



# Iowa Department of Human Services

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**State of Iowa**  
**Iowa Family Planning Network (IFPN)**  
**Section 1115 Quarterly Report**  
**Demonstration Year 10, Quarter 1**  
**January 1, 2015 through March 31, 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 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 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:*

In this quarter we added CPT code 58561 (with removal of leiomyomata) and ICD-9 diagnosis code 996.32 (due to intrauterine contraceptive device). We are currently testing ICD-10 codes to assure that Iowa Family Planning Network claims will process correctly after October 1, 2015. Providers that provide service to IFPN members are testing claims with ICD-10 codes.

We also reviewed our coverage of Xulane. We do not have to add codes to allow Xulane to pay. Billing Xulane uses a current procedure code and diagnosis code. The change is in the NDC number only.

*Provider Participation:*

In the first quarter of 2015, Iowa Medicaid had providers participating in the IFPN program 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 1 1/1/2015 - 3/31/2015			
	Population 1 SOBRA PW	Population 2 Other Women	Population 3 Men	Total Population
# of Newly Enrolled	1,608	1,623	94	3,308
# of Total Enrollees	7,957	13,395	490	21,482
# of Participants	2,415	6,489	119	9,023
# of Member Months	18,993	33,447	1,194	53,634

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 1 (January through March 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 1<sup>st</sup> quarter of Calendar Year 2015, January through March 2015.

#### **DIAGNOSTIC CODES**

The table “Diagnostic Codes 1<sup>st</sup> 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 January to March from 3,129 to 2,583 to 2,537. The average total number of procedure codes for each of the 3 months is 7,750 with an average variability of 9% and a slight decrease of the average of the previous quarter.

There were 20 different codes used in during the 1<sup>st</sup> Quarter of 2015. The most frequently used codes; V25.41 averaged 1,468 times per months and Code V25.49 averaged 612 times per month. These two codes accounted for 75.6% of the total reporting and the top 3 codes accounted for 82.2% of the total reporting.

#### **PROCEDURE CODES**

The table “Procedure Code 1<sup>st</sup> 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 100 distinct codes reported while not all codes were used each month (Jan=90, Feb=74, Mar=66). As shown in the table “Procedure Code 1<sup>st</sup> QTR 2015”, the most frequently used procedure code was S4993. This code was used a total of 4,667 times during the quarter for an average of 1,555 times per month compared to an average of 1,678 times per month in the previous analysis. The top 3 codes (S4993, 87591,87491) represented 44.7% of the reported codes. The total reported codes for the quarter were 15,237, an average of 5,079 per month.

The pattern of usage for procedure codes in the first quarter of 2015 follows the pattern of usage shown in the CY2014Q2 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 2014, IDPH staff reviewed 70 individual case files from eight 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 very few procedural errors, and only one case review had an eligibility impact.

### *Feedback and grievances made by beneficiaries*

No grievances to report this quarter.

## **Quarterly Expenditures**

### **II. Quarterly Financial Reporting**

Demonstration Year 10 2015	Quarter 1 1/1/2015 - 3/31/2015			
	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				
Quarter 3 Expenditures				
Quarter 4 Expenditures				
Total Annual Expenditures	\$ 942,230	\$ 90,585	\$ 1,032,815	\$ 1,054,236

### 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 3/31/2015 were 2.07% 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.

### *Provider Manual and Employees' Manual*

Revisions are anticipated for the Family Planning Provider Manual. Recent updates were made to the DHS Employees' Manual to update materials regarding the most recent legislative changes.

### *IFPN System*

A waiver of Section 1902(e)(14)(A) of the Social Security Act has been requested by DHS to allow Iowa to continue to waive MAGI eligibility determinations until December 31, 2015. This delay will allow the programming for Iowa Family Planning eligibility to be completed in the new eligibility system which will provide MAGI determinations.

### *Waiver Amendment*

Under Iowa's Medicaid Modernization Effort, the department is in the process of submitting an amendment to the 1115 Family Planning Waiver Demonstration to CMS, allowing for a transition of service delivery to Managed Care Organizations (MCO).