



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, 2013 through December 31, 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 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.

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 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

1. **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 (other than the IowaCare 1115 demonstration waiver program), or Children Health Insurance Program (CHIP), called 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) 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.

2. **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.

3. **Program highlights:** There were minor 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. Both the procedure code and the diagnosis code on a claim must be allowable for the claim to pay. Two (2) procedure codes were added for payment. The codes are as follows:

- 88307 – Level V surgical pathology, gross and microscopic examination
- J7301 – Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg (New code for 2014)

4. **Provider Participation.-** In the fourth quarter of 2013 Medicaid had providers participating in the IFPN program as follows:

- Hospital: 54
- Physician (MD/DO): 207
- Pharmacy: 563
- Independent Labs: 23
- Rural Health Clinic: 0
- Family Planning Clinic: 11
- Nurse Practitioner: 33
- Certified Nurse Anesthetist (CRNA): 6
- Certified Nurse Midwife: 2
- Ambulatory Surgical Centers 2
- Screening Center: 1

Program Outreach Awareness and Notification

No additional specific program outreach awareness and notification activities occurred this quarter.

A significant level of activity related to the family planning wrap-around services for Iowa's Adult Expansion group which has two 1115 Demonstration waivers for adults (aged 19-64) with income of 0 to 133 percent of the federal poverty levels (FPL). This work will continue into the next quarter. A link to the terms and conditions to Iowa's two 1115 Demonstration waivers is found at: <http://www.ime.state.ia.us/iowa-health-and-wellness-plan.html>.

We are also planning to begin the finalization of the ICD-10 code crosswalk for the IFPN family planning waiver. This effort must be completed by October 1, 2014.

Policy Issues and Challenges

CMS approved the renewal of the 1115 Demonstration waiver for the Iowa Family Planning Network for the period of January 1, 2014 through December 31, 2016.

The waiver renewal includes two changes in eligibility requirements:

1. A legislative change to allow members to have other health insurance coverage with coverage for family planning services.
2. A change to allow youth covered by the Iowa Children's Health Insurance Program (CHIP) to be concurrently eligible for IFPN.

I. Quarterly Enrollment Reporting

Demonstration Year 8 2013	Quarter 4 10/1/2013 - 12/31/2013			
	Population 1 SOBRA PW	Population 2 Other Women	Population 3 Men	Total Population
# of Newly Enrolled	3,412	4,610	202	8,205
# of Total Enrollees	11,489	21,571	785	33,571
# of Participants	2,013	12,602	212	14,827
# of Member Months	27,962	58,274	2,053	88,289

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.

Trends Observed with Service Utilization, Calendar Year 2013 Quarter 4 (October 2013-December 2013)

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 fourth quarter of Calendar Year 2013 – months October 2013 through December 2013.

DIAGNOSTIC CODES

The attached table “Diagnostic Codes 4th Quarter 2013” 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 December from 5,991 to 4,862 to 4,729. The average total number of procedure codes for each of the three months is 5,194 with an average variability of 15% and consistent to the average of the previous quarter.

There were twenty-one different codes used in during the Fourth Quarter of 2013. The most frequently used codes; V25.41 averaged 2,466 times per months and Code V25.49 averaged 1,062 times per month. These two codes accounted for 68% of the total reporting and the top 3 codes accounted for 78% of the total reporting.

PROCEDURE CODES

The attached table “Procedure Code 4th QTR 2013” shows the total number of procedure codes that have been used for each of the last three months. As the table shows, over the last three months there were a total of 121 distinct codes reported while not all codes were used each month (October=95, November=84, December=82). As shown in the table “Procedure Code 4nd QTR 2013”, the most frequently used procedure code was S4993. This code was used a total of 8,143 times during the quarter for an average of 2,714 times per month compared to an average of 2,601 times per month in the previous analysis. The top three codes (S4993, 96372, J1050) represented 41.3% of the reported codes. The total reported codes for the quarter were 30,078, an average of 10,026 per month.

The pattern of usage for procedure codes in the fourth quarter of 2013 follows the pattern of usage shown in the CY2013Q3 report.

In summary, the pattern of usage established during calendar year 2011 and CY2012 for both diagnostic procedure codes was continued during the fourth quarter of 2013.

Program Evaluation, Transition Plan and Monitoring

Program Evaluation

The Evaluation Report for 2012 was submitted in June 2013, per the agreed upon extension filing date.

Transition Plan

No longer applicable.

Program Monitoring

The Quality Control review of IFPN cases actions in 2012 with follow up reports in 2013 has ended. IFPN cases continue to be reviewed for accuracy and correct application of policy by reviewers from the Iowa Department of Public Health. In 2013, IDPH staff reviewed 83 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 none that impacted the eligibility decisions.

Feedback and grievances made by beneficiaries

No grievances to report this quarter.

II. Quarterly Financial Reporting

Demonstration Year 8 2013	Quarter 4 10/1/2013 - 12/31/2013			
	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	\$ 1,882,330	\$ 107,358	\$ 1,989,688	\$ 2,030,897
Quarter 2 Expenditures	\$ 2,370,928	\$ 104,144	\$ 2,475,072	\$ 2,680,695
Quarter 3 Expenditures	\$ 2,215,614	\$ 109,098	\$ 2,324,712	\$ 2,302,708
Quarter 4 Expenditures	\$ 2,061,680	\$ 79,409	\$ 2,141,089	\$ 2,282,054
Total Annual Expenditures	\$ 8,530,552	\$ 400,009	\$ 8,930,561	\$ 9,296,354

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 12/31/2013 were 6.58% more than actual expenditures. This same percentage is assumed for purposes of this report.

Quarters 1 - 4 expenditures include both Demonstration Year 7 and Demonstration Year 8 service dates.

Activities for next quarter

Training:

The Department provided webinar training for agency staff on October 16, 2014. The training provided a refresher on policy and procedures.

Provider Manual and Employees' Manual:

No revisions were required in the Family Planning Provider Manual and the DHS Employees' Manual during fourth quarter of 2013. There will be revisions effective January 1, 2014, due to the change to allow eligibility concurrently with having other health insurance that covers family planning or having CHIP coverage.

IFPN System:

A waiver of Section 1902(e)(14)(A) of the Social Security Act has been approved by CMS to allow Iowa to continue using non-MAGI eligibility determinations until September 30, 2014. This delay will allow the programming for Iowa Family Planning eligibility to be completed in the new eligibility system which will provide MAGI determinations.