



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 (October 1, 2012 through December 31, 2012)
February 19, 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 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 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 third quarter of 2012 Medicaid had 1043 providers participating in the IFPN program as follows:

- Ambulance: 2
- 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

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 5.

Enrollment

I. Quarterly Enrollment Reporting

Demonstration Year 7 2012	Quarter 4 10/1/2012 - 12/31/2012			
	Population 1 SOBRA PW	Population 2 Other Women	Population 3 Men	Total Population
# of Newly Enrolled	3,345	5,404	171	8,880
# of Total Enrollees	11,074	23,653	791	35,191
# of Participants	6,446	15,629	337	22,248
# of Member Months	26,854	64,429	2,224	93,507

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

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 4nd quarter of Calendar Year 2012 – Months October through December 2012.

DIAGNOSTIC CODES

The table “Diagnostic Codes 4nd Quarter 2012” shows by month total number of diagnostic codes that have been used for each of the last 3 months. The table shows a steady decrease from October to November to December from 6,570 to 5,916 to 4,805. The average total number of procedure codes for each of the 3 months is 5,764 with an average variability of 15% and a 4% reduction to the average of the previous quarter.

There were 23 different codes used in during the 4nd Quarter of 2012. The most frequently used codes; V25.41 averaged 2,599 times per months and Code V25.49 averaged 1,167 times per month. These two codes accounted for 65% of the total reporting and the top 3 codes accounted for 74% of the total reporting.

PROCEDURE CODES

The table “Procedure Code 4nd QTR 2012” shows the total number of procedure codes that have been used for each of the last 3 months (October-December 2012). As the table shows, over the last 3 months there a total of 133 distinct codes reported while not all codes

were used each month (July=114, August=88, September=91). As shown in the table "Procedure Code 4nd QTR 2012", the most frequently used procedure code was S4993. This code was used a total of 8,403 times during the quarter for an average of 2,801 times per month compared to an average of 2,892 times per month in the previous analysis. The top 3 codes (S4993, 96372, J1055) represented 40.6% of the reported codes. The total reported codes for the quarter were 32,434, an average of 10,811 per month. The pattern of usage for procedure codes in the fourth quarter of 2012 follows the pattern of usage shown in the CY2012 Q3 report.

In summary, the pattern of usage established during calendar year 2011 and CY2012 Q2 for both diagnostic procedure codes was continued during the fourth quarter of 2012.

Program Evaluation, Transition Plan and Monitoring

Monitoring

The 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, 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.

Quality Control has completed 579 IFPN reviews in MEQC for the calendar year 2012.

Reviews to date show:

- 540 members eligible
- 36 members ineligible
- 2 members ineligible, but eligible for other Medicaid
- 28 members had reviews dropped

Of those ineligible: 34 were client error, 3 were clinic error and 1 was both.

- 31 of the ineligible members were due to the client having health insurance that covered family planning services
- 1 ineligible member was due to having hawk-I coverage
- 3 members did not report becoming pregnant (causing ineligibility for IFPN)
- 1 member did not report a move out of state (loss of Iowa residency)

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Program evaluation

DHS submitted a draft evaluation plan to CMS on 04/13/12. CMS had comments which were responded to by DHS on August 21, 2012. CMS has not sent any further communication regarding the evaluation plan.

Progress Update on Transition Plan

Iowa will submit a request to renew the IFPN waiver to continue beyond December 31, 2013.

Feedback and grievances made by beneficiaries

No grievances to report this quarter.

Quarterly Expenditures

II. Quarterly Financial Reporting

Demonstration Year 7 2012	Quarter 4 10/1/2012 - 12/31/2012			
	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	\$ 2,462,179	\$ 79,333	\$ 2,541,512	\$ 2,455,863
Quarter 3 Expenditures	\$ 2,741,447	\$ 105,121	\$ 2,846,568	\$ 2,915,968
Quarter 4 Expenditures	\$ 2,487,822	\$ 77,069	\$ 2,564,891	\$ 2,644,128
Total Annual Expenditures	\$ 9,128,969	\$ 351,102	\$ 9,480,071	\$ 9,698,670

Note

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 12/31/2012 were 3.09% more than actual expenditures. This same percentage is assumed for purposes of this report.

Activities for next quarter

Training:

DHS is developing training material for clinic workers that concentrates on the Medicaid screening, 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 fourth quarter.