



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Jerry R. Foxhoven
Director

January 29, 2018

Barbara Rodriguez
The Associated Press
Des Moines, Iowa
bcrodriguez@ap.org

Dear Ms. Rodriguez:

This letter is in regard to your email sent to the Department of Human Services (DHS) on January 17, requesting information on the Family Planning Program (FPP). Specifically you requested information submitted by DHS administrator Wendy Rickman during the first two weeks of January 2018 that shows performance data on the state's new family planning program.

The Department was legislatively directed to end the Iowa Family Planning Network waiver program and to create a state-funded family planning program effective July 1, 2017. Following this transition, the Department began developing a method for tracking data related to this change, though there is no requirement to do so.

The Department, together with external stakeholders, worked to compile the data elements that would be of public interest related to this change. These data elements have been compiled in a document which is populated with preliminary and incomplete data. This preliminary dataset is based on the first quarter of the new program. Providers still have until June 30, 2018, to submit claims for the quarter represented in this dataset.

The attached document is being provided pursuant to Iowa Code Chapter 22.

Sincerely,

Matt Highland
Public Information Officer

Iowa Department of Human Services



Family Planning Program

Previously Iowa Family Planning Waiver

January 2018

Report Summary: Family Planning Program

Executive Summary

Introduction

House File 653 directed the Department of Human Services to discontinue the Iowa Family Planning Network (IFPN) waiver, create a Family Planning Program (FPP) to replicate eligibility requirements and other provisions and defined who can provide FPP services effective SFY18 (July 1, 2017). Language within the bill defined who can provide family planning services under FPP. House File 653 did not contain language regarding reporting requirements.

Background

The Family Planning Program (FPP) is for men and women who are 12-54 years of age. The FPP helps with the cost of family planning related services. The FPP is a state-funded DHS program which replaced the Iowa Family Planning Network (IFPN) program. Eligibility and covered benefits did not change. The location where members receive services may have changed. As of July 1, 2017, eligible IFPN members transitioned to the FPP. This program allows men and women to get family planning services only. This program is a form of limited benefit coverage. It does not meet the Affordable Care Act requirements for a minimum essential benefits plan. Covered services include but are not limited to hysteroscopy, vasectomy, tubal ligation, colposcopy, birth control exams, birth control counseling, limited testing and treatment for sexually transmitted diseases (STDs), pap tests, pregnancy tests, birth control supplies and yeast infection treatment.

Data Metrics

As stated earlier, House File 653 did not contain language regarding reporting requirements however it was the intent of Department to develop, monitor and provide data regarding the transition from the IFPN waiver to the FPP. The Department of Human Services assembled a workgroup of internal and external stakeholders to develop data metrics and abstracts that articulate data queries. Data workgroup representatives consisted of the Iowa Department of Human Services, Iowa Department of Public Health, Family Planning Council of Iowa and Iowa Right to Life.

The collection and reporting of aggregate data time periods (SFY17 vs. SFY18) demonstrates the transition from IFPN to FPP and is provided within the report. The workgroup recognized the importance of collecting valid and reliable data. Data elements provided in the report were chosen based on the premise that in order to compare IFPN and FPP accurately the previous year's baseline (IFPN data elements) and logic set must be used.

Additionally it was important to note that the FPP and IFPN are programs with limited benefits and declining enrollment due to increased health care coverage, as FPP and IFPN do not meet the Affordable Care Act (ACA) definition of 'minimal essential

coverage thus two charts (Number of Enrolled Members and Percentage of Enrolled Members Claiming Confidentiality) provide a historical trend of aggregate data.

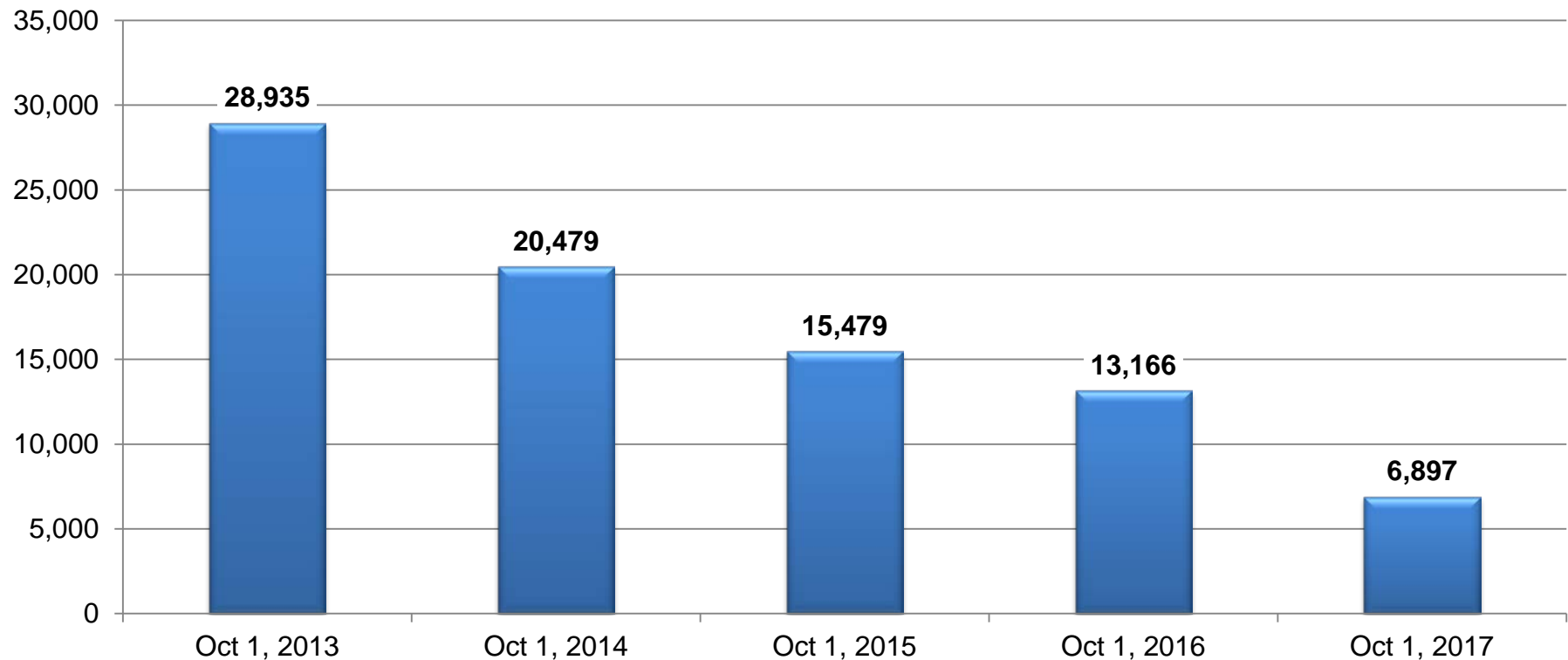
For purposes of data integrity, data was not eligible for reporting until a “clean claim” was complete. A clean claim is one submitted by the provider that includes all payer-required information and (as applicable) supporting documentation necessary for payment of the claim.

Data gathered after the implementation of a new program is generally limited and the analysis of a small data set is challenging. This is the case for the FPP program which, at this point, reflects three months of data. Drawing conclusions from three months of data should be cautioned. Workgroup members will continue to collect data each quarter and process information ongoing.

Workgroup members have committed to collecting, reporting and considering additional data elements during CY2018. Future data elements include however are not limited to, most/moderate effective contraceptive and long acting reversible effective contraceptive methods (LARC).

Lastly, data collected for the report comes from a variety of systems, including eligibility and claims systems. Data sources are reflected within the report.

Figure 1: Number of Enrolled Members



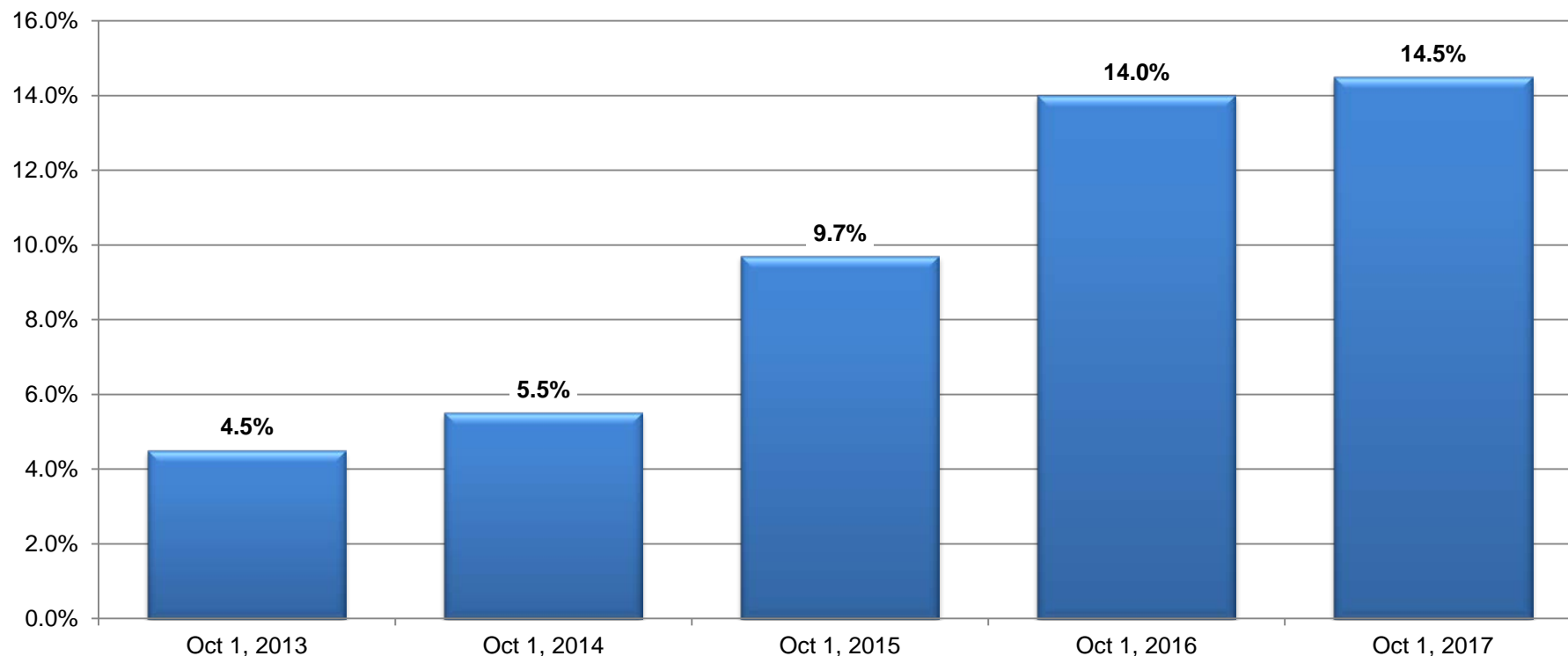
Data Source: Medicaid Management Information System

The FPP and IFPN are programs with limited benefits and declining enrollment due to increased health care coverage, as FPP and IFPN do not meet the Affordable Care Act (ACA) definition of 'minimal essential coverage.'

Abstract: This data source contains an unduplicated count of all persons who meet program eligibility criteria and have enrolled in the Iowa Family Planning Waiver ¹between 10.01.13 and 06.30.17 or in the Family Planning Program between 07.01.17 and the present. Enrolled persons may not have yet obtained services.

¹ The Iowa Family Planning Waiver began on 02/01/2006

Figure 2: Percent of Members Claiming Confidentialty

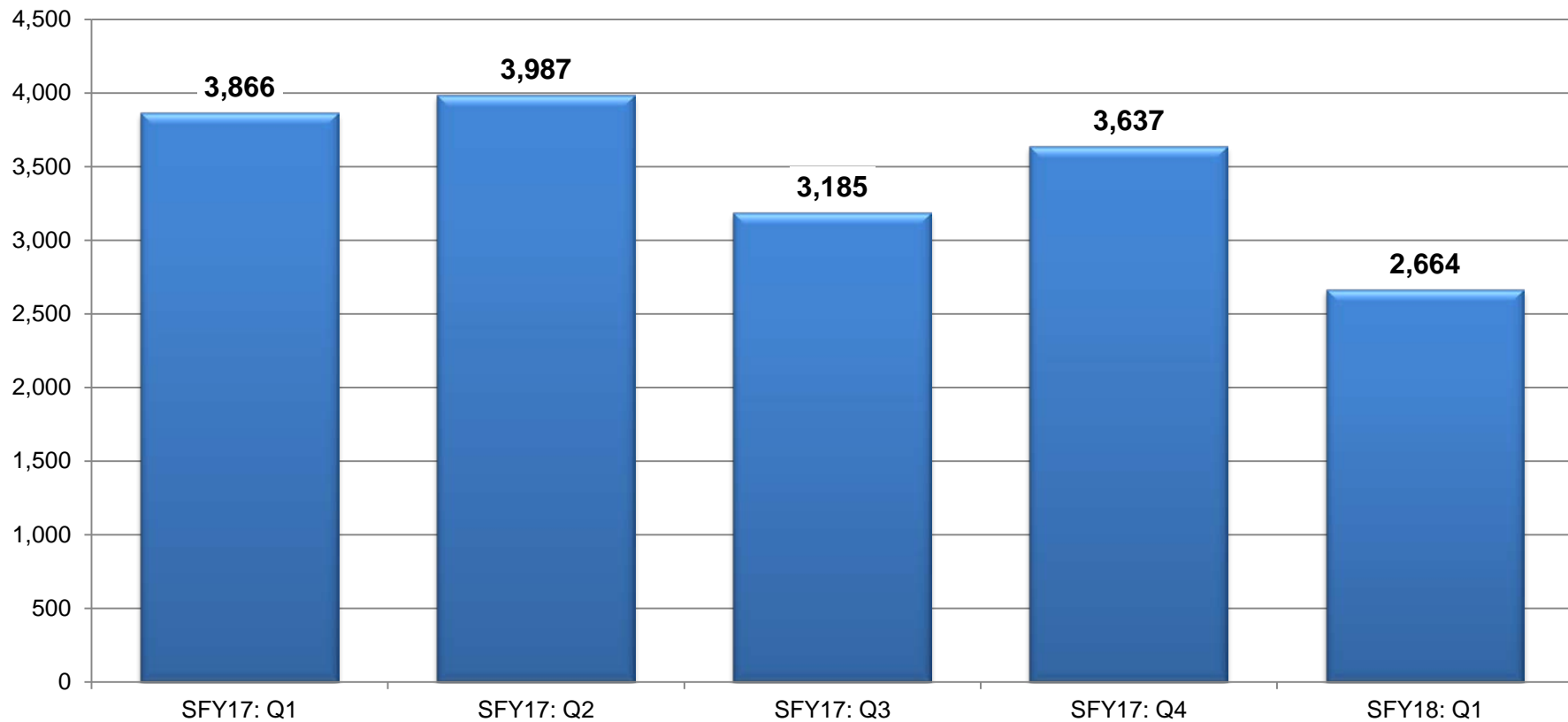


Duplicated Enrolled Members' Numbers (may include members enrolled in Medicaid due to a pregnancy ending)

Data Source: Family Planning Program Eligibility System

Abstract: Duplicated count of members claiming confidentiality good cause and converted to **percentages**. A person covered under group or private health insurance can claim good cause for not cooperating in filing a claim for health insurance if the person is fearful of the consequences. A person can claim good cause due to confidentiality if the person is fearful of the consequences. Claiming confidentiality does not prevent correspondence from being mailed. A person must provide an alternate address for mailing purposes.

Figure 3: Services Accessed by Members

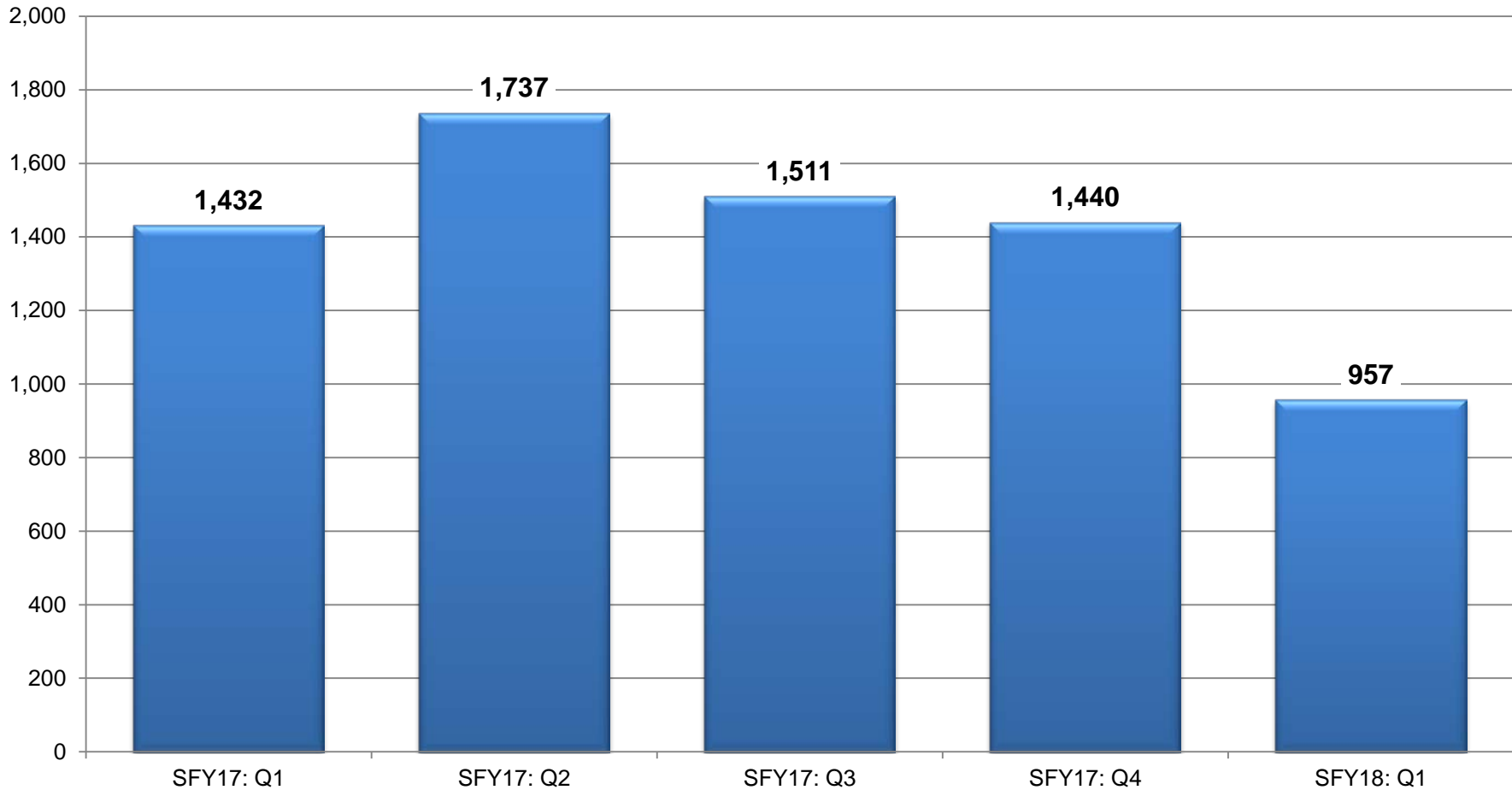


Data Source: Medicaid Management Information System

Abstract: Distinct count of the number of members who accessed services or had a prescription filled, by quarter during State Fiscal Year (SFY) 2017² and SFY 2018 Quarter 1 by members enrolled in IFPN or FPP. The count is based on Current Procedural Terminology (CPT) codes and a single client may have accessed several services (i.e. preventive visit that includes height and weight check, blood pressure and hematocrit). Services access counts are based on the date the service was reimbursed.

² SFY 2017 – Quarter 1: July, Aug, Sep, 2016; Quarter 2: Oct., Nov., Dec., 2016; Quarter 3: Jan., Feb., March 2017; Quarter 4: Apr., May, June 2017

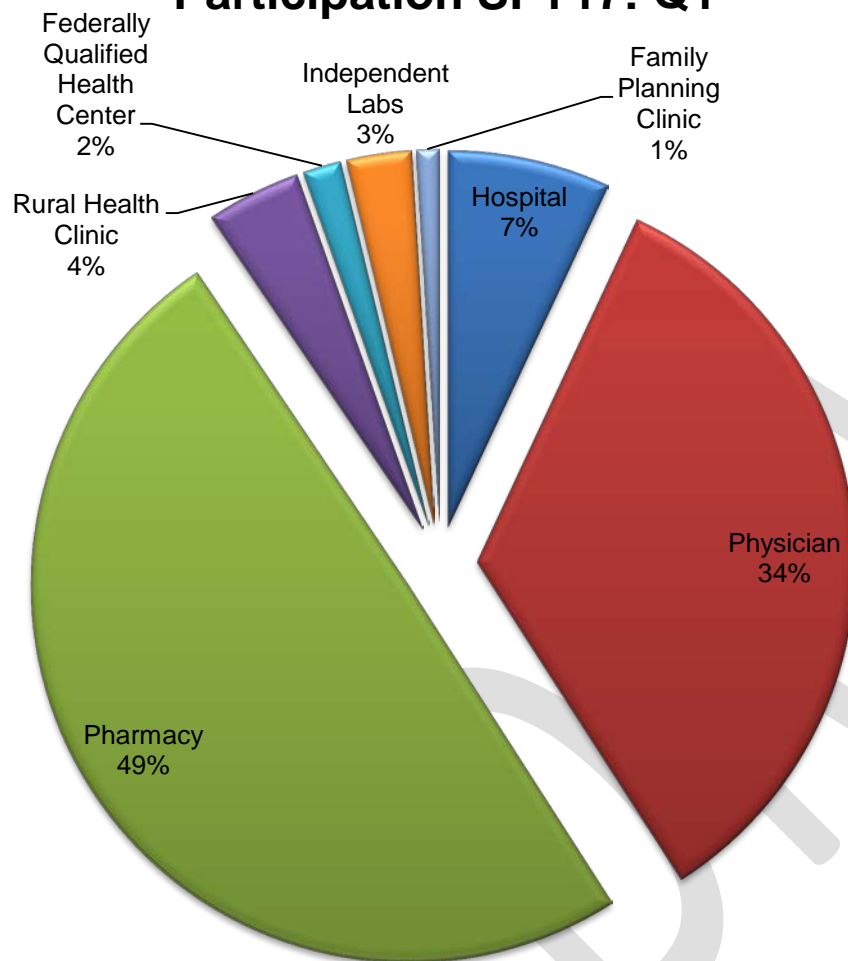
Figure 4: Unique Provider Count



Data Source: Medicaid Management Information System

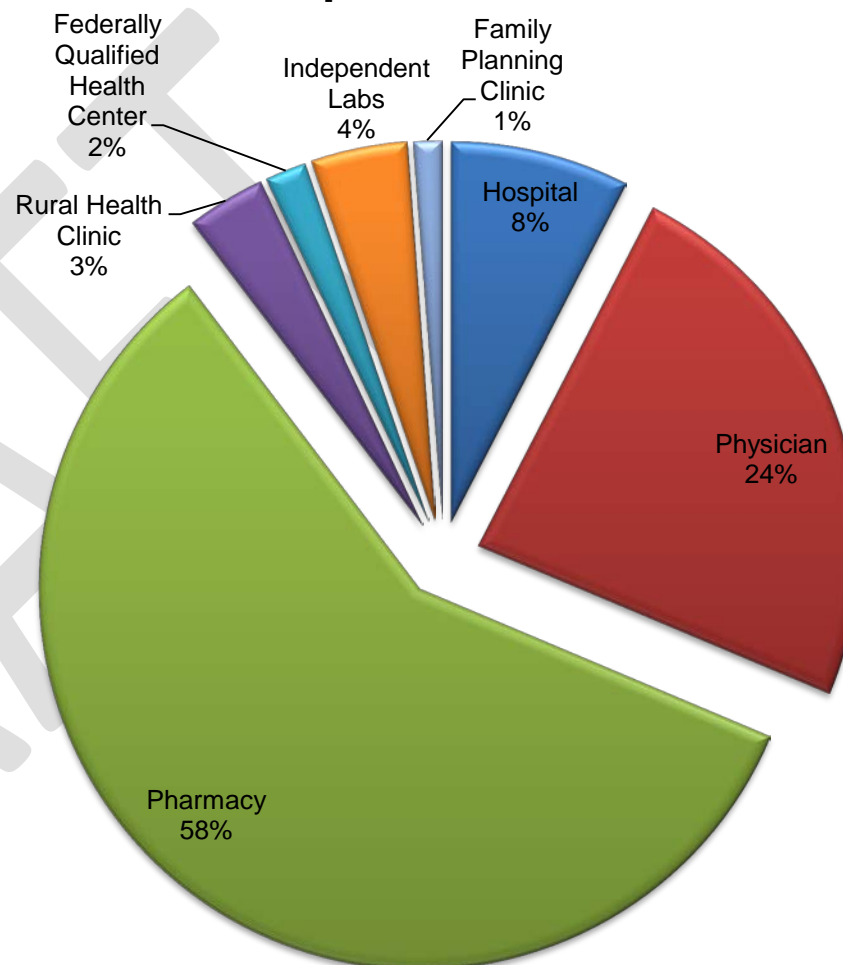
Abstract: Count of unique providers **that provided a service** by quarter during SFY 2017 and SFY 2018 Quarter 1 including clinicians, clinic sites including family planning clinics, federally qualified health care centers, rural health clinics, as well as laboratories, and pharmacy services based on the providers' National Provider Identification Number (NPI).

Figure 7: Provider Participation SFY17: Q1



*Data Source: Division of Data Management
Federally Qualified Health Center information not collected.*

Figure 8: Provider Participation SFY18: Q1



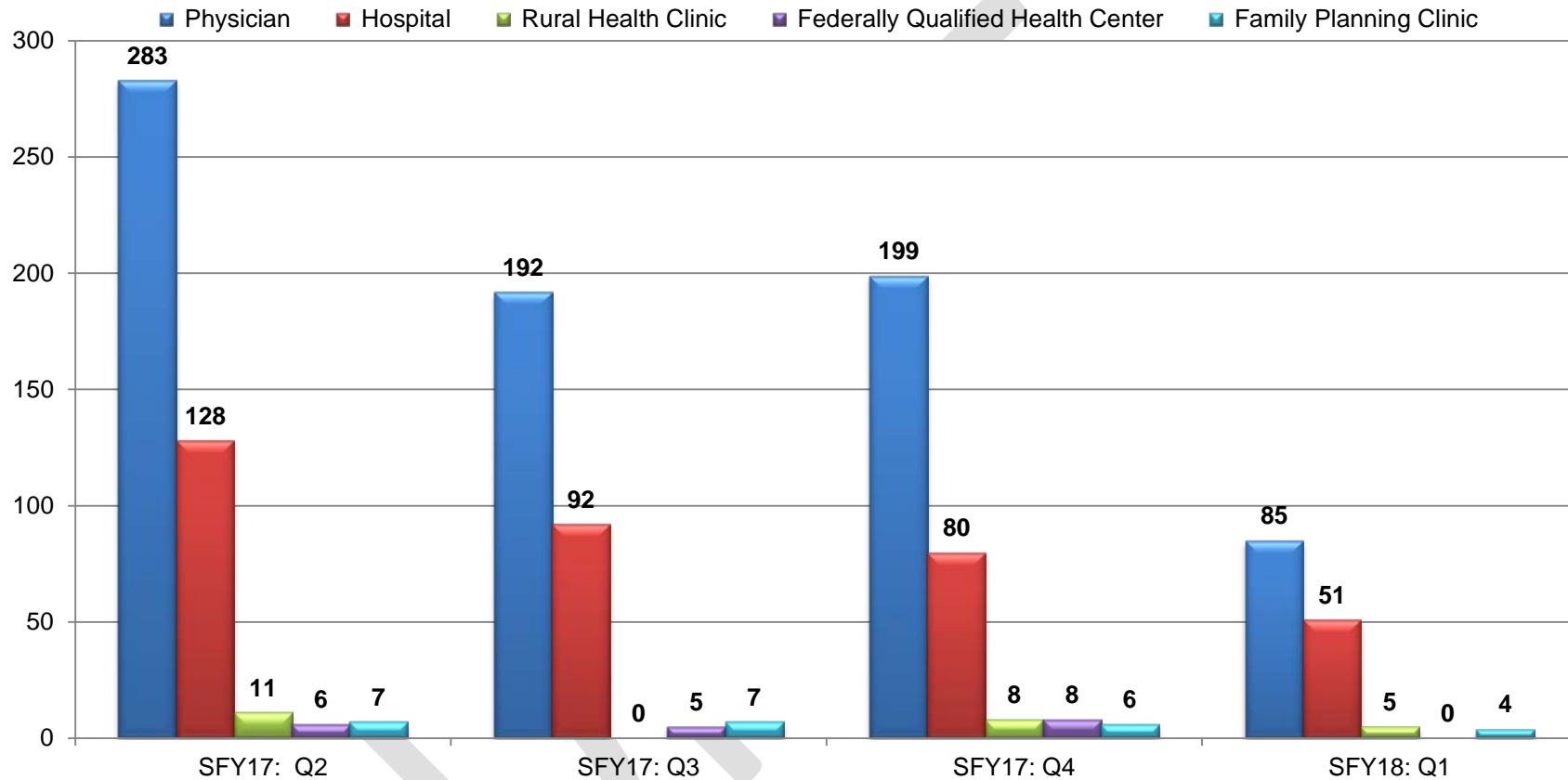
Data Source: Division of Data Management

Abstract: Percentage of unique providers and provider types based on unique counts.

Iowa Public Health Regions Map



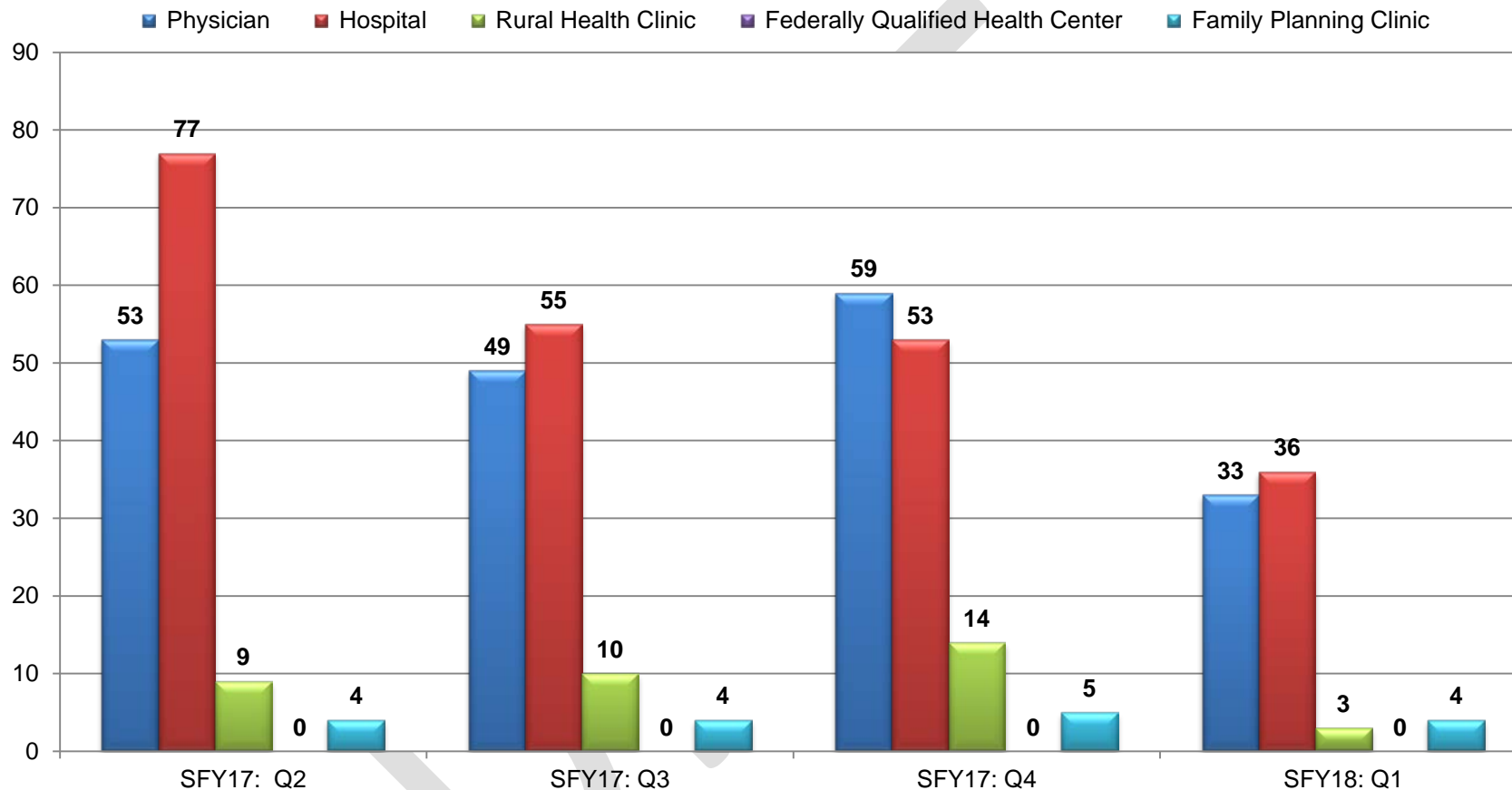
Figure 9: Provider Participation Public Health Region 1 - Central Iowa



Data Source: Medicaid Management Information System

Abstract: Number of unique providers and provider types that provided services by quarter during SFY 2017 and SFY 2018 Quarter 1 based on unique counts in PHR 1. FQHC's may be underrepresented in SFY18 Quarter 1 due to enrolling as a Title X clinic if they receive funding from one of the Title X grantees in Iowa.

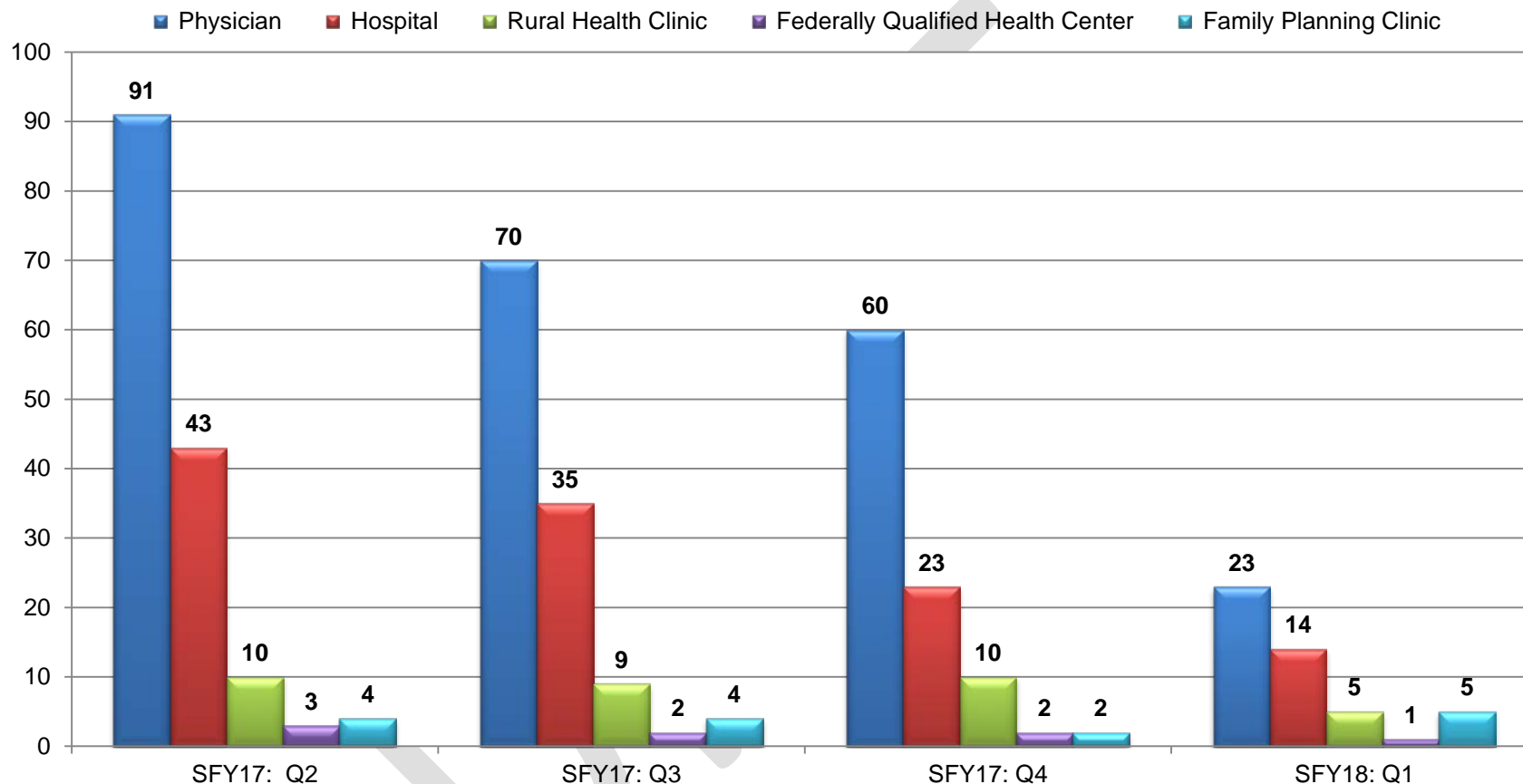
Figure 10: Provider Participation Public Health Region 2 - North Iowa



Data Source: Medicaid Management Information System

Abstract: Number of unique providers and provider types that provided a service by quarter during SFY 2017 and SFY 2018 Quarter 1 based on unique counts in PHR 2. . FQHC's may be underrepresented in SFY18 Quarter 1 due to enrolling as a Title X clinic if they receive funding from one of the Title X grantees in Iowa.

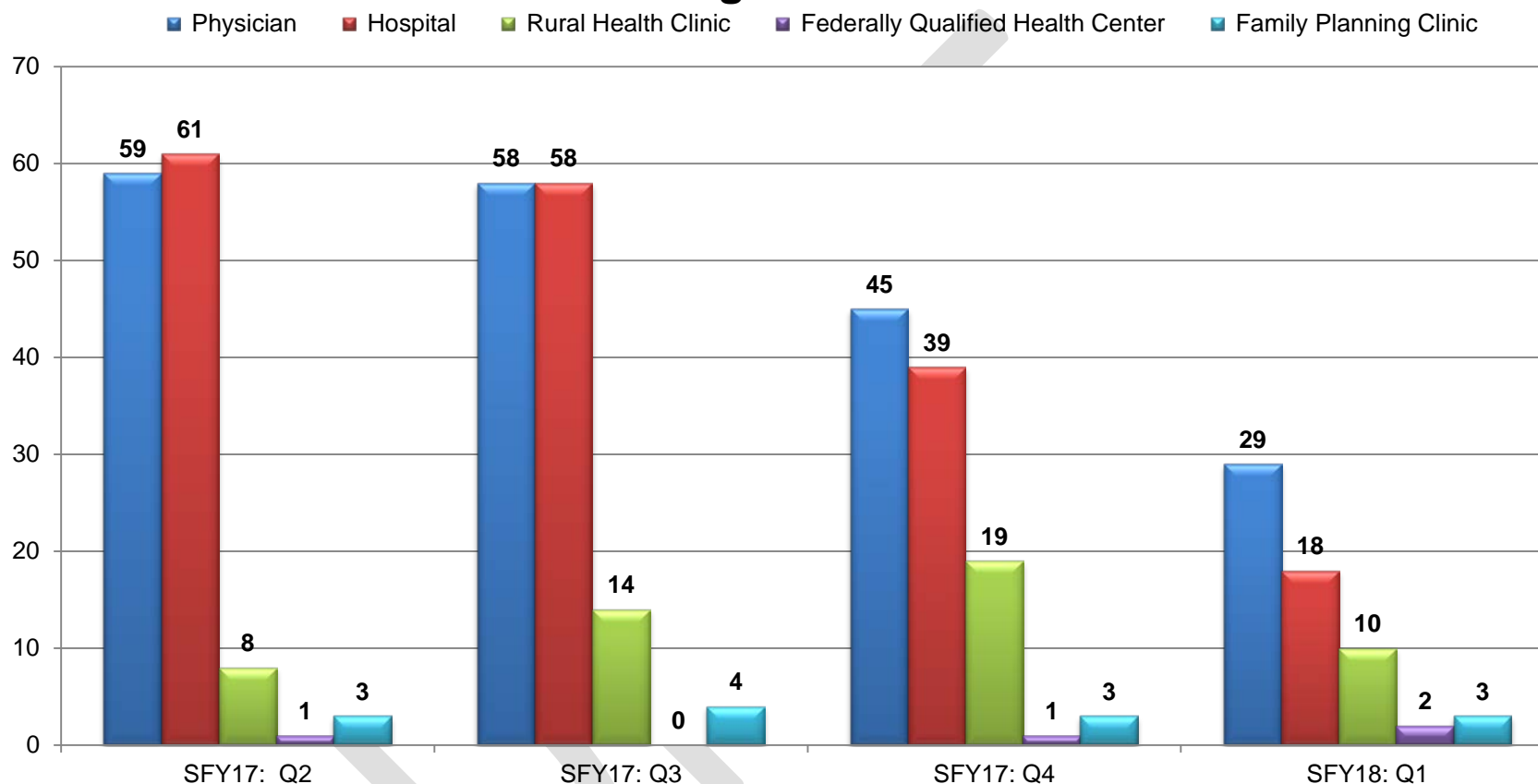
Figure 11: Provider Participation Public Health Region 3 - Northwest Iowa



Data Source: Medicaid Management Information System

Abstract: Number of unique providers and provider types that provided a service by quarter during SFY 2017 and SFY 2018 Quarter 1 based on unique counts in PHR 3. . FQHC's may be underrepresented in SFY18 Quarter 1 due to enrolling as a Title X clinic if they receive funding from one of the Title X grantees in Iowa.

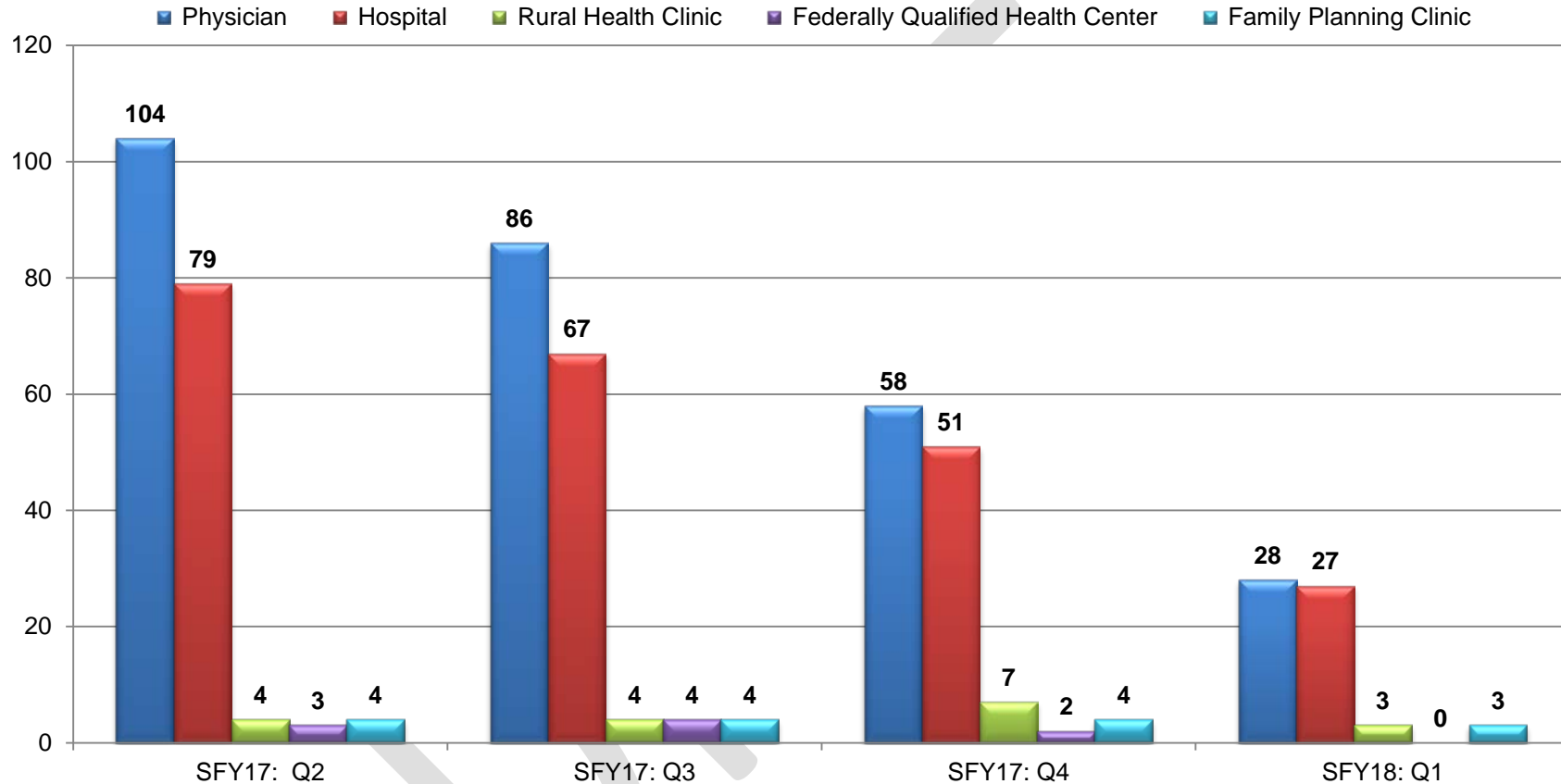
Figure 12: Provider Participation Public Health Region 4 - Southwest Iowa



Data Source: Medicaid Management Information System

Abstract: Number of unique providers and provider types that provided a service by quarter during SFY 2017 and SFY 2018 Quarter 1 based on unique counts in PHR 4. . FQHC's may be underrepresented in SFY18 Quarter 1 due to enrolling as a Title X clinic if they receive funding from one of the Title X grantees in Iowa.

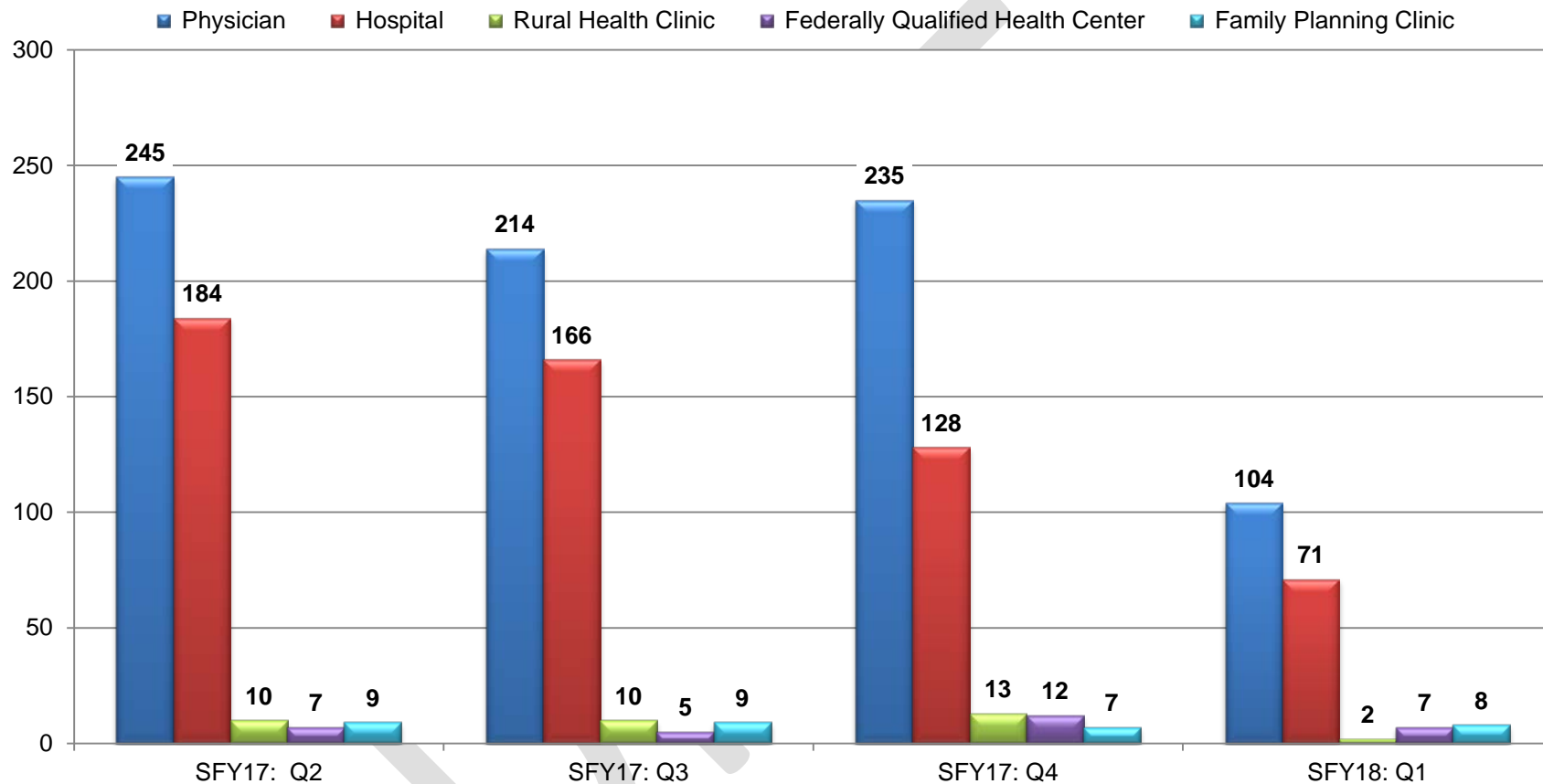
Figure 13: Provider Participation Public Health Region 5 - Southeast Iowa



Data Source: Medicaid Management Information System

Abstract: Number of unique providers and provider types that provided a service by quarter during SFY 2017 and SFY 2018 Quarter 1 based on unique counts in PHR 5. . FQHC's may be underrepresented in SFY18 Quarter 1 due to enrolling as a Title X clinic if they receive funding from one of the Title X grantees in Iowa.

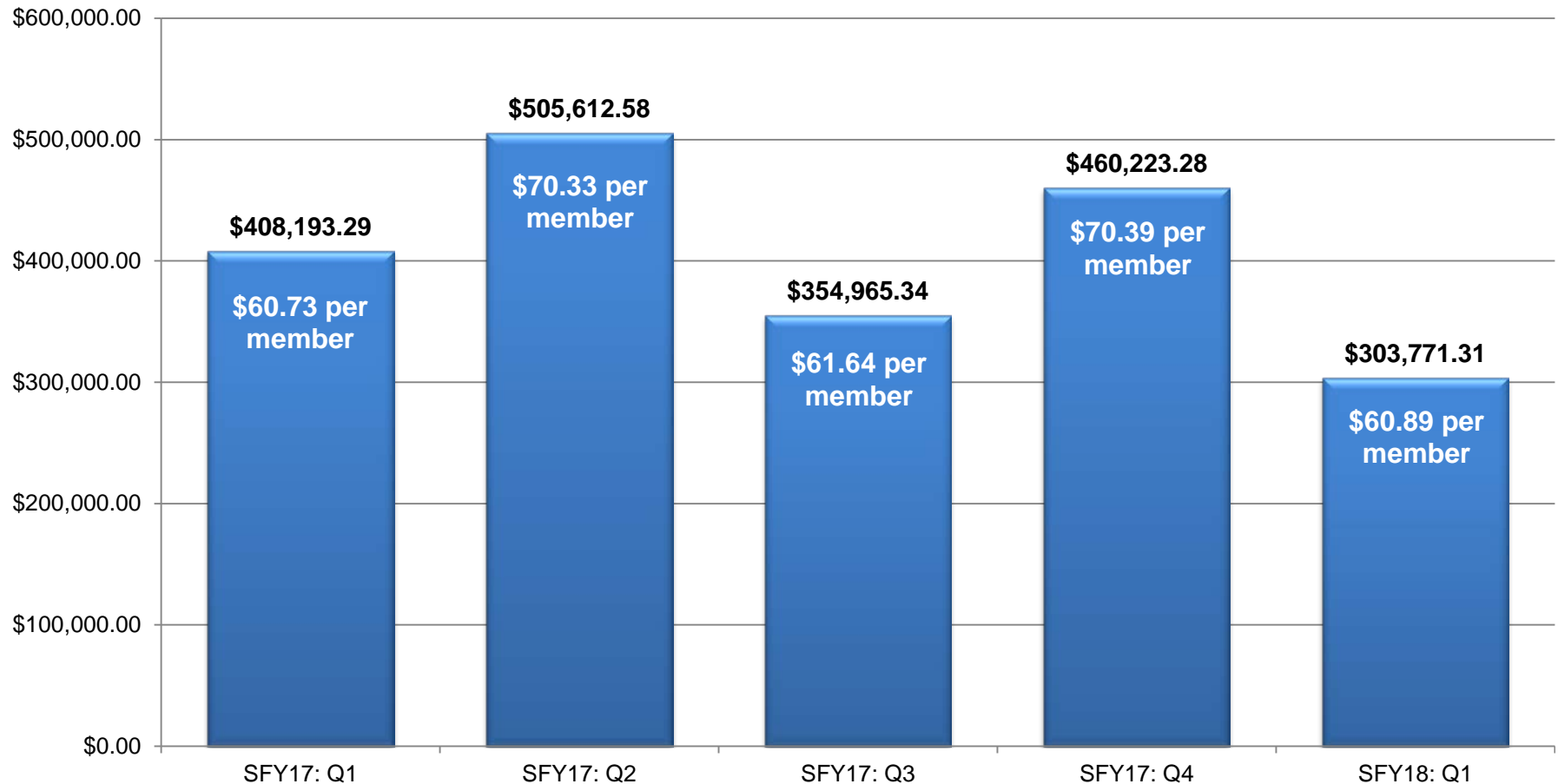
Figure 14: Provider Participation Public Health Region 6 - East Central Iowa



Data Source: Medicaid Management Information System

Abstract: Number of unique providers and provider types that provided a service by quarter during SFY 2017 and SFY 2018 Quarter 1 based on unique counts in PHR 6. . FQHC's may be underrepresented in SFY18 Quarter 1 due to enrolling as a Title X clinic if they receive funding from one of the Title X grantees in Iowa.

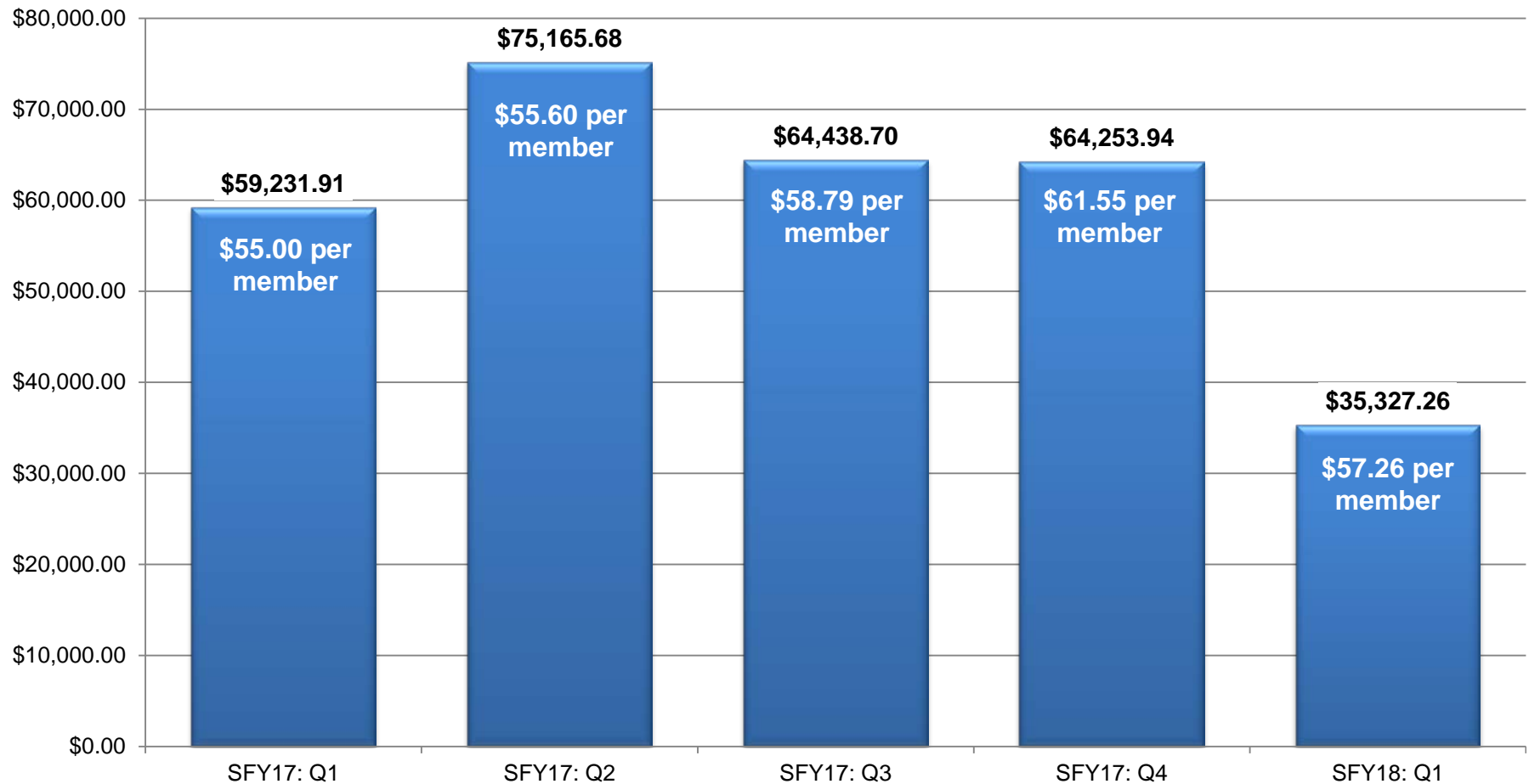
Figure 15: Reimbursement for Services



Data Source: Medicaid Management Information System

Abstract: **Per member cost and** sum of dollar value for reimbursement of services, for all types of services including but not limited to clinic visits, contraceptive devices, oral contraceptives, blood work, pap smears and other laboratory services and based on CPT and diagnostic codes by quarter during SFY 2017 and SFY 2018 Quarter 1.

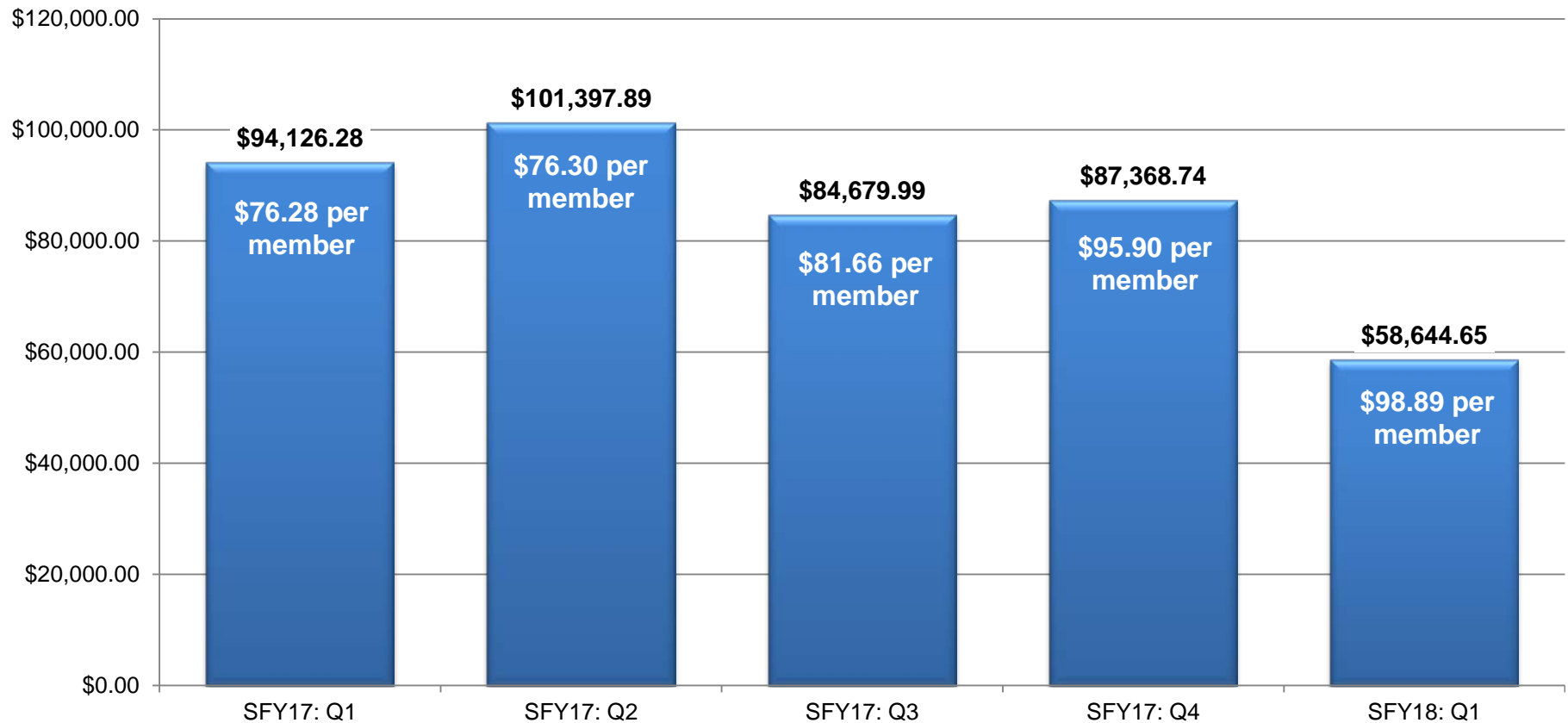
Figure 16: Payments for Office Visits



Data Source: Medicaid Management Information System

Abstract: **Per member cost** and sum of dollar value for reimbursement of services for office visit **procedures** only by quarter during SFY 2017 and SFY 2018 Quarter 1. These reimbursement amounts include preventive visits, contraceptive method review and follow-up, IUD and implant insertions. These sums do not include the cost of devices **for example IUD's and implants**.

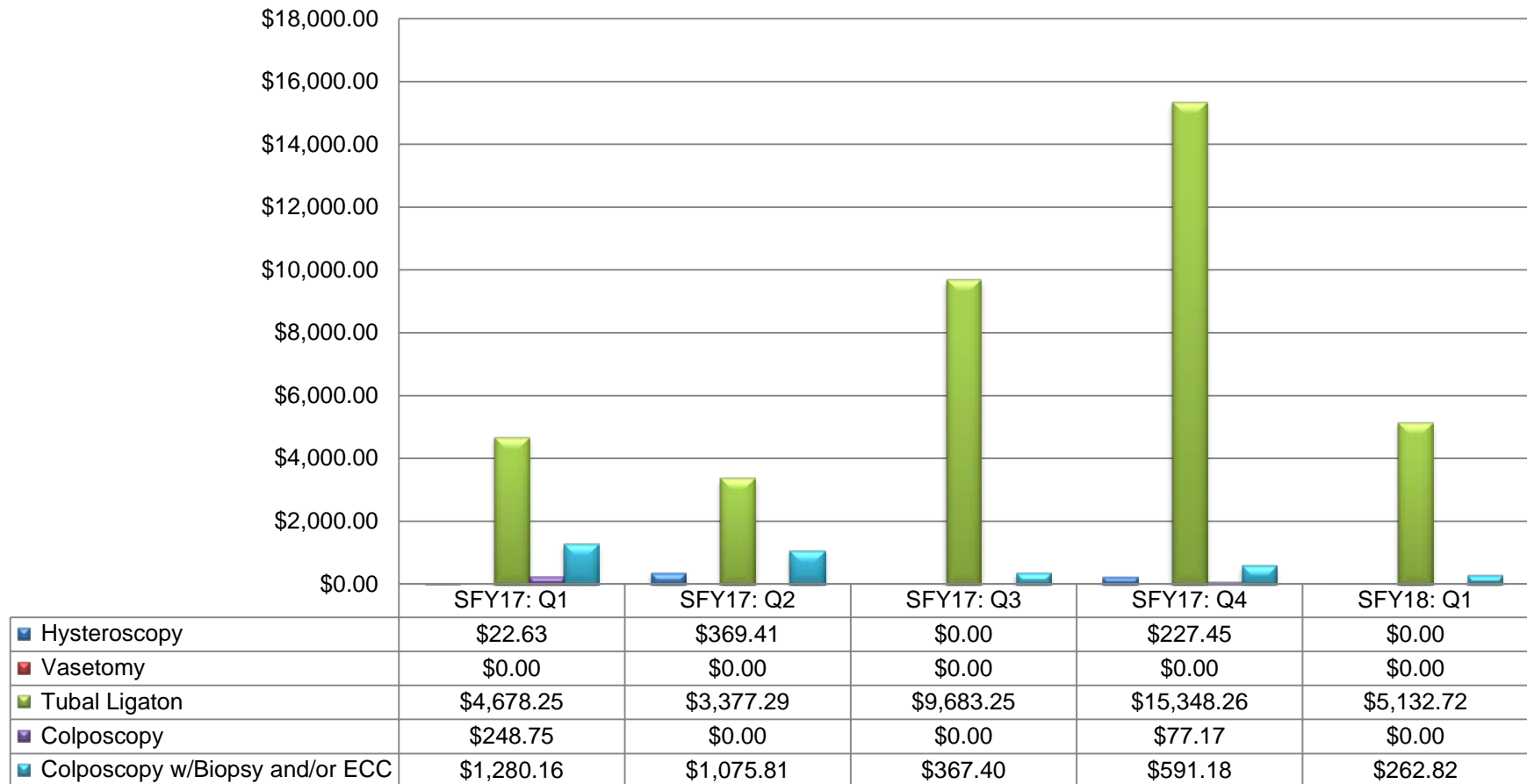
Figure 17: Payments for Contraceptive Services



Data Source: Medicaid Management Information System

Abstract: ~~Sum of dollar value~~ Per member cost and total cost for reimbursement provided “on-site” of contraceptive services by quarter during SFY 2017 and SFY 2018 Quarter 1. These reimbursement amounts include sterilization services, anesthesia, sedation, injectable contraceptives, procedures related to device placement or removal, device fitting, and payment for devices and contraceptive supplies (pills, patches, implants, IUD, condoms, etc.). These reimbursement amounts do not include pharmacy services.

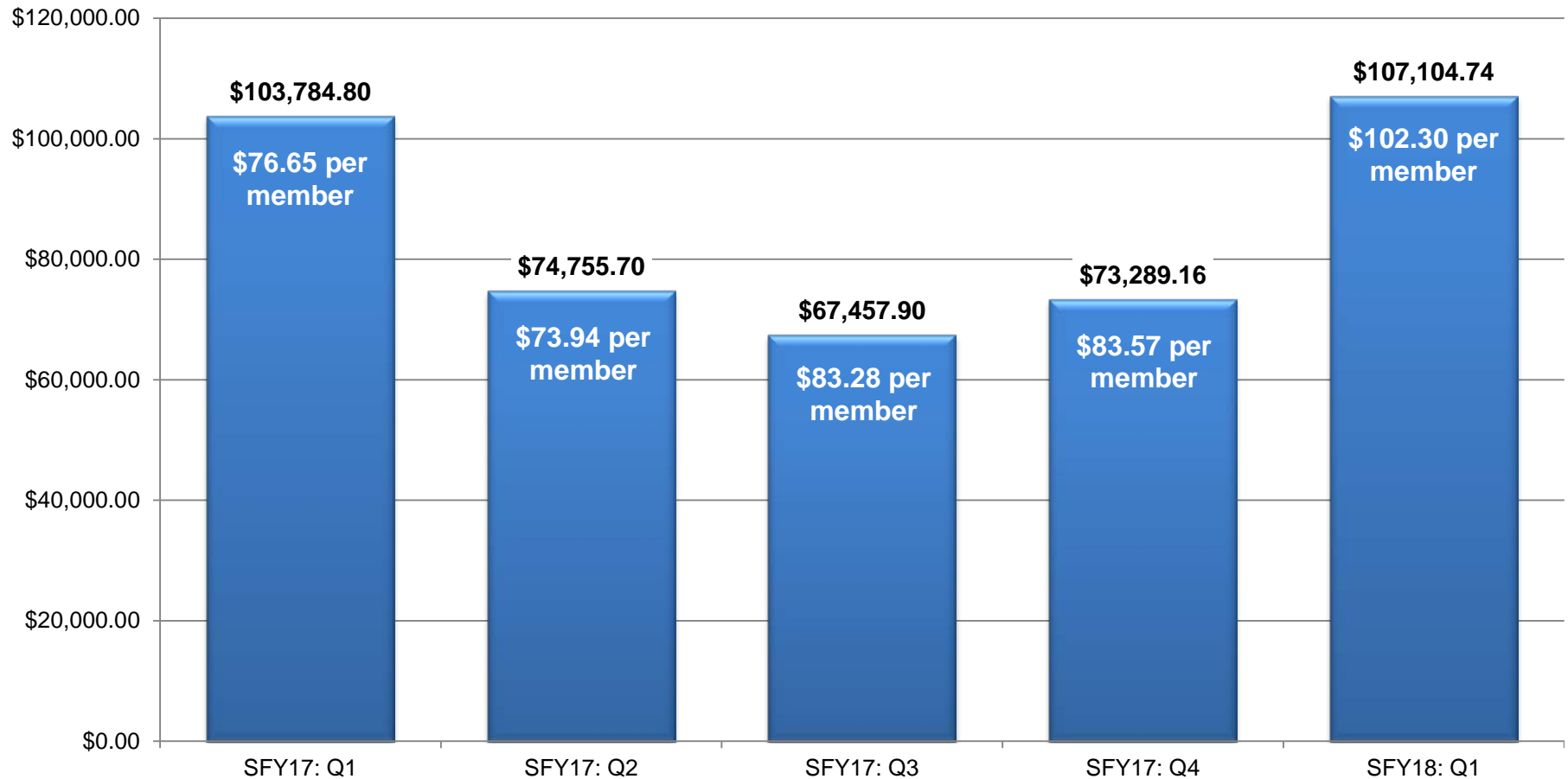
Figure 18: Payments for Selective Services



Data Source: Medicaid Management Information System

Abstract: **Per member cost and** sum of dollar value for reimbursement of selected services by quarter during SFY 2017 and SFY 2018 Quarter 1. These services include hysteroscopy, vasectomy, tubal ligation, colposcopy, colposcopy with biopsy and/or endocervical curettage.

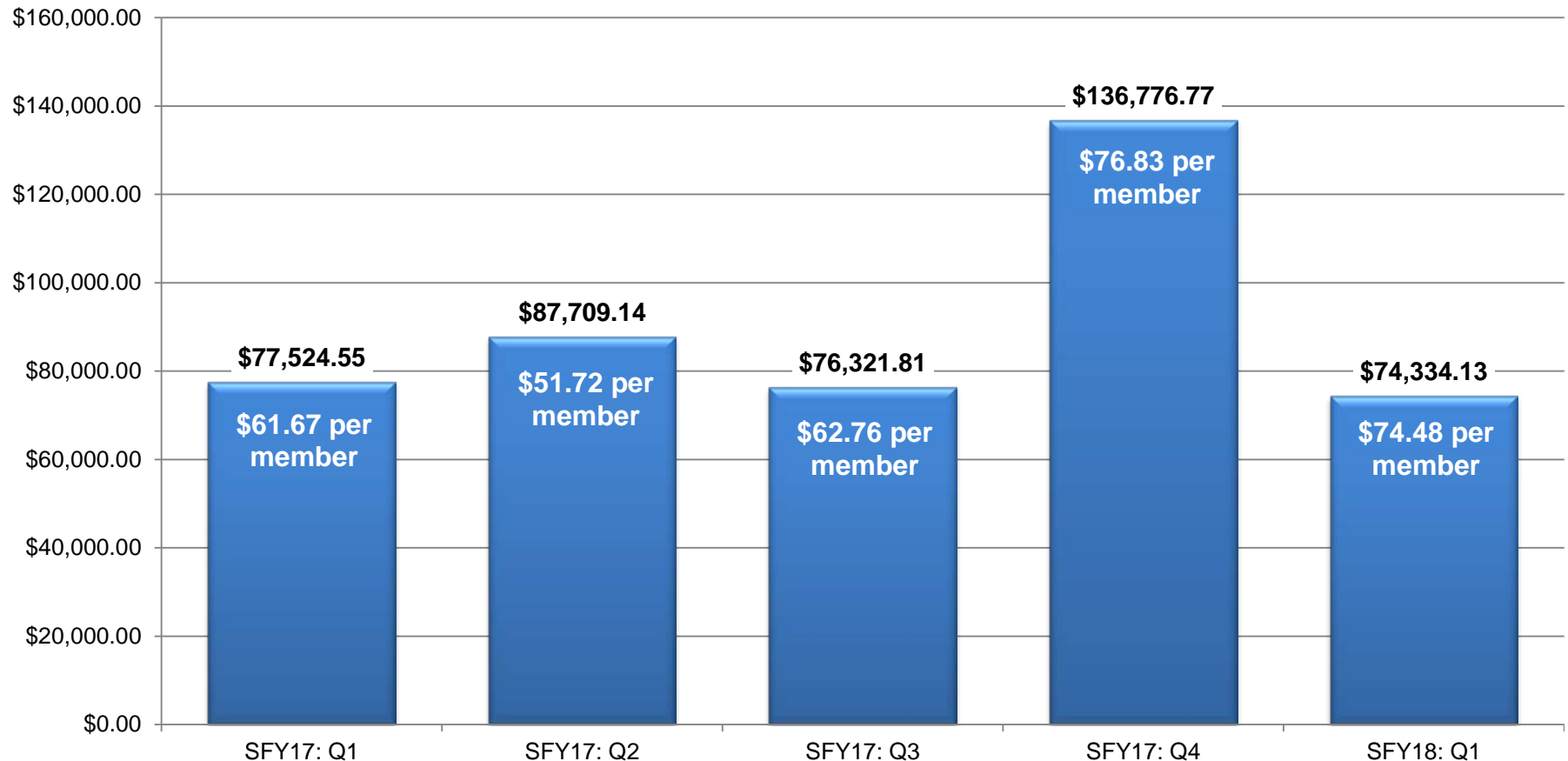
Figure 19: Pharmacy Payments



Data Source: Medicaid Management Information System

Abstract: **Per cost member and** sum of dollar value for reimbursement of services for pharmacy payments by quarter during SFY 2017 and SFY 2018 Quarter 1. These reimbursement amounts include contraceptive methods and devices, including injectable contraceptives provided on an outpatient basis.

Figure 20: Payments for Labs and X-rays



Data Source: Medicaid Management Information System

Abstract: **Per member cost and** sum of dollar value for reimbursement of services for lab and x-ray services by quarter during SFY 2017 and SFY 2018 Quarter 1. These reimbursement amounts include but are not limited to cytopathology tests (pap smears), biopsy processing, handling of specimens, preoperative evaluations, ultrasounds, urinalysis, pregnancy tests and STI tests and cultures.