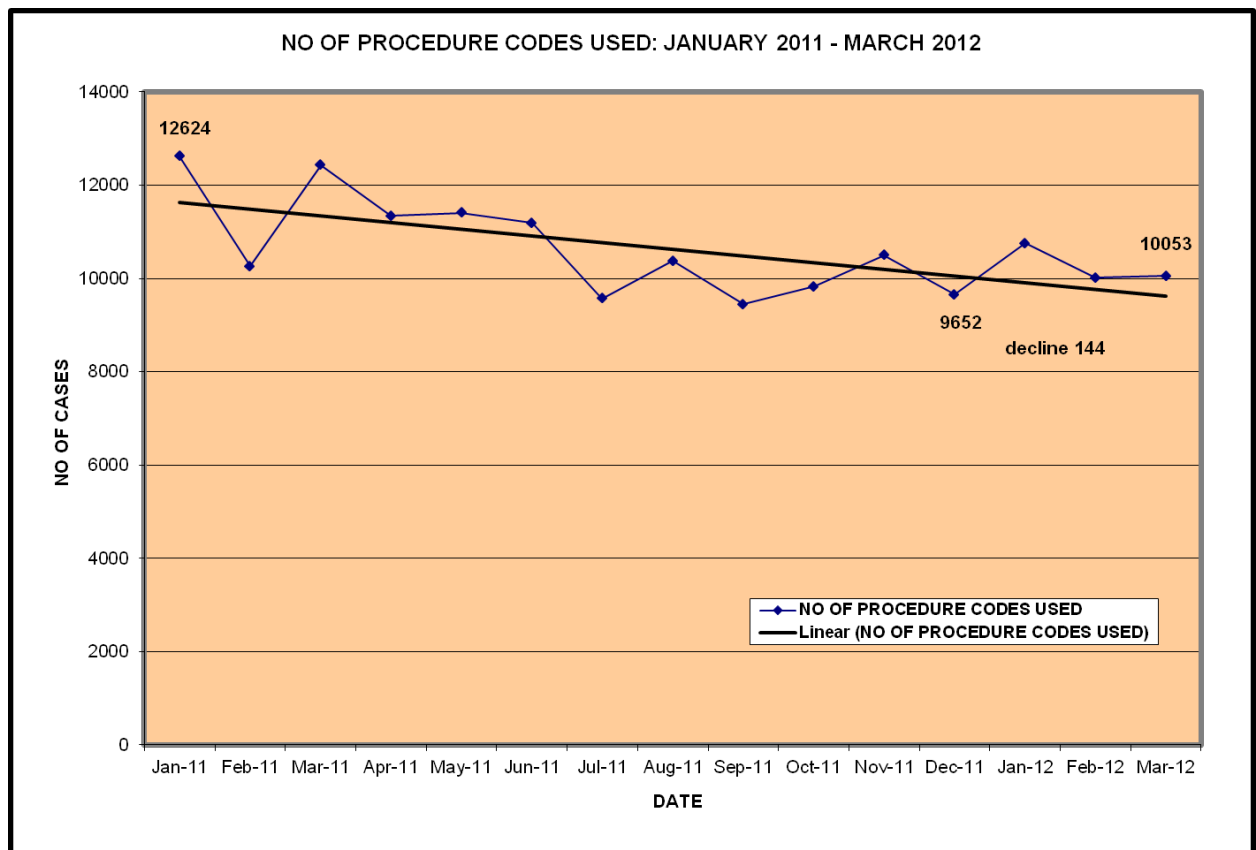
There were only 24 different codes that could have been used in 2011, but, as shown in the table, “Diagnosis Codes used in Calendar year 2011” two codes were not used at all during the year. Among the most frequently used codes, one code, V25.41 was used much more than any other code, 31,298 times. Two other codes were used frequently, Code V25.49 was used 12,877 times and code V25.09 was used 10,569 times. The table “Diagnosis Codes used in the First Quarter of 2012” indicates that the first quarter of 2012 continued the patterns observed for calendar 2011. The 3 most used codes in 2011 were also the three codes used most often in the first quarter of 2012; V25.41, V25.49 and V25.09.



PROCEDURE CODES

The graph of the “No Procedure Codes Used: January 2011 – March 2012” shows the total number of procedure codes that have been used for each of the last 15 months. As the graph displays, over the last 15 months there has been a decline of 144 in the number of procedure codes used per month. As shown in the table “Procedure CODES USED IN CALENDAR YEAR 2011”, the most frequently used procedure code was S4993. This code was used a total of 37,840 times during the year for an average of 3,153 times per month. Code J1055 was used 9,678 times followed by code 99395. There were a total of 221 procedure codes that could have been used. The monthly average for the number of codes used was 10,719.

The pattern of usage for procedure codes in the first quarter of 2012 follows the pattern of usage shown in calendar 2011. As displayed in the table “PROCEDURE CODES USED IN THE FIRST QUARER OF 2012” the three most frequently used codes were S4993, J1055 and 99395. The monthly average number of codes used was 10,273 which were very close to the monthly average for calendar year 2011. In summary, the pattern of usage established during calendar year 2011 for both diagnostic procedure codes was continued during the first quarter of 2012.



- **Provider Participation.-** In the first quarter of 2012 Medicaid had 893 providers participating in the IFPN program as follows:
 - Hospitals: 57
 - Physicians (MD/DO): 211

- Pharmacy: 554
- Independent Labs: 24
- Rural Health Clinics: 1
- Family Planning Clinics: 13
- Nurse Practitioners: 25
- Certified Nurse Anesthetist (CRNA): 8

The Iowa Medicaid Enterprise will be holding state wide provider training in the summer of 2012. Providers will be encouraged to attend the training and bring claims that are problematic. This is open all providers including family planning providers.

Program Outreach Awareness and Notification

Medicaid providers were notified of the changes in the IFPN waiver by informational releases. Two informational releases were published this quarter in regards to the IFPN expansion, the first informational letter covered the IFPN expansion (cover men, increase poverty level to 300% FPL, increase age limit to 54 and to cover the underinsured) and services added. The second informational letter clarified and provides an updated list of all services covered under IFPN.

Providers continue to have some follow-up questions related to implementation of the changes so it appears the notifications were effective in communicating the changes to providers.

Program Evaluation, Transition Plan and Monitoring.

- **Monitoring** .- DHS' Bureau of Quality Control (QC) started their 2012 MEQC review focus on Iowa Family Planning Network (IFPN) cases in February, 2012. QC reviews a random sampling of 50 IFPN cases each month (MEQC reviews will continue for one year), QC reviews cases that were approved by designated family planning agencies and clinics for IFPN medical coverage to determine the accuracy of the information gathered and entered on the system and of the eligibility determinations made. For each case for which QC is able to complete a review, the family planning agency is informed of the outcome by either a "No Error Memorandum or a Report of Quality Control Review". The Report of Quality Control review conveys an eligibility error, a technical error (an error that did not impact eligibility) or new information about the case. Each family planning agency is responsible for reviewing each of the reports, the family planning agency has the opportunity to discuss and/or ask questions in regards to findings reported by QC, within 5 days.

After discussing the error with QC and when and when all questions were answered satisfactorily, the family planning agency completes the second page of the report of the Quality Control Review and returns it to QC. The family planning agency response confirms that appropriate corrective action has been taken and it helps us understand why the error occurred and helps prevent similar errors in the future.

QC has completed 144 MEQC reviews to-date for calendar year 2012, the results so far show:

- 124 cases eligible
- 11 cases ineligible
- 07 reviews dropped
- 02 cases ineligible for IFPN but eligible for other Medicaid programs

Of the ineligible cases, 10 were not eligible due to having health insurance that covered family planning services and one had Title 21 hawk-i, coverage. Of the eligible cases, more than 1/3 had technical errors such as not completing the Income Worksheet and not indicating how the Notice of Decision was issued to the client.

- **Program evaluation.** - DHS submitted a draft evaluation plan to CMS on 04/13/12; the evaluation plan is being reviewed by CMS.
- **Progress update on Transition Plan.** - Iowa is currently exploring the options available for the IFPN waiver under ACA. Iowa has outline three options for IFPN:
 - 1) Terminate the IFPN waiver at the end of the approval period (12/31/13) and:
 - transition adults (19-54) with income ≤133% FPL to the adult group
 - transition adults (19-54) with income >133% FPL to other insurance affordability programs under the ACA
 - transition adolescent (12-18) with income ≤133% FPL to Medicaid
 - transition adolescent (12-18) with income >133% FPL to other insurance affordability programs under the ACA
 - 2) Add the IFPN waiver to the State's Plan as a new Medicaid coverage group by option for Section 2303 of the ACA.
 - 3) Seek approval from CMS to renew the IFPN waiver as it is.
- **Feedback and grievances made by beneficiaries.** - No grievances to report this quarter.

Quarterly Expenditures

II. Quarterly Financial Reporting				
Demonstration Year 7 2012	Quarter 1 1/1/2012 - 3/31/2012			
	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	\$ 1,437,521	\$ 89,579	\$ 1,527,100	\$ 1,682,711
Quarter 2 Expenditures				
Quarter 3 Expenditures				
Quarter 4 Expenditures				
Total Annual Expenditures	\$ 1,437,521	\$ 89,579	\$ 1,527,100	\$ 1,682,711
<u>Note</u>				
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 exceeded actual expenditures by 10.19%. This same percentage is assumed for purposes of this report.				

Activities for next quarter

DHS plans to provide a refresh/training webinar on household composition and income documentation.

DHS plans to keep updating/clarifying the Family Provider Manual and the DHS employee manual based on MEQC findings.

DHS plans to add additional edits in the system to refine the automated redetermination process to IFPN for women that have lost Medicaid pregnancy coverage at the conclusion of their 60-day postpartum period.