



# 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 (January 1, 2013 through March 31, 2013)**  
**April 29, 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. 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 of 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 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
- Have become ineligible for Medicaid 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 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:**

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. Programming was initiated to make the changes necessary due to the January 2013 CPT procedure code changes. This involved terminating a procedure code that was being discontinued and substituting the new procedure code.

- **Provider Participation:**

In the first quarter of 2013, Medicaid had providers participating in the IFPN program as follows:

- Hospitals: 62
- Physicians (MD/DO): 237
- Pharmacy: 551
- Independent Labs: 26
- Rural Health Clinics: 2
- Family Planning Clinics: 13
- Nurse Practitioners: 34
- Certified Nurse Anesthetist (CRNA): 4
- Ambulatory Surgical Centers 1
- Federally Qualified Health Centers: 1
- Screening Center: 1
- Ambulance 2

### **Program Outreach Awareness and Notification**

There were no new outreach awareness and notification initiatives during this quarter.

## **Policy Issues and Challenges**

Iowa DHS is preparing to request a renewal of the 1115 Demonstration waiver for the Iowa Family Planning Network to be implemented after the waiver end date of December 31, 2013. Please see the Transition Planning section on page 6.

## **Enrollment**

### **I. Quarterly Enrollment Reporting**

| Demonstration Year 8<br>2013 | Quarter 1<br>1/1/2013 - 3/31/2013 |                             |                     |                     |
|------------------------------|-----------------------------------|-----------------------------|---------------------|---------------------|
|                              | Population 1<br>SOBRA PW          | Population 2<br>Other Women | Population 3<br>Men | Total<br>Population |
| # of Newly Enrolled          | 3,045                             | 5,881                       | 201                 | 9,090               |
| # of Total Enrollees         | 10,768                            | 23,590                      | 867                 | 34,923              |
| # of Participants            | 6,065                             | 14,634                      | 310                 | 20,864              |
| # of Member Months           | 26,589                            | 63,128                      | 2,184               | 91,901              |

#### 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**

### **Trends Observed with Service Utilization, Calendar Year 2013 Quarter 1**

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 1<sup>st</sup> quarter of Calendar Year 2013 – Months January through March 2013.

#### **DIAGNOSTIC CODES**

The table “Diagnostic Codes 1<sup>st</sup> Quarter 2013” shows by month total number of diagnostic codes that have been used for each of the last three months. The table shows a steady decrease from January to February to March from 6,368 to 5,994 to 4,587. The average total number of procedure codes for each of the 3 months is 5,764 with an average variability of 16% and a 6% reduction to the average of the previous quarter.

There were 21 different codes used in during the 1<sup>st</sup> Quarter of 2013. The most frequently used codes; V25.41 averaged 2,428 times per month and Code V25.49 averaged 1,125

times per month. These two codes accounted for 66% of the total reporting and the top three codes accounted for 75% of the total reporting.

## PROCEDURE CODES

The table "Procedure Code 1<sup>st</sup> QTR 2013" shows the total number of procedure codes that have been used for each of the three months in the first quarter of 2013 (January-March 2013). As the table shows, over the last three months there were a total of 108 distinct codes reported while not all codes were used each month (January=90, February=86, March=78). As shown in the table "Procedure Code 1<sup>st</sup> QTR 2013", the most frequently used procedure code was S4993. This code was used a total of 8,002 times during the quarter for an average of 2,667 times per month compared to an average of 2,801 times per month in the previous analysis. The top three codes (S4993, 96372, J1055) represented 41.4% of the reported codes. The total reported codes for the quarter were 29,893, an average of 9,964 per month.

The pattern of usage for procedure codes in the first quarter of 2013 follows the pattern of usage shown in the CY2012Q4 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 2013.

## **Program Evaluation, Transition Plan and Monitoring**

### **Monitoring**

The Department of Human Services (DHS) Bureau of Quality Control (QC) began the 2012 MEQC review focus on Iowa Family Planning Network (IFPN) cases in February 2012. QC reviews a random sampling of fifty IFPN cases each month. 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, and the family planning agency has the opportunity to discuss and/or ask questions in regards to findings reported by Quality Control staff, within five days.

After discussing the error with QC staff and when all questions were answered satisfactorily, the family planning agency staff completes the second page of the *Report of 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.

The Bureau of Quality Control reviewed 610 MEQC Pilot reviews on IFPN cases during January through December 2012 sample months. Results show:

- 543 clients were eligible
- 37 clients were ineligible
- 2 clients were ineligible, due to eligibility for full Medicaid
- 27 reviews were dropped (4%)

Of those ineligible members, three of thirty-seven were agency errors (from three different clinics):

- 1 received hawk-i benefits (hawk-i members are ineligible for IFPN)
- 2 agencies did not follow-up on member's reported health insurance coverage

Of those ineligible, 34 were client errors (one also had an agency technical error):

- 30 members did not report they had health insurance coverage (ineligible due to insurance)
- 3 became eligible for full Medicaid and did not report the change
- 1 was not an Iowa resident

Of the eligible cases, forty-three percent had technical errors such as not completing the *IFPN Income Worksheet*, not recording how the *Notice of Decision* was given to the member, and errors in the determination of wages and salaries that did not impact eligibility.

### **Program Evaluation**

An extension to file the 2012 Evaluation Report at a later date due to contractor priorities has been approved by CMS Regional staff. The Evaluation Report will be submitted no later than June 28, 2013.

### **Progress Update on Transition Plan**

The Iowa Department of Human Services is in the process of requesting a renewal of the IFPN 1115 waiver. The Iowa legislature is in session and a bill to change IFPN to a State Plan group is under conference discussion. The CMS regional office will be notified if the Department is given direction to implement a State Plan for the IFPN effective January 1, 2013, in place of the 1115 Demonstration renewal.

### **Feedback and grievances made by beneficiaries**

No grievances to report this quarter.

## Quarterly Expenditures

| Demonstration Year 8<br>2013 | Quarter 1<br>1/1/2013 - 3/31/2013                 |  |   |   |
|------------------------------|---|--|---|---|
|                              | Service Expenditures as<br>Reported on the CMS-64 | Administrative<br>Expenditures as<br>Reported on the<br>CMS-64 | Total<br>Expenditures as<br>Reported on the<br>CMS-64 | Expenditures as<br>requested on<br>the CMS-37 |
| Quarter 1 Expenditures       | \$ 1,882,330                                      | \$ 107,358   | \$ 1,989,688  | \$ 2,030,897                                  |
| Quarter 2 Expenditures       |   |  |   |   |
| Quarter 3 Expenditures       |   |  |   |   |
| Quarter 4 Expenditures       |   |  |   |   |
| Total Annual<br>Expenditures | \$ 1,882,330                                      | \$ 107,358   | \$ 1,989,688  | \$ 2,030,897                                  |

### 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 3/31/2013 were 2.07% more than actual expenditures. This same percentage is assumed for purposes of this report.

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

## Activities for next quarter

### **Training:**

DHS is developing training material for clinic workers that concentrates on screening for full Medicaid, household composition and income documentation.

### **Provider Manual and Employees' Manual:**

DHS will revise the Family Planning Provider Manual and the DHS Employees' Manual as needed based on MEQC findings and requests for process clarification from clinic workers.

### **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 first quarter of 2013.