



Illinois' Family Planning Expansion Initiative under Medicaid

**A Waiver Renewal Request Submitted Under Authority of
Section 1115 of the Social Security Act
to the
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services**

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Attachment C: Implementation Schedule

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Attachment F: Other Program Materials

- Brochure
- Questions & Answers
- Provider Information At-A-Glance
- Enrollment Form
- Re-Enrollment Form
- Income Worksheet
- Customer Satisfaction Survey Tools
- Medical Records Review Tool

Attachment G: Tribal Consultation Notice

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Illinois Department of Healthcare and Family Services

Illinois Family Planning § 1115 Demonstration
Illinois Healthy Women

Signature and Contact Page

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Introduction

Illinois Healthy Women (IHW) is a research and demonstration project that was approved by the Centers for Medicare & Medicaid Services (CMS) on June 23, 2003, for a five-year period, and implemented by the Illinois Department of Healthcare and Family Services (HFS) on April 19, 2004, with coverage beginning May 1, 2004. The demonstration project is designed to improve women's health and birth outcomes by expanding access to, and coverage of, voluntary publicly funded family planning services.

Originally, the program was accessible only to women losing comprehensive medical coverage under other HFS medical programs. In April 2006, CMS approved an expansion of the program to allow women with income levels up to 200 percent of poverty to apply for family planning benefits under IHW. Since May 2007, women have been able to enroll in the IHW program two ways: 1) through an automatic enrollment process, and 2) through an application process.

In October 2008, HFS submitted an application to CMS requesting a three-year renewal of the waiver for the period of April 2009 through March 2012, or for the maximum renewable period allowed. After several extensions to the original waiver, on December 30, 2009, HFS was awarded a three-year renewal of the waiver through March 2012. Effective January 1, 2010, Special Terms and Conditions allow HFS to enroll women with other health insurance coverage and to expand the covered services benefits package.

The Illinois Medicaid Reform legislation, PA 96-1501 was enacted in January 2011, which included a moratorium for any new populations or eligibility expansions. Therefore, Illinois is not able to submit a State Plan Amendment (SPA) to replace the family planning waiver program at this time.

Through the IHW program, HFS has provided more than 133,000 women with family planning services. To continue these services, and to more fully test the underlying hypothesis that expanded eligibility will enable low-income women of childbearing age to obtain essential women's health care services for preventive health, reproductive education, and subsequent contraceptive choices, Illinois respectfully requests another three-year renewal of the waiver, as amended, for the period of April 2012 through March 2015, or for the maximum renewal period allowed. All components of the amended waiver application will remain the same, with the exceptions of revisions in the estimated target population and budget detail, and an expanded focus on preconception care. With CMS approval of the IHW waiver renewal, there would be no interruption in services.

Demonstration Goals and Enrollment Projections

IHW is designed to improve women's health outcomes by expanding access to publicly funded family planning services and related reproductive health care, which also includes preconception care. This waiver will provide access to those services that enhance the ability of women to make personal choices about the number and spacing of their pregnancies, ultimately to improve birth outcomes.

Under this Demonstration, Illinois expects to achieve the following to promote the objectives of Title XIX:

- Increase the number of low-income women obtaining publicly funded family planning services;
- Reduce the number of unintended pregnancies;
- Increase birth spacing intervals through effective contraceptive use;
- Reduce the fertility rate among waiver participants as a result of voluntary participation in family planning;
- Reduce Illinois' Medicaid costs by reducing the number of unintended pregnancies by women who otherwise would be eligible for Medicaid pregnancy-related services; and
- Ensure access to preconception care to improve outcomes.

Enrollment Projections for the Three-Year Waiver Renewal Period

Based on trending data, and allowing for enrollment stabilization, the estimates below reflect a conservative ten percent growth rate in each Population group. There are two ways for eligible women to enter IHW: through automatic enrollment when losing eligibility for a more comprehensive HFS medical program (Population 1), or through an application process (Population 2), as approved by CMS in Amendment 2 of the original waiver.

Enrollment Projections for IHW Waiver Renewal

Waiver Years	Population 1 (Automatic Enrollment)	Population 2 (Application Process)	Population 1 & 2 Unduplicated Total
Demonstration Renewal Year 4 (Waiver Year 9)	39,975	28,119	68,094
Demonstration Renewal Year 5 (Waiver Year 10)	43,973	30,931	74,904
Demonstration Renewal Year 6 (Waiver Year 11)	48,370	34,024	82,394

Family Planning Demonstration Standard Features

IHW is designed to provide family planning services to uninsured low-income women, ages 19 through 44, who are not enrolled in a more comprehensive medical program, such as Illinois' Title XIX FamilyCare Program. The purpose of this voluntary program is to avert unintended pregnancies and resultant births.

Illinois understands that CMS approval for this family planning demonstration waiver renewal will be subject to the Special Terms and Conditions (STCs), as delineated by CMS and accepted by Illinois.

Illinois remains committed to including stakeholders in the ongoing operation of IHW, and has utilized a public process to allow interested stakeholders to comment on IHW since the program's inception.

After all Medicaid third party liability (TPL) requirements are met, Illinois will claim federal match on family planning services received by IHW women with creditable health insurance coverage for family planning services.

Eligibility

Illinois proposes to continue to include the following populations in the renewal of its family planning demonstration:

- Women, ages 19 through 44, losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum
- Women, ages 19 through 44, losing Medicaid coverage with gross income up to and including 200% FPL
- Women, ages 19 through 44, losing Children's Health Insurance Program (CHIP) coverage with gross income up to and including 200% FPL
- Women, ages 19 through 44, with gross income up to and including 200% FPL

Eligibility Process for Automatic Enrollees (Population 1).

Women ages 19 through 44 who lose coverage from a Medicaid plan or age out of Children's Health Insurance Program Reauthorization Act (CHIPRA) at 19 years old are automatically enrolled in the IHW program for three months, as long as they meet the eligibility requirements and have not been determined eligible for a higher level of coverage. In accordance with 42 CFR 435.930, eligibility for all coverage under Illinois' approved State Medicaid Plan is reviewed prior to terminating Medicaid coverage. Women are not enrolled if they no longer reside in Illinois, are undocumented non-citizens, are institutionalized or an inmate of a prison, or will turn 45 within three months of their cancellation.

A HFS3815 Enrollment Form (Attachment F) and HFS3711HW-2 Questions and Answers Fact Sheet (Attachment F) are mailed explaining that IHW coverage will not continue past the third month unless they sign and return the enrollment form by the expiration date printed on the form. Women who do not desire to participate in the waiver will not be sent further family planning materials after the initial three-month coverage has ended, thus ensuring that enrollment for family planning is voluntary. Upon receipt of the signed enrollment form, the IHW centralized eligibility unit in Springfield, Illinois takes action to extend the coverage for nine more months. Income is not requested or verified during this process, since these women had been determined income eligible upon enrollment in full Medicaid or CHIPRA and will self-declare income during the re-enrollment process. Women receive a HFS3815A Re-enrollment Form (Attachment F) annually. The form must be completed and returned to receive another 12 months of coverage.

Eligibility Process Through an IHW Application (Population 2).

Women ages 19 through 44 may be approved for IHW by completing the HFS2378HW Application Form (Attachment E) if they are a U.S. citizen or meet immigration status requirements, have a Social Security Number (SSN), are an Illinois resident, have an income at or below 200 percent FPL, and are not pregnant or sterilized, based on the attestation on the application. Applications are made available at many locations in communities state-wide, such as local health departments, provider offices, and community agencies, and can be downloaded from the HFS Website. The completed application may be mailed or faxed, or turned into the local

agencies/provider's location to be forwarded to the IHW eligibility unit. Trained casework staff located at the centralized eligibility unit review the application for necessary information and send letters to or phone applicants to obtain missing information. IHW casework staff will make an eligibility decision based on income and non-financial factors. Non-financial factors include: gender, age, citizenship status, residency status, pregnancy/sterilization status, and possession of a valid SSN. Applicants who are already enrolled for full medical benefits are not eligible for IHW. A pay stub (within the last 30 days prior to application) from each source of income is required. If the applicant is found eligible, coverage begins the first day of the month the application was received and is authorized for 12 months or until the month she turns 45. If the applicant is not eligible, a letter is sent explaining the decision, and no coverage is authorized.

Table 1—Eligibility Groups/Descriptions

Eligibility Group	Description	FPL Level and/or Other Qualifying Criteria	Funding Source
IHW Women – Population 1	Women of childbearing ages 19 through 44 who have lost coverage under another HFS health plan, such as conclusion of the 60-day postpartum period, a more comprehensive HFS medical program, or aging out of the CHIP program.	<ul style="list-style-type: none"> • At least 19 years of age • Under 45 years of age • Income at or below 200% of the FPL (at re-enrollment) • Not pregnant or sterilized • Not receiving medical benefits through HFS • Meet citizenship or immigration requirements • Possess a valid SSN or have applied for one (applications must be verified and the IHW caseworker follows up to obtain the SSN before further coverage is authorized) • Illinois resident 	Title XIX
IHW Women – Population 2	Women of childbearing ages 19 through 44 applying using the IHW application	<ul style="list-style-type: none"> • At least 19 years of age • Under 45 years of age • Income at or below 200% of the FPL • Not pregnant or sterilized • Not receiving medical benefits through HFS • Meet citizenship or immigration requirements • Possess a valid SSN or have applied for one (applications must be verified and the IHW caseworker follows up to obtain the SSN before further coverage is authorized) • Illinois resident 	Title XIX

Initial Application Process.

The IHW Application is similar to the full Medicaid application. It is distributed widely by local health departments (LHDs), community agencies, medical provider offices, by mail, and at local Department of Human Services (DHS) Family Community Resources Centers (FCRC) throughout Illinois. Eligibility determination is centralized, with HFS staff directly determining eligibility for the demonstration.

Currently, the application may be downloaded from the HFS Web site. In the 2010 IHW Special Terms and Conditions (STC), Illinois was approved by CMS to develop and implement an

electronic application process (systematic eligibility determination), but due to budgetary constraints, Illinois is unable to implement the electronic application process at this time. However, HFS intends to explore the feasibility of providing an electronic fillable application that can be completed and printed for submission, as indicated in the implementation plan. (Attachment D)

IHW applications are mailed to the centralized IHW eligibility unit for processing. Applicants may return their application in to the local agencies/providers for mailing, or may choose to mail the application in a self-addressed, postage paid envelope. If the application is approved, eligibility begins the first day of the month in which the application is received by HFS (either by mail or by fax). Therefore, family planning services that are provided on or after the first day of the month in which the application was received for women approved for IHW services are payable under the waiver. The IHW program does not allow for point-of-service eligibility.

Application Requirements.

In determining financial eligibility for IHW services, HFS does not require verification or declaration of assets for enrollment or re-enrollment, as IHW has no asset limit. HFS deducts certain amounts from gross income of the woman and her spouse, if living together. The IHW income deductions are as follows:

- Monthly day care expenses (up to \$200 per child under age 2, and \$175 per child age 2 and over)
- Monthly child support or spousal support paid by the applicant or spouse
- \$90 for each wage earner (the woman and her spouse, if her spouse is living in the household)
- \$50 if applicant receives child support
- Self-employment expenses for self-employed individuals

Upon initial application, proof of income is required. A copy of one pay stub (including tips) received in the last 30 days must be submitted, from each job, for applicant and spouse, as applicable. If self-employed, the applicant must provide 30 days of detailed business records that include income and expenses. HFS requests that the required income documents be sent in at the time of application submission. However, if the IHW application is submitted without income verification, an IHW caseworker will contact the applicant to assist her in completing the process.

There is not an initial financial eligibility determination for women who enter IHW through the automatic enrollment process (Population 1) since these women had been determined income eligible upon enrollment in full Medicaid or CHIP.

Self-declared income is used for the re-enrollment process. This includes women auto-enrolled after losing coverage under another HFS program, as well as women who entered the program through the application process. The State also checks the following systems for all applicants:

- State Online Query (SOLQ) system for documentation of Social Security benefits
- Automated Wage Verification System (AWVS) for unemployment
- State Disbursement Unit (SDU), a centralized payment processing unit to receive and distribute income withholding child support payments
- Key Information Delivery System (KIDS), formerly referred to as the Family Support Information System (FSIS), a data processing system for child support

An IHW applicant is asked to indicate whether she is a U.S. citizen or has legal immigration status. She is asked the city and state where she was born, and to provide certain documents. If the woman is not a U.S. citizen, she is required to enter her Alien Registration Number and must send a copy of one of the following items: Alien Registration Receipt Card, Permanent Resident Card or Green Card; Passport with the following stamps or attachments: Arrival-Departure Record (I-94), including the stamp showing status; Resident Alien Form (I-551); or Temporary Resident Card (I-688); a court-ordered notice for asylees; or another proof of lawful immigration status.

Eligibility Re-determination (Annual Re-Enrollment) Process.

Women must renew their IHW coverage once every 12 months. The electronic eligibility system automatically sends a notice to the woman which includes an IHW Re-Enrollment Form (Form 3815A) and an Income Work Sheet (Form 3815B) (Attachment F), with a self-addressed, stamped return envelope in the 10th month of eligibility. HFS will not send a re-enrollment form to women who aged out of IHW, became pregnant or entered another HFS program, or if sterilization has been documented.

In order to re-enroll in IHW, women must sign and return the re-enrollment form attesting that they meet program guidelines, including having income at or below 200 percent of FPL, which is determined by completing the income worksheet. Women are not required to submit the income worksheet with the re-enrollment form. HFS eligibility staff reviews each response, and for women who continue to qualify for IHW, an additional 12 months of coverage will be issued. If a woman will turn age 45 during the 12-month period, her IHW pink card is limited to the number of months that she is age 44. Re-enrollment is not processed for women who do not return the Re-Enrollment Form or who are otherwise determined to no longer qualify for IHW.

HFS educates providers, sister agencies and community partners about the time frame during which the women can re-enroll in IHW, so that they can prompt participants with whom they come in contact to maintain their IHW coverage.

Program Integrity

HFS has many system edits in place to ensure program integrity. In the process of determining eligibility for IHW, staff runs "clearances," which include the following:

- SSN, Date of Birth (DOB), Social Security Benefits and Medicare on the SOLQ
- Immigration status on the State Alien Verification System (SAVE: formerly known as ASVI)
- Work history/wages by quarter and Unemployment Compensation benefits on the AWVS
- Name and SSN to determine current or previous state-sponsored coverage.
- HFS will run a SSN match against SSA records through the State Verification Exchange System (SVES) to verify U.S. citizenship and identity. If the SSA match does not verify citizenship and identity, the person will be allowed 90 days to provide documentation of citizenship and identity. Medical benefits will be terminated if documentation is not received after the 90 day period.

- HFS is also working toward obtaining access to real-time citizenship clearances via SOLQ when SSA makes that avenue available to states.

The results of these clearances are used to determine the outcome of the application.

The following link provides instructions to staff relative to running clearances:

<http://10.21.1.150/onenet/page.aspx?Item=12941>

Additionally, there are system edits in place that ensure coverage is not authorized for the following:

- Males
- Women who are enrolled in Medicare, Medicaid, or CHIP
- Women older than age 44 or younger than age 19
- Women without proper immigration documentation
- Women without a Social Security Number or application for one
- Women who are pregnant or have been identified as having been sterilized (The IHW eligibility unit enters a code to prevent mailing future enrollment/re-enrollment forms to women whom they become aware have been sterilized.)

Finally, a sample of actions taken as a result of receipt of an application, Enrollment Form, or Re-enrollment Form, is reviewed by a lead worker or supervisor to ensure decisions are made according to policy.

HFS assures that all claims made for federal financial participation under this demonstration, if approved by CMS, will meet all Medicaid financial requirements.

Ensuring Eligibility Determinations are in Compliance with State and Federal Requirements.

HFS uses the federally mandated Medicaid Eligibility Quality Control (MEQC) program to monitor and ensure that eligibility determinations are conducted according to State and federal requirements. In FFY10, the Office of Inspector General (OIG) reviewed IHW cases as part of their MEQC pilot. A case error rate of 6.13% was identified and established as the threshold for the IHW population.

In FFY09, the OIG participated in the Payment Error Rate Measurement (PERM) initiative and implemented eligibility reviews of Medicaid and CHIP for both active and negative cases (terminated or denied). These cases were reviewed for adherence to State and federal requirements. This initiative is conducted every 3 years. The IHW population is included within the Medicaid active and negative cases and is subject to review every three years.

Adequate oversight and integrity of the IHW program will be provided by both the OIG PERM reviews and the monthly IHW case action reviews, which are conducted by the supervisor and lead caseworker of the unit processing eligibility in the Bureau of All Kids.

Coordination with Title V and Title X to Ensure Program Integrity.

HFS works closely with DHS, the agency responsible for operation of the Title V Maternal and Child Health (MCH) Block Grant and Title X, to ensure that services billed to the Medicaid family planning demonstration program are not also billed to Title X or Title V.

Ahlers & Associates (Ahlers) of Waco, Texas, operates the statewide Family Planning Management System for Illinois' Title X program through a contract with DHS. Ahlers is a privately

held company designed to provide data processing, billing services, and clinic management software to the non-profit health community.

Ahlers processes the Clinic Visit Record (CVR), a detailed claiming form used for data collection and billing. This information is completed by the Title X delegate agencies contracting with DHS to provide family planning services. The electronic CVR is completed for each service encounter. This information captures participant characteristics, payment source, contraceptive supplies and other family planning services.

Through a data-sharing agreement between HFS and DHS, information regarding women of childbearing age who receive coverage under one of HFS' medical programs, including IHW, is electronically transmitted to DHS on a monthly basis and compared with the Title X providers' claims data. No claim is paid by the Title X program if the woman is receiving HFS medical program coverage on the date of service. Instead, the provider is sent a notice to bill HFS for the HFS-enrolled individual's medical service, as appropriate.

Avoiding Dual Enrollment.

IHW eligibility and claims payments use the same data systems as those used for all other Medicaid and CHIP funded coverage. For IHW, staff runs clearances to check for Medicaid or CHIP coverage. Additionally, eligibility staff performs cross matches for SSN/DOB, Social Security Benefits, and Medicare on the SOLQ. If Medicaid, CHIP, or Medicare coverage is found, the woman will be denied for IHW.

However, if an IHW-enrolled participant wishes to apply for a more comprehensive program during her IHW enrollment period, she may do so and could be determined eligible for that program, e.g., Moms & Babies, FamilyCare or coverage under the Blind or Disabled groups.

Ensuring Billing Integrity.

In addition to the clearances described above, the Medicaid Management Information System (MMIS) has edits in place to ensure duplicate billings (same service, same provider, and same date) are rejected. Additionally, edits will allow payment only under the most comprehensive program, e.g., Medicaid, CHIP, or IHW, based on enrollment for the date of service.

Creditable Health Insurance Coverage.

The IHW application requests health insurance status of women applying for family planning services. As part of HFS' monitoring, if an IHW applicant does not report other third party coverage, the applicant's information is included in cross matching performed with third party insurers to identify those who have other health insurance coverage. HFS will conduct normal coordination of benefits if other insurance coverage is identified. In the 2010 STCs, HFS was approved to claim federal match for women who have creditable health insurance coverage for family planning services after HFS has met all Medicaid TPL requirements.

Scope of Services

Under the Section 1115 Family Planning Demonstration, IHW will provide the following family planning services approved in the 2010 STCs and at the match rate approved by CMS:

- IHW covers services whose primary purpose is family planning (including sterilization) at the 90-percent federal matching rate. Procedure codes for office visits, laboratory tests, and certain other procedures must carry a primary diagnosis that specifically identifies them as family planning services. The laboratory test done during an initial family planning visit for contraceptives include Pap test, screening test for sexually transmitted infections (STIs), blood count and pregnancy test. Additional screening tests may be performed depending on the method of contraception desired and the protocol established by the provider. Additional laboratory tests may be performed to address a family planning problem or need during an inter-periodic family planning visit for contraception.
- IHW covers family planning-related services generally performed as part of, or as follow-up to, a family planning service for contraception at the Federal Medical Assistance Percentage (FMAP) rate. Such services may be provided if a “family planning-related” problem was identified or diagnosed during a routine or periodic family planning visit. The IHW program covers the following family planning related services:
 - A colposcopy (and procedures done with or during a colposcopy) performed as a follow-up to an abnormal Pap test which is done as a part of a routine or periodic family planning visit. Only those colposcopies which can be performed in the office or clinic setting are covered as a family planning-related service under IHW.
 - Treatment or drugs for STIs, except for HIV/AIDS and hepatitis, where the STIs are identified or diagnosed during a routine or periodic family planning visit. A follow-up visit or encounter for treatment or drugs will be covered at the FMAP rate under IHW.
 - Treatment or drugs for vaginal infections or disorders, other lower genital tract and genital skin infections or disorders in women, and urinary tract infections, where these conditions are identified or diagnosed during a routine or periodic family planning visit. A follow-up or encounter for the treatment or drugs will be covered at the FMAP rate under IHW.

In addition to the family planning and family planning-related services listed above, Illinois requests to include as a family planning-related service the following preconception care services in its benefits package:

- Preconception Care Screening -- A preconception screening assessment to identify health problems, habits or conditions that could have an adverse effect on a future birth outcome or health of mom or baby for appropriate referral for services outside the waiver or identification of needs for services within the scope of the waiver. Preconception care screening will allow Illinois to initiate preventive care for a woman who plans to deliver in the future or who has previously delivered. HFS plans to use a preconception screening tool that has been developed and validated by expert consensus and field testing and then through a Peer Review process which was completed in 2010 by HFS' quality improvement organization (QIO), eQHealth Solutions. The screening tool will be used by the providers to document this service provision.
- Folic Acid -- Women of childbearing age who take folic acid have improved birth outcomes and improved health status. When 400 micrograms of folic acid are taken daily before pregnancy, serious birth defects involving the brain and spine are prevented. Moreover,

research shows that supplementation with folic acid for one year prior to conception is linked with improved birth outcomes, including reduction of low birth weight.

Folic acid supplements are currently covered in the IHW program with state-only funds. Illinois was pleased to learn that CMS recently approved preconception care services for other state family planning waivers; therefore, recognizing the important impact these preventive services have on future birth outcomes and women's health.

Delivery System

IHW operates a fee-for-service delivery system for the family planning program. IHW participants have freedom of choice of providers for IHW-covered services, which guarantees them the opportunity to select any enrolled provider who performs Medicaid-covered family planning and related reproductive health services. Providers performing family planning services include physicians, advance practice nurses, federally qualified health centers (FQHCs), rural health centers (RHCs), LHDs, and outpatient clinics. Many of these are also Title X funded agencies.

Based on historical claims data, HFS estimates that the IHW participants will use the following provider types for family planning services covered under the waiver renewal. These providers do not include laboratories or pharmacies. Note that IHW women may not elect to enroll in a Managed Care Organization (MCO) or HFS' Primary Care Case Management Program (PCCM), as the MCO and PCCM programs are for HFS beneficiaries receiving a more comprehensive benefit package, which also covers family planning services.

IHW Provider Network

Provider Type Description	By Percentage
Physicians and Advance Practice Nurses (APN)	76%
General Outpatient Clinics	15%
FQHCs, RHCs and Other Encounter Rate Clinics	7%
Certified Local Health Departments	2%
Total	100%

Primary Care Referrals.

HFS facilitates access to primary care services for IHW enrollees through written materials, website, hotlines, outreach, and web inquiries. HFS also provides information about IHW to its network of providers through provider notices, program materials and the Web site information. Additionally, HFS works with stakeholders, including the Illinois Primary Health Care Association (IPHCA), the association representing FQHCs, and the Illinois Public Health Association (IPHA), the association representing LHDs, regarding referrals for primary care. In-service provider trainings on IHW and the need for referrals for primary and specialty care not covered under the waiver are provided on a regular basis through multiple media, such as conference calls, regional meetings, and written materials, such as provider newsletters.

HFS educates physicians to refer family planning waiver participants who are in need of primary care services to available resources from which they can obtain needed primary care at a reduced cost. This helps to assure that available resources share in serving this population's primary health care needs and reduce the risk of "overloading" any one source of care. RHCs and FQHCs are encouraged to serve this population for primary care, as it is within their "mission."

Multiple toll-free information lines are available to IHW participants to assist them in locating primary care resources outside of the waiver. These include the Illinois Health Connect (IHC) Help Line, HFS Health Benefits Hotline, DHS Help Line, or Illinois Department of Public Health (DPH) Women's Health-Line. Women who are not eligible for family planning services under IHW can receive information about low cost family planning and related reproductive health care services through the DHS Help Line (e.g., for referral to Title X family planning providers).

LHDs also assist women in locating low cost services from their respective counties (i.e., Family Case Management (FCM), Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and other MCH providers). When a suspicious finding is identified from a pap test or mammogram performed on IHW participants, HFS facilitates the referral to the Illinois Breast and Cervical Cancer Program.

A Statewide Provider Database (SPD) has been developed by the Illinois Department of Children and Family Services (DCFS) to connect caseworkers and community partners to service providers. The SPD is an online database with comprehensive information on service agencies and programs throughout the state of Illinois, and was developed to assist caseworkers in identifying and locating appropriate services and referral for their clients. The SPD includes information on a wide range of services, such as mental health, substance abuse, parenting, domestic violence, early childhood, general medical, and nonclinical (i.e., mentoring, vocational services, after-school programs, tutoring).

Program Administration and Coordination

HFS is the single state agency designed to administer Title XIX of the Social Security Act. HFS is committed to empowering Illinois residents to lead healthier and more independent lives by providing adequate access to health care coverage at a reasonable cost.

The Division of Medical Programs is responsible for management and oversight of the HFS' medical programs administered under Title XIX and Title XXI. HFS pays for medically necessary services performed by enrolled providers. That care is provided to those individuals who meet eligibility criteria required for participation in the HFS' medical programs (e.g., income, age). The Division of Medical Programs administers these medical programs under the Illinois Public Aid Code, the Illinois Children's Health Insurance Program Act (CHIPA), the Illinois Covering All Kids Health Insurance Act, and Titles XIX and XXI of the Social Security Act. During State Fiscal Year 2010, HFS made essential medical care available to a monthly average of approximately 2.9 million individuals. Eligible participants received medical services from more than 62,000 providers.

The Division of Medical Programs will assume the responsibility for planning, implementing and administering (ongoing monitoring and oversight) IHW, with ongoing involvement from other areas of HFS, as needed. The Division of Medical Programs will assure that sufficient staff are devoted to ongoing operations and will designate primary contacts.

Since the inception of the waiver, there have been changes in personnel as well as the creation of a new bureau that has direct responsibility for the waiver. Those changes are as follows:

- The Administrator of the Division of Medical Programs, also referred to as the State Medicaid Director, is Theresa A. Eagleson. Ms. Eagleson is responsible for administration of the Illinois Medicaid and CHIPRA programs.
- The Deputy Administrator within the Division of Medical Programs with overarching responsibility for HFS health care eligibility policy is Jacquetta Ellinger. Ms. Ellinger has direct responsibility for several bureaus within the division, including the Bureau of Maternal and Child Health Promotion (BMCHP), where the IHW waiver is housed.
- The Bureau Chief of Maternal and Child Health Promotion, Deborah Saunders, retired August 31, 2011. This position will be filled. Until that time, Jacquetta Ellinger, Deputy Administrator, will oversee the bureau's operation.
- The Maternal Health Program Manager, Linda Wheal, is responsible for management and ongoing operations of IHW, including coordination with other entities. She previously served as administrator of the State's Title X program, and she brings extensive expertise in family planning and program development and operations to IHW.

HFS' Division of Medical Programs is detailed in the original waiver document, and all program areas will remain involved in IHW, as specified in that document. Among the external agencies and programs that coordinate or collaborate on the family planning demonstration program are those listed in the chart below:

Entity	Function
Primary care providers, including, but not limited to, physicians, APNs, FQHCs, RHCs	Provide family planning services to IHW participants and refer to primary care or other programs, as appropriate. Providers participate in HFS' stakeholder events and provide ongoing input into HFS' medical programs.
Illinois Health Connect (IHC)	Illinois' PCCM program. Performs referrals of IHW participants to providers for family planning or other resources, such as low-cost primary care.
Illinois Primary Health Care Association (IPHCA)	FQHC Provider Association – works with IHW on outreach, encouraging members to participate in IHW and make appropriate referrals, including reporting such referrals. RHCs and FQHCs provide primary care to the low-income population. IPHCA also provides input on program planning and operations.
Illinois Public Health Association (IPHA)	Membership organization for State and local public health employees/departments/organizations, including an established Family Planning Section - works with IHW on outreach, encouraging members to participate in IHW and make appropriate referrals, including reporting such referrals. Local health departments provide family case management to post-partum women and infants to age one; thus, they refer women to IHW and assist with primary care referrals. IPHA and LHDs also provide input on program planning and operations.
Illinois Department of Human Services (DHS) <ul style="list-style-type: none"> o Maternal and Child Health (Title V) o Family Planning (Title X) o DHS Helpline o MCH Advisory Board 	DHS collaborates with HFS on the development, planning and implementation of the waiver. DHS partners in IHW operations, including outreach, coordination of data, program evaluation, and referrals.

Illinois Department of Public Health (DPH) <ul style="list-style-type: none"> o Division of Infectious Diseases (AIDS Activity and STD Sections) o Illinois Breast and Cervical Cancer Program o Division of Vital Records o Illinois Center for Health Statistics 	DPH collaborates with HFS on the women's health programs, including IHW. Coordination and proper referrals occur between programs. DPH partners in IHW coordination of data and program evaluation.
Provider Organizations	The Illinois Chapters of the Academy of Family Physicians, Academy of Pediatrics, Advanced Practice Nurses Association, American College of Obstetrics and Gynecology, and Illinois State Medical Society participate in an advisory capacity to HFS and are involved with ongoing stakeholder events. These organizations also link to HFS' program materials on their Web sites and promote the programs to their members.
Maternal and Child Health Advocates	Organizations such as the Illinois Maternal and Child Health Coalition (IMCHC), Voices for Illinois Children, the YMCA, and coalitions representing underserved communities participate in the ongoing operations and community outreach, including testing client materials.

Letters of support are included in Attachment A.

Coordination with Title V and Title X.

As indicated in the chart on the previous page, DHS is responsible for managing the Title V and Title X programs. HFS and DHS continue to collaborate to ensure a coordinated delivery and monitoring system for family planning services provided to low-income individuals and to assure that Title X grant dollars are used to expand quality assurance and technical assistance activities, community outreach and education, and support an increase in the number and infrastructure of delegate agencies, especially in limited resource areas. DHS utilizes its Title X grant dollars to target the population in need of family planning who do not qualify for Medicaid coverage through either full benefits or under the waiver. HFS partners with DHS to coordinate outreach, assure quality, and share data to measure outcomes and monitor program improvement.

Provider Training and Monitoring.

HFS provides ongoing training and technical assistance to providers and shares information with them through a variety of methods, including:

- Provider notices, including notices to community agencies, about the availability of the waiver, scope of services, eligibility requirements, participant responsibilities, and resource information for referral to primary care
- Informational packets, including fact sheets, posters, brochures and applications
 - o mailing materials to community agencies and organizations
 - o distributing IHW materials at presentations to community groups, employers, schools, hospitals and faith-based groups throughout Illinois
- Individual education and training to customers and providers who inquire about IHW by phone, e-mail, and written communication
- Billing seminars to provide ongoing assistance in resolving billing problems and train on submitting service claims

- Webinar meetings conducted by IHC staff to educate providers on topics such as billing, provider profiles, using the Medical Electronic Data Interchange (MEDI) system, coding and reimbursement, and HFS medical programs and to offer real time interaction with experts on specific topics such as contraceptive methods, update on diagnosis and treatment for sexually transmitted infections and MCH issues
- Customer satisfaction analysis
- Claims information review and monitoring
- The HFS Web site, www.hfs.illinois.gov, where providers can access up-to-date information and Provider Handbooks detailing HFS policy, which includes claiming information specific to IHW, and the IHW Web site, <http://www.illinoishealthywomen.com>, including information targeted to both customers and providers, which can also be accessed through a link on the HFS homepage
- Guttmacher Institute publications and other state's activities to identify strategic outreach efforts successfully reaching the target population are reviewed on an ongoing basis

Under this waiver renewal, HFS will continue its outreach plans which did not get implemented under the previous waiver renewal due to time constraints. HFS will also continue provider training as described above, and will implement provider education recommendations from the focused quality study being completed as part of the evaluation of the current waiver. The QIO is developing a provider education toolkit in response to the focused quality study findings. Once completed, the toolkit will be placed on the IHW Web site section for providers. Additionally, a provider notice will be distributed.

Evaluation

Demonstration Purpose and Expected Outcomes.

IHW allows Illinois the opportunity to demonstrate improved reproductive health care outcomes in its population of low-income women. The primary hypothesis of the waiver is that expanded eligibility will enable those women of childbearing age to obtain essential women's health care services for preventive health, reproductive education, and subsequent contraceptive choices. Thus, a reduction in unplanned or inappropriately spaced pregnancies (less than 24 months apart) will be realized. This reduction translates into improved health outcomes for these women, fewer Medicaid dollars spent on pregnancy or higher risk prenatal care, and the lessened potential for lifelong problems. Additionally, for those women who are enabled with the ability to make better-educated decisions regarding the timing of pregnancies, their sense of self-sufficiency may be enhanced.

IHW is designed to allow an eligible woman the freedom of choice in deciding to obtain family planning services from her usual physician or from any other Medicaid provider of family planning services. The primary goal of the demonstration waiver is to increase the number of low-income women who receive voluntary, confidential family planning services. The expected outcomes are as follows:

- The number of women obtaining publicly funded family planning services will increase
- The proportion of low-income women experiencing an unplanned pregnancy will decrease
- Pregnancy intendedness for women experiencing first-time births will increase

- The proportion of women who wait at least 24 months before having another child will increase as compared to other low-income women who obtain Medicaid coverage for pregnancy/delivery
- The proportion of women receiving preconception care services will increase
- Cost savings will be demonstrated by a reduction in unplanned pregnancies

Evaluation Design.

The Evaluation Design (Attachment D) for the waiver renewal is the same design previously approved, as well as including the objective for preconception care. The HFS BMCHP staff will coordinate and conduct the final evaluation of the IHW program. All HFS bureaus that have provided staff support to the evaluation of IHW, as outlined in the original waiver application, as amended, and the original Evaluation Design, will continue to support the program. In addition, program administrators and staff of DHS (Title V and Title X programs), DPH, and the QIO will consult on the project evaluation. Portions of the final evaluation may be outsourced to an external evaluator.

Performance measures and data sources remain essentially the same as in the approved amended evaluation design, with the exception that information in Vital Records (birth file match) is now held in the HFS Enterprise Data Warehouse (EDW). In order to complete the data analysis, timely Vital Records information will be required. Other sources include: DPH Pregnancy Risk Assessment Monitoring System (PRAMS), DHS Ahlers System (Title X family planning encounter data); focused quality studies (medical records review - for tool see Attachment F); and customer satisfaction surveys (for tool see Attachment F). Detailed information about the data sources is available in the table below.

Data Source	Data Description
MMIS:	MMIS will be used to track program participants and assess utilization, cost of services and repeat pregnancies. Utilization will be measured by an analysis of the claims (e.g., CPT Procedure Codes, Therapeutic class codes). Prior authorization for services requiring such authorization will be reviewed and matched to paid claims.
PRAMS:	DPH's PRAMS will be used to report the results of the analysis on unintended Medicaid births
Vital Records:	Vital Records are sent to HFS for importing to the EDW. HFS' EDW' birth data (which includes DPH Vital Records data) will be used to compare pre-waiver and during the waiver interpregnancy spacing and fertility data specific to this waiver population as compared to the Medicaid population (prior to the waiver).
Ahlers Systems:	DHS' Title X Family Planning Program's encounter data system manager, Ahlers, will be used to report utilization of Medicaid participants using the Title X clinics, the numbers of women being served with Title X funding to compare utilization before and during the waiver, as well as referrals of waiver participants to other sources of care by Title X or Title V publicly-funded clinics. Aggregate data derived from the clinic visit record submitted by each Title X delegate agency for each family planning client served can be retrieved from Ahlers.)
Focused Quality Studies:	HFS and DHS' medical record reviews, as part of the quality assurance component of family planning, will assess the quality of services/provision of clinical standards of care and whether appropriate referrals were made.

Summary of Objectives and Data Sources.

Objective		Data Sources
Number of Enrolled Women Using Family Planning Services:		
1.	To increase the number of Medicaid eligible women who, after delivery or after leaving another, more comprehensive HFS health care benefit program or who apply, participate in IHW.	EDW
2.	To increase the number of Medicaid women receiving family planning services through HFS' comprehensive healthcare benefits program.	EDW
3.	To increase the number of low-income women obtaining publicly funded (Title X, Title V or Title XX) family planning services pre-waiver as compared to each year during the waiver.	EDW, Ahlers
Interpregnancy Interval:		
3.	To increase the proportion of women who wait at least 24 months before having another child.	EDW and Illinois Vital Records
4.	To decrease the proportion of women experiencing an unplanned pregnancy.	PRAMS
Fertility Rates:		
5.	To reduce the fertility rates for women in families with incomes at or below 200 percent of poverty, as required under CMS STCs, Base-Year Fertility Rate, pages 14 and 15. (For the purpose of this calculation, births will be counted. Illinois does not have a mandatory reporting system for terminated pregnancies.)	US Census, EDW, Birth File Match
Cost savings:		
6a	To demonstrate cost savings by a reduction in unplanned pregnancies.	EDW
6b	To reduce Medicaid expenditures for pregnancy-related and child health care costs during the first year of life. <i>(Note: This is a change from the original waiver submission from costs for the first five years of life, per CMS STCs 12/21/2006.)</i>	EDW
Pregnancy intendedness:		
8.	To increase the proportion of pregnancy intendedness for women experiencing a first-time birth.	EDW
Preconception care services:		
9.	To increase the proportion of women receiving preconception care services.	EDW

Evaluation findings and recommendations will be integrated into the evaluation design plan for the renewal in several ways. First, these findings will inform the process of setting targets for evaluation objectives during the renewal period. Second, these findings will inform the development and refinement of questions for the customer satisfaction surveys, which will be conducted in demonstration renewal WY10. Third, the findings will inform focused quality studies, which will be conducted in demonstration renewal WY10.

As appropriate, the findings may impact on modifications to program goals and objectives, as CMS and HFS may negotiate. Finally, it is expected that the final evaluation findings and recommendations, as well as the quarterly and annual reporting, will highlight program outcomes, limitations, challenges, and opportunities that will inform revisions to strategy and goals related to outreach, provider education, and quality assurance.

Interim Evaluation

The following highlights the findings of the interim evaluation conducted during the first six years of the waiver:

- More low-income women received publicly funded family planning services
- The number of unduplicated women receiving family planning services through IHW increased
- Illinois' unintended pregnancy rates decreased
- Illinois' fertility rates decreased
- Fewer unintended pregnancies resulted in a Medicaid-financed delivery
- Fewer low-income women experienced a subsequent birth
- Longer birth interval spans were demonstrated
- Fewer births occurred among women under age 25
- Delays in pregnancies were demonstrated
- The number of averted births increased, resulting in approximately \$175M in cost savings

The detailed analysis and evaluation of these findings will be included in the final evaluation report required to be submitted to CMS at the conclusion of the IHW demonstration waiver.

Budget Neutrality Agreement

See budget neutrality spreadsheets and administrative budget as provided in Attachment B. Budget neutrality was determined under the following assumptions:

Element	Budget Neutrality Assumptions
Family Planning Services	Based on historic trends, 3% growth in persons and 3.9% Medical Consumer Price Index (MCPI) growth in cost per person
Deliveries Under Medicaid State Plan	Based on historic trends, .05% growth in persons and 3.9% (MCPI) growth in cost per person
First Year Infant Cost Under Medicaid State Plan	Based on historic trends, .05% growth in persons and 3.9% (MCPI) growth in cost per person
Expanded Family Planning (IHW)	Based on historic trends, a 10% growth in persons and 3.9% (MCPI) growth in cost per person
Averted Births (2 versions)	1. Based on the 2008 Guttmacher Institute methodology 2. Based on CMS Annual Budget Limits/Births Averted Methodology

Because HFS partners with Title X delegate agencies to perform certain activities as identified in this waiver application, funds made available for this waiver renewal will be used primarily for essential medical care services. Many strategies to be employed and administrative functions necessary for ongoing operations of the waiver are incorporated into existing systems operating within HFS (e.g., toll-free hotline), thereby minimizing additional administrative costs for this waiver.

Additional outreach is necessary to promote public awareness, to reach eligible women who are not already enrolled in IHW, and to increase utilization of family planning services. A statewide multi-faceted outreach effort will be employed.

The Illinois Family Planning Expansion Waiver Renewal has received the support of the Illinois General Assembly with an appropriation of State funds allocated to support family planning services.

Cost Savings.

During the waiver renewal period, using CMS' Averted Births methodology, it is estimated that the reduction in the number of expected pregnancies will total 31,555 births, as a result of family planning services provided to women in the target population. This statistic assumes that approximately 68,094 women will receive services in the fourth year (WY 9) of this waiver renewal, with a 10% annual increase in the number of women receiving services. It is estimated that a total cost savings of \$334M in medical services will result from this waiver renewal, with a total estimated savings in medical services over the life of the waiver of \$622M. This savings is reflected in a reduction in growth, as reflected in Attachment B.

Waivers and Authority Requested

In order to implement this demonstration project, Illinois requests waiver of the following provisions of the Social Security Act:

- Amount Duration and Scope 1902(a)(10)(B) and (C) – Illinois will offer to the demonstration population a benefit package consisting only of approved family planning and family planning-related services. Any services provided outside of those approved by CMS will not be claimed for federal match.
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) 1902(a)(43)(A) – Illinois will not furnish or arrange EPSDT services for the demonstration population.
- Retroactive Coverage 1902(a)(34) – Individuals in the family planning demonstration program will not be retroactively eligible.
- Presumptive Eligibility Affordable Care Act (ACA) Section 2303 – Illinois will not provide the option of presumptive eligibility for the demonstration population.
- Non-Emergency Medical Transportation 1902(a)(4) – Illinois will not provide non-emergency medical transportation to the demonstration population.

Public Notice/Interested Parties

To ensure public input into the IHW program, HFS sent notices to key stakeholders seeking suggestions for improving the overall program and to assure access to family planning services statewide. As required by the American Recovery and Reinvestment Act, HFS has complied with the tribal consultation requirement to seek advice on a regular, ongoing basis from designees of Indian health programs. There are no Tribes or Tribal organizations in Illinois; however there is one Urban Indian Organization that serves the American Indian population. See Attachment G

Independent Evaluation

Illinois will cooperate fully with CMS or the independent evaluator selected by CMS, should CMS conduct an independent evaluation of the Section 1115 Family Planning Demonstration to assess the impact of the Medicaid demonstrations and/or to examine the appropriateness of the averted birth budget neutrality methodology. Illinois will submit the required data to CMS or its contractor.

Attachment A

Letters of Support



Illinois Primary Health Care Association

www.iphca.org

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Christian Community Health Center

Barbara Dunn, Immediate Past Chair
Community Health Improvement Center

Bruce A. Johnson
President & Chief Executive Officer

August 22, 2011

Theresa Eagleson, Administrator
Division of Medical Programs
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Ms. Eagleson:

On behalf of the Illinois Primary Health Care Association (IPHCA), I am writing to support the Illinois Department of Healthcare and Family Services (HFS) renewal waiver application to the Centers for Medicare & Medicaid Services (CMS) for the continuation of Illinois Health Women (IHW).

Through the continuation of the Illinois Healthy Women family planning waiver, HFS, along with its community partners, will save taxpayer dollars and reduce the rate of unintended pregnancies throughout the state. The program will also improve the health and well-being of low-income Illinois women and provide confidential family planning services to those with few other options.

As the sole non-for-profit trade association representing Illinois' Community/ Migrant Health Centers, IPHCA has worked closely with IHW. IPHCA fully supports this application and the Illinois Healthy Women program. We hope that CMS grants this application a favorable review.

Sincerely,

Bruce A. Johnson
President and Chief Executive Officer

Springfield - 500 S. Ninth St. ■ Springfield, IL 62701 ■ tel (217) 541-7300 ■ fax (217) 541-7301
Chicago - 542 S. Dearborn, Suite 300 ■ Chicago, IL 60605 ■ tel (312) 692-3000 ■ fax (312) 692-3001

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ILLINOIS PUBLIC HEALTH ASSOCIATION

223 South Third Street, Springfield, IL 62701-1144

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September 22, 2008

Theresa Eagleson, Administrator
Division of Medical Programs
607 East Adams Street
Springfield, Illinois 62701

Dear Ms. Eagleson,

The Illinois Public Health Association is pleased to endorse the Illinois Department of Healthcare and Family Services' application to the Centers for Medicare & Medicaid Services for the continuation of Illinois Healthy Women.

The Association supports the strategies and efforts to reduce unintended pregnancies that Illinois Healthy Women has demonstrated through the provision of family planning services to low-income women. During the first four years, Illinois Healthy Women has provided family planning services to over 52,000 Illinois women, which is to be commended. With the continuation of the Illinois Healthy Women family planning waiver, we can save taxpayer dollars, empower women in choosing if and when to become pregnant, improve the health and well-being of low-income Illinois women, offer continuity of care, ensure that women receive appropriate referrals to accessible primary care services and improve the health outcomes of both women and infants.

As Illinois' lead voluntary organization devoted exclusively to matters of public health, the Illinois Public Health Association is devoted to fulfilling its mission, which is to improve the health of Illinois residents through leadership in and advancement of the practice of public health. The Association offers its support through outreach and education about the program within its membership network, which includes local health departments, community health clinics, and other local agencies that serve low-income women who would benefit from this valuable program.

I look forward to continued partnership with the Illinois Department of Healthcare and Family Services as we work to improve the health and well-being of our Illinois families.

Sincerely,

A handwritten signature in cursive script that reads "James R. Nelson".

James R. Nelson, MS
Executive Director





August 22, 2011

Theresa Eagleson, Administrator
Division of Medical Programs
Department of Healthcare and Family Services
607 East Adams Street
Springfield, IL 62701

Dear Ms. Eagleson,

On behalf of the Illinois Maternal and Child Health Coalition (IMCHC), we write this letter of support for the Illinois Department of Healthcare and Family Services' (HFS) renewal application for the Illinois Healthy Women family planning waiver.

Illinois Healthy Women has improved the lives of tens of thousands of Illinois women by providing accessible, affordable family planning services that they may otherwise not be able to obtain. This cost-effective program has also been a financial asset to state and federal budgets by reducing the rate of unintended pregnancies.

IMCHC has been a partner in the efforts to inform and train community agencies about the Illinois Healthy Women program. We have also assisted with the development of outreach materials and informational brochures that are culturally appropriate and comprehensible by low-literate populations.

Continuation of the Illinois Healthy Women program will also contribute to statewide efforts to reduce racial health disparities in infant and maternal mortality by providing low-income women with access to health care services that empower them to decide when and if they become pregnant. Proper interconceptional care through pregnancy spacing has been shown to reduce incidents of poor birth outcomes.

We look forward to future opportunities to work with HFS on the Illinois Healthy Women family planning program.

Sincerely,

Janine Lewis
Executive Director

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Janine Lewis



Pat Quinn, Governor
Damon T. Arnold, M.D., M.P.H., Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

August 29, 2011

Theresa Eagleson, Administrator
Division of Medical Programs
Department of Healthcare and Family Services
607 East Adams, 4th Floor
Springfield, Illinois 62701-2014

Dear Ms. Eagleson:

The Illinois Department of Public Health, Office of Women's Health strongly supports the continuation of the Illinois Healthy Women (IHW) Program, a program vital to women across the State. IHW works closely with the Office of Women's Health to provide as many low-income, uninsured women with family planning and women health services.

One of the most frequent requests is for family planning and women's health services for younger women. While the Office of Women's Health offers free breast and cervical cancer screening for women over the age of 35 through the Illinois Breast and Cervical Cancer Program (IBCCP), we cannot provide services for the younger women who call our Women's Health-Line. Thankfully, we are able to refer these women to the IHW program.

Programs like IHW and IBCCP are crucial to the health and well-being of low-income, uninsured Illinois women who have few other options, if any. It is our hope that IHW may continue to offer its services to the women of Illinois.

Sincerely,

A handwritten signature in blue ink that reads "Shannon R. Lightner". The signature is written in a cursive, flowing style.

Shannon R. Lightner, Deputy Director
Office of Women's Health
Illinois Department of Public Health



Pat Quinn, Governor

Illinois Department of Human Services

Michelle R.B. Saddler Secretary

823 East Monroe • Springfield, Illinois 62762

August 26, 2011

Theresa Eagleson, Administrator
Division of Medical Programs
Illinois Department of Healthcare and Family Services
607 East Adams, 4th Floor
Springfield, Illinois 62701-2014

Dear Ms. Eagleson;

The Illinois Department of Human Services (IDHS) supports renewal of the Illinois family planning waiver initiated by the Illinois Department of Healthcare and Family Services (IDHFS). The goals and objectives of the program are consistent with those found in maternal and child health programs throughout the Division of Community Health and Prevention.

With the continuation of the Illinois Healthy Women family planning waiver, it is anticipated that IDHFS, along with IDHS, will:

- Save taxpayer dollars, as family planning services are cost effective and reduce the rate of unintended pregnancies
- Empower women to decide if and when to become pregnant
- Improve the health and well-being of low-income Illinois women, who may otherwise experience a publicly funded pregnancy without the availability of voluntary, confidential family planning services
- Promote longer intervals between pregnancies, which have a positive impact on health outcomes for both women and infants
- Offer continuity of care - women may receive IHW services from their provider
- Ensure that women receive appropriate referrals to accessible primary care services

IDHS will continue to:

- Strengthen the infrastructure of family planning services in Illinois
- Publicly fund Title X family planning clinics throughout the state
- Provide information regarding access to family planning services and education via a consumer hotline
- Serve as a resource for referral and assistance to waiver participants in accessing medical care
- Participate in quality assurance monitoring and evaluation of the waiver
- Participate in care coordination through Family Case Management grantees
- Provide Ahlers family planning data for evaluation purposes
- Continue to provide birth file data for evaluation and tracking

IDHS looks forward to our continued collaboration with IDHFS on the family planning waiver, and the improvement of health outcomes for women and children in Illinois.

Sincerely,

Glendean Sisk, RN, BSN, CRADC, MPH
Acting Associate Director
Reproductive and Early Childhood Services
Division of Community Health and Prevention



Rod R. Blagojevich, Governor
Damon T. Arnold, M.D., M.P.H., Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

August 26, 2011

Theresa Eagleson, Administrator
Division of Medical Programs
Department of Healthcare and Family Services
607 East Adams, 4th Floor
Springfield, IL 62701-2014

Dear Ms. Eagleson:

The Illinois Department of Public Health (IDPH) Sexually Transmitted Diseases (STD) Program strongly supports the Illinois Healthy Women (IHW) program and its Medicaid eligibility waiver. We urge federal approval of the waiver renewal to maintain this important program. The IHW ensures that eligible women receive appropriate referrals to accessible primary care services including prevention and treatment for sexually transmitted diseases. These diseases, especially chlamydia, significantly and disproportionately impact women. During 2010, women accounted for 74 percent (44,598) of reported cases of chlamydia in Illinois. The IDPH STD Program encourages local health department STD clinics to provide eligible clients with IHW enrollment information and applications.

Sincerely,

A handwritten signature in black ink that reads "Rich Zimmerman". The signature is fluid and cursive, with a small flourish at the end.

Rich Zimmerman, M.A.
Acting Chief, STD Section

Improving public health, one community at a time

printed on recycled paper

August 25, 2011

Theresa Eagleson, Administrator
Division of Medical Programs

Dear Ms. Eagleson,

On behalf of Planned Parenthood of Illinois, I am writing to express our enthusiastic support of the renewal of Illinois' Family Planning 1115 Demonstration Waiver, Illinois Healthy Women (IHW). We have supported IHW since Illinois first applied for a waiver in 2002. We have supported the waiver because, as a provider of reproductive health care services, we know that greater access to family planning improves the health and well being of women and their families.

We stand with the Illinois Department of Healthcare and Family Services in its goal of improving women's health and birth outcomes. The experiences of our patients has provided ample evidence that if an individual's budget is tight, she may forgo her own health care needs in order to meet other needs. When it comes to giving up family planning services in order to meet other needs, our patients increase their risk for unintended pregnancy something they can ill afford both for their finances and for their health. Not only does an unintended pregnancy put a low income woman at increased risk for poverty and dependency, but she and her child are at increased risk of poor health outcomes. Thus, family planning services can have a far reaching impact on the quality of life for women and their families.

The approval of the family planning waiver in 2003 changed this situation for literally thousands of Illinois women and their families. Under the Illinois Healthy Women Program women whose income is at or below 200% of FPL can receive basic reproductive health care that empowers her to plan if and when she will have a child. This ability to plan can make all the difference to a woman who is completing her education or who has a job without paid sick leave. Enrollment in IHW means the addressing a medical problem before a woman becomes pregnant rather than facing an unintended pregnancy that is complicated by serious health concerns.

We know from several studies that access to voluntary, confidential family planning services is quite cost effective as the prevention of mistimed or unintended pregnancies can prevent families from becoming enmeshed in a web of poverty and dependence. Moreover, increased access to family planning services is cost effective because it enables women to receive essential preventative health care which can diagnose



problems in their early stages when they are more easily treatable. Early treatment is always more cost effective than waiting for a condition like a Chlamydia infection to develop into pelvic inflammatory disease. Because IHW allows for the diagnosis and treatment of related conditions that are found during a family planning visit, women are healthier and medical cost savings are enormous. Regular health screenings and early diagnosis and treatment are essential for the good health of Illinois.

Moreover, IHW enables women to ensure the health of their children which is extremely important to the overall health system in Illinois. It has long been established that adequate spacing of pregnancies is essential not only for maternal health, but also for newborn health. Adequate spacing helps reduce risks for premature delivery, low birth weight, and many other issues. Women enrolled in the Illinois Healthy Women Program have the advantage of regular health screenings, treatment of medical problems, and education which helps them decide when it is best for them to have a child.

Planned Parenthood of Illinois has been a strong supporter of the Illinois Healthy Women Program. PPIL both enrolls women into the Program and provides medical services covered by it. We assist women in enrolling in IHW at all 17 of our health centers in Illinois. Without Illinois Healthy Women many of our patients would simply not be able to afford the basic reproductive care necessary to protect and preserve their health.

For these reasons, Planned Parenthood supports the State of Illinois' application to renew the waiver allowing the Program to continue. We look forward to working with the State to make IHW a success.

Sincerely,

A handwritten signature in black ink, reading 'Pamela A. Sutherland'.

Pamela A. Sutherland
Vice President of Public Policy

Attachment B

- 1. Budget Neutrality**
- 2. Administrative Budget Worksheets**
- 3. Annual Budget Limits**

ALL COSTS

Healthcare and Family Services
Illinois Healthy Women Budget Neutrality Worksheet
Using CMS Averted Births Methodology

IHW Model Budget Neutrality Worksheet for: ALL COSTS													
WITHOUT DEMONSTRATION													
Updated 07/19/11		Waiver Yr 1	Waiver Yr 2	Waiver Yr 3	Waiver Yr 4	Waiver Yr 5	Waiver Yr 6	Waiver Yr 7	Waiver Yr 8	Waiver Yr 9	Waiver Yr 10	Waiver Yr 11	
		Apr04-Mar05	Apr05-Mar06	Apr06-Mar07	Apr07-Mar08	Apr08-Mar09	Apr09-Mar10	Apr10-Mar11	Apr11-Mar12	Apr12-Mar13	Apr13-Mar14	Apr14-Mar15	
		Actual	Actual	Actual	Actual	Actual	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	
FAMILY PLANNING SERVICES	Persons	266,041	300,077	303,720	311,906	323,448	333,151	343,146	353,440	364,043	374,964	386,213	
UNDER MEDICAID STATE PLAN	Cost per Person	\$311.89	\$301.32	\$309.00	\$310.44	\$317.31	\$329.69	\$342.54	\$355.90	\$369.78	\$384.20	\$399.19	
All current Medicaid eligibles/participants	Total	\$82,975,527	\$90,419,202	\$93,849,480	\$96,828,099	\$102,633,285	\$109,834,917	\$117,542,195	\$125,789,995	\$134,616,679	\$144,062,731	\$154,171,613	
ESTIMATED AVERTED BIRTHS (Due to IHW Waiver)		1,333	2,128	2,698	3,075	4,453	6,284	8,113	4,069	9,533	10,487	11,535	
Estimated DELIVERIES UNDER MEDICAID	Persons	83,623	87,518	91,949	95,023	94,217	95,813	98,777	95,186	101,106	102,517	104,026	
STATE PLAN (Include costs for prenatal care, deliveries, and 60-days postpartum -- Deliveries Plus Estimated Averted Births Due to IHW	Cost per Person	\$3,549.40	\$3,801.03	\$3,993.54	\$3,990.67	\$3,961.94	\$4,116.46	\$4,277.00	\$4,443.80	\$4,617.11	\$4,797.18	\$4,984.27	
	Total	\$296,811,476	\$332,658,544	\$367,202,009	\$379,205,435	\$373,282,101	\$394,409,966	\$422,468,975	\$422,987,578	\$466,815,460	\$491,794,218	\$518,491,224	
FIRST YEAR INFANT COSTS UNDER	Persons	75,952	80,034	85,423	87,297	87,597	87,302	92,091	88,466	94,352	95,730	97,204	
MEDICAID STATE PLAN	Cost per Person	\$6,116.50	\$6,416.85	\$6,717.26	\$6,756.00	\$7,056.99	\$7,332.21	\$7,618.17	\$7,915.28	\$8,223.97	\$8,544.71	\$8,877.95	
(Infants Plus Estimated Averted Births Due to Waiver)	Total	\$464,560,408	\$513,566,173	\$573,808,501	\$589,778,532	\$618,171,153	\$640,116,825	\$701,564,792	\$700,232,938	\$775,948,206	\$817,985,606	\$862,975,058	
TOTAL WITHOUT-WAIVER COSTS		\$844,347,412	\$936,643,918	\$1,034,859,990	\$1,065,812,066	\$1,094,086,539	\$1,144,361,709	\$1,241,575,962	\$1,249,010,512	\$1,377,380,346	\$1,453,842,555	\$1,535,637,895	
WITH DEMONSTRATION													
		Waiver Yr 1	Waiver Yr 2	Waiver Yr 3	Waiver Yr 4	Waiver Yr 5	Waiver Yr 6	Waiver Yr 7	Waiver Yr 8	Waiver Yr 9	Waiver Yr 10	Waiver Yr 11	TOTAL
		Apr04-Mar05	Apr05-Mar06	Apr06-Mar07	Apr07-Mar08	Apr08-Mar09	Apr09-Mar10	Apr10-Mar11	Apr11-Mar12	Apr12-Mar13	Apr13-Mar14	Apr14-Mar15	
		Actual	Actual	Actual	Actual	Actual	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	
FAMILY PLANNING SERVICES	Persons	266,041	300,077	303,720	311,906	323,448	333,151	343,146	353,440	364,043	374,964	386,213	
UNDER MEDICAID STATE PLAN	Cost per Person	\$311.89	\$301.32	\$309.00	\$310.44	\$317.31	\$329.69	\$342.54	\$355.90	\$369.78	\$384.20	\$399.19	
All current Medicaid eligibles/participants	Total	\$82,975,527	\$90,419,202	\$93,849,480	\$96,828,099	\$102,633,285	\$109,834,917	\$117,542,195	\$125,789,995	\$134,616,679	\$144,062,731	\$154,171,613	
Estimate		Actual	Actual	Actual	Actual	Actual	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	
Actual DELIVERIES UNDER MEDICAID	Persons	82,290	85,390	89,251	91,948	89,764	89,529	90,664	91,117	91,573	92,030	92,491	
STATE PLAN (Include costs for prenatal care, deliveries, and 60-days postpartum)	Cost per Person	\$3,549.40	\$3,801.03	\$3,993.54	\$3,990.67	\$3,961.94	\$4,116.46	\$4,277.00	\$4,443.80	\$4,617.11	\$4,797.18	\$4,984.27	
	Total	\$292,080,126	\$324,569,952	\$356,427,439	\$366,934,125	\$355,639,582	\$368,542,159	\$387,769,695	\$404,905,755	\$422,800,565	\$441,486,235	\$460,997,720	
Estimate		Actual	Actual	Actual	Actual	Actual	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	
FIRST YEAR INFANT COSTS UNDER	Persons	74,619	77,906	82,725	84,222	83,144	81,018	83,978	84,397	84,819	85,243	85,669	
MEDICAID STATE PLAN	Cost per Person	\$6,116.50	\$6,416.85	\$6,717.26	\$6,756.00	\$7,056.99	\$7,332.21	\$7,618.17	\$7,915.28	\$8,223.97	\$8,544.71	\$8,877.95	
	Total	\$456,407,114	\$499,911,116	\$555,685,334	\$569,003,832	\$586,746,377	\$594,041,201	\$639,758,588	\$668,025,674	\$697,549,069	\$728,377,250	\$760,567,883	
Estimate		Actual	Actual	Actual	Actual	Actual	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	
EXPANDED FAMILY PLANNING	Persons	8,282	15,546	20,851	23,432	32,609	45,189	56,277	41,296	68,094	74,904	82,394	
	Cost per Person	\$218.68	\$200.66	\$226.90	\$295.71	\$337.85	\$332.89	\$345.87	\$359.36	\$373.38	\$387.94	\$403.07	
	Total	\$1,811,108	\$3,119,460	\$4,731,092	\$6,929,077	\$11,016,951	\$15,042,966	\$19,464,679	\$14,840,203	\$25,424,723	\$29,058,149	\$33,210,398	
Estimate		Actual	Actual	Actual	Actual	Actual	Actual	Estimate	Estimate*****	10.0%	10.0%	10.0%	
TOTAL WITH WAIVER COSTS		\$833,273,875	\$918,019,730	\$1,010,693,344	\$1,039,695,133	\$1,056,036,194	\$1,087,461,244	\$1,164,535,156	\$1,213,561,627	\$1,280,391,036	\$1,342,984,366	\$1,408,947,613	
Reduction in Growth*		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	TOTAL
		(\$11,073,537)	(\$18,624,188)	(\$24,166,647)	(\$26,116,934)	(\$38,050,345)	(\$56,900,465)	(\$77,040,806)	(\$35,448,885)	(\$96,989,310)	(\$110,858,189)	(\$126,690,282)	(\$621,959,586)
Accumulative Total		(\$11,073,537)	(\$29,697,725)	(\$53,864,372)	(\$79,981,305)	(\$118,031,650)	(\$174,932,115)						

See Next Page for Parameter Assumptions and Notes

ALL COSTS

Healthcare and Family Services
Illinois Healthy Women Budget Neutrality Worksheet

PARAMETER ASSUMPTIONS											
Expanded Family Planning Actual cost per person is based on a blended FMAP and FFP rate											
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
FP FMAP	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
REGULAR FMAP	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Estimated persons are based on historical HFS trends											
Cost estimates are based on the MCPI annual percent increase											
DELIVERY REDUCTION**	1.6%	2.4%	2.9%	3.2%	4.7%	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%
DELIVERY TO FIRST YEAR PERSON FACTOR***	90.7%	91.2%	92.7%	91.6%	92.6%	90.5%	92.6%	92.6%	92.6%	92.6%	92.6%
BASE YEAR FERTILITY RATE	115.5										
STATE											
PLAN ENROLLEES/PARTICIPANTS****	Actual	Actual	Actual	Actual	Actual	3%	3%	3%	3%	3%	3%
AVERAGE GROWTH RATE FOR											
DEMONSTRATION PARTICIPANTS		87.7%	34.1%	12.4%	39.2%	38.6%	24.5%	-26.6%	64.9%	10.0%	10.0%

Note: Estimated averted births are due to the IHW waiver
Base Year Fertility Rate is the rate per 1000 women for 2001
*ALL ANTICIPATED REDUCTIONS IN COSTS HAVE BEEN PREVIOUSLY ACCOUNTED FOR IN THE HFS BUDGET
**% Decrease in deliveries with waiver
***# of First Year Persons Per Deliveries
****Medicaid Users of Family Planning
***** Estimate reported to CMS in the 2008 Renewal Application
CPI Data: http://www.bls.gov/cpi/cpi_dr.htm

FEDS COSTS

Healthcare and Family Services
Illinois Healthy Women Budget Neutrality Worksheet
Using CMS Averted Births Methodology

IHW Model Budget Neutrality Worksheet for: FEDS COSTS													
WITHOUT DEMONSTRATION													
Updated 07/19/11		Waiver Yr 1	Waiver Yr 2	Waiver Yr 3	Waiver Yr 4	Waiver Yr 5	Waiver Yr 6	Waiver Yr 7	Waiver Yr 8	Waiver Yr 9	Waiver Yr 10	Waiver Yr 11	
		Apr04-Mar05	Apr05-Mar06	Apr06-Mar07	Apr07-Mar08	Apr08-Mar09	Apr09-Mar10	Apr10-Mar11	Apr11-Mar12	Apr12-Mar13	Apr13-Mar14	Apr14-Mar15	
		Actual	Actual	Actual	Actual	Actual	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	
FAMILY PLANNING SERVICES	Persons	266,041	300,077	303,720	311,906	323,448	333,151	343,146	353,440	364,043	374,964	386,213	
UNDER MEDICAID STATE PLAN	Cost per Person	\$280.70	\$271.19	\$278.10	\$279.40	\$285.58	\$296.72	\$308.29	\$320.31	\$332.80	\$345.78	\$359.27	
All current Medicaid eligibles/ participants	Total	\$74,677,975	\$81,377,281	\$84,464,532	\$87,145,289	\$92,369,956	\$98,851,426	\$105,787,975	\$113,210,996	\$121,155,011	\$129,656,458	\$138,754,452	
ESTIMATED AVERTED BIRTHS (Due to IHW Waiver)		1,333	2,128	2,698	3,075	4,453	6,284	8,113	4,069	9,533	10,487	11,535	
Estimated DELIVERIES UNDER MEDICAID	Persons	83,623	87,518	91,949	95,023	94,217	95,813	98,777	95,186	101,106	102,517	104,026	
STATE PLAN (Include costs for prenatal care, deliveries, and 60-days postpartum -- Deliveries Plus Estimated Averted Births Due to IHW	Cost per Person	\$1,774.70	\$1,900.52	\$1,996.77	\$1,995.34	\$1,980.97	\$2,058.23	\$2,138.50	\$2,221.90	\$2,308.55	\$2,398.59	\$2,492.13	
	Total	\$148,405,738	\$166,329,272	\$183,601,005	\$189,602,718	\$186,641,050	\$197,204,983	\$211,234,488	\$211,493,789	\$233,407,730	\$245,897,109	\$259,245,612	
FIRST YEAR INFANT COSTS UNDER	Persons	75,952	80,034	85,423	87,297	87,597	87,302	92,091	88,466	94,352	95,730	97,204	
MEDICAID STATE PLAN	Cost per Person	\$3,058.25	\$3,208.43	\$3,358.63	\$3,378.00	\$3,528.50	\$3,666.11	\$3,809.08	\$3,957.64	\$4,111.99	\$4,272.35	\$4,438.98	
(Infants Plus Estimated Averted Births Due to waiver)	Total	\$232,280,204	\$256,783,086	\$286,904,250	\$294,889,266	\$309,085,577	\$320,058,413	\$350,782,396	\$350,116,469	\$387,974,103	\$408,992,803	\$431,487,529	
TOTAL WITHOUT-WAIVER COSTS		\$455,363,917	\$504,489,640	\$554,969,787	\$571,637,272	\$588,096,583	\$616,114,821	\$667,804,859	\$674,821,254	\$742,536,845	\$784,546,370	\$829,487,593	
WITH DEMONSTRATION													
		Waiver Yr 1	Waiver Yr 2	Waiver Yr 3	Waiver Yr 4	Waiver Yr 5	Waiver Yr 6	Waiver Yr 7	Waiver Yr 8	Waiver Yr 9	Waiver Yr 10	Waiver Yr 11	TOTAL
		Apr04-Mar05	Apr05-Mar06	Apr06-Mar07	Apr07-Mar08	Apr08-Mar09	Apr09-Mar10	Apr10-Mar11	Apr11-Mar12	Apr12-Mar13	Apr13-Mar14	Apr14-Mar15	
		Actual	Actual	Actual	Actual	Actual	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	
FAMILY PLANNING SERVICES	Persons	266,041	300,077	303,720	311,906	323,448	333,151	343,146	353,440	364,043	374,964	386,213	
UNDER MEDICAID STATE PLAN	Cost per Person	\$280.70	\$271.19	\$278.10	\$279.40	\$285.58	\$296.72	\$308.29	\$320.31	\$332.80	\$345.78	\$359.27	
All current Medicaid eligibles/ participants	Total	\$74,677,975	\$81,377,281	\$84,464,532	\$87,145,289	\$92,369,956	\$98,851,426	\$105,787,975	\$113,210,996	\$121,155,011	\$129,656,458	\$138,754,452	
Estimate		Actual	Actual	Actual	Actual	Actual	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	
Actual DELIVERIES UNDER MEDICAID	Persons	82,290	85,390	89,251	91,948	89,764	89,529	90,664	91,117	91,573	92,030	92,491	
STATE PLAN (Include costs for prenatal care, deliveries, and 60-days postpartum)	Cost per Person	\$1,774.70	\$1,900.52	\$1,996.77	\$1,995.34	\$1,980.97	\$2,058.23	\$2,138.50	\$2,221.90	\$2,308.55	\$2,398.59	\$2,492.13	
	Total	\$146,040,063	\$162,284,976	\$178,213,719	\$183,467,063	\$177,819,791	\$184,271,079	\$193,884,848	\$202,452,877	\$211,400,282	\$220,743,118	\$230,498,860	
Estimate		Actual	Actual	Actual	Actual	Actual	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	
FIRST YEAR INFANT COSTS UNDER	Persons	74,619	77,906	82,725	84,222	83,144	81,018	83,978	84,397	84,819	85,243	85,669	
MEDICAID STATE PLAN	Cost per Person	\$3,058.25	\$3,208.43	\$3,358.63	\$3,378.00	\$3,528.50	\$3,666.11	\$3,809.08	\$3,957.64	\$4,111.99	\$4,272.35	\$4,438.98	
	Total	\$228,203,557	\$249,955,558	\$277,842,667	\$284,501,916	\$293,373,188	\$297,020,601	\$319,879,294	\$334,012,837	\$348,774,534	\$364,188,625	\$380,283,941	
Estimate		Actual	Actual	Actual	Actual	Actual	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	
EXPANDED FAMILY PLANNING	Persons	8,282	15,546	20,851	23,432	32,609	45,189	56,277	41,296	68,094	74,904	82,394	
	Cost per Person	\$167.19	\$153.71	\$168.37	\$220.54	\$252.28	\$254.67	\$264.60	\$274.92	\$285.64	\$296.78	\$308.36	
	Total	\$1,384,668	\$2,389,576	\$3,510,683	\$5,167,693	\$8,226,599	\$11,508,283	\$14,891,014	\$11,353,163	\$19,450,612	\$22,230,283	\$25,406,867	
Estimate		Actual	Actual	Actual	Actual	Actual	Actual	Estimate	Estimate*****	10.0%	10.0%	10.0%	
TOTAL WITH WAIVER COSTS		\$450,306,262	\$496,007,391	\$544,031,601	\$560,281,961	\$571,789,534	\$591,651,388	\$634,443,131	\$661,029,873	\$700,780,440	\$736,818,484	\$774,944,120	
Reduction in Growth*		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	TOTAL
		(\$5,057,655)	(\$8,482,249)	(\$10,938,186)	(\$11,355,312)	(\$16,307,049)	(\$24,463,433)	(\$33,361,728)	(\$13,791,381)	(\$41,756,404)	(\$47,727,886)	(\$54,543,473)	(\$267,784,756)
Accumulative Total		(\$5,057,655)	(\$13,539,903)	(\$24,478,090)	(\$35,833,402)	(\$52,140,451)	(\$76,603,884)						

See Next Page for Parameter Assumptions and Notes

FEDS COSTS

Healthcare and Family Services
Illinois Healthy Women Budget Neutrality Worksheet

PARAMETER ASSUMPTIONS											
Expanded Family Planning Actual cost per person is based on a blended FMAP and FFP rate											
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
FP FMAP	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
REGULAR FMAP	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Estimated persons are based on historical HFS trends											
Cost estimates are based on the MCPI annual percent increase											
DELIVERY REDUCTION**	1.6%	2.4%	2.9%	3.2%	4.7%	6.6%	8.2%	4.3%	9.4%	10.2%	11.1%
DELIVERY TO FIRST YEAR PERSON FACTOR***	90.7%	91.2%	92.7%	91.6%	92.6%	90.5%	92.6%	92.6%	92.6%	92.6%	92.6%
BASE YEAR FERTILITY RATE	115.5										
AVERAGE GROWTH RATE FOR MEDICAID STATE											
PLAN ENROLLEES/PARTICIPANTS****	Actual	Actual	Actual	Actual	Actual	3%	3%	3%	3%	3%	3%
AVERAGE GROWTH RATE FOR DEMONSTRATION PARTICIPANTS		87.7%	34.1%	12.4%	39.2%	38.6%	24.5%	-26.6%	64.9%	10.0%	10.0%

Note: Estimated averted births are due to the IHW waiver
Base Year Fertility Rate is the rate per 1000 women for 2001
*ALL ANTICIPATED REDUCTIONS IN COSTS HAVE BEEN PREVIOUSLY ACCOUNTED FOR IN THE HFS BUDGET
**% Decrease in deliveries with waiver
***# of First Year Persons Per Deliveries
****Medicaid Users of Family Planning
***** Estimate reported to CMS in the 2008 Renewal Application
CPI Data: http://www.bls.gov/cpi/cpi_dr.htm

Percent change in CPI Medical Care	
2004-2005	4.2%
2005-2006	4.0%
2006-2007	4.4%
2007-2008	3.7%
2008-2009	3.2%
5 yr Avg	3.9% (Using this average for future projections)

Source:

CPI Data: http://www.bls.gov/cpi/cpi_dr.htm

ALL COSTS

Healthcare and Family Services
Illinois Healthy Women Budget Neutrality Worksheet

Using Updated Averted Births Methodology -- Guttmacher Study 2008

IHW Model Budget Neutrality Worksheet for: ALL COSTS													
WITHOUT DEMONSTRATION													
Updated 07/19/11		Waiver Yr 1	Waiver Yr 2	Waiver Yr 3	Waiver Yr 4	Waiver Yr 5	Waiver Yr 6	Waiver Yr 7	Waiver Yr 8	Waiver Yr 9	Waiver Yr 10	Waiver Yr 11	
		Apr04-Mar05	Apr05-Mar06	Apr06-Mar07	Apr07-Mar08	Apr08-Mar09	Apr09-Mar10	Apr10-Mar11	Apr11-Mar12	Apr12-Mar13	Apr13-Mar14	Apr14-Mar15	
		Actual	Actual	Actual	Actual	Actual	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	
FAMILY PLANNING SERVICES	Persons	266,041	300,077	303,720	311,906	323,448	333,151	343,146	353,440	364,043	374,964	386,213	
UNDER MEDICAID STATE PLAN	Cost per Person	\$311.89	\$301.32	\$309.00	\$310.44	\$317.31	\$329.69	\$342.54	\$355.90	\$369.78	\$384.20	\$399.19	
All current Medicaid eligibles/ participants	Total	\$82,975,527	\$90,419,202	\$93,849,480	\$96,828,099	\$102,633,285	\$109,834,917	\$117,542,195	\$125,789,995	\$134,616,679	\$144,062,731	\$154,171,613	
ESTIMATED AVERTED BIRTHS (Due to IHW Waiver)		202	1,523	2,041	2,294	3,194	4,426	5,513	4,044	6,670	7,337	8,071	
Estimated DELIVERIES UNDER MEDICAID	Persons	82,492	86,913	91,292	94,242	92,958	93,955	96,177	95,161	98,243	99,368	100,562	
STATE PLAN (Include costs for prenatal care, deliveries, and 60-days postpartum -- Deliveries Plus Estimated Averted Births Due to IHW	Cost per Person	\$3,549.40	\$3,801.03	\$3,993.54	\$3,990.67	\$3,961.94	\$4,116.46	\$4,277.00	\$4,443.80	\$4,617.11	\$4,797.18	\$4,984.27	
	Total	\$292,797,105	\$330,358,920	\$364,578,254	\$376,088,722	\$368,294,019	\$386,761,592	\$411,348,782	\$422,877,905	\$453,598,163	\$476,684,665	\$501,227,347	
FIRST YEAR INFANT COSTS UNDER	Persons	74,821	79,429	84,766	86,516	86,338	85,444	89,491	88,441	91,489	92,580	93,740	
MEDICAID STATE PLAN	Cost per Person	\$6,116.50	\$6,416.85	\$6,717.26	\$6,756.00	\$7,056.99	\$7,332.21	\$7,618.17	\$7,915.28	\$8,223.97	\$8,544.71	\$8,877.95	
(Infants Plus Estimated Averted Births Due to waiver)	Total	\$457,642,647	\$509,683,979	\$569,395,261	\$584,502,096	\$609,286,403	\$626,493,574	\$681,757,553	\$700,035,056	\$752,402,971	\$791,069,775	\$832,221,832	
TOTAL WITHOUT-WAIVER COSTS		\$833,415,279	\$930,462,101	\$1,027,822,995	\$1,057,418,917	\$1,080,213,706	\$1,123,090,083	\$1,210,648,530	\$1,248,702,957	\$1,340,617,813	\$1,411,817,171	\$1,487,620,792	
WITH DEMONSTRATION													
		Waiver Yr 1	Waiver Yr 2	Waiver Yr 3	Waiver Yr 4	Waiver Yr 5	Waiver Yr 6	Waiver Yr 7	Waiver Yr 8	Waiver Yr 9	Waiver Yr 10	Waiver Yr 11	
		Apr04-Mar05	Apr05-Mar06	Apr06-Mar07	Apr07-Mar08	Apr08-Mar09	Apr09-Mar10	Apr10-Mar11	Apr11-Mar12	Apr12-Mar13	Apr13-Mar14	Apr14-Mar15	TOTAL
		Actual	Actual	Actual	Actual	Actual	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	
FAMILY PLANNING SERVICES	Persons	266,041	300,077	303,720	311,906	323,448	333,151	343,146	353,440	364,043	374,964	386,213	
UNDER MEDICAID STATE PLAN	Cost per Person	\$311.89	\$301.32	\$309.00	\$310.44	\$317.31	\$329.69	\$342.54	\$355.90	\$369.78	\$384.20	\$399.19	
All current Medicaid eligibles/ participants	Total	\$82,975,527	\$90,419,202	\$93,849,480	\$96,828,099	\$102,633,285	\$109,834,917	\$117,542,195	\$125,789,995	\$134,616,679	\$144,062,731	\$154,171,613	
Estimate		Actual	Actual	Actual	Actual	Actual	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	
Actual DELIVERIES UNDER MEDICAID	Persons	82,290	85,390	89,251	91,948	89,764	89,529	90,664	91,117	91,573	92,031	92,491	
STATE PLAN (Include costs for prenatal care, deliveries, and 60-days postpartum)	Cost per Person	\$3,549.40	\$3,801.03	\$3,993.54	\$3,990.67	\$3,961.94	\$4,116.46	\$4,277.00	\$4,443.80	\$4,617.11	\$4,797.18	\$4,984.27	
	Total	\$292,080,126	\$324,569,952	\$356,427,439	\$366,934,125	\$355,639,582	\$368,542,159	\$387,769,695	\$404,907,177	\$422,802,049	\$441,487,786	\$460,999,339	
Estimate		Actual	Actual	Actual	Actual	Actual	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	
FIRST YEAR INFANT COSTS UNDER	Persons	74,619	77,906	82,725	84,222	83,144	81,018	83,978	84,397	84,819	85,243	85,669	
MEDICAID STATE PLAN	Cost per Person	\$6,116.50	\$6,416.85	\$6,717.26	\$6,756.00	\$7,056.99	\$7,332.21	\$7,618.17	\$7,915.28	\$8,223.97	\$8,544.71	\$8,877.95	
	Total	\$456,407,114	\$499,911,116	\$555,685,334	\$569,003,832	\$586,746,377	\$594,041,201	\$639,758,588	\$668,025,674	\$697,549,069	\$728,377,250	\$760,567,883	
Estimate		Actual	Actual	Actual	Actual	Actual	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	
EXPANDED FAMILY PLANNING	Persons	8,282	15,546	20,851	23,432	32,609	45,189	56,277	41,296	68,094	74,904	82,394	
	Cost per Person	\$218.68	\$200.66	\$226.90	\$295.71	\$337.85	\$332.89	\$345.87	\$359.36	\$373.38	\$387.94	\$403.07	
	Total	\$1,811,108	\$3,119,460	\$4,731,092	\$6,929,077	\$11,016,951	\$15,042,966	\$19,464,679	\$14,840,203	\$25,424,723	\$29,058,149	\$33,210,398	
Estimate		Actual	Actual	Actual	Actual	Actual	Actual	Estimate	*****Estimate	10.0%	10.0%	10.0%	
TOTAL WITH WAIVER COSTS		\$833,273,875	\$918,019,730	\$1,010,693,344	\$1,039,695,133	\$1,056,036,194	\$1,087,461,244	\$1,164,535,156	\$1,213,563,049	\$1,280,392,521	\$1,342,985,917	\$1,408,949,232	
Reduction in Growth*		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	TOTAL
		(\$141,404)	(\$12,442,371)	(\$17,129,651)	(\$17,723,784)	(\$24,177,512)	(\$35,628,840)	(\$46,113,373)	(\$35,139,908)	(\$60,225,292)	(\$68,831,254)	(\$78,671,560)	(\$396,224,950)
Accumulative Total		(\$141,404)	(\$12,583,775)	(\$29,713,426)	(\$47,437,210)	(\$71,614,722)	(\$107,243,561)						

See Next Page for Parameter Assumptions and Notes

ALL COSTS

Healthcare and Family Services
Illinois Healthy Women Budget Neutrality Worksheet

PARAMETER ASSUMPTIONS											
Expanded Family Planning Actual cost per person is based on a blended FMAP and FFP rate											
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
FP FMAP	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
REGULAR FMAP	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Estimated persons are based on historical HFS trends											
Persons are based on the MCPI annual percent increase						3.9%	3.9%	3.9%	3.9%	3.9%	3.9%
DELIVERY REDUCTION**	0.2%	1.8%	2.2%	2.4%	3.4%	4.7%	5.7%	4.2%	6.8%	7.4%	8.0%
DELIVERY TO FIRST YEAR PERSON FACTOR***	90.7%	91.2%	92.7%	91.6%	92.6%	90.5%	92.6%	92.6%	92.6%	92.6%	92.6%
BASE YEAR FERTILITY RATE	115.5										
STATE											
PLAN ENROLLEES/PARTICIPANTS****	Actual	Actual	Actual	Actual	Actual	3%	3%	3%	3%	3%	3%
AVERAGE GROWTH RATE FOR DEMONSTRATION PARTICIPANTS		87.7%	34.1%	12.4%	39.2%	38.6%	24.5%	-26.6%	64.9%	10.0%	10.0%

Note: Estimated averted births are due to the IHW waiver
1st year averted birth calculations was reduced to one-quarter due program start-up
*ALL ANTICIPATED REDUCTIONS IN COSTS HAVE BEEN PREVIOUSLY ACCOUNTED FOR IN THE HFS BUDGET
**% Decrease in deliveries with waiver
***# of First Year Persons Per Deliveries
****Medicaid Users of Family Planning
***** Estimate reported to CMS in the 2008 Renewal Application
CPI Data: http://www.bls.gov/cpi/cpi_dr.htm

FEDS COSTS

Healthcare and Family Services
Illinois Healthy Women Budget Neutrality Worksheet

Using Updated Averted Births Methodology -- Guttmacher Study 2008

IHW Model Budget Neutrality Worksheet for: FEDS COSTS													
WITHOUT DEMONSTRATION													
Updated 07/19/11		Waiver Yr 1	Waiver Yr 2	Waiver Yr 3	Waiver Yr 4	Waiver Yr 5	Waiver Yr 6	Waiver Yr 7	Waiver Yr 8	Waiver Yr 9	Waiver Yr 10	Waiver Yr 11	
		Apr04-Mar05	Apr05-Mar06	Apr06-Mar07	Apr07-Mar08	Apr08-Mar09	Apr09-Mar10	Apr10-Mar11	Apr11-Mar12	Apr12-Mar13	Apr13-Mar14	Apr14-Mar15	
		Actual	Actual	Actual	Actual	Actual	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	
FAMILY PLANNING SERVICES	Persons	266,041	300,077	303,720	311,906	323,448	333,151	343,146	353,440	364,043	374,964	386,213	
UNDER MEDICAID STATE PLAN	Cost per Person	\$280.70	\$271.19	\$278.10	\$279.40	\$285.58	\$296.72	\$308.29	\$320.31	\$332.80	\$345.78	\$359.27	
All current Medicaid eligibles/participants	Total	\$74,677,975	\$81,377,281	\$84,464,532	\$87,145,289	\$92,369,956	\$98,851,426	\$105,787,975	\$113,210,996	\$121,155,011	\$129,656,458	\$138,754,452	
ESTIMATED AVERTED BIRTHS (Due to IHW Waiver)		202	1,523	2,041	2,294	3,194	4,426	5,513	4,044	6,670	7,337	8,071	
Estimated DELIVERIES UNDER MEDICAID STATE PLAN (Include costs for prenatal care, deliveries, and 60-days postpartum -- Deliveries Plus Estimated Averted Births Due to IHW	Persons	82,492	86,913	91,292	94,242	92,958	93,955	96,177	95,161	98,243	99,367	100,562	
	Cost per Person	\$1,774.70	\$1,900.52	\$1,996.77	\$1,995.34	\$1,980.97	\$2,058.23	\$2,138.50	\$2,221.90	\$2,308.55	\$2,398.59	\$2,492.13	
	Total	\$146,398,552	\$165,179,460	\$182,289,127	\$188,044,361	\$184,147,009	\$193,380,796	\$205,674,391	\$211,438,242	\$226,798,339	\$238,341,557	\$250,612,864	
FIRST YEAR INFANT COSTS UNDER MEDICAID STATE PLAN	Persons	74,821	79,429	84,766	86,516	86,338	85,444	89,491	88,441	91,489	92,580	93,740	
	Cost per Person	\$3,058.25	\$3,208.43	\$3,358.63	\$3,378.00	\$3,528.50	\$3,666.11	\$3,809.08	\$3,957.64	\$4,111.99	\$4,272.35	\$4,438.98	
(Infants Plus Estimated Averted Births Due to waiver)	Total	\$228,821,323	\$254,841,989	\$284,697,631	\$292,251,048	\$304,643,201	\$313,246,787	\$340,878,777	\$350,017,528	\$376,201,485	\$395,534,887	\$416,110,916	
TOTAL WITHOUT-WAIVER COSTS		\$449,897,850	\$501,398,731	\$551,451,289	\$567,440,698	\$581,160,167	\$605,479,009	\$652,341,143	\$674,666,765	\$724,154,836	\$763,532,903	\$805,478,232	
WITH DEMONSTRATION													
		Waiver Yr 1	Waiver Yr 2	Waiver Yr 3	Waiver Yr 4	Waiver Yr 5	Waiver Yr 6	Waiver Yr 7	Waiver Yr 8	Waiver Yr 9	Waiver Yr 10	Waiver Yr 11	TOTAL
		Apr04-Mar05	Apr05-Mar06	Apr06-Mar07	Apr07-Mar08	Apr08-Mar09	Apr09-Mar10	Apr10-Mar11	Apr11-Mar12	Apr12-Mar13	Apr13-Mar14	Apr14-Mar15	
FAMILY PLANNING SERVICES	Persons	266,041	300,077	303,720	311,906	323,448	333,151	343,146	353,440	364,043	374,964	386,213	
UNDER MEDICAID STATE PLAN	Cost per Person	\$280.70	\$271.19	\$278.10	\$279.40	\$285.58	\$296.72	\$308.29	\$320.31	\$332.80	\$345.78	\$359.27	
All current Medicaid eligibles/participants	Total	\$74,677,975	\$81,377,281	\$84,464,532	\$87,145,289	\$92,369,956	\$98,851,426	\$105,787,975	\$113,210,996	\$121,155,011	\$129,656,458	\$138,754,452	
Estimate		Actual	Actual	Actual	Actual	Actual	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	
Actual DELIVERIES UNDER MEDICAID STATE PLAN (Include costs for prenatal care, deliveries, and 60-days postpartum)	Persons	82,290	85,390	89,251	91,948	89,764	89,529	90,664	91,117	91,573	92,030	92,491	
	Cost per Person	\$1,774.70	\$1,900.52	\$1,996.77	\$1,995.34	\$1,980.97	\$2,058.23	\$2,138.50	\$2,221.90	\$2,308.55	\$2,398.59	\$2,492.13	
	Total	\$146,040,063	\$162,284,976	\$178,213,719	\$183,467,063	\$177,819,791	\$184,271,079	\$193,884,848	\$202,452,877	\$211,400,282	\$220,743,118	\$230,498,860	
Estimate		Actual	Actual	Actual	Actual	Actual	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	
FIRST YEAR INFANT COSTS UNDER MEDICAID STATE PLAN	Persons	74,619	77,906	82,725	84,222	83,144	81,018	83,978	84,397	84,819	85,243	85,669	
	Cost per Person	\$3,058.25	\$3,208.43	\$3,358.63	\$3,378.00	\$3,528.50	\$3,666.11	\$3,809.08	\$3,957.64	\$4,111.99	\$4,272.35	\$4,438.98	
	Total	\$228,203,557	\$249,955,558	\$277,842,667	\$284,501,916	\$293,373,188	\$297,020,601	\$319,879,294	\$334,012,837	\$348,774,534	\$364,188,625	\$380,283,941	
Estimate		Actual	Actual	Actual	Actual	Actual	0.05%	0.05%	0.05%	0.05%	0.05%	0.05%	
EXPANDED FAMILY PLANNING	Persons	8,282	15,546	20,851	23,432	32,609	45,189	56,277	41,296	68,094	74,904	82,394	
	Cost per Person	\$167.19	\$153.71	\$168.37	\$220.54	\$252.28	\$254.67	\$264.60	\$274.92	\$285.64	\$296.78	\$308.36	
	Total	\$1,384,668	\$2,389,576	\$3,510,683	\$5,167,693	\$8,226,599	\$11,508,283	\$14,891,014	\$11,353,163	\$19,450,612	\$22,230,283	\$25,406,867	
Estimate		Actual	Actual	Actual	Actual	Actual	Actual	Actual	Estimate****	10.0%	10.0%	10.0%	
TOTAL WITH WAIVER COSTS		\$450,306,262	\$496,007,391	\$544,031,601	\$560,281,961	\$571,789,534	\$591,651,388	\$634,443,131	\$661,029,873	\$700,780,440	\$736,818,484	\$774,944,120	
Reduction in Growth*		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	TOTAL
		\$408,412	(\$5,391,340)	(\$7,419,689)	(\$7,158,737)	(\$9,370,633)	(\$13,827,620)	(\$17,898,012)	(\$13,636,892)	(\$23,374,396)	(\$26,714,419)	(\$30,534,112)	(\$154,917,438)
Accumulative Total		\$408,412	(\$4,982,928)	(\$12,402,617)	(\$19,561,354)	(\$28,931,987)	(\$42,759,607)						

See Next Page for Parameter Assumptions and Notes

FEDS COSTS

Healthcare and Family Services
Illinois Healthy Women Budget Neutrality Worksheet

PARAMETER ASSUMPTIONS											
Expanded Family Planning Actual cost per person is based on a blended FMAP and FFP rate											
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
FP FMAP	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
REGULAR FMAP	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Estimated persons are based on historical HFS trends											
Cost estimates are based on the MCPI annual percent increase											
DELIVERY REDUCTION**	0.2%	1.8%	2.2%	2.4%	3.4%	4.7%	3.9%	3.9%	3.9%	3.9%	3.9%
DELIVERY TO FIRST YEAR PERSON FACTOR***	90.7%	91.2%	92.7%	91.6%	92.6%	90.5%	92.6%	92.6%	92.6%	92.6%	92.6%
BASE YEAR FERTILITY RATE STATE	115.5										
PLAN ENROLLEES/PARTICIPANTS****	Actual	Actual	Actual	Actual	Actual	3%	3%	3%	3%	3%	3%
AVERAGE GROWTH RATE FOR DEMONSTRATION PARTICIPANTS		87.7%	34.1%	12.4%	39.2%	38.6%	24.5%	-26.6%	64.9%	10.0%	10.0%

Note: Estimated averted births are due to the IHW waiver
1st year averted birth calculations was reduced to one-quarter due program start-up
*ALL ANTICIPATED REDUCTIONS IN COSTS HAVE BEEN PREVIOUSLY ACCOUNTED FOR IN THE HFS BUDGET
**% Decrease in deliveries with waiver
***# of First Year Persons Per Deliveries
****Medicaid Users of Family Planning
***** Estimate reported to CMS in the 2008 Renewal Application
CPI Data: http://www.bls.gov/cpi/cpi_dr.htm

Illinois Healthy Women Waiver Renewal for WY9 to WY11

Estimate of Annual Administrative Costs

Category	Waiver Year 9	Waiver Year 10	Waiver Year 11	Grand Total
Staffing	\$1,783,000	\$1,890,000	\$2,108,000	\$5,781,000
Office Equipment	\$10,000	\$10,000	\$10,000	\$30,000
Computer & Telecommunications Equipment	\$38,000	\$41,000	\$47,000	\$126,000
Ongoing Annual Costs For Mailing and Promotional Materials	\$234,000	\$266,000	\$304,000	\$804,000
Annual System Costs	\$0	\$0	\$0	\$0
Mandated Terms and Conditions Costs	\$80,000	\$100,000	\$130,000	\$310,000
Totals	\$2,145,000	\$2,307,000	\$2,599,000	\$7,051,000
FFP at 50% for Family Planning Administrative Costs	\$1,072,500	\$1,153,500	\$1,299,500	\$3,525,500
State Liability after FFP	\$1,072,500	\$1,153,500	\$1,299,500	\$3,525,500

Note: The Family Planning waiver renewal application for the Illinois Healthy Women program covers Waiver Years 9, 10 and 11, which begins March 1, 2012 and ends February 28, 2015. Estimates are based on projected needs of the Illinois Healthy Women program based on current data and projected growth. Funding will be provided through Illinois' General Revenue Fund. All new hires and funding are subject to approval by the Illinois General Assembly and the Governor.

Illinois Department of Healthcare and Family Services
Averted Births and Annual Budget Limits
Illinois Healthy Women, Waiver Years 1 - 7, April 2004 - March 2011

	Age 19 ¹	Ages 20-24	Ages 25-29	Ages 30-34	Ages 35-39	Ages 40-44	Totals	FFP
Waiver Year 1 (April 2004-March 2005)								
Estimated Base-Year Delivery Rate ³	245.5	185.6	165.7	95.1	41.7	10.1	160.98 ²	
Waiver Participants ⁴	1,431	2,874	1,956	1,013	566	442	8,282	
Expected Births ⁵	351	533	324	96	24	4	1,333	
Actual Births ⁶	0	0	0	0	0	0	0	
Births Averted	351	533	324	96	24	4	1,333	
Average Prenatal/Delivery Cost	\$3,549.40	\$3,549.40	\$3,549.40	\$3,549.40	\$3,549.40	\$3,549.40	\$3,549.40	
Average Birth to 1 Yr Cost	\$6,116.50	\$6,116.50	\$6,116.50	\$6,116.50	\$6,116.50	\$6,116.50	\$6,116.50	
Costs Averted/Annual Budget Limit ⁷	\$3,395,727.33	\$5,155,887.72	\$3,132,814.85	\$931,212.81	\$228,115.24	\$43,109.91	\$12,886,867.86	

FFP	\$1,384,683
Waiver Expenditures	\$1,811,139
% Annual Budget Limit	14.1%

Waiver Year 2 (April 2005-March 2006)								
Estimated Base-Year Delivery Rate ³	245.5	185.6	165.7	95.1	41.7	10.1	155.3 ²	
Waiver Participants ⁴	1,675	6,263	3,667	1,841	1,146	954	15,546	
Expected Births ⁵	411	1,162	608	175	48	10	2,414	
Actual Births ⁶	8	174	72	23	8	1	286	
Births Averted	403	988	536	152	40	9	2,128	
Average Prenatal/Delivery Cost	\$3,801.03	\$3,801.03	\$3,801.03	\$3,801.03	\$3,801.03	\$3,801.03	\$3,801.03	
Average Birth to 1 Yr Cost	\$6,416.85	\$6,416.85	\$6,416.85	\$6,416.85	\$6,416.85	\$6,416.85	\$6,416.85	
Costs Averted/Annual Budget Limit ⁷	\$4,119,951.39	\$10,099,454.77	\$5,472,900.89	\$1,553,935.19	\$406,569.45	\$88,282.48	\$21,741,094.17	

FFP	\$2,389,542
Waiver Expenditures	\$3,119,511
% Annual Budget Limit	14.3%

Waiver Year 3 (April 2006-March 2007)								
Estimated Base-Year Delivery Rate ³	245.5	185.6	165.7	95.1	41.7	10.1	153.0 ²	
Waiver Participants ⁴	2,087	8,082	5,092	2,696	1,561	1,333	20,851	
Expected Births ⁵	512	1,500	844	256	65	13	3,191	
Actual Births ⁶	15	306	116	40	12	4	493	
Births Averted	497	1,194	728	216	53	9	2,698	
Average Prenatal/Delivery Cost	\$3,993.54	\$3,993.54	\$3,993.54	\$3,993.54	\$3,993.54	\$3,993.54	\$3,993.54	
Average Birth to 1 Yr Cost	\$6,717.26	\$6,717.26	\$6,717.26	\$6,717.26	\$6,717.26	\$6,717.26	\$6,717.26	
Costs Averted/Annual Budget Limit ⁷	\$5,327,123.49	\$12,788,909.42	\$7,794,677.59	\$2,317,710.01	\$568,636.37	\$101,324.17	\$28,898,381.05	

FFP	\$3,510,639
Waiver Expenditures	\$4,731,096
% Annual Budget Limit	16.4%

See page 2 for Waiver Years 4, 5 and 6

Illinois Department of Healthcare and Family Services
Averted Births and Annual Budget Limits
Illinois Healthy Women, Waiver Years 1 - 7, April 2004 - March 2011

	Age 19 ¹	Ages 20-24	Ages 25-29	Ages 30-34	Ages 35-39	Ages 40-44	Totals	FFP
Waiver Year 4 (April 2007-March 2008)								
Estimated Base-Year Delivery Rate ³	245.5	185.6	165.7	95.1	41.7	10.1	153.6 ²	
Waiver Participants ⁴	2,216	9,399	5,584	3,116	1,848	1,269	23,432	
Expected Births ⁵	544	1,744	925	296	77	13	3,600	
Actual Births ⁶	7	315	140	43	17	3	525	
Births Averted	537	1,429	785	253	60	10	3,075	
Average Prenatal/Delivery Cost	\$3,990.67	\$3,990.67	\$3,990.67	\$3,990.67	\$3,990.67	\$3,990.67	\$3,990.67	
Average Birth to 1 Yr Cost	\$6,756.00	\$6,756.00	\$6,756.00	\$6,756.00	\$6,756.00	\$6,756.00	\$6,756.00	
Costs Averted/Annual Budget Limit ⁷	\$5,771,284.19	\$15,361,827.43	\$8,439,037.55	\$2,722,453.91	\$645,445.00	\$105,532.30	\$33,045,580.38	
								FFP
								\$5,167,798
								Waiver Expenditures
								\$6,929,181
								% Annual Budget Limit
								21.0%
Waiver Year 5 (April 2008-March 2009)								
Estimated Base-Year Delivery Rate ³	245.5	185.6	165.7	95.1	41.7	10.1	156.2 ²	
Waiver Participants ⁴	2,647	14,568	7,595	3,869	2,288	1,642	32,609	
Expected Births ⁵	650	2,704	1,258	368	95	17	5,092	
Actual Births ⁶	22	365	162	58	23	9	639	
Births Averted	628	2,339	1,096	310	72	8	4,453	
Average Prenatal/Delivery Cost	\$3,961.94	\$3,961.94	\$3,961.94	\$3,961.94	\$3,961.94	\$3,961.94	\$3,961.94	
Average Birth to 1 Yr Cost	\$7,056.99	\$7,056.99	\$7,056.99	\$7,056.99	\$7,056.99	\$7,056.99	\$7,056.99	
Costs Averted/Annual Budget Limit ⁷	\$6,918,125.01	\$25,771,293.86	\$12,082,146.56	\$3,415,207.16	\$797,880.72	\$83,523.49	\$49,068,176.80	
								FFP
								\$8,226,656
								Waiver Expenditures
								\$11,017,098
								% Annual Budget Limit
								22.5%
Waiver Year 6 (April 2009-March 2010)								
Estimated Base-Year Delivery Rate ³	245.5	185.6	165.7	95.1	41.7	10.1	157.7 ²	
Waiver Participants ⁴	3,557	20,597	10,817	5,187	2,924	2,107	45,189	
Expected Births ⁵	873	3,823	1,792	493	122	21	7,125	
Actual Births ⁶	12	478	227	99	24	1	841	
Births Averted	861	3,345	1,565	394	98	20	6,284	
Average Prenatal/Delivery Cost	\$4,029.14	\$4,029.14	\$4,029.14	\$4,029.14	\$4,029.14	\$4,029.14	\$4,029.14	
Average Birth to 1 Yr Cost	\$7,315.00	\$7,315.00	\$7,315.00	\$7,315.00	\$7,315.00	\$7,315.00	\$7,315.00	
Costs Averted/Annual Budget Limit ⁷	\$9,770,027.13	\$37,943,879.47	\$17,757,889.87	\$4,472,767.52	\$1,110,931.63	\$230,059.16	\$71,285,554.79	
								FFP
								\$11,508,317
								Waiver Expenditures
								\$15,043,043
								% Annual Budget Limit
								21.1%

See page 2 for Waiver Year 7 and Endnotes

Illinois Department of Healthcare and Family Services
Averted Births and Annual Budget Limits
Illinois Healthy Women, Waiver Years 1 - 7, April 2004 - March 2011

	Age 19 ¹	Ages 20-24	Ages 25-29	Ages 30-34	Ages 35-39	Ages 40-44	Totals	FFP
Waiver Year 7 (April 2010-March 2011)								
Estimated Base-Year Delivery Rate²	245.5	185.6	165.7	95.1	41.7	10.1	158.3 ²	
Waiver Participants³	4,998	24,849	13,725	6,587	3,475	2,643	56,277	
Expected Births³	1,227	4,612	2,274	626	145	27	8,911	
Actual Births⁴	15	478	190	93	18	4	798	
Births Averted	1,212	4,134	2,084	533	127	23	8,113	
Average Prenatal/Delivery Cost	\$4,143.59	\$4,143.59	\$4,143.59	\$4,143.59	\$4,143.59	\$4,143.59	\$4,143.59	
Average Birth to 1 Yr Cost	\$7,582.43	\$7,582.43	\$7,582.43	\$7,582.43	\$7,582.43	\$7,582.43	\$7,582.43	
Costs Averted/Annual Budget Limit⁵	\$14,212,053.50	\$48,475,014.90	\$24,439,722.66	\$6,254,893.59	\$1,488,149.20	\$266,063.39	\$95,135,897.24	
							FFP	\$11,242,897
							Waiver Expenditures	\$14,592,218
							% Annual Budget Limit	15.3%

¹Only those 19 and older are eligible for Illinois Healthy Women.

²The *Total Estimated Base-Year Delivery Rates* are age-adjusted to the age distribution of that year's waiver participants.

³The *numerator* of the *Estimated Base-Year Delivery Rate* is based on 2001 in-state deliveries to Illinois residents enrolled in Medicaid, TANF, WIC, or Family Case Management. The *denominator* of the *Estimated Base-Year Delivery Rate* was obtained from the American Community Survey's estimates of women with an income < 200% of the Federal Poverty Level. All delivery rates are per 1000 women.

⁴As per CMS' Special Terms and Conditions, *Participants* are those who "obtain one or more covered medical family planning service(s) through the demonstration."

⁵*Expected Births* have been calculated using the base-year age-specific delivery rates and the number of participants in that age group.

⁶*Actual Births* are the number of delivery claims during the waiver year for waiver participants.

⁷*Costs Averted* = (Births Averted X Average Prenatal/Delivery Cost) + (Births Averted X Average Birth to 1 Yr Cost)

Attachment C

Implementation Schedule

**Illinois Family Planning 1115 Demonstration Waiver Renewal
Implementation Schedule
Illinois Department of Healthcare and Family Services (HFS)**

**CMS Waiver Renewal
Illinois Healthy Women**

Task	Description	Responsible Party(ies)*	Estimated Completion Date
Systems	Take appropriate action to assure that systems to support the IHW program continue through the waiver renewal period		
	• Prepare a Project Initialization Request to request programming be completed to allow continuation of the IHW system	BTS, BMCHP	11/11
	• Complete programming necessary to allow continuation of the IHW system	OIS	02/12
	• Test the programming changes and approve for implementation	OIS, BTS, BMCHP	03/12
	• Ensure all service codes are appropriately coded in system and accuracy for federal match	BCHS, BFF, MMIS, BMCHP	05/12
Outreach	Develop and implement a marketing and outreach plan to promote awareness of IHW for the purpose of recruiting women to IHW		
	• Distribute press release announcing the waiver renewal	BMCHP, Administration	04/12
	• Maintain communications with advocates and legislators	OLA, BMCHP, Administration	Ongoing
	• Develop and mail media packets to news outlets	PIO	04/12
	• Update all IHW materials and the web-based information	BMCHP, Policy, All Kids, Administration, BAS	07/12
	• Contract with an entity to develop and implement a marketing plan to promote IHW to women who are potentially eligible and to develop outreach methods to recruit women to IHW	BMCHP, OGC	07/12
	• Work with provider organizations and the PCCM program to develop training for providers on program eligibility and the application process	BMCHP, BCHS, BMC, AHS, Provider Organizations	07/12
	• Work with DHS to develop a plan for FCM, WIC and Title X agencies to recruit women to the IHW program	BMCHP, DHS	Ongoing

Electronic Fillable Application	Explore the feasibility of developing an electronic fillable application for IHW that can be completed and printed for submission by applicants, providers or Application Agents		
	• Project development – develop PDF fillable format that is ADA compliant	BAS, OCI, BMCHP, All Kids	11/11
	• Project testing – test applications, document and resolve problems	BAS, OD, BMCHP	12/11
	• Project implementation – prepare for deployment; full project installation	OD, BMCHP, All Kids	01/12

***Responsible Parties:**

Administration – Administrator's Office, Division of Medical Programs
AHS – Automated Health Systems
All Kids – Bureau of All Kids
BAS – Bureau of Administrative Services – Forms Control
BCHS – Bureau of Comprehensive Health Services
BMC – Bureau of Managed Care
BMCHP – Bureau of Maternal and Child Health Promotion
BTS – Bureau of Technical Support
CIS – Client Information System
MMIS – Medicaid Management Information System
OCI – Office of Communication and Information

OD – Office of Director – Webmaster
OGC – Office of General Counsel
OIS – Office of Information Systems
OLA – Office of Legislative Affairs
PIO – Public Information Officer
Policy – Bureau of Policy
Provider Organizations – American College of Obstetricians and Gynecologists, Illinois Chapter; Illinois Academy of Family Physicians; Illinois Primary Care Association; Public Health Association, Planned Parenthood of Illinois

Attachment D

Evaluation Design

**Illinois Family Planning Demonstration Waiver
Illinois Healthy Women
Updated Evaluation Design ¹**

Introduction/Background:

During the baseline year 2001, approximately 40 percent of Illinois births were Medicaid-funded. According to the Illinois Department of Public Health's (IDPH's) Pregnancy Risk Assessment Monitoring System (PRAMS) data, in 2001, approximately 46.2 percent of Illinois births were unintended (mistimed or unwanted), of which 64.7 percent were paid for by Medicaid.

The family planning waiver, Illinois Healthy Women (IHW), provides limited family planning (birth control) and family planning-related reproductive health care services to women who would be eligible for Medicaid coverage should they become pregnant. The primary hypothesis of the waiver is to expand family planning eligibility so that low-income women ages 19 through 44 can obtain essential women's reproductive health care services for preventive health, contraception and reproductive education. Thus, a reduction in unplanned or inappropriately spaced pregnancies (less than 24 months apart) will be realized. This translates into improved health outcomes for these women and fewer Medicaid dollars spent on higher risk prenatal care and the lessened potential for lifelong problems.

Additionally, for those women who are enabled with the ability to make better-educated decisions regarding the timing of pregnancies, their sense of self-sufficiency may be enhanced. This waiver is designed to allow an eligible woman the freedom of choice in deciding to obtain family planning services from any Illinois Healthcare and Family Services (HFS) enrolled provider of family planning services. The waiver grants Illinois the opportunity to demonstrate improved reproductive health care outcomes in its low-income women's population.

Evaluation Design:

The evaluation for the Illinois family planning waiver focuses on measurements defined by the program objectives. Attainment of the objectives is being examined through a series of comparisons to determine if outcomes differ from those that would be expected without the waiver and compared to those of a historical group. The evaluation meets the requirements as specified in the Centers for Medicare & Medicaid Services (CMS), original Special Terms and Conditions (STC), June 2003, and as amended in January 2007 and January 2010.

The HFS BMCHP staff will coordinate and conduct the final evaluation of the IHW program. The following HFS bureaus will continue to provide support with the IHW Evaluation:

- **Office of the Inspector General (OIG)** -- conducts the customer satisfaction surveys and findings report
- **Bureau of Rate and Development Analysis (BRDA)** -- tracks numbers and service trends of Medicaid recipients, expenditures, and detailed fiscal analysis

¹ Submitted with IHW Renewal Application, September 30, 2011

- **Enterprise Data Warehouse (EDW)** -- designs and generates adhoc and ongoing annual and quarterly reports on IHW waiver participants (i.e., enrollment, participation, births)

In addition, program administrators and staff of the Illinois Department of Human Services (DHS) family planning program (Title X, Title V and Title XX), DPH, and HFS' quality improvement organization (QIO) provide consultation on the evaluation. Portions of the final evaluation may be outsourced to an external evaluator.

Performance measures and data sources remain essentially the same as in the approved amended evaluation design, with the exception that information in Vital Records (birth file match) is now held in HFS' EDW, which will facilitate more timely access to vital records information. Other sources include: DPH's Illinois PRAMS report, DHS Ahlers System (Title X family planning encounter data); focused quality studies (medical records review); and customer satisfaction surveys. Detailed information about the data sources is listed below.

Data Source and Description

MMIS:	MMIS will be used to track program participants and assess utilization, cost of services and repeat pregnancies. Utilization will be measured by an analysis of the claims (e.g., CPT Procedure Codes, Therapeutic class codes). Prior authorization for services requiring such authorization will be reviewed and matched to paid claims.
PRAMS:	DPH's PRAMS will be used to report the results of the analysis on unintended Medicaid births
Vital Records:	Vital Records are sent to HFS for importing to the EDW. HFS' EDW' birth data (which includes DPH Vital Records data) will be used to compare pre-waiver and during the waiver interpregnancy spacing and fertility data specific to this waiver population as compared to the Medicaid population (prior to the waiver).
Ahlers Systems:	DHS' Title X Family Planning Program's encounter data system manager, Ahlers, will be used to report utilization of Medicaid participants using the Title X clinics, the numbers of women being served with Title X funding to compare utilization before and during the waiver, as well as referrals of waiver participants to other sources of care by Title X or Title V publicly-funded clinics. Aggregate data derived from the clinic visit record submitted by each Title X delegate agency for each family planning client served can be retrieved from Ahlers.)
Focused Quality Studies:	HFS and DHS' medical record reviews, as part of the quality assurance component of family planning, will assess the quality of services/provision of clinical standards of care and whether appropriate referrals were made.

Primary Goal:

Increase the number of low-income women who receive voluntary, confidential family planning services.

Objectives:

Each objective is presented below, under seven major topic areas:

- Number of low-income women obtaining publicly-funded family planning services
- Number of waiver women using family planning services to reduce unintended pregnancies
- Fertility rates of low-income women
- Number of low-income women experiencing a first-time birth
- Number of low-income women with a 24 month or greater interpregnancy spacing
- Cost savings demonstrated by the reduction in the number of expected pregnancies
- Number of waiver women receiving preconception care services

Waiver Women Using Family Planning Services:

Objective 1: To increase the number of low-income women who participate in the waiver.

Measurements:

- The number of women participating in the waiver each year, by age.
- The number of women participating in the waiver during the life of the waiver, by age.

Data Source: MMIS (consistent and comparable race/ethnicity data not available)

Low-Income Women Using Publicly-funded Family Planning Services:

Objective 2: To increase the number of low-income women who obtain publicly-funded (Title X, Title V or Title XX) family planning services pre-waiver as compared to each year during the waiver, from the year prior to the waiver implementation (2003) of 315,572.

Measurements:

- An analysis of the number of low-income non-Medicaid women (less than 200 percent of poverty) served in the publicly-funded, Title X, Title XX and Title V family planning system.
- An analysis of the number of Medicaid women served for family planning (traditional Medicaid and waiver).

Data Source: MMIS, Ahlers

Interpregnancy Interval:

Objective 3: To increase the proportion of women with a Medicaid financed delivery with an interpregnancy interval of 24 months or greater, from the baseline of 65.5 percent in CY 2001.

Measurements:

- Calculation of the following, stratified by Census Data age groupings
 - Numerator: The number of women who had a Medicaid-financed delivery during the year and had at least one prior delivery 24 or more months earlier.
 - Denominator: The number of women who had a Medicaid-financed delivery during the year and had at least one prior delivery.

Data Sources: MMIS and Illinois Vital Records (Illinois Vital Records will be used to verify that the women selected for the analysis had a prior delivery, regardless of the funding source for that delivery. The analysis will be repeated for all Medicaid funded births, participants who became eligible for the waiver (using waiver-covered services) and for the general population, regardless of Medicaid eligibility).

Unintended Pregnancies:

Objective 4: To reduce the incidence of unintended pregnancies of women with a Medicaid financed delivery from the baseline of 67.4 percent (PRAMS).

Measurements:

- Perform an analysis of the proportion of Medicaid women giving birth who report their birth was unintended.

Data Source: PRAMS

Fertility Rates:

Objective 5: To reduce the fertility rates for women in families with incomes at or below 200 percent of poverty, as required under CMS Waiver Terms and Conditions, Base Year Fertility Rate. (For the purpose of this calculation, live births will be counted. Illinois does not have a mandatory reporting system for terminated pregnancies.)

Measurements:

- Perform an analysis of the fertility rate of low-income women pre-waiver and during the life of waiver. Data will be stratified by age categories as used in the US Census.
- Numerator: The number of Medicaid financed deliveries of women, ages 19-44.

- Denominator: The number of low-income women from ages 19-44 who are less than 200 percent of poverty, as estimated by the most recent data published by the US Census.

Data Sources: American Community Survey, MMIS, Birth File Match

Cost savings:

Objective 6: Reduce Medicaid expenditures for pregnancy-related and infant health care costs.

Measurements:

- An annual comparison analysis will be performed measuring the expenditures for prenatal, delivery, newborn and infant care of family planning waiver participants as compared to the estimated Medicaid expenditures for these, based on the baseline fertility rate of low-income women (less than 200 percent of poverty).
- Numerator: The actual Medicaid expenditures for pregnancy-related and infant health care costs of waiver program participants (per thousand).
- Denominator: The estimated/expected Medicaid expenditures for pregnancy-related and infant health care services for a "hypothetical", age adjusted cohort of the same number of women, based on the fertility rate baseline data (Objective 5) (per thousand).

(The denominator will be a calculation of: the fertility rate (x) the number of women in the cohort (x) the average Medicaid expenditures.)

Referrals

Objective 7: Enrolled women who need primary care will receive referrals to accessible primary care, as needed. **(Due to CMS' directive, tracking of primary care referrals is no longer required; therefore, this objective is no longer measured. However, all written and on-line information includes language addressing the importance of waiver women receiving referrals for services not covered by the waiver.)**

First-time Births:

Objective 8: The proportion of low-income women experiencing a first-time birth will increase. **(Objective 8 has been revised removing the pregnancy intendedness component due to lack of comparative data from other data sources, and to the statistically insignificant data obtained in a previous IHW pregnancy intendedness survey.)**

Measurement:

- An analysis of the proportion of Medicaid women giving birth who experienced a first-time birth for waiver years for which data are available.

Data Source: MMIS, Birth File Match

Preconception Care Services:

Objective 9: To increase the proportion of women receiving preconception care services.

Measurement:

- An analysis of the number of Medicaid women served for preconception (traditional Medicaid and waiver).

Data Source: MMIS

Attachment E

Illinois Healthy Women Application Form



Application for Illinois Healthy Women Family Planning (Birth Control) Services

Whether to use birth control is each woman's personal decision. Women who qualify under Illinois Healthy Women can get free birth control of their choice and related reproductive healthcare to help them plan if and when to have their children. When pregnancy is planned, babies and their moms are often healthier. Thank you for taking the time to apply.

**This application is only for women
who want birth control.**

Illinois Healthy Women is a family planning healthcare program for women ages 19 through 44. Illinois Healthy Women only covers family planning services (birth control). You cannot qualify if you are pregnant, if you have been sterilized (such as, tubes tied) or you have had a hysterectomy.

You can find out more about Illinois Healthy Women at www.illinoishealthywomen.com or by calling 1-800-226-0768. The call is free.

If you are pregnant, do not continue completing this application. You can apply for Moms & Babies online at www.allkids.com or call 1-866-All-Kids (1-866-255-5437). The call is free.

If you use a TTY, call 1-877-204-1012 for information about Illinois Healthy Women or Moms & Babies. The call is free.

If you need help completing this application, visit www.illinoishealthywomen.com or call 1-800-226-0768. If you use a TTY, call 1-877-204-1012. The call is free.

Please print in ink. If you need more space for any answer, use an extra sheet of paper

1. Tell us about yourself.

Name: _____
Last First

Mailing Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____ County you live in: _____

Birth Date: _____ Social Security Number: _____
(m m / d d / y y y y)

★ If you do not have a Social Security number, you must send a signed statement from the Social Security Administration that you have applied for one.

Phones: _____
Home Work

Cell Another phone where you can be reached

What language do you use the most? ☐ English ☐ Spanish ☐ Other (Specify) : _____

2. You can help by telling us your ethnic group and race, but you do not have to tell us.

(Mark all that apply.)

Are you of Hispanic or Latino origin? ☐ Yes ☐ No

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Unknown

3. Are you a U.S. citizen? ☐ Yes ☐ No

If yes, tell us where you were born: City: _____ State: _____

★ If yes, provide one of the following documents:

- U.S. Passport
- Certificate of Naturalization (N-550 or N-570)
- Certificate of U.S. Citizenship (N-560 or N-561)

If you do not have one of the above documents, you need to provide one document from EACH list below.

Papers that show place of birth:

- Certified copy of a birth certificate from the state or county where you were born
- Final Adoption Decree
- Official military record that shows your place of birth
- Paper showing you were employed by the U.S. government before 1976.

ID card with photo or other information that identifies the person:

- Driver's license
- State issued ID card
- School ID
- U.S. military ID
- U.S. military dependent card
- Other government ID (city, county or U.S. state issued)

Read Page 6 for more information on how to get your birth certificate.

If you are not a U.S. citizen, enter your Alien Registration Number: _____

★ Send a copy of one of the items listed below as proof of the Alien Registration Number.

- Alien Registration Receipt Card, Permanent Resident Card or Green Card
- Passport with the following stamps or attachments: Arrival-Departure Record (I-94) including the stamp showing status, Resident Alien Form (I-551) or Temporary Resident Card (I-688)
- A court-ordered notice for asylees
- Other proof of lawful immigration status

NOTE: Proof of U.S. citizenship and identity or legal immigration status is only needed for the woman who is applying for this program.

4a. Are you pregnant? ☐ Yes ☐ No

b. Have you been sterilized? ☐ Yes ☐ No

If yes, you are not eligible for Illinois Healthy Women. If you answered yes to 4a, you may qualify for Moms & Babies. Apply online at www.allkids.com or by calling 1-866-255-5437. If you use a TTY, call 1-877-204-1012. This call is free.

5. Does any one of the following people live with you: husband, children under 18, or step-children under 18? ☐ Yes ☐ No

a. If yes, write their information below.

List their names, dates of birth and relationship to you. (Use a blank piece of paper if you need more room.)

Name:	Date of Birth (mm/dd/yyyy)	Relationship:
1) _____	1) _____	1) _____
2) _____	2) _____	2) _____
3) _____	3) _____	3) _____
4) _____	4) _____	4) _____
5) _____	5) _____	5) _____

6. a. Are you employed? ☐ Yes ☐ No

If yes, how often are you paid? ☐ Weekly ☐ Every two weeks ☐ Twice a month ☐ Monthly

What is your pay each pay period before taxes (including tips)? \$ _____

b. Do you receive money from any other source, such as, Social Security, spousal support, rental property, unemployment benefits, pension trusts, etc? ☐ Yes ☐ No

If yes, how much do you receive? \$ _____ How often? _____

Source: _____

★ In order to process your application, we must receive a copy of one pay stub (including tips) received in the last 30 days from each job for each person. If anyone is self-employed, provide 30 days of detailed business records that include income and expenses.

7. a. Are you married? ☐ Yes ☐ No

If yes, is your husband employed? ☐ Yes ☐ No ☐ Not living together

If yes, how often is he paid? ☐ Weekly ☐ Every two weeks ☐ Twice a month ☐ Monthly

What is his pay each pay period before taxes (including tips)? \$ _____

b. Does your husband receive money from any other source, such as, Social Security, spousal support, rental property, unemployment benefits, pension trusts, etc? ☐ Yes ☐ No

If yes, how much do you receive? \$ _____ How often? _____

Source: _____

★ In order to process your application, we must receive a copy of one pay stub (including tips) received in the last 30 days from each job for each person. If anyone is self-employed, provide 30 days of detailed business records that include income and expenses.

8. Do you or your husband (if you are married and he is living with you) pay child or spousal support?

☐ Yes ☐ No

a. If yes, how much is paid \$ _____ How often? _____

★ We must receive proof of one payment made in the last 30 days.

9. Do you or your husband (if you are married and he is living with you) pay for child care in order to work? ☐ Yes ☐ No

If yes, complete the following for each child for whom child care is paid:

Name of child in child care: _____	Name of caregiver: _____
------------------------------------	--------------------------

Payment amount: \$ _____	How often paid? _____	Relationship of caregiver to child (if any): _____
--------------------------	-----------------------	--

Name of child in child care: _____	Name of caregiver: _____
------------------------------------	--------------------------

Payment amount: \$ _____	How often paid? _____	Relationship of caregiver to child (if any): _____
--------------------------	-----------------------	--

(Use a blank piece of paper if you need more room.)

10. Do you have health insurance? ☐ Yes ☐ No

If yes, please complete the following:

Policy holder's name: _____	Policy holder's Social Security Number (Optional): _____
-----------------------------	--

Insurance Company : _____	Policy No. : _____
---------------------------	--------------------

11. If you are married, please provide the following information even if your husband is not living with you.

You can help us by answering, but you do not have to tell us.

Husband's Name: _____	Social Security Number : _____
-----------------------	--------------------------------

Husband's Employer (if employed): _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
---	---

Read and Sign

- We will keep what you tell us private as required by law.
- I know that this application is limited to family planning/birth control services for women ages 19 through 44.
- I need family planning (birth control) services.
- I know that if I want full medical benefits, cash or food stamps, I must file a different application.
- I agree to report any change of my address within 10 days of the change.
- Be sure to answer the questions correctly. We may check all information on this form. You must help us if we ask you to prove that your information is correct.
- I know that anyone who knowingly misuses the Illinois Healthy Women card may be committing a crime.
- I know that I could be penalized if I knowingly give false information.

I declare under penalty of perjury that I have read all statements on this form and the information I give is true, correct and complete to the best of my knowledge. I understand that I could be penalized if I knowingly give false information.

Applicant's Signature: _____ Date : _____

(Make a mark and have another adult sign next to your mark if you cannot sign your name.)

If you completed this application on behalf of the applicant, sign and complete the following:

Signature: _____	Date: _____	Phone: _____
------------------	-------------	--------------

Name (print): _____	Relationship to Applicant: _____
---------------------	----------------------------------



Application for Illinois Healthy Women Family Planning (Birth Control) Services

You can help us by giving us this information, but you do not have to tell us.
We will keep this information private, just like all the other information
you give on this application.

This information will help us know if Illinois Healthy Women is really helping
to keep women and their babies healthier.

Thank you.

Have you ever been pregnant? ☐ Yes ☐ No

If yes, please provide the date that your last pregnancy ended: _____
(mm/dd/yyyy)

Print Your Name: _____

Your Date of Birth: _____
(mm/dd/yyyy)

Social Security Number: _____

For Office Use Only:

RIN: _____

Approval Date: _____

U.S. Citizenship Documents

Because of a federal law, we must ask people who are United States citizens to send us documents that prove they are citizens. This law affects all children and adults who apply for medical benefits if they are U.S. citizens.

If you are a U.S. citizen and do not have these documents, you must try to get them.

You can get your birth certificate from the state or county where you were born. You may have to pay for an official copy of your birth certificate. You will need to give your name, date of birth, and your parents' names to order your birth certificate.

- If you were born in Illinois, you can get your birth certificate from the county where you were born. Here are a few county phone numbers and Web sites:

County:	Phone:	Web site:
Champaign	1-217-384-3720	www.champaigncountyclerk.com/vitals
Cook	1-312-603-7790	www.cookctyclerk.com
DuPage	1-630-407-5500	www.co.dupage.il.us
Jackson	1-618-687-7360	www.co.jackson.il.us/elected/co_clerk.htm
Kane	1-630-232-5950	www.co.kane.il.us/coc
Lake	1-847-377-2411	www.lakecountyil.gov/CountyClerk/VitalRecords
Madison	1-618-692-6290	www.co.madison
Peoria	1-309-672-6059	www.co.peoria.il.us (Select "Get Vital Records")
Rock Island	1-309-558-3557	www.co.rock-island.il.us
Will	1-815-740-4615	www.thewillcountyclerk.com

- You can get a complete list of where to go for a birth certificate for any county in Illinois on the Internet at www.idph.state.il.us/vitalrecords/countylisting.htm. The Illinois Department of Public Health can help you find a county office if you call 1-217-782-6553. If you use a TTY, call 1-800-547-0466. The call is free.
- If you were born in Illinois, you can also get your birth certificate from the Illinois Department of Public Health by calling 1-217-782-6553. You can order your birth certificate over the Internet at www.idph.state.il.us/vitalrecords if you use a credit card.
- The National Center for Health Statistics can help you find out where to get your birth certificate if you were born in a state other than Illinois. Call 1-866-441-6247. The call is free. If you have access to a computer, visit www.cdc.gov/nchs.

If you cannot get these documents, call 1-800-226-0768 to tell us why.

If you use a TTY, call 1-877-204-1012. The call is free. There may be other documents that you can use to show that you are a U.S. citizen.

Final Checklist

- ✓ Did you answer all the questions on the application?
- ✓ Did you sign and date the application?
- ✓ Did you include all the proofs we said you would need?

All of the information that needs proof is marked with a ★ .

Mail your completed and signed application with the proofs you need to:

**Illinois Healthy Women
P. O. Box 19137
Springfield, IL 62794-9137**

Next Steps

- If any information changes after you send the application, call 1-800-226-0768 to tell us what changed. If you use a TTY, call 1-877-204-1012. The call is free.
- We will review your application as quickly as possible.
- If we find something is missing, we will send you a letter telling you what else to send.
- Please allow 45 days for us to make a decision.
- We will send you a notice to tell you if you can get Illinois Healthy Women.
- If you do not qualify, we will also send a notice and tell you why.

Other Important Information

If you are not satisfied with the actions taken on this application, you have the right to a fair hearing. You can ask for a fair hearing by calling 1-800-435-0774. If you use a TTY, call 1-877-734-7429 or 1-312-793-2697. Use these numbers only to file an appeal. You can also ask for a fair hearing by writing to:

Department of Healthcare and Family Services
Bureau of Administrative Hearings
401 South Clinton Street
6th Floor
Chicago, Illinois 60607

Other Benefits Programs Offered by the State of Illinois

HFS want to make sure that all Illinois residents are able to live healthy and productive lives. Here are some other programs that might help one of your relatives or neighbors.

All Kids is a program for Illinois children 18 years and younger who need health insurance, regardless of family income, immigration status or health condition. For additional information and to find out how to apply, please visit www.allkids.com or call 1-866-All-Kids (1-866-255-5437). If you use a TTY, call 1-877-204-1012.

FamilyCare provides access to affordable healthcare for parents of children ages 18 and younger, as well as relatives who are caring for children in place of their parents, who reside in Illinois. Visit www.familycareillinois.com or call 1-866-All-Kids (1-866-255-5437) for answers to your questions. If you use a TTY, call 1-877-204-1012.

Moms & Babies is a program for pregnant women and their babies. Moms & Babies pays for both outpatient and inpatient hospital services for women while they are pregnant, and for 60 days after the baby is born. It also pays for services to babies for the first year of the baby's life, if the mother is covered by Moms & Babies when the baby is born. Visit www.allkids.com or call 1-866-ALL-KIDS (1-866-255-5437). If you use a TTY, call 1-877-204-1012.

The **Illinois Breast and Cervical Cancer Program** (IBCCP) provides free breast and cervical cancer screenings to uninsured women 35 and older. Women who meet eligibility for the program may qualify for free treatment through the Illinois Department of Healthcare and Family Services. For further information, call the Women's Health-Line at 1-888-522-1282 (TTY 1-800-547-0466) or visit www.cancerscreening.illinois.gov.

Veterans Care offers access to affordable, comprehensive healthcare to veterans across Illinois. Veterans pay an affordable monthly premium of \$40 or \$70 and receive medical, dental and vision coverage. For additional information, please visit www.illinoisveteranscare.com or call 1-877-4VETS-RX. (1-877-483-8779) If you use a TTY, call 1-877-204-1012.

The **Illinois Rx Buying Club** provides an average discount of 24% at many Illinois pharmacies. To get more information or to enroll, visit www.illinoisrxbuyingclub.com or call 1-866-215-3462. If you use a TTY, call 1-866-215-3479.

Illinois Cares Rx provides a safety net for seniors and persons with disabilities so they won't have to pay more out of pocket under the Medicare drug plan. To find out more, visit www.illinoiscaresrx.com or call the Illinois Health Benefits hotline at 1-800-226-0768. If you use a TTY, call 1-866-675-8440.

HFS Medical Benefits provides comprehensive healthcare for low income seniors and persons of any age with disabilities. To apply, visit a local Department of Human Services office. To find an office nearby, call 1-800-843-6154. If you use a TTY, call 1-800-447-6404. You can download a mail-in application by visiting www.health.illinois.gov.

The **Low Income Home Energy Assistance Program** (LIHEAP) helps qualified households pay for winter energy services. The amount of the benefit depends on income, household size, fuel type and geographic location. Visit www.liheapillinois.com.

The **Illinois Department of Human Services' Child Care Program** provides low-income, working families with access to quality, affordable child care. Parents can learn about child care in their community and see if they qualify for a subsidy by contacting their local Child Care Resource and Referral agency (CCR&R). Visit www.iccrra.org or call 1-800-649-1884 to find your local CCR&R.

The **HFS Division of Child Support Enforcement** (DCSE) will help anyone who needs support for a child. DCSE helps parents and caretakers locate the parent who does not live with the child, legally establish the child's father, get child support or medical coverage, and change the amount a parent has to pay for child support. Services are free. You can apply for services by visiting www.ilchildsupport.com, by calling 1-800-447-4278 or by visiting a DCSE office. If you use a TTY, call 1-800-526-5812. The call is free.

Health Benefits for Workers with Disabilities is a comprehensive healthcare program for employed persons with disabilities. Working individuals between the ages of 16 and 64 may be eligible. To download an application, visit www.hbwdillinois.com or call 1-800-226-0768. If you use a TTY, call 1-866-675-8440.

Attachment F

Other Program Materials

- 1. Brochure**
- 2. Questions & Answers**
- 3. Provider Information At-A-Glance**
- 4. Enrollment Form**
- 5. Re-Enrollment Form**
- 6. Income Worksheet**
- 7. Customer Satisfaction Survey Tools**
- 8. Medical Records Review Tool**

What medical services are covered?

Illinois Healthy Women covers services related to family planning and birth control. Other related reproductive healthcare services are covered if you get them during a family planning visit. The services are listed below.

- Reproductive health exam and medical history
- Patient education and counseling about women's health, family planning and how to plan for a healthy pregnancy when or if you want to have a baby
- Birth control
- Pap tests
- Sterilization services, such as, getting tubes tied, for patients who are 21 years of age or older. It is up to a woman to decide if she wants to be sterilized. She must say so in writing on a special consent form.
- Screening mammograms, when ordered by the doctor at your family planning visit
- Lab tests necessary for family planning, birth control or related reproductive healthcare
- Testing and medicine for sexually transmitted infections found during the family planning exam and required follow-up visits
- HIV testing
- Multivitamins with folic acid

Illinois Healthy Women helps women stay healthy and plan if and when to have children. With Illinois Healthy Women you can:

1. Space or limit your pregnancies.
2. Learn about family planning, birth control and safe sex.

3. Make good choices about having sex, and using birth control.
4. Plan for a healthy pregnancy and delivery of your baby.
5. Get mammograms.
6. Get tested and treated for sexually transmitted infections at your family planning visit.
7. Protect your reproductive health.



If your income decreases, your family gets bigger or you get pregnant, you may want to apply for FamilyCare or Moms and Babies. These programs cover more services.

For more information,
visit our Web site at
www.illinoishealthywomen.com
or call 1-800-226-0768
(TTY: 1-877-204-1012)

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State of Illinois
Department of Healthcare
and Family Services

**If you are a woman, you
should know about ...**



**... a family planning
(birth control) program.**



What is Illinois Healthy Women?

Illinois Healthy Women covers family planning and birth control services for Illinois women. Illinois Healthy Women also covers related reproductive healthcare if a woman gets this care during her family planning visit. The Illinois Healthy Women program is voluntary and all services are confidential. That means women use it only if they want to. Most services are free. Small co-pays apply to some services, like brand-name prescription drugs.

Who is eligible for Illinois Healthy Women?

You are eligible if:

- You are at least 19 and no older than 44,
- You are a U.S. citizen or a legal permanent resident for at least 5 years with a valid Social Security number,
- You live in Illinois,
- You meet the income guidelines,
- You are currently not pregnant, and
- You have not been sterilized.

If you are pregnant, apply for Moms & Babies online at www.allkids.com or request an application be mailed to you by calling 1-866-ALLKIDS (1-866-255-5437).

Illinois Healthy Women Guidelines

Family Size	Monthly Income
1	\$1,805 or less
2	\$2,428 or less
3	\$3,052 or less
4	\$3,675 or less
5	\$4,298 or less

Family members include a spouse and children under age 18 who are living with you.

These income limits may change every year. Women should apply even if income is higher.

Can I get services other than family planning, birth control or related reproductive health?

No. Illinois Healthy Women only pays for family planning, birth control and related reproductive healthcare services provided during the family planning visit. If you need to see a doctor for other healthcare, you can be referred to a doctor or clinic where you may get care not covered under this program. If you think you qualify for more comprehensive healthcare coverage, you can apply for regular medical benefits at any time. Call 1-800-226-0768 to find out how to apply. Persons using a TTY may call 1-877-204-1012. The call is free.

Can I still see my regular doctor for family planning healthcare services?

Yes. You can still see your regular doctor or any other HFS enrolled provider who offers family planning healthcare. Ask your doctor if he or she takes the Medical card and provides Illinois Healthy Women services. You can also call Illinois Health Connect at 1-888-912-9120 to find a doctor in your area who takes the Medical card. The call is free. This information is available online at: illinoishealthywomen.com/providers/

Enrolling in Illinois Healthy Women is as easy as 1 - 2 - 3!

If you send in an application for Illinois Healthy Women and you qualify, we will send you a medical card. This will allow you to receive family planning, birth control and related reproductive healthcare services that you get during a family planning visit. Your eligibility is good for 12 months.

You can get an application through the mail by calling 1-800-226-0768 or you may

download an application and fact sheets about the program at

www.illinoishealthywomen.com

If you lose regular medical benefits but you qualify for Illinois Healthy Women, we will send you a packet in the mail. It will have:

- a fact sheet about Illinois Healthy Women, and
- an enrollment form.

In a separate envelope, we will send you the Medical card which allows you to receive family planning, birth control and related reproductive healthcare services that you get during a family planning visit. Your eligibility is good for 3 months. If you want to get Illinois Healthy Women benefits for 9 more months, you must complete and return the enrollment form. You must send it in no later than the return date printed on the form.

What if I do not want this program?

You choose whether you want to enroll in Illinois Healthy Women. If you do not want family planning benefits please call, 1-800-226-0768. If you use a TTY, call 1-877-204-1012. The call is free.

Re-Enrollment

Every year, you can decide if you still want to be on the Illinois Healthy Women program. If you want to stay in the program, you can re-enroll every year as long as you qualify. Before your coverage ends, we will send you a re-enrollment form in the mail.

The Illinois Healthy Women program may end in March 2012. If the program is extended beyond this date and you still qualify, you will receive more information and a re-enrollment form.



Illinois Healthy Women Questions & Answers

What is Illinois Healthy Women?

The **Illinois Healthy Women** program helps women get the birth control services they want and need. It provides women with coverage specifically for family planning and birth control services. The program is voluntary and **all services are confidential**. Most services are free. Small co-pays apply to some services, like brand-name prescription drugs.

What does Illinois Healthy Women cover?

Illinois Healthy Women covers family planning (birth control) and certain services provided at the family planning visit, such as the reproductive health exam, pap tests, lab tests necessary for family planning, testing and medicine for sexually transmitted infections found during a family planning visit and required follow-up visits, HIV testing, and sterilization. **Illinois Healthy Women** also covers screening mammograms, and multivitamins with folic acid, if they are ordered by the doctor during the family planning visit. To find out if a service is covered under Illinois Healthy Women, call 1-800-226-0768 (to use TTY, call 1-877-204-1012) or visit www.illinoishealthywomen.com

Who is eligible?

Women from age 19 through 44 who are U.S. citizens or legal permanent residents for at least 5 years with a valid Social Security number, live in Illinois, and are not currently pregnant or sterilized may qualify. Women must meet the income levels to be enrolled in **Illinois Healthy Women**.

What are the income limits?

Illinois Healthy Women covers women with incomes below the limits shown in the chart for families of different sizes.

Illinois Healthy Women Guidelines

Family Size	Monthly Income
1	\$1,805 or less
2	\$2,428 or less
3	\$3,052 or less
4	\$3,675 or less
5	\$4,298 or less

These income limits may change every year.
Women should apply even if income is higher.

How do women sign up?

Women who no longer qualify for regular medical benefits under another Illinois Healthcare and Family Services program will be automatically enrolled if they are eligible. There is also an application that can be filled out and sent to HFS. Women can get an application by calling 1-800-226-0768, or by visiting the Web site at www.illinoishealthywomen.com to print a mail-in application. Pregnant women should apply for Moms and Babies online at www.allkids.com or request an application be mailed to them by calling 1-866-255-5437.

Women who are determined eligible for family planning (birth control) under the **Illinois Healthy Women** program, will get a medical card in the mail.

To find a doctor, clinic, medical provider or pharmacy that provides these services, and accepts the Medical card, call Illinois Health Connect at 1-888-912-9120. The call is free.

For additional information about **Illinois Healthy Women** visit our Web site at: www.illinoishealthywomen.com

State of Illinois
Department of Healthcare and Family Services



Illinois Healthy Women Provider Information...at-a-Glance

What is Illinois Healthy Women?

Illinois Healthy Women helps eligible, low-income women access family planning (birth control) and related reproductive healthcare services, thereby allowing them to reduce unintended pregnancy, choose the number and spacing of their pregnancies, and plan a healthy birth, if and when they are ready. The program is voluntary and all services are confidential. Most services are free. Small co-pays apply to some services, like brand-name prescription drugs.

Who is eligible for Illinois Healthy Women?

- Women at least 19 years old and no older than 44
- U.S. citizens or legal permanent residents for at least 5 years with a valid Social Security number
- Illinois residents
- Currently not pregnant or sterilized (If a woman is pregnant, she may apply for Moms and Babies at www.allkids.com or have an application mailed to her by calling 1-866-255-5437)
- Covers women up to 200% of the federal poverty level (FPL) based on family size (family members include a husband and children under age 18 who are living in the household)

2010 Income Limits*

Family Size	Monthly Income
1	\$1,806 or less
2	\$2,428 or less
3	\$3,052 or less
4	\$3,675 or less
5	\$4,298 or less

*These income limits may change every year.
Women should apply even if income is higher.

What Medical Services are covered?

The following family planning and related reproductive healthcare services are covered:

- Reproductive health exam and medical history
- Patient education and counseling (women's health, family planning, and how to plan for a healthy pregnancy, if and when she wants to have a baby)
- Birth control
- Sterilization services for women 21 years of age or older (this must be a voluntary decision by the woman and a special consent form, HFS 2189/2189S, must be completed)

Other services are covered only during a family planning visit:

- Lab tests necessary for family planning, birth control or related reproductive healthcare
- Pap tests
- Testing/medicine for STIs found during the family planning exam and required follow-up visits
- HIV testing
- Screening mammograms ordered by the doctor at the family planning visit
- Multivitamins with folic acid

Questions about enrolling as a provider or billing: Call 1-877-782-5565

To find additional information about the Illinois Healthy Women program and the current list of approved service codes, visit our Web site:

www.illinoishealthywomen.com

State of Illinois
Department of Healthcare and Family Services



Illinois Department of Healthcare and Family Services
Illinois Healthy Women Enrollment Form

Date: _____

Date of Birth: _____

Case Number: _____

Phone Number: _____

Your regular medical benefits have ended. You can still get family planning (birth control) and related reproductive healthcare services under the Illinois Healthy Women program (IHW). The next page explains this program.

You will soon get a medical card in the mail. The allows you to receive family planning (birth control) and related reproductive healthcare services under the IHW program for **3 months**. These benefits will end
If you want to keep getting these benefits for an additional **9 months**, you must enroll using this form.

Check the information printed at the top of this form. Please fill in any missing information and correct anything wrong. To qualify for this program, you **must**:

- Be a U.S. citizen or a legal permanent resident for at least 5 years
- Have a valid Social Security Number
- Live in Illinois
- Be at least 19 and no older than 44
- Not be pregnant or sterilized (such as, tubes tied)

Read the statement below. If you agree, sign and return this form **no later than**

Use the postage paid envelope provided and send to:

**Illinois Healthy Women
P.O. Box 19137
Springfield, IL 62794-9137**

Yes, I need birth control and want to enroll in Illinois Healthy Women for nine more months.

- I agree to report my change of address.
- I understand that anyone who knowingly misuses the Illinois Healthy Women card issued by the State of Illinois may be committing a crime.
- I have read all statements on this form and the information I give is true and complete to the best of my knowledge.
- I understand that I could be penalized if I knowingly give false information.
- I understand that all information I give is confidential and federal and state laws limit disclosure of information about me.

My Signature _____

Date _____

If you do not sign and return the form by the above date you will not get nine more months of coverage. If you do not want Illinois Healthy Women, do not return this form.

If you have questions about this form or family planning services or need a referral for other medical services, call toll-free 1-800-226-0768 (TTY: 1-877-204-1012). Visit the Illinois Healthy Women program at www.illinoishealthywomen.com for additional information. Before your coverage ends, we will send you a re-enrollment form in the mail. The Illinois Healthy Women program is expected to end in March 2012. If the program is extended beyond this date and you still qualify, you will receive more information and a re-enrollment form.

Medical Services Covered by Illinois Healthy Women

- Reproductive health exam, pap test, and medical history (including patient education and counseling about women's health and family planning), as it relates to your birth control visit
- Lab tests necessary for family planning (birth control) or related reproductive health
- Birth control
- Sterilization services, such as, getting tubes tied, for patients who are 21 years of age or older. It is up to a woman to decide if she wants to be sterilized. She must say so in writing on a special consent form.
- Testing and medicine for sexually transmitted infections found during a family planning visit and required follow-up visits
- HIV testing
- Screening mammograms, when ordered by the doctor during a family planning visit
- Multivitamins with folic acid

Note: If you have other medical needs or think that you are eligible for other HFS medical programs, call 1-800-226-0768 (TTY 1-877-204-1012) to find out how and where to apply. Visit the Illinois Healthy Women program at www.illinoishealthywomen.com for additional information.



Illinois Department of
Healthcare and Family Services

Illinois Healthy Women Re-Enrollment Form

Date: _____

Date of Birth: _____

Case Number: _____

Phone Number: _____

Your Illinois Healthy Women family planning benefits will end _____. To qualify for an additional 12 months of Illinois Healthy Women benefits, you **must**:

- Be a U.S. citizen or a legal permanent resident for at least 5 years
- Live in Illinois
- Be at least 19 and no older than 44
- Not be pregnant or sterilized (such as, tubes tied)
- Meet the income limits

Complete the worksheet on the next page to see if your family income meets the limits for Illinois Healthy Women re-enrollment.

If you answered "No" on line F of the worksheet, you are not eligible to re-enroll. Do not complete and return this form.

If you completed the worksheet as directed and answered "Yes" on line F, you are eligible to re-enroll in Illinois Healthy Women. Check the information printed at the top of this form. Please fill in any missing information and correct anything wrong.

Read the statement below. If you agree, sign and return this form no later than _____. Use the postage paid envelope provided and send to:

**Illinois Healthy Women
P.O. Box 19137
Springfield, IL 62794-9137**

Yes, I need birth control and want to enroll in Illinois Healthy Women for twelve more months.

- I agree to report my change of address.
- I understand that anyone who knowingly misuses the Illinois Healthy Women card issued by the State of Illinois may be committing a crime.
- I have read all statements on this form and the information I give is true and complete to the best of my knowledge.
- I understand that I could be penalized if I knowingly give false information.
- I understand that all information I give is confidential and federal and state laws limit disclosure of information about me.
- I completed the worksheet as directed and answered Yes on line F.

My Signature _____ Date _____

If you do not sign and return the form by the above date you will not get twelve more months of coverage. If you do not want Illinois Healthy Women, do not return this form.

If you have questions about this form or family planning services, call 1-800-226-0768 (TTY: 1-877-204-1012). Visit the Illinois Healthy Women program at www.illinoishealthywomen.com for additional information. The Illinois Healthy Women program is expected to end in March 2012. If the program is extended beyond this date and you still qualify, you will receive more information and a re-enrollment form.

Medical Services Covered by Illinois Healthy Women

- Reproductive health exam, pap test, and medical history (including patient education and counseling about women's health and family planning), as it relates to your birth control visit
- Lab tests necessary for family planning (birth control) or related reproductive health
- Birth control
- Sterilization services, such as, getting tubes tied, for patients who are 21 years of age or older. It is up to a woman to decide if she wants to be sterilized. She must say so in writing on a special consent form.
- Testing and medicine for sexually transmitted infections found during a family planning visit and required follow-up visits
- HIV testing
- Screening mammograms, when ordered by the doctor during a family planning visit
- Multivitamins with folic acid

Note: If you have other medical needs or think that you are eligible for other HFS medical programs, call 1-800-226-0768 (TTY 1-877-204-1012) to find out how and where to apply. Visit the Illinois Healthy Women program at www.illinoishealthywomen.com for additional information.



Illinois Department of
Healthcare and Family Services

Illinois Healthy Women Income Worksheet

Use this sheet to see if you can re-enroll for family planning (birth control) benefits.
Please follow the directions carefully.

A) List your total monthly income from:

- Your job (before taxes are taken out) _____ \$ _____
- Your husband's job if he lives with you (before taxes are taken out) \$ _____
- Social Security _____ \$ _____
- Spousal or child support (for yourself; not your children) _____ \$ _____
- Rental Property _____ \$ _____
- Unemployment Benefits _____ \$ _____
- Pensions (retirement benefits) _____ \$ _____
- Trusts _____ \$ _____
- Interest Income _____ \$ _____
- Any other money received by you or your spouse _____ \$ _____

Add up you monthly income and write the total on Line A.

A \$ _____

B) List the following costs if you pay for them:

- Monthly day care expenses (up to \$200 per child under age 2 and \$175 per child age 2 and over) _____ \$ _____
- Monthly child support or spousal support you pay _____ \$ _____
- \$90 for each adult with income from a job _____ \$ _____
- \$50 if you GET child support for yourself _____ \$ _____

Add up the costs listed above and write the total on Line B.

B \$ _____

C) Subtract line B from line A and write the difference on Line C.

C \$ _____

D) Count the number of people who live with you. Include only yourself, your spouse, and your children or stepchildren who are under age 18. Circle your family size on the chart below.

Family Size	1	2	3	4	5	6	7	8
Monthly Income (2010)	\$1,805	\$2,428	\$3,052	\$3,675	\$4,298	\$4,922	\$5,545	\$6,168

For families with 9 or more people, call 1-800-226-0768 (TTY: 1-877-204-1012). The call is free.

E) Write the monthly Income amount for your family size on line E.

E \$ _____

F) Is line C less than or equal to line E?

F ☐ Yes ☐ No

If you answer yes, you can re-enroll in Illinois Healthy Women.
Sign and return the re-enrollment form.

Do Not Return This Sheet. Keep It For Your Records.

If you have questions about this form, call 1-877-805-5312. The call is free.
Family Planning Services Are Listed On The Other Side.

Medical Services Covered by Illinois Healthy Women

- Reproductive health exam, pap test, and medical history (including patient education and counseling about women's health and family planning), as it relates to your birth control visit
- Lab tests necessary for family planning (birth control) or related reproductive health
- Birth control
- Sterilization services, such as, getting tubes tied, for patients who are 21 years of age or older. It is up to a woman to decide if she wants to be sterilized. She must say so in writing on a special consent form.
- Testing and medicine for sexually transmitted infections found during a family planning visit and required follow-up visits
- HIV testing
- Screening mammograms, when ordered by the doctor during a family planning visit
- Multivitamins with folic acid

Note: If you have other medical needs or think that you are eligible for other HFS medical programs, call 1-800-226-0768 (TTY 1-877-204-1012) to find out how and where to apply. Visit the Illinois Healthy Women program at www.illinoishealthywomen.com for additional information.

Family Planning Customer Satisfaction Survey
Population 1: User of Service

Can you please take a few minutes to complete this evaluation of the Family Planning Program, known as Illinois Healthy Women? Your responses will be strictly confidential. This information will assist us in providing a quality program.

Survey Qualification Question:

1. Our records indicate that you have used your Family Planning Card to obtain family planning services. Do you agree?

1. ☐ Yes 2. ☐ No

If answer to #1 is yes, continue survey. If no, do not continue this survey and complete survey for non-user of service.

Customer Service:

2. The person on the phone making my appointment was helpful and courteous:

1. Excellent ☐ 2. Good ☐ 3. Fair ☐ 4. Poor ☐

3. The receptionist was helpful and courteous:

1. Excellent ☐ 2. Good ☐ 3. Fair ☐ 4. Poor ☐

4. The nursing staff was friendly and courteous:

1. Excellent ☐ 2. Good ☐ 3. Fair ☐ 4. Poor ☐

5. The provider treated me with dignity and respect:

1. Excellent ☐ 2. Good ☐ 3. Fair ☐ 4. Poor ☐

6. The overall appearance of the office:

1. Excellent ☐ 2. Good ☐ 3. Fair ☐ 4. Poor ☐

7. On average, after checking in, how many minutes did you have to wait before seeing the person you came to see?

1. ☐ 10 minutes or less 2. ☐ 11-20 minutes 3. ☐ 21-30 minutes

4. ☐ 31-45 minutes 5. ☐ 46 minutes to 1 hour 6. ☐ more than 1 hour

8. Do you feel that your privacy was protected?

1. ☐ Yes 2. ☐ No

9. If you needed an interpreter to help you speak with doctors or other health providers, were you given one?

1. ☐ Yes 2. ☐ No 3. ☐ Did not need an interpreter

10. Were you given information about how to reach the provider at any time of the day or night in an emergency?

1. ☐ Yes 2. ☐ No

Patient Education:

11. Were all procedures explained to you before they were done?

1. ☐ Yes 2. ☐ No

12. Your choices regarding **covered** family planning services were clearly explained:
 1. Excellent_____ 2. Good _____ 3. Fair_____ 4. Poor _____
13. Your questions were answered:
 1. Excellent_____ 2. Good _____ 3. Fair_____ 4. Poor _____
14. You received clear and easy to understand instructions about prescriptions/drugs:
 1. Excellent_____ 2. Good _____ 3. Fair_____ 4. Poor _____
15. You received clear and easy to understand instructions about follow-up care:
 1. Excellent_____ 2. Good _____ 3. Fair_____ 4. Poor _____
16. Overall, your satisfaction with the family planning visit(s) you received was:
 1. Excellent_____ 2. Good _____ 3. Fair_____ 4. Poor _____

Access to Other Healthcare Services:

17. Were you told how to access other medical services if you needed them for an illness (such as a sore throat)?
 1. ___ Yes * 2. ___ No 3. ___ Did not need to access additional care at this time
18. *If you answered Yes, were you able to access additional health care services from the provider to which you were referred?
 1. ___ Yes 2. ___ No

Assistance with Referrals:

19. Using the Pink card, have you ever needed (please check all that apply):

___ Assistance in locating a provider for family planning services
 Where did you go for assistance? _____

Rate the assistance you received:

1. Excellent_____ 2. Good _____ 3. Fair _____ 4. Poor _____

___ Assistance in getting a referral for primary care
 Where did you go for assistance? _____

Rate the assistance you received:

1. Excellent_____ 2. Good _____ 3. Fair _____ 4. Poor _____

___ Assistance with transportation to your family planning provider
 Where did you go for assistance? _____

Rate the assistance you received:

1. Excellent_____ 2. Good _____ 3. Fair _____ 4. Poor _____

___ Pharmacy items for family planning
 Where did you go for assistance? _____

Rate the assistance you received:

1. Excellent ____ 2. Good ____ 3. Fair ____ 4. Poor ____

____ Other, please specify: _____

Where did you go for assistance? _____

Rate the assistance you received:

1. Excellent ____ 2. Good ____ 3. Fair ____ 4. Poor ____

Family Planning Coverage:

20. Do you have any other health insurance?

1. ____ Yes 2. ____ No

21. If yes, does your insurance cover any family planning services?

1. ____ Yes 2. ____ No

22. How did you hear about the Illinois Healthy Women program?

1. ____ Provider's office 2. ____ Friend 3. ____ School
4. ____ Through the mail 5. ____ Other

23. Do you plan to continue to use the Family Planning Program?

1. ____ Yes 2. ____ No

24. Would you recommend IHW to a friend?

1. ____ Yes 2. ____ No

Patient Demographics:

25. What is your age range?

1. ____ 19 2. ____ 20-24 3. ____ 25-29 4. ____ 30-34 5. ____ 35-39 6. ____ 40-44

26. Do you have any children?

1. ____ Yes 2. ____ No

If answer yes, continue survey. If no, wrap up survey.

27. How many children do you have? _____

28. What are the ages of your children?

1. ____	6. ____
2. ____	7. ____
3. ____	8. ____
4. ____	9. ____
5. ____	10. ____

Comments:

Thank you for your participation.

Family Planning Customer Satisfaction Survey
Population 1: Non-User of Service

Our records indicate that you were sent a medical card to participate in the State's Family Planning Program, known as Illinois Healthy Women. Can you please take a few minutes to complete this evaluation of the Family Planning Program? Your responses will be strictly confidential.

Survey Qualification Question:

1. Our records indicate you have not used your Family Planning Pink card to obtain family planning services. Do you agree?

1. ____ Yes 2. ____ No

(If answered Yes, proceed to question #2.)

Reason(s) For Not Participating:

2. Please check the reason(s) that you did not use your Family Planning Card to obtain family planning services:

- 1. ____ I did not receive my Pink card
- 2. ____ I was unable to find a provider in my area
- 3. ____ I was unable to get an appointment with a provider in my area
- 4. ____ I needed more information about this program
- 5. ____ I decided I did not want family planning services at this time
- 6. ____ Other: _____

Thank you for your participation.

Family Planning Customer Satisfaction Survey
Population 2: User of Service

Can you please take a few minutes to complete this evaluation of the Family Planning Program, known as Illinois Healthy Women? Your responses will be strictly confidential. This information will assist us in providing a quality program.

Survey Qualification Question:

1. Our records indicate that you have used your Family Planning Card to obtain family planning services. Do you agree?

1. ____ Yes 2. ____ No

If answer to #1 is yes, continue survey. If no, do not continue this survey and complete survey for non-user of service.

Application Process:

2. The ease of completing the application:

1. Very Easy ____ 2. Somewhat Easy ____ 3. Somewhat Hard ____ 4. Very Hard ____

3. The length of time it took to receive your pink card in the mail:

1. ____ 1 – 2 wks 2. ____ 3 – 4 wks 3. ____ 5 - 6 wks 4. ____ 6+ wks

Customer Service:

4. The person on the phone making my appointment was helpful and courteous:

1. Excellent ____ 2. Good ____ 3. Fair ____ 4. Poor ____

5. The receptionist was helpful and courteous:

1. Excellent ____ 2. Good ____ 3. Fair ____ 4. Poor ____

6. The nursing staff was friendly and courteous:

1. Excellent ____ 2. Good ____ 3. Fair ____ 4. Poor ____

7. The provider treated me with dignity and respect:

1. Excellent ____ 2. Good ____ 3. Fair ____ 4. Poor ____

8. The overall appearance of the office:

1. Excellent ____ 2. Good ____ 3. Fair ____ 4. Poor ____

9. On average, after checking in, how many minutes did you have to wait before seeing the person you came to see?

1. ____ 10 minutes or less 2. ____ 11-20 minutes 3. ____ 21-30 minutes
4. ____ 31-45 minutes 5. ____ 46 minutes to 1 hour 6. ____ more than 1 hour

10. Do you feel that your privacy was protected?

1. ____ Yes 2. ____ No

11. If you needed an interpreter to help you speak with doctors or other health providers, were you given one?

1. ____ Yes 2. ____ No 3. ____ Did not need an interpreter

12. Were you given information about how to reach the provider at any time of the day or night in an emergency?

1. ____ Yes 2. ____ No

Patient Education:

13. Were all procedures explained to you before they were done?

1. ____ Yes 2. ____ No

14. Your choices regarding **covered** family planning services were clearly explained:

1. Excellent ____ 2. Good ____ 3. Fair ____ 4. Poor ____

15. Your questions were answered:

1. Excellent ____ 2. Good ____ 3. Fair ____ 4. Poor ____

16. You received clear and easy to understand instructions about prescriptions/drugs:

1. Excellent ____ 2. Good ____ 3. Fair ____ 4. Poor ____

17. You received clear and easy to understand instructions about follow-up care:

1. Excellent ____ 2. Good ____ 3. Fair ____ 4. Poor ____

18. Overall, your satisfaction with the family planning visit(s) you received was:

1. Excellent ____ 2. Good ____ 3. Fair ____ 4. Poor ____

Access to Other Healthcare Services:

19. Were you told how to access other medical services if you needed them for an illness (such as a sore throat)?

1. ____ Yes * 2. ____ No 3. ____ Did not need to access additional care at this time

20. *If you answered Yes, were you able to access additional health care services from the provider to which you were referred?

1. ____ Yes 2. ____ No

Assistance with Referrals:

21. Using the Pink card, have you ever needed (please check all that apply):

____ Assistance in locating a provider for family planning services

Where did you go for assistance? _____

Rate the assistance you received:

1. Excellent ____ 2. Good ____ 3. Fair ____ 4. Poor ____

____ Assistance in getting a referral for primary care

Where did you go for assistance? _____

Rate the assistance you received:

1. Excellent ____ 2. Good ____ 3. Fair ____ 4. Poor ____

___ Assistance with transportation to your family planning provider
Where did you go for assistance? _____

Rate the assistance you received:

1. Excellent ___ 2. Good ___ 3. Fair ___ 4. Poor ___

___ Pharmacy items for family planning
Where did you go for assistance? _____

Rate the assistance you received:

1. Excellent ___ 2. Good ___ 3. Fair ___ 4. Poor ___

___ Other, please specify: _____
Where did you go for assistance? _____

Rate the assistance you received:

1. Excellent ___ 2. Good ___ 3. Fair ___ 4. Poor ___

Family Planning Coverage:

22. Do you have any other health insurance?

1. ___ Yes 2. ___ No

23. If yes, does your insurance cover any family planning services?

1. ___ Yes 2. ___ No

24. How did you hear about the Illinois Healthy Women program?

1. ___ Provider's office 2. ___ Friend 3. ___ School
4. ___ Through the mail 5. ___ Other

25. Do you plan to continue to use the Family Planning Program?

1. ___ Yes 2. ___ No

26. Would you recommend IHW to a friend?

1. ___ Yes 2. ___ No

Patient Demographics:

27. What is your age range?

1. ___ 19 2. ___ 20-24 3. ___ 25-29 4. ___ 30-34 5. ___ 35-39 6. ___ 40-44

28. Do you have any children?

1. ___ Yes 2. ___ No

If answer yes, continue survey. If no, wrap up survey.

29. How many children do you have? _____

30. What are the ages of your children?

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Comments:

Thank you for your participation.

Family Planning Customer Satisfaction Survey
Population 2: Non-User of Service

Our records indicate that you were sent a medical card to participate in the State's Family Planning Program, known as Illinois Healthy Women. Can you please take a few minutes to complete this evaluation of the Family Planning Program? Your responses will be strictly confidential.

Survey Qualification Question:

1. Our records indicate you have not used your Family Planning Pink card to obtain family planning services. Do you agree?

1. ____ Yes 2. ____ No

(If answered Yes, proceed to question #2.)

Reason(s) For Not Participating:

2. Please check the reason(s) that you did not use your Family Planning Card to obtain family planning services:

- 1. ____ I did not receive my Pink card
- 2. ____ I was unable to find a provider in my area
- 3. ____ I was unable to get an appointment with a provider in my area
- 4. ____ I needed more information about this program
- 5. ____ I decided I did not want family planning services at this time
- 6. ____ Other: _____

Thank you for your participation.

ATTACHMENT A: Abstraction Tool – Illinois Healthy Women’s Waiver

MEDICAL RECORD REVIEW - FAMILY PLANNING WAIVER

Date of Review: / / 2009Patient RIN:

--	--	--	--	--	--	--	--	--

DOB: //

Patient Last Name:

Patient First Name:

Provider Type: ☐ Physician ☐ Nurse Practitioner

Provider Number:

Facility Type: ☐ Physician/APN Office ☐ Outpatient Clinic

☐ FQHC/Rural Health ☐ Local Health Dept ☐ Other[illegible]Facility Address:

--	--

Personal Health History	Yes	No	No Documentation
Current medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Folic acid history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STI history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV status known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BV status known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of breast cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of gyne malignancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current contraceptive use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last menstrual period noted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of abnormal pap smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current smoker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History and Physical Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTACHMENT A: Abstraction Tool – Illinois Healthy Women's Waiver

Physical examination	Documented		Abnormal findings		Abnormal findings addressed		Was a service offered or referral made	
	Yes	No	Yes	No	Yes	No	Yes	No
Pelvic exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Speculum</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Bimanual</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Rectal</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> N/A							

Laboratory tests	Documented		Abnormal findings		Abnormal findings addressed		Service offered or referral made	
	Yes	No	Yes	No	Yes	No	Yes	No
Pap smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serology (RPR or FTA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mammography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PREGNANCY TEST	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If PREGNANCY TEST positive, how was it addressed?	<input type="checkbox"/> Not addressed <input type="checkbox"/> Service offered <input type="checkbox"/> Referral made <input type="checkbox"/> Non-directive option counseling done		

Education/Counseling	Yes	No	No Documentation
Folic acid offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive methods reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterilization offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptives offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>On-Site</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Prescription given</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Referral made</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Side effects of contraceptive method reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STI counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attachment G

Tribal Consultation Notice

From: Mccurdy, Mark
Sent: Friday, September 23, 2011 10:18 AM
To: Wheal, Linda L.
Cc: Sangster-Clark, Tara
Subject: FW: Waiver renewal application for the Illinois Healthy Women waiver
Attachments: Renewal_Application_Sept2011 DRAFT_9-15-11 JE edits.doc
Importance: High

Linda,

In order to comply with the State plan requirement regarding tribal consultation, the email below was sent to Mr. Kenneth Scott, Executive Director of the American Indian Health Services of Chicago (AIHSC), informing him of the proposed renewal of the Illinois Healthy Women waiver. The AIHSC is the single qualifying entity in Illinois for purposes of the tribal consultation requirement. Our proposed state plan language requires the submittal of an email notification to the AIHSC describing the proposed changes and allowing a two week time period for review and comment. Please let me know if you need any additional information.

Mark

From: Mccurdy, Mark
Sent: Friday, September 16, 2011 12:06 PM
To: 'krscott11@aol.com'
Cc: Ellinger, Jacquetta; Wheal, Linda L.; Wilson, Greg
Subject: Waiver renewal application for the Illinois Healthy Women waiver
Importance: High

Mr. Scott,

Part of the process for consulting with your organization to gather input on Medicaid policy includes notification whenever the Illinois Medicaid program applies for or seeks to renew a waiver from the Centers for Medicare and Medicaid Services (CMS).

Illinois will soon be submitting a request to renew the Illinois Healthy Women (IHW) waiver. IHW is designed to provide family planning services to uninsured low-income women, ages 19 through 44, who are not enrolled in a more comprehensive medical program. The purpose of this voluntary program is to avert unintended pregnancies and resultant births. It is considered a waiver program because Illinois is not required to follow all of the standard Medicaid regulations when providing these particular services.

Illinois needs to submit the waiver renewal request by October 1, 2011. I have attached a copy of the IHW renewal document for your review. We would appreciate any comments you have, especially in regards to improving the overall program or to assure access to family planning services.

Please email or call with any questions regarding the waiver. Your comments can be emailed to: mark.mccurdy@illinois.gov
Or you can call me at 217 524-7455.

Sincerely,
Mark McCurdy

Attachment H

Acronyms

ACRONYMS

Acronym	Definition
ACA	Affordable Care Act
APN	Advance Practice Nurse
AWVS	Automated Wage Verification System
BMCHP	Bureau of Maternal and Child Health Promotion
CHIP	Children's Health Insurance Program
CHIPA	Illinois Children's Health Insurance Program Act
CHIPRA	Children's Health Insurance Program Reauthorization Act
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
CVR	Clinical Visit Record
DCFS	Department of Children and Family Services
DHS	Illinois Department of Human Services
DOB	Date of Birth
DPH	Illinois Department of Public Health
EDW	Enterprise Data Warehouse
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
FCRC	Family Community Resource Center
FCM	Family Case Management Program
FFY	Federal Fiscal Year
FMAP	Federal Medical Assistance Percentage
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
FSIS	Family Support Information System
HFS	Illinois Department of Healthcare and Family Services
IHC	Illinois Health Connection
IHW	Illinois Healthy Women Program
IMCHC	Illinois Maternal and Child Health Coalition
IPHA	Illinois Public Health Association
IPHCA	Illinois Primary Health Care Association
KIDS	Key Information Delivery System (formerly known as FSIS)
LHD	Local Health Department
MCH	Maternal and Child Health
MCO	Managed Care Organizations

MCPI	Medical Consumer Price Index
MEDI	Medical Electronic Data Interchange System
MEQC	Medicaid Eligibility Quality Check
MMIS	Medicaid Management Information System
OIG	Office of Inspector General
PCCM	Primary Care Case Management
PERM	Payment Error Rate Measurement
PRAMS	Pregnancy Risk Assessment Monitoring System
QIO	Quality Improvement Organization
RHC	Rural Health Center
SAVE	State Alien Verification System (formerly known as ASVI)
SDU	State Disbursement Unit
SOLQ	State Online Query
SPA	State Plan Amendment
SPD	Statewide Provider Database
SSN	Social Security Number
STC	Special Terms and Conditions
STI	Sexually Transmitted Infections
TPL	Third Party Liability
WIC	Special Supplemental Nutrition Program for Women, Infants and Children
WY	Waiver Year



Illinois' Family Planning Expansion Initiative under Medicaid

Project Number: 11-W-00165/5

Interim Evaluation

Waiver Years 1 - 7

April 2004 - March 2011

Supplement to

Waiver Renewal Request Submitted Under Authority of
Section 1115 of the Social Security Act
to the

Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services

Submitted: October 1, 2011

Supplement Submission: December 21, 2011

Projected Date of Implementation: April 1, 2012

*Illinois Department of Healthcare and Family Services
201 South Grand Avenue East
Springfield, Illinois 62763-0001
Julie Hamos, Director*

*Division of Medical Programs
Theresa A. Eagleson, Medicaid Director*

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Illinois Family Planning Demonstration Waiver
Illinois Healthy Women
Interim Evaluation: Waiver Years 1 - 7

Introduction:

The Illinois Healthy Women (IHW) Evaluation Design, previously submitted to, and approved by, the Centers for Medicare & Medicaid Services (CMS), focuses on calculating measurements defined by the program objectives. Attainment of the objectives is being examined through a series of comparisons to determine whether outcomes differ from those that would be expected without the waiver and as compared to those of a historical group. Please refer to the IHW Evaluation Design document, revised and submitted by the Illinois Department of Healthcare and Family Services (HFS) on July 13, 2005, and approved by CMS-approved on December 21, 2006.

Major external partners involved with the IHW Evaluation include:

- Illinois Department of Human Services (administers Title V and Title X and provides statistical data on fertility rates and inter-pregnancy spacing)
- Illinois Department of Public Health (provides Pregnancy Risk Assessment and Monitoring System (PRAMS) Report and is the repository for Vital Records)
- eQHealth Solutions, HFS' Quality Improvement Organization responsible for the IHW medical record review (focused clinical studies) process to assess quality of care
- University of Illinois at Chicago (UIC), the entity assisting HFS with the evaluation

Other data is collected for the evaluation from enrollment and claims data, the Customer Satisfaction Survey, medical records reviews and referral information reported to HFS.

In 2002, during the development of the Illinois family planning waiver, it was established that 2001 would be the baseline year used for measuring and analyzing the successes and objectives in future evaluations conducted on IHW, as well as for this evaluation.

During the baseline year (2001), the fertility rate of low-income women (at or below 200% FPL) in Illinois was 11.6%. At this same time, according to PRAMS, the unintended pregnancy rate was at 46.2% of which 64.7% were paid for by HFS. Most of these unintended births occurred in women under age 25, according to both PRAMS and Vital Records.

In April 2004, IHW was implemented in Illinois, allowing low-income women who were losing coverage from another more comprehensive HFS medical program to receive a limited package of family planning (birth control) services and related reproductive healthcare. IHW gave them the opportunity to choose if and when to have children, determine the number and timing of their children, plan for a healthy pregnancy and birth, and to have a baby when they were most able to care for them. The program was expanded in May 2007 to allow women with income levels up to 200% of poverty to apply for family planning benefits under IHW. This expansion gave eligible women two ways to enter IHW: Population 1 - through automatic enrollment (initial 3-month period with a subsequent 9-month enrollment option) when losing eligibility for a more

comprehensive HFS medical program (i.e., aging out of CHIP, after 60 days postpartum period), or Population 2 - through an application process.

This interim evaluation analyzes the statistical data available pre-waiver and during the first six years (and the seventh year when available) of the IHW family planning waiver period. Based on available data, the following highlights the outcomes experienced during the first six years of the waiver:

- More low-income women received publicly funded family planning services
- The number of unduplicated women receiving family planning services through the IHW program increased
- Lower Illinois unintended pregnancy rates were demonstrated
- Lower Illinois fertility rates were experienced
- Fewer unintended pregnancies paid for by HFS
- Birth interval spans among low-income women lengthened
- Fewer births occurred among women younger than age 25
- The number of women delaying pregnancy increased
- The number of averted births increased, resulting in approximately \$175M in cost savings

Increased access to family planning services has had a positive impact on Illinois' birth rate, pregnancy intendedness, birth spacing, and the HFS expenditures for pregnancy related care and child health care costs.

Evaluation Design:

Primary Goal:

Increase the number of low-income women who receive voluntary, confidential family planning services.

Objectives/Measurements:

- Number of Enrolled Women Using Family Planning Services
- Interpregnancy Spacing of Enrolled Women Using Family Planning Services
- Cost Savings Due to Reduction In Unplanned Pregnancies
- Client Satisfaction with Referrals and Access to Primary Care
- Pregnancy Intendedness for Women Experiencing First-Time Births

Enrollment and Participation:

Objective 1: To increase the number of Medicaid eligible women who, after delivery or after leaving another more comprehensive HFS health care benefit program, participate in the waiver.

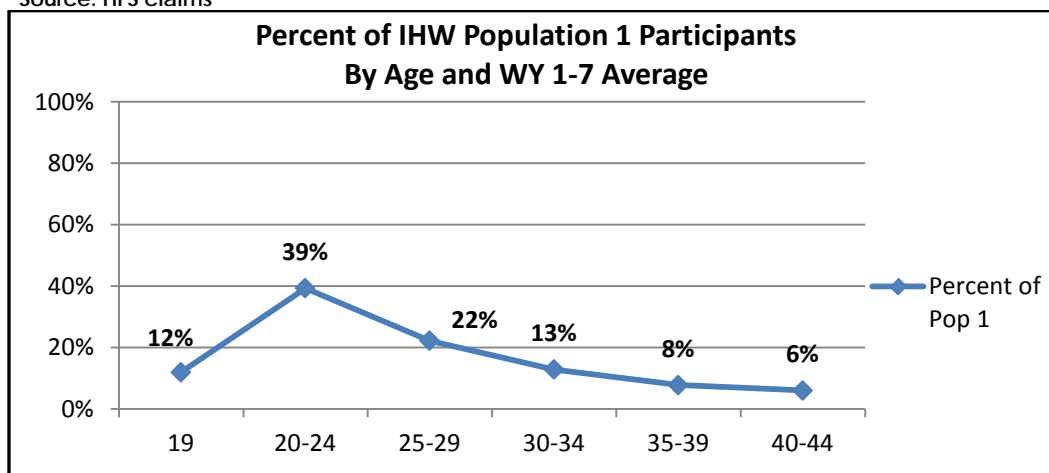
Results:

Population 1: Automated-Enrollment Participants

Population 1 was IHW's original targeted population and is comprised of women who lost coverage from a more comprehensive HFS medical program. These women entered IHW through a passive enrollment process and most who utilized services subsequently enrolled to extend their IHW coverage. As demonstrated in Table 1A, approximately 12% of these women were age 19 and entered IHW because they aged out of HFS' All Kids program. Of the remaining women, 39% were between ages 20 to 24, and 49% were ages 25 through 44. Most of these women age 20 and older either recently delivered or had a dependent child.

Table 1A: IHW Population 1 Participants by Age

Source: HFS claims

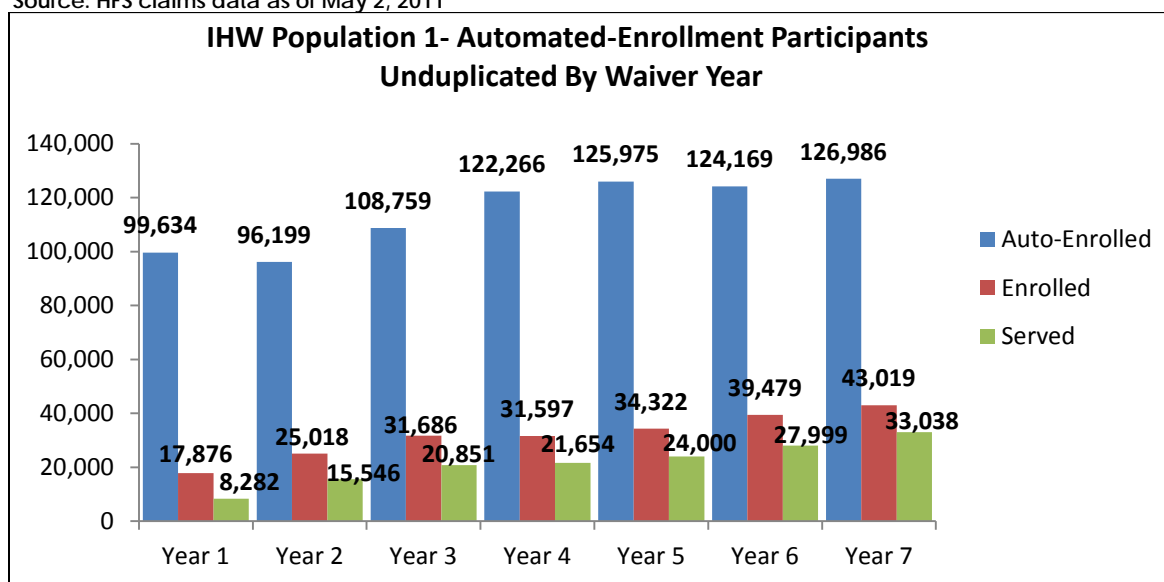


As illustrated in Table 1B, for the first seven years of the waiver, there was a steady increase in both participation and enrollment of women who initially entered IHW through the auto-enrollment process is demonstrated by:

- an 88.8 percent change increase in the percent of women who were auto-enrolled for 3-months and decided to enroll for a full year of coverage from Year 1 (17.9%) to Year 7 (33.8%);
- nearly a 1.5 fold increase in total enrollment from Year 1 to Year 7; and
- a 65.9 percent change increase in the percent of enrolled women served from Year 1 (46.3) to Year 7 (76.8) based on HFS paid claims data.

Table 1B: IHW Population 1 Enrollment and Participation

Source: HFS claims data as of May 2, 2011



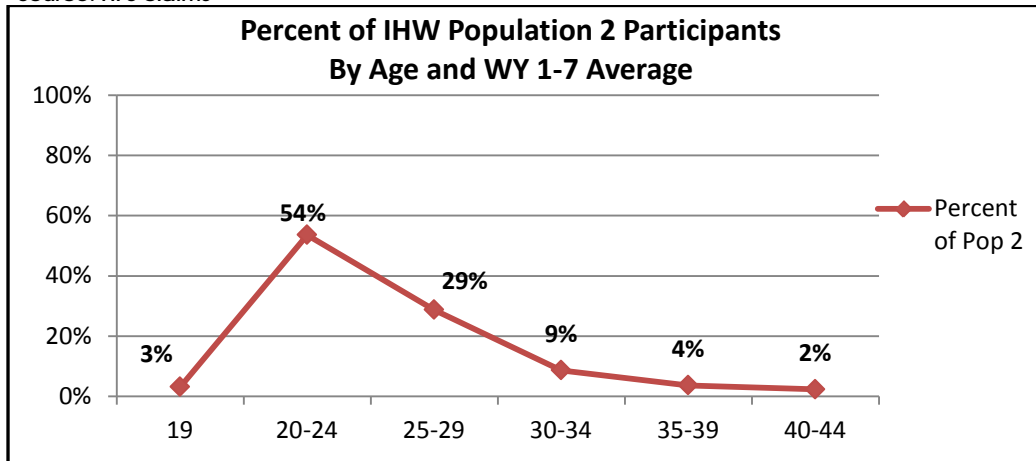
Population 2: Application-Enrollment Participants

In May 2007, IHW expanded to a new target population (Population 2), includes women with an income up to 200% FPL. These women actively enrolled in IHW by completing an application, and most have not previously received Medicaid assistance. Based on information collected from the IHW application, a majority (75%) of these women have never been pregnant. As shown in Table 1C, 57% of Population 2 women were ages 19 through 24, which is the age group that has the highest unintended pregnancy rates according to a Guttmacher Institute report.¹ However, only 3% of these participants were age 19, which identifies an opportunity to improve targeted outreach efforts. Of the remaining women, 29% were ages 25 through 29 and 15% were between the ages of 30 through 44.

¹ Frost JJ, Darroch JE and Remez L, Improving Contraceptive Use in the United States, *In Brief*, New York: Guttmacher Institute, 2008, No. 1.

Table 1C: IHW Population 2 Participants by Age

Source: HFS claims

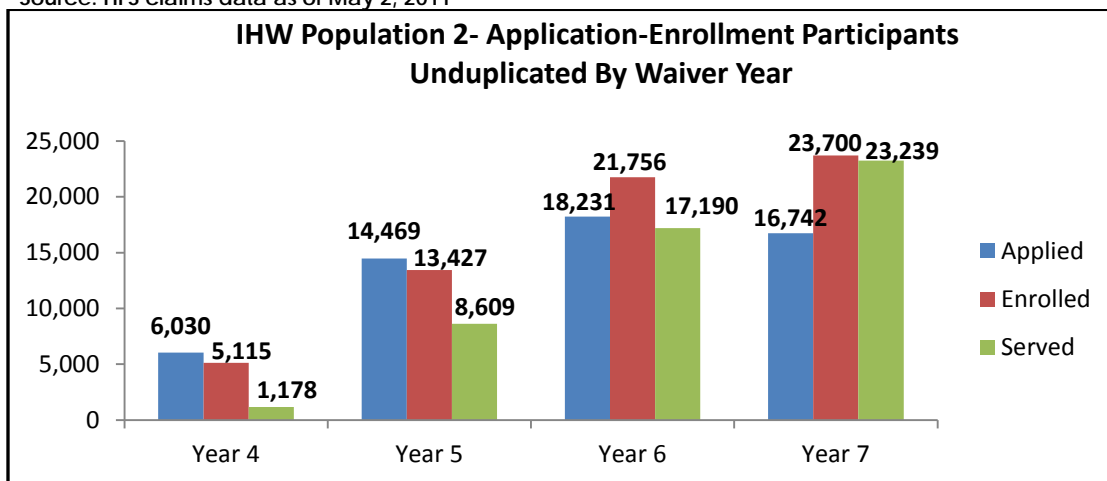


Experience suggests that it takes at least two to three years for a new program to be institutionalized, and especially one that has limited benefits. Even so, Population 2 has been a rapidly growing population with very high participation rates, as demonstrated in Table 1D. Population 2 women appear to be more motivated to prevent an unintended pregnancy by utilizing family planning services. In fact, Population 2 had substantially greater service utilization each year from Year 4 to Year 7. Other Population 2 successes are indicated below:

- women applying for IHW nearly tripled from Year 4 (first year of Population 2) to Year 7;
- enrollment grew four-fold from Year 4 to Year 7; and
- family planning utilization increased 75.1 percentage points from Year 4 (23.0%) to Year 7 (98.1%) based on HFS paid claims data.

Table 1D: IHW Population 2- Enrollment and Participation

Source: HFS claims data as of May 2, 2011



Population 1 & 2 IHW Program Participants

Table 1E shows overall, the IHW program has far exceeded the expectation in providing necessary family planning services to thousands of women annually during the first 7 years of the waiver, which is demonstrated by:

- nearly four-fold growth in enrollment from 17,876 in Year 1 to 66,719 in Year 7;
- 44.4% higher rate of actual women served was compared to projected to be served in Year 7;
- a 38.0% increase in the number of enrolled women receiving services from Year 1 to Year 7;
- a steady annual increase of women enrolling year to year ranging from 9.0% to 40.0% growth rate; and
- 126,650 unduplicated women receiving services during the life of the waiver.

IHW continues to see a steady growth in enrollment and participation for both populations.

In summary, Illinois has met its goal in increasing the number of low-income women who participate in the waiver.

Table 1E: IHW Population 1 & 2 - Projection, Enrollment, and Participation

Source: HFS claims data as of May 2, 2011

Population 1 & 2 (April 1, 2004 through March 31, 2011)				
Waiver Year	Projected to be Served	Actual Number Enrolled	Actual Number Served	Cumulative Served
Year 1	15,942	17,876	8,282	18,094
Year 2	16,579	25,018	15,546	25,996
Year 3	17,242	31,686	20,851	34,790
Year 4*	62,335	36,712	23,432	52,224
Year 5	64,828	47,749	32,609	72,246
Year 6	36,817	61,235	45,189	99,062
Year 7	38,979	66,719	56,277	126,650

*Population 2 implementation

Access:

Objective 2: To increase the number of low-income women who obtain publicly-funded (Title X, Title V, Title XX or Title XIX) family planning services pre-waiver as compared to each year during the waiver.

Results:

Table 2A shows the unduplicated number of low-income women in Illinois who used the following publicly-funded entities for family planning services: Medicaid, IHW, and DHS' Title X Family Planning Program (non-Medicaid, Title X, Title V, Title XX). During the year prior to the waiver (2003), a total of 315,572 low-income women received publicly-funded family planning services. By the end of 2009 (or during the sixth year of the waiver), the number of low-income women receiving family planning services grew to 446,062, representing a 41.4% increase in the number of low-income women receiving family planning services during the waiver compared to pre-waiver.

Also shown in Table 2A, the number of non-Medicaid women served by the DHS Title X Family Planning Program declined steadily over the six-year period. A few factors contributed to this downward trend, which included the DHS Title X Family Planning Program experiencing a sizeable decrease in Federal and State funding, a 30% reduction in the number of funded delegate agencies, and the rising costs in pharmaceuticals and personnel which all impacted their capacity to provide services. Even with these factors, from pre waiver (2003) to Year 7 (2009), 130,490 more low-income women in Illinois received publicly-funded family planning services.

**Table 2A: Family Planning Services to Low-Income Women
Ages 19-44
Years 2002 – 2009**

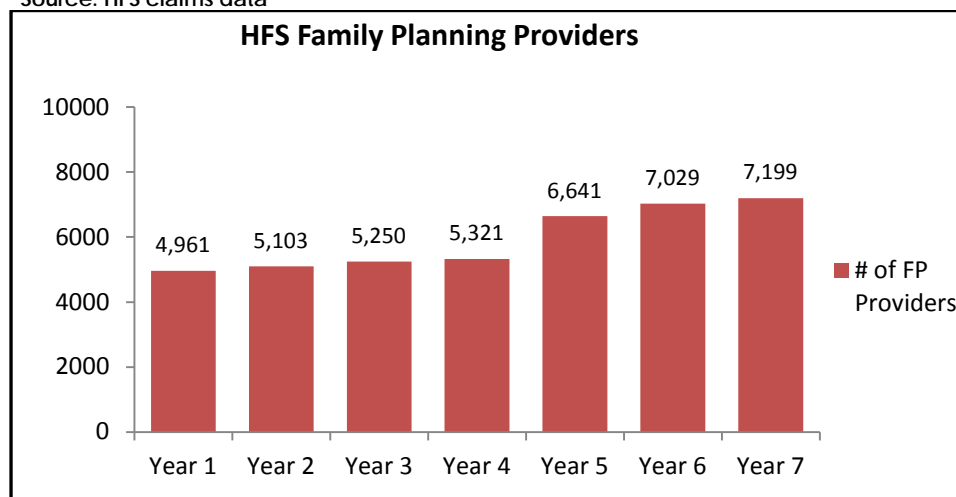
Source: HFS claims data and Ahlers

Year	HFS-funded (Full-Medical)	Illinois Healthy Women	Title X- funded (Non- Medicaid)	Total
2002	198,559	N/A	108,191	306,705
2003	208,447	N/A	107,125	315,572
2004	266,041	8,282	96,813	371,136
2005	300,077	15,546	90,414	406,037
2006	303,720	20,851	79,936	404,507
2007	311,906	23,432	72,834	408,172
2008	323,448	32,609	68,278	424,335
2009	342,745	45,189	58,128	446,062

Another approach to measure increased access for family planning services is to review HFS' claims data regarding trends in the number of providers who provided family planning services since the implementation of IHW (see Table 2B). The data demonstrates a 45% increase in the number of HFS-enrolled providers serving women ages 19 through 44 for family planning from Year 1 through Year 7.

Table 2B: HFS Family Planning Service Providers

Source: HFS claims data



Interpregnancy Interval:

Objective 3: To increase the proportion of women with a Medicaid-Financed delivery with an interpregnancy interval of 24 months or greater, from the baseline of 65.5% in 2001.

Results:

There were no births in IHW for the first year of implementation (2004). For this objective, therefore, the birth intervals analysis comparing IHW women to Medicaid was for a 4-year period beginning with 2005 and ending with 2008 (the last complete year data is available). As shown in Table 3A, during the baseline year (2001), 65.5% of Medicaid paid deliveries among women ages 20 through 44, had a birth spacing interval of 24 months or greater. The 4-year (2005 -2008) annual average in the proportion of Medicaid-covered women who experienced a 24-month or greater birth interval was 66.7% (a 1.2 percentage point increase from the 2001 baseline year).

For IHW women in the same age group, the 4-year annual average in the proportion of women with 24-month or greater birth interval was 70.3%. This was 4.8% higher than the Medicaid baseline year of 65.5%, and 3.0 percent points higher than Medicaid 4-year annual average of 66.7%. The proportion of IHW women who experienced a 24 months or greater birth interval in 2005 was 65.1% and increased to 77.0% in 2008 (an 18.3 percent change increase). These data suggest that IHW participation increased birth spacing.

During the baseline year (2001), 20.0% of Medicaid-covered women ages 20 through 44 had a birth spacing interval of less than 18 months. The 4-year annual average (2005 through 2008) was 19.4% for Medicaid-covered women with a birth spacing interval of less than 18 months, which demonstrates a 0.6 percent point decrease compared to 2004. The 4-year annual average (2005 – 2008) of IHW women who subsequently delivered in less than 18 months was 12.6% compared to the average Medicaid rate of 19.4% (a 35.1 percent change difference)for the same period.

From 2005 to 2008, there was a 9.1 percent decrease in the percentage of IHW women who delivered in 18 months or less. This indicates that increased use of birth control may have impacted the timing of births of low-income women in Illinois.

**Table 3A: Birth Interval of IHW Compared to Illinois Medicaid-Covered Women
Ages 20 through 44* - Years 2001 - 2008**

Source: Vital Records			Percentage of 2 nd and Higher Births					
Group	Total 2 nd and Higher Births		Less Than 18		18 to Less than 24		24 Mos. or Greater	
Year	Medicaid	IHW	Medicaid	IHW	Medicaid	IHW	Medicaid	IHW
2001	43,072	N/A	20.4	N/A	14.1	N/A	65.5	N/A
2002	43,316	N/A	20.3	N/A	13.6	N/A	66.0	N/A
2003	45,010	N/A	19.8	N/A	13.3	N/A	66.9	N/A
2004	46,072	N/A	20.0	N/A	13.3	N/A	66.7	N/A
2005	47,625	213	19.4	13.2	13.2	12.7	67.4	65.1
2006	46,817	343	19.7	15.0	12.9	16.8	67.5	68.2
2007	49,215	385	17.6	10.0	15.7	19.2	66.7	70.8
2008	47,138	460	21.0	12.0	13.8	11.1	65.2	77.0

*19 year olds were excluded from the IHW data due to lack of comparable Medicaid data

2005 - First year that includes births of Population 1 women

2008 - First year that includes births of Population 2 women.

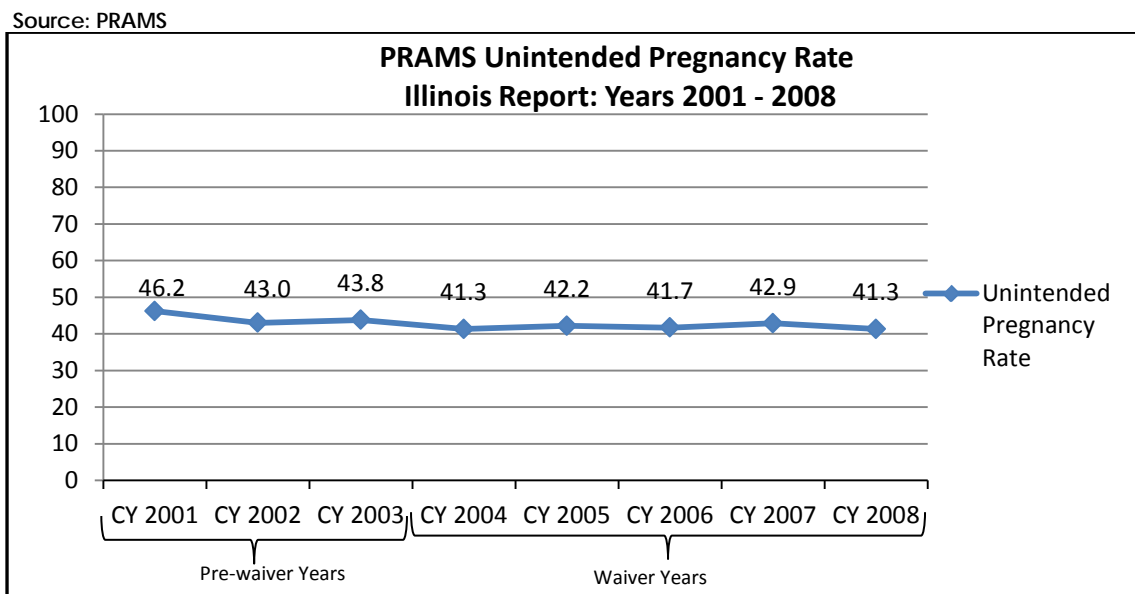
Unintended Pregnancies with a Medicaid-financed Delivery:

Objective 4: To reduce the incidence of unintended pregnancies of women with a Medicaid financed delivery from the baseline of 64.7% (PRAMS).

Results:

According to PRAMS, during the baseline year (2001) the Illinois unintended pregnancy rate was 46.2% as illustrated in Table 4A. In 2008, unintended pregnancy rate in Illinois dropped to 41.3% (a 10.6 percent change decrease from the baseline). During the waiver years, the average annual unintended pregnancy rate was 41.9%, which demonstrates Illinois has experienced a downward trend in unintended pregnancies. This trend may be attributed to the implementation of the IHW program, which improved access to, and availability of, birth control, and provided women with the ability to prevent an unintended pregnancy.

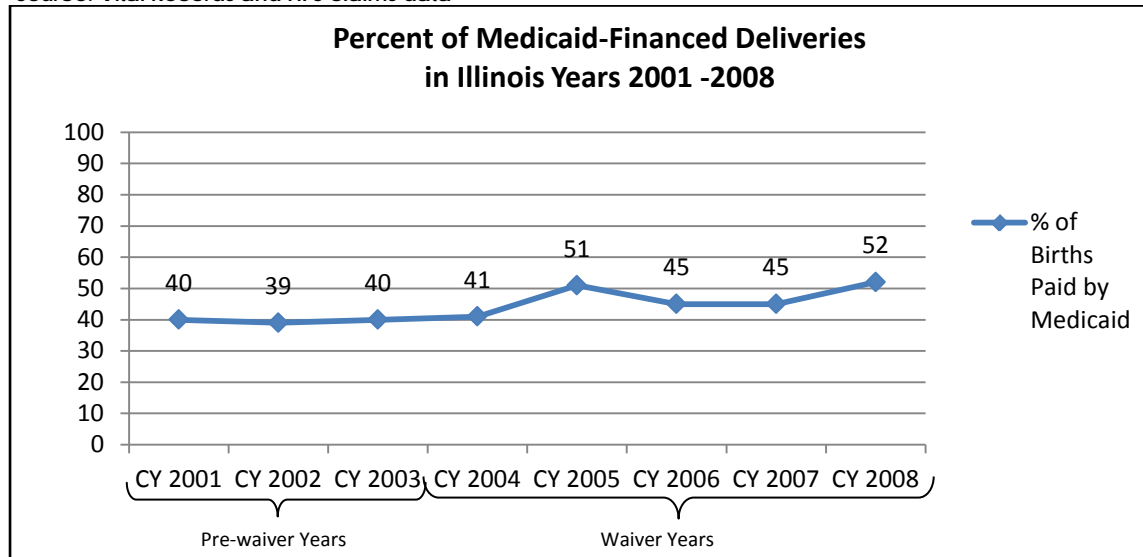
Table 4A: Illinois Unintended Pregnancy Rate



Even though Illinois' Medicaid unintended pregnancy rates are decreasing, the Medicaid paid deliveries are increasing as reported Table 4B. During the baseline year (2001), Medicaid paid for 40% of Illinois' deliveries. In 2008, that percentage spiked to 52%. Some factors that may have contributed to this increase were higher unemployment rates, and changes in Medicaid eligibility. Trends show there were more women receiving Medicaid, which means more women were eligible for a Medicaid paid delivery. Considering the increase in deliveries paid for by Medicaid in Illinois, if not for the number of births averted through the waiver, as referenced in Objective 6, this number would be much higher.

Table 4B: Illinois Medicaid-Financed Deliveries

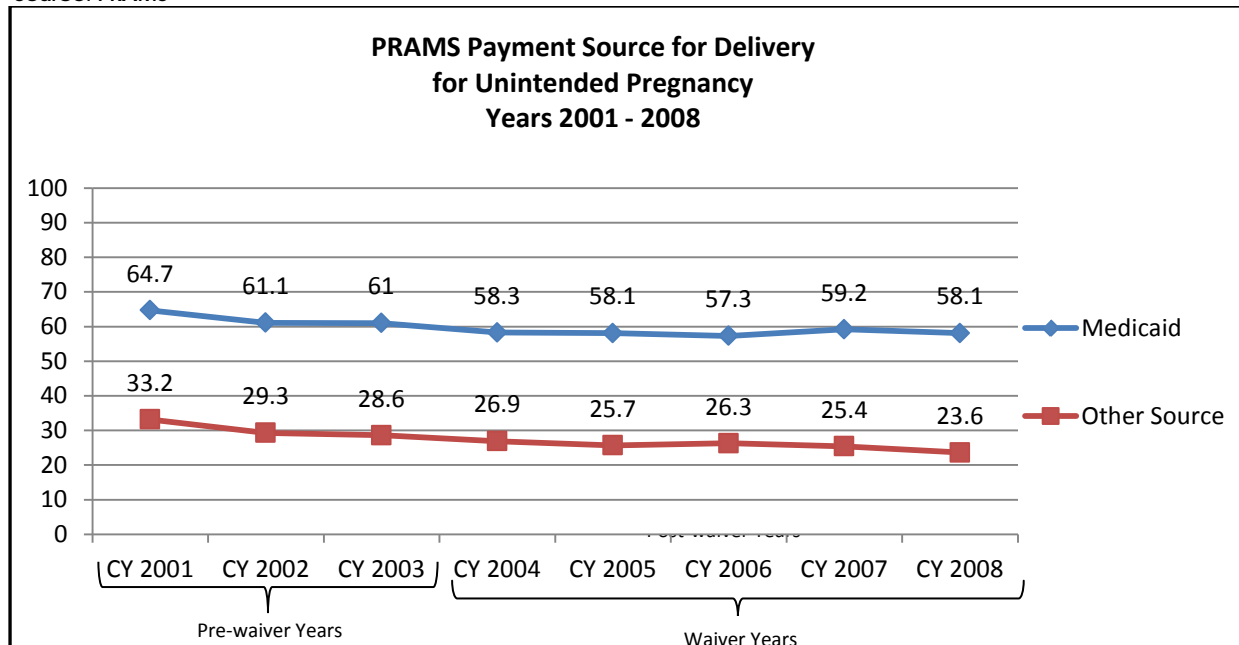
Source: Vital Records and HFS claims data



Based on the PRAMS report, Illinois' efforts have made an impact on the intendedness of pregnancies paid for by HFS. As shown in Table 4C, in the baseline year 2001, HFS-paid for 64.7% of the unintended births in Illinois, and by 2008, this percentage decreased to 58.1%, representing a 10.2 percent change decrease in the HFS-paid delivery rate among women who had an unintended pregnancy. On average, during the waiver, 58.2% of these deliveries were paid for by HFS compared to an average of 62.3% pre-waiver. To summarize, Illinois has been successful in reducing unintended pregnancies paid for by HFS.

Table 4C: PRAMS Payment Source for Unintended Pregnancies

Source: PRAMS



Fertility Rates:

Objective 5: To reduce the fertility rates for women in families with incomes at or below 200% of poverty, as required under CMS Waiver Terms and Conditions, Base-Year Fertility Rate, page 9. (For the purpose of this calculation, births will be counted. Illinois does not have a mandatory reporting system for terminated pregnancies.)

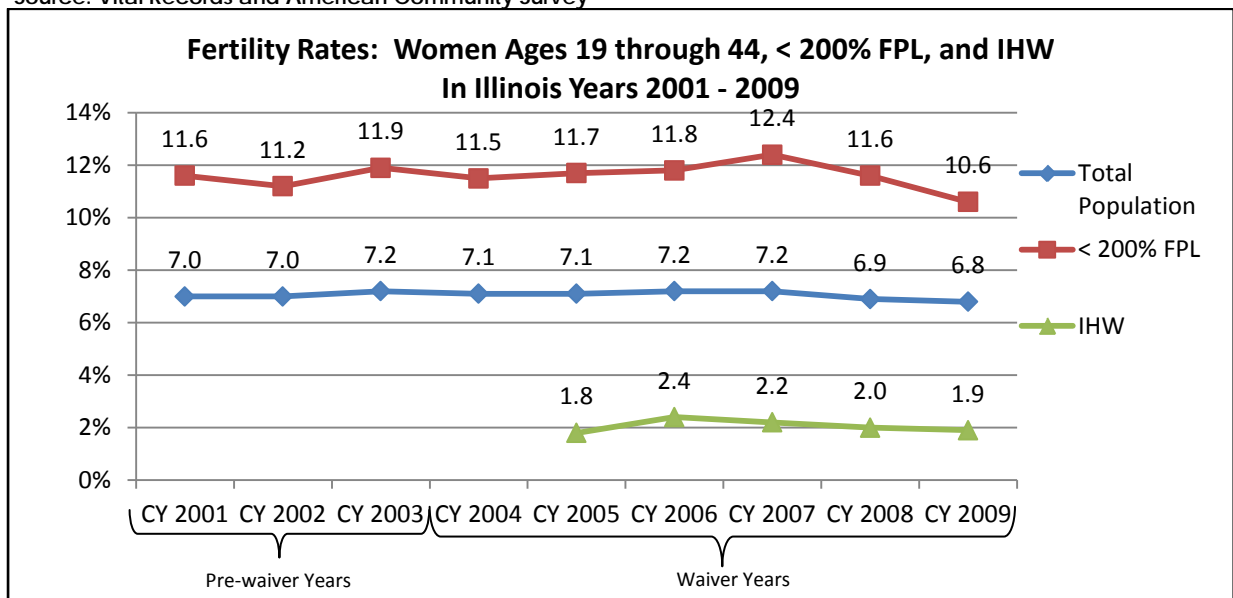
Results:

Illinois fertility rates for all women, low-income women, and IHW women are represented in Table 5A for the periods 2001 through 2009. During the baseline year (2001), the fertility rate for Illinois women in poverty (<200% FPL) ages 19 through 44, (age group targeted for IHW) was 11.6%, compared with 7% for the total population of women in the same age group. By 2009, while the fertility rate for Illinois women in poverty decreased to 10.6% (8.6 percent change decrease), and the rate for the total population of women in the same age group decreased to 6.8% (2.9 percent change decrease), the fertility rate of women enrolled in IHW remained a rate below 2.5% from 2005 through 2009.

Since the inception of IHW, the fertility rate of IHW women, on average, was 9.5% less than Illinois women in poverty, and about 5% less than the total Illinois population. The lower fertility rates among IHW women compared to other women in the same age group can be directly attributed to women utilizing IHW program services to avoid an unintended or mistimed pregnancy. Furthermore, this demonstrates the impact that access to publicly-funded family planning waivers has on lowering the fertility rate.

**Table 5A: Illinois Fertility Rates- Total Population, < 200% FPL, and IHW
Per 1,000 Women**

Source: Vital Records and American Community Survey



Another notable impact occurring after the implementation of IHW is that women delayed pregnancies to a later age. Table 5B shows that fewer women gave birth between ages 19 through 24, and women ages 30 through 39 experienced an increase in births index during the waiver compared to pre-waiver. According to the Guttmacher Institute, the 19 through 24 year-old age group has been identified as having the highest rates of unintended pregnancies. Therefore, IHW is impacting the women who are most likely to have an unintended pregnancy.

Since the waiver began, the fertility rate of 19 year olds dropped 1.9 percentage points for the total population and by 3.2 percent points for low-income women. Women ages 20 through 24 experienced a reduction in fertility rates of 1.4 percent point for the total population, and 1.2 percent point reduction for women in poverty. For low-income women ages 30 through 34, there was a 1.3 percent point increase in fertility, as well as a 0.6 percent point increase for the 35 through 39 year olds. This may indicate that women are delaying their pregnancies.

From pre-waiver to post waiver, most of the fertility changes occurred in low-income women under age 25, who on average, since the inception of the waiver, represent 51% of the IHW population. To summarize, IHW is impacting the reduction in Illinois' birth rate data, as well as reaching the target population with the highest rate of unintended pregnancy.

**Table 5B: Illinois Women Ages 19 through 44, < 200% FPL, and IHW
Average Fertility Rate by Age Group – Per 1,000 Women**

Pre-Waiver Average								
Years 2001 – 2003		19-44	19	20-24	25-29	30-34	35-39	40-44
IL - Total Population		7.1	10.1	10.2	11.0	9.7	4.5	0.1
IL- < 200% FPL		11.6	24.0	18.3	16.0	9.6	4.5	1.1
Average Waiver								
Years 2005 – 2009		19-44	19	20-24	25-29	30-34	35-39	40-44
IL - Total Population		7.0	8.2	8.8	10.8	10.1	5.0	0.3
IL- < 200% FPL		11.6	20.8	17.1	16.4	10.9	5.1	1.2
IHW		2.1	0.1	3.0	2.2	1.5	0.3	0.0

Source: American Community Survey and Vital Records

Cost savings:

Objective 6: Reduce Medicaid expenditures for pregnancy-related and infant health care costs.

Results:

During the first five years of the waiver, the average annual cost of IHW's family planning services was about \$256*, while the average annual cost for prenatal care, delivery, postpartum and first year of infant life was \$10,472*. As illustrated in Table 6A, based on the fertility rates from the baseline year (2001), it is estimated that 13,687 expected births were averted from 2004 through 2009 due to the increased availability and utilization of family planning services, resulting in approximately \$145.6M in cost savings in pregnancy-related and infant health care expenditures.

*Source: 2011 Waiver Renewal Application - IHW Budget Neutrality

Table 6A: Cost of Pregnancy-Related and Infant Health Care
(Includes prenatal care, delivery, 60 days postpartum and 1st year of infant's life)
First Five Years of IHW

Source: HFS claims data

Year	Without the Waiver	With Waiver	Cost Savings	Cumulative Savings	Cumulative Births Averted
2005	\$761,371,884	\$748,487,240	(\$12,884,645)	(\$12,884,645)	1,333
2006	\$846,224,717	\$824,481,068	(\$21,743,649)	(\$34,628,293)	3,461
2007	\$941,010,510	\$912,112,773	(\$28,897,738)	(\$63,526,032)	6,159
2008	\$968,983,967	\$935,937,957	(\$33,046,010)	(\$96,572,042)	9,234
2009	\$991,453,254	\$942,385,959	(\$49,067,295)	(\$145,639,337)	13,687
Total	\$4,509,044,333	\$4,363,404,996	(\$145,639,337)		

On average, the annual cost of prenatal care, delivery, postpartum care and first year of infant's life for the first 3-year renewal period is estimated at \$11,901* and will increase to \$13,348* on average in the next 3 year renewal period. Based on the 2001 baseline fertility rates and the steady growth of the program, it is estimated that a total of 50,021 otherwise or expected births will be averted over both renewal periods (Y6-Y11), which will result in a savings to the State an additional \$641M in expenditures for pregnancy-related and child health care costs, as reflected in Table 6B.

Table 6B: Cost of Pregnancy-Related and Infant Health Care
(Includes prenatal care, delivery, 60 days postpartum, and 1st year of infant's life)
Renewal Period 2010 – 2015

Source: HFS claims data

Year	Without the Waiver	With Waiver	Cost Savings	Cumulative Savings	Cumulative Births Averted
2010	\$1,034,526,791	\$962,583,360	(\$71,943,431)	(\$71,943,431)	6,284
2011	\$1,124,033,767	\$1,027,528,283	(\$96,505,484)	(\$168,448,916)	14,397
2012	\$1,123,220,516	\$1,072,931,429	(\$50,289,088)	(\$218,738,003)	18,466
2013	\$1,242,763,666	\$1,120,349,634	(\$122,414,034)	(\$341,152,037)	27,999
2014	\$1,309,779,824	\$1,169,863,485	(\$139,916,338)	(\$481,068,375)	38,486
2015	\$1,381,466,282	\$1,221,565,603	(\$159,900,679)	(\$640,969,054)	50,021
Total	\$7,215,790,848	\$6,574,821,793	(\$640,969,054)		

Referrals to Primary Care:

Objective 7: Enrolled women who need primary care will receive referrals to accessible primary care, as needed.

Results:

Referrals to primary care are assessed in several ways, including through:

- **Customer Satisfaction Survey** - addresses primary care referrals and access
- **Medical Record Review** - assesses whether quality care has been delivered according to the guidelines for the provision of family planning services, including appropriate referrals
- **Data Collection** - reports data from the state's hotlines and other organizations relative to IHW participants requesting referral information. Reporting entities include: HFS' and DHS' hotlines; the State's Breast and Cervical Cancer Screening Program; HFS' Primary Care Case Management (PCCM) Program- Illinois Health Connect, Title X-funded agencies

The focus of the evaluation of this objective is the customer satisfaction survey. HFS' Office of Inspector General (OIG) has administered a telephonic customer satisfaction survey on an ongoing basis to review and assess IHW participants' satisfaction. Since the inception of IHW, a customer satisfaction survey was conducted on IHW participants from waiver years 1, 3, 5, and 6, addressing service delivery, accessibility, referrals, confidentiality and quality of care. The participants were asked the following questions as they related to primary care referrals:

- Were you told how to access other medical services if you needed them for illness, such as a sore throat?
- If you answered "yes", were you able to access additional health care services from the provider to which you were referred?
- Of those who received a referral were asked to rate the assistance they received in obtaining a referral for primary care (Excellent, Good, Fair or Poor).

A summary of the approval ratings that were excellent or good for the customer satisfaction surveys are shown in Table 7A.

According to the survey results, the ratings improved for access to primary care, however, the approval rating for referrals fluctuated throughout the span of the surveys. Most of these women did not have any other health insurance. When referrals are needed for services not covered under IHW, many of these women were subject to limited medical programs that may have required a fee or special qualifications to participate. Even though this objective does not address quality of care, it was noted that the quality of care was consistently high

**Table 7A: IHW Customer Satisfaction Survey
Approval Rating**

	Year 1	Year 3	Year 5		Year 6	
	Population 1	Population 1	Population 1	Population 2	Population 1	Population 2
Access to Primary Care	63%	57%	65%	73%	91%	92%
Referrals to Primary Care	70%	53%	93%	95%	89%	76%
Quality of Service	92%	90%	90%	91%	96%	97%

Source: HFS' OIG

Pregnancy Intendedness:

Objective 8: The proportion of pregnancy intendedness for women experiencing a first-time birth will increase.

Results:

The Evaluation Design was revised when IHW expanded (Amendment 2) to an application enrollment process (Population 2). Objective 8 was added to determine whether expanded access to birth control for women not otherwise eligible for Medicaid would increase the proportion of waiver participants experiencing a first-time birth.

To measure this objective, HFS conducted a pregnancy intendedness survey of waiver years 4 and 5 Population 2 participants who became pregnant while enrolled in IHW and subsequently qualified for another HFS medical program due to pregnancy. The purpose of the survey was to determine whether highly effective contraceptive methods were being used by these women, whether their pregnancy was intended, and whether the program helped the women plan their pregnancy.

Due to the low number of births of Population 2 women, 14 in total for the two-year period (Years 4 and 5), and considering the fact that several women were unable to be reached even after a minimum of three phone call attempts, there was not enough data available for analysis and reporting.

Another approach to evaluating pregnancy intendedness was examined using data collected from the IHW applications (page 5) and HFS-paid claims and enrollment data. Based on this data, 75% of the women in Population 2 self-reported they had never been pregnant. Population 2 comprised 41.3% of the total IHW population served, and had an average fertility rate of 0.25%, which represented only 4% of the total IHW births. This low birth rate can be directly attributed to the high rate of family planning utilization of Population 2 women at approximately 98% compared to 76.8% for Population 1.

Even though HFS does not have sufficient data at this time to evaluate this objective, the above information suggests that the efforts to expand IHW to a population of women who would not normally be eligible for Medicaid coverage has been successful. The administrative data strongly suggest that these women are accessing birth control services and are aware of the usefulness of birth control to prevent an unintended pregnancy.

Summary

The results of this evaluation reflect improvements in Illinois' fertility rate, birth interval rate, unintended pregnancy rate, and Medicaid-paid deliveries during the first six years of the waiver. The evidence shows it takes time for improvements to be realized. However, Illinois is making progress, yet there is still work to do. With the continuation of the Illinois Healthy Women program, we expect to see greater progress. The first six years of the waiver has been a learning experience during which we were able to identify opportunities to improve IHW such as:

- expand targeted outreach efforts, especially to 19 year olds enrolling through the application process;
- increase activity to improve awareness of and access to the IHW program; and
- ensure providers educate women on the most effective methods of contraception.

The overall assessment based on an analysis of the first six years of IHW is positive. Not only did IHW increase the number of low-income women in Illinois who accessed family planning services, this increase in contraceptive utilization appears to have led to an increase in birth spacing, a decline in birth rates, a decrease in unintended pregnancies among Medicaid enrolled women, and an increase in averted births. These changes resulted in a reduction in Medicaid costs each waiver year. A brief synopsis of the successes experienced during the first six years of IHW is recapped below.

- 130,490 more low-income women received *publicly-funded* family planning services
- 99,062 unduplicated women received family planning services through IHW of whom 51% were women in the age group with the highest unintended pregnancy rates
- a 10.6 percent change decrease in Illinois' unintended pregnancy rates from the baseline year
- an 8.6 percent change decrease in Illinois' fertility rates
- a 10.2 percent change decrease from the baseline in unintended pregnancies that resulted in a Medicaid-financed delivery
- a 1.2 percentage point increase in births with a 24 month or greater birth interval
- reduction in births among low-income women under age 25
- delays in pregnancies demonstrated by an increase in low-income women delivering between ages 30 through 39
- 19,971 averted births resulting in approximately \$175M in cost savings

In conclusion, the results of this analysis have clearly illustrated that having a family planning waiver reduced unplanned pregnancies and provided financial benefits to the State by reducing the amount of dollars spent on costly prenatal care, delivery and first-year of infant's life. However, additional benefits that are not easily measured include enabling women to obtain essential preventive reproductive healthcare services, the opportunity to make better-educated decisions regarding the timing of pregnancies which leads to enhanced self-sufficiency, and ultimately improved birth and health outcomes.