

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 3 July 1, 2016 through September 30, 2016

Introduction

lowa 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 \$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 second quarter of 2016, the IFPN provider participation numbers are as follows:

- Hospital: 21
- Physician (MD/DO): 39
- Pharmacy: 21
- Independent Labs: 13
- Family Planning Clinic: 16
- Advanced Registered Nurse Practitioner (ARNP): 13
- Certified Nurse Midwife: 7
- Maternal Health Center: 2

Note: It is recognized that the provider participation data provided above is significantly different from data provided in previous reports. The difference in data appears to be related to how Managed Care Organizations (MCO) identifies the provider type in their systems. MCO identification methods differ from the identification methods used by Fee-For-Service (FFS) in the MMIS system. The Iowa Medicaid Enterprise (IME) continues to work with the MCO to resolve the identification methods.

Enrollment

Demonstration Year 11	Quarter 3 6/1/2016 - 9/30/2016			
2016				
	Population 1	Population 2	Population 3	Total
	SOBRA PW	Other Women	Men	Population
# of Newly Enrolled	1,365	1,081	147	2,685
# of Total Enrollees	6,629	9,475	593	16,673
# of Participants	8,002	9,248	583	17,833
# of Member Months	16,078	23,989	1,497	41,564

I. Quarterly Enrollment Reporting

<u>Note</u>

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 3rd quarter of Calendar Year 2016, months July through September 2016.

DIAGNOSTIC CODES

The table "Diagnostic Codes 3rd 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 July to Sept from 229 to 234 to 145 (artificially low due to claims lag with encounter data). The total number of Diagnosis codes for each of the 3 months is 608 with a low variability between months and quarters.

There were 16 different codes used in during the 3rd Quarter of 2016. The most frequently used codes; Z30.41 averaged 74 times per month and Code Z30.09 averaged 43 times per month. These two codes accounted for 57% of the total reporting and the top 3 codes accounted for 73% of the total reporting.

PROCEDURE CODES

The table "Procedure Code 3rd 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 67 distinct codes reported while not all codes were used each month. As shown in the table "Procedure Code 3rd QTR 2016", the most frequently used procedure code was S4993. This code was used a total of 364 times during the quarter for an average of 121 times per month similar to previous quarters. The top 3 codes (S4993, 87591, 87491) represented 47% of the reported codes. The total reported codes for the quarter were 2,313, an average of 371 per month.

In summary, the pattern of usage established during calendar year 2011 and calendar year 2012 Quarter 2 for both diagnostic procedure codes was continued during the second quarter of 2016.

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	Quarter 3			
2016	6/1/2016 - 9/30/2016			
	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	\$ 326,500	\$ 33,533	\$ 360,033	\$ 830,997
Quarter 3 Expenditures	\$ 137,410	\$ 45,164	\$ 182,574	\$ 198,735
Quarter 4 Expenditures	\$-	\$-	\$-	\$-
Total Annual Expenditures	\$ 1,144,306	\$ 121,473	\$ 1,265,779	\$ 1,845,907

<u>Notes</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 for the quarter-ending 9/30/2016 were 8.85% more than actual expenditures. This same percentage is assumed for purposes of this report.

Expenditures include Demonstration Year 7 - 11 service dates.

	Time Frame - 3rd Qtr 2016		
Procedure_Code	201607	201608	201609
11976	1		
11981	10	13	7
11982	8	3	3
11983	2	4	3
36415	24	16	1
36416		1	
57452	1		
57454		1	2
58300	10	4	2
58301	8	3	4
71020	2	1	
76830	4	1	1
76856	1		
80053	5	5	
81000	1	1	
81001	4	4	
81002	11	8	2
81003	6		
81025	80	73	38
84702	1	2	
84703	5	3	
85014	1		
85018	3	3	
85025	10	9	
85027	5		
86592	1	2	2
87110			1
87205			1
87210	9	15	9
87220		1	1
87491	108	149	103
87591	108	149	103
87624	2	1	1
88141	4		3
88142	21	9	10
88164			1
88175		2	1
88305	3	1	1
94761		1	
96372	25	17	6
99201	17	18	9
99202	48	31	29
99203	18	18	24
99204	2	2	3
99211	15	3	2

99212	9	12	1
			_
99213	18	33	13
99214	15	14	8
99384	4	6	4
99385	22	18	17
99386	2		3
99394			1
99395	14	28	9
99396	1	1	3
A4267	9	14	15
G0463	3		1
J1050	8	9	5
J2250	3		
J3010	3		
J3490	6	8	2
J7297	2		
J7298	3	2	1
J7300	4	2	1
J7303	6	8	8
J7307	11	16	10
J8499	1	1	
S4993	134	141	89

Year_Month	procedure_code	Procedure_Count
201607	11976	1
201607	11981	10
201607	11982	8
201607	11983	2
201607	36415	24
201607	57452	1
201607	58300	10
201607	58301	8
201607	71020	2
201607	76830	4
201607	76856	1
201607	80053	5
201607	81000	1
201607	81001	4
201607	81002	11
201607	81003	6
201607	81025	80
201607	84702	1
201607	84703	5
201607	85014	1
201607	85018	3
201607	85025	10
201607	85027	5
201607	86592	1
201607	87210	9
201607	87491	108
201607	87591	108
201607	87624	2
201607	88141	4
201607	88142	21
201607	88305	3
201607	96372	25
201607	99201	17
201607	99202	48
201607	99203	18
201607	99204	2
201607	99211	15
201607	99212	9
201607	99213	18
201607	99214	15
201607	99384	4
201607	99385	22
201607	99386	2
201607	99395	14
201607	99396	1
201607	A4267	9

201607	G0463	3
201607	J1050	8
201607	J2250	3
201607	J3010	3
201607	J3490	6
201607	J7297	2
201607	J7298	3
201607	J7300	4
201607	J7303	6
201607	J7307	11
201607	J8499	1
201607	S4993	134
201608	11981	13
201608	11982	3
201608	11983	4
201608	36415	16
201608	36416	1
201608	57454	1
201608	58300	4
201608	58300	3
201008	71020	5
201608	76830	1
201608	80053	5
201608	81000	1
201608	81001	4
201608	81002	8
201608	81025	73
201608	84702	2
201608	84703	3
201608	85018	3
201608	85025	9
201608	86592	2
201608	87210	15
201608	87220	1
201608	87491	149
201608	87591	149
201608	87624	1
201608	88142	9
201608	88175	2
201608	88305	1
201608	94761	1
201608	96372	17
201608	99201	18
201608	99202	31
201608	99203	18
201608	99204	2
201608	99211	3

201608	99212	12
201608	99213	33
201608	99214	14
201608	99384	6
201608	99385	18
201608	99395	28
201608	99396	1
201608	A4267	14
201608	J1050	9
201608	J3490	8
201608	J7298	2
201608	J7300	2
201608	J7303	8
201608	J7307	16
201608	J8499	1
201608	S4993	141
201609	11981	7
201609	11982	3
201609	11983	3
201609	36415	1
201609	57454	2
201609	58300	2
201609	58301	4
201609	76830	1
201609	81002	2
201609	81025	38
201609	86592	2
201609	87110	1
201609	87205	1
201609	87210	9
201609	87220	1
201609	87491	103
201609	87591	103
201609	87624	1
201609	88141	3
201609	88142	10
201609	88164	1
201609	88175	1
201609	88305	1
201609	96372	6 9
201609 201609	99201 99202	9 29
201609	99202	29
201609	99203	3
201609	99211	2
201609	99211	2
201609	99212	13
201003	55215	13

201609	99214	8
201609	99384	4
201609	99385	17
201609	99386	3
201609	99394	1
201609	99395	9
201609	99396	3
201609	A4267	15
201609	G0463	1
201609	J1050	5
201609	J3490	2
201609	J7298	1
201609	J7300	1
201609	J7303	8
201609	J7307	10
201609	S4993	89

	Time Frame - 3rd Qtr 2016			
Diagnosis_Code	201607	201608	201609	
Z01.810	1			
Z12.4	13	13	8	
Z30.012	3	5	1	
Z30.018	3	9		
Z30.09	40	47	42	
Z30.40	4	12		
Z30.41	85	86	52	
Z30.430	7	2	1	
Z30.431	3	3	2	
Z30.432	7	1	1	
Z30.433	1	1	2	
Z30.49	15	19	20	
Z30.8	2			
Z30.9	3	1	1	
Z32.00	1			
Z32.02	41	35	15	