



Iowa Department of Human Services

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State of Iowa
Iowa Family Planning Network (IFPN)
Section 1115 Quarterly Report
Demonstration Year 11, Quarter 1
January 1, 2016 through March 31, 2016

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 \$250 million. Net Medicaid savings are estimated at over \$200 million due to services provided under the demonstration.

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 program highlights to report for this quarter.

Provider Participation:

In the first quarter of 2016, the IFPN provider participation numbers are as follows:

- Hospital: 39
- Physician (MD/DO): 151
- Pharmacy: 404
- Independent Labs: 24
- Family Planning Clinic: 11
- HMO: 1
- Dentist: 20
- Advanced Registered Nurse Practitioner (ARNP): 19
- Certified Nurse Anesthetist (CRNA): 3
- Certified Nurse Midwife: 4
- Ambulatory Surgical Centers: 2
- Federally Qualified Health Center: 4
- Physician Assistant: 3
- Screening Center: 1

- Clinical Social Worker: 1
- Non-Emergency Medical Transportation (NEMT): 1

Enrollment

I. Quarterly Enrollment Reporting

Demonstration Year 11 2016	Quarter 1 1/1/2016 - 3/31/2016			
	Population 1 SOBRA PW	Population 2 Other Women	Population 3 Men	Total Population
# of Newly Enrolled	1,589	1,126	128	2,839
# of Total Enrollees	6,782	10,516	546	17,788
# of Participants	2,152	2,087	156	4,395
# of Member Months	15,965	25,665	1,393	43,023

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 attached spreadsheet of diagnostic codes and procedural codes.

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 1st quarter of Calendar Year 2016, the months of January through March 2016. This is the first report using ICD-10 codes which were implemented nationally effective dates of service on or after October 1, 2015.

DIAGNOSTIC CODES

The table "Diagnostic Codes 1st Quarter 2016" 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 2,008 to 1,896 to 1,732. The total number of Diagnosis codes for each of the 3 months is 5,636 with an average variability of 8% and a slight increase to the average of the previous quarter.

There were 16 different codes used in during the 1st Quarter of 2016. The most frequently used codes; Z30.41 averaged 1,228 times per months and Code Z30.49 averaged 204 times per month. These two codes accounted for 76.2% of the total reporting and the top 3 codes accounted for 82.9% of the total reporting.

PROCEDURE CODES

The table "Procedure Code 1st QTR 2016" 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 85 distinct codes reported while not all codes were used each month (Jan=68, Feb=66, Mar=65). As shown in the table "Procedure Code 1st QTR 2016", the most frequently used procedure code was S4993. This code was used a total of 4,026 times during the quarter for an average of 1,342 times per month compared to an average of 1,274 times per month in the previous analysis. The top 3 codes (S4993, 81025, 87491) represented 48.9% of the reported codes. The total reported codes for the quarter were 11,658, an average of 3,886 per month.

The pattern of usage for procedure codes in the third quarter of 2015 follows the pattern of usage shown in the report from second quarter of calendar year 2015.

In summary, the pattern of usage established during calendar year 2011 and second quarter of calendar year 2012 for both diagnostic procedure codes was continued during the fourth quarter of 2015.

Program Outreach Awareness and Notification

Training

The Iowa Medicaid Enterprise (IME) continues to work with IFPN providers and their provider associations, Family Planning Council of Iowa (FPCI), and Iowa Department of Public Health (IDPH), along with representatives from the managed care organizations (MCOs) to continue to address issues related to Iowa's transition to managed care. Generally, these issues are related to ensuring the MCOs are correctly covering and processing claims from IFPN providers, for IFPN covered services. In this regard, formal policy clarification was provided to the MCOs on May 19, 2016. Also, a formal meeting was held on May 20, 2016 with the MCOs, FPCI and IDPH for further discussion and clarification regarding these issues. FPCI continues to serve as the conduit for passing along ongoing questions/concerns regarding transition to managed care, relative to IFPN, as well as addressing any specific claims payment issues that may arise.

Program Evaluation, Transition Plan and Monitoring

Program Evaluation

The Evaluation Report for 2014 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 11 2016	Quarter 1 1/1/2016 - 3/31/2016			
	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	\$ 680,396	\$ 42,776	\$ 723,172	\$ 816,175
Quarter 2 Expenditures	\$ -	\$ -	\$ -	\$ -
Quarter 3 Expenditures	\$ -	\$ -	\$ -	\$ -
Quarter 4 Expenditures	\$ -	\$ -	\$ -	\$ -
Total Annual Expenditures	\$ 680,396	\$ 42,776	\$ 723,172	\$ 816,175

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 3/31/2016 were 12.86% more than actual expenditures. This same percentage is assumed for purposes of this report.

Expenditures include Demonstration Year 7 - 11 service dates.

Time Frame - CCYYMM

Diagnosis_Code	201601	201602	201603
Z12.4	47	57	54
Z30.012	22	25	26
Z30.018	10	13	13
Z30.02	1		
Z30.09	146	133	102
Z30.40	26	14	20
Z30.41	1325	1234	1125
Z30.430	11	7	14
Z30.431	18	17	13
Z30.432	5	10	4
Z30.433	3	4	1
Z30.49	205	204	203
Z30.8	5	6	6
Z30.9	57	46	31
Z32.00	5	5	3
Z32.02	122	121	117