



**State of Iowa
Iowa Family Planning Network (IFPN)
Section 1115 Quarterly Report
Demonstration Year 10, Quarter 4
October 1, 2015 through December 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 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 fourth quarter of 2015, Iowa Medicaid had providers participating in the IFPN program 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 10 2015	Quarter 4 10/1/2015 - 12/31/2015			
	Population 1 SOBRA PW	Population 2 Other Women	Population 3 Men	Total Population
# of Newly Enrolled	1,622	1,254	118	2,992
# of Total Enrollees	6,775	11,110	499	18,320
# of Participants	1,897	5,613	133	7,643
# of Member Months	16,023	28,380	1,265	45,668

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 4th quarter of Calendar Year 2015, October through December 2015. 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 4th Quarter 2015" shows by month total number of diagnostic codes that have been used for each of the last three months. The table shows a fairly stable count from October to December from 2,145 to 1,781 to 1,591. The total number of Diagnosis codes for each of the three months is 5,517 with an average variability of 11% and a slight decrease to the average of the previous quarter.

There were sixteen different codes used in during the 4th Quarter of 2015. The most frequently used codes; Z30.41 averaged 1,157 times per months and Code Z30.49 averaged 253 times per month. These two codes accounted for 76.7% of the total reporting and the top three codes accounted for 82.8% of the total reporting.

PROCEDURE CODES

The table “Procedure Code 4th QTR 2015” 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 are a total of 67 distinct codes reported while not all codes were used each month (July: 60, August: 57, September: 55). As shown in the table “Procedure Code 4th QTR 2015”, the most frequently used procedure code was S4993. This code was used a total of 3,821 times during the quarter for an average of 1,274 times per month compared to an average of 1,392 times per month in the previous analysis. The top three codes (S4993, 87491, 87591) represented 48.5% of the reported codes. The total reported codes for the quarter were 11,487, an average of 3,829 per month.

The pattern of usage for procedure codes in the third quarter of 2015 follows the pattern of usage shown in the CY2015Q2 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 2015.

Program Outreach Awareness and Notification

Training

On January 14, 2016, Iowa Medicaid Enterprise (IME) staff met 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 (MCO) to which Iowa Medicaid is in the process of transitioning. The purpose of this meeting was to provide a forum in which IFPN providers could ask questions and seek clarification on a variety of topics related to managed care transition, including:

- claim submission processes
- procedures for assuring client confidentiality, as requested by the IFPN member
- prior authorization and related coverage issues/concerns
- related topics

Similar meetings will be scheduled in the future on an “as needed” basis as the managed care transition process continues. Also, FPCI and IDPH will continue to serve as a conduit for passing along ongoing questions/concerns regarding transition to managed care, relative to IFPN.

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 10 2015	Quarter 4 10/1/2015 - 12/31/2015			
	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	\$ 902,610	\$ 87,333	\$ 989,943	\$ 1,007,248
Quarter 3 Expenditures	\$ 716,611	\$ 108,180	\$ 824,791	\$ 813,033
Quarter 4 Expenditures	\$ 831,982	\$ 29,695	\$ 861,677	\$ 916,282
Total Annual Expenditures	\$ 3,393,433	\$ 315,793	\$ 3,709,226	\$ 3,790,799

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 9/30/2015 were 1.43% less than actual expenditures. This same percentage is assumed for purposes of this report.

Expenditures include Demonstration Year 7 - 10 service dates.

Time Frame - CCYYMM

Diagnosis_Code	201510	201511	201512
Z12.4	62	48	47
Z30.012	30	30	9
Z30.018	17	10	7
Z30.02	1	2	1
Z30.09	119	101	96
Z30.40	29	13	26
Z30.41	1,354	1,131	988
Z30.430	13	10	14
Z30.431	21	12	18
Z30.432	7	8	6
Z30.433	1	4	
Z30.49	289	234	236
Z30.8	10	14	10
Z30.9	51	40	31
Z32.00	10	8	9
Z32.02	131	116	93

Time Frame - CCYYMM

Procedure Code	201510	201511	201512
11976	2	2	3
11981	37	35	35
11982	19	14	18
11983	6	5	8
36415	21	17	20
57454	12	10	8
58300	22	25	17
58301	12	16	10
58340			2
58670	1		
74740			1
76830	5	2	3
76856	3	1	
80053	2	1	2
81001	3	1	2
81002	34	21	36
81003	1	3	3
81025	321	268	229
84702	2	3	2
84703	12	7	9
85018	6	1	5
85025	4	4	6
85027	1		1
86592	5	4	4
87088	2	2	
87110	1	2	3
87205			1
87210	95	76	72
87220	12	4	12
87490		1	
87491	383	233	261
87590		1	
87591	383	233	261
88141	17	14	12
88142	41	30	32
88175	21	19	12
88302	2		
88305	15	10	7
96372	220	141	188
99000	1		
99201	11	18	8
99202	133	83	67
99203	27	31	27
99211	189	173	174
99212	66	46	55

99213	193	143	145
99214	97	67	72
99215		1	
99384	13	12	9
99385	43	28	23
99386	2	1	
99394	17	17	11
99395	194	128	135
99396	20	10	6
99401	10	5	6
A4267	36	34	16
A4268	1		
J2250	2		
J3010	2		
J3490	50	53	17
J7300	3	2	1
J7302	17	20	15
J7303	197	159	170
J7307	45	41	40
J8499	4	6	1
S4993	1494	1239	1088
T1013		2	1