Iowa's Application Certification Statement - Section 1115(a) Extension

This document, together with the supporting documentation outlined below, constitutes Iowa's application to the Centers for Medicare & Medicaid Services (CMS) to extend the Family Planning Demonstration Waiver, project number 11-W-00188/7, for a period of 3 years pursuant to section 1115(a) of the Social Security Act.

Type of Request (*select one only*):

__X__ **Section 1115(a) extension <u>with no</u> program changes**

This constitutes the state's application to the Centers for Medicare & Medicaid Services (CMS) to extend its demonstration without any programmatic changes. The state is requesting to extend approval of the demonstration subject to the same Special Terms and Conditions (STCs), waivers, and expenditure authorities currently in effect for the period January 1, 2013 – December 31, 2016.

The state is submitting the following items that are necessary to ensure that the demonstration is operating in accordance with the objectives of title XIX and/or title XXI as originally approved. The state's application will only be considered complete for purposes of initiating federal review and federal-level public notice when the state provides the information as requested in the below appendices.

- **Appendix A:** A historical narrative summary of the demonstration project, which includes the objectives set forth at the time the demonstration was approved, evidence of how these objectives have or have not been met, and the future goals of the program.
- **Appendix B:** Budget/allotment neutrality assessment, and projections for the projected extension period. The state will present an analysis of budget/allotment neutrality for the current demonstration approval period, including status of budget/allotment neutrality to date based on the most recent expenditure and member month data, and projections through the end of the current approval that incorporate the latest data. CMS will also review the state's Medicaid and State Children's Health Insurance Program Budget and Expenditure System (MBES/CBES) expenditure reports to ensure that the demonstration has not exceeded the federal expenditure limits established for the demonstration. The state's actual expenditures incurred over the period from initial approval through the current expiration date, together with the projected costs for the requested extension period, must comply with CMS budget/allotment neutrality requirements outlined in the STCs.
- **Appendix C:** Interim evaluation of the overall impact of the demonstration that includes evaluation activities and findings to date, in addition to plans for evaluation activities over the requested extension period. The interim evaluation should provide CMS with a clear analysis of the state's achievement in obtaining the outcomes expected as a direct effect of the demonstration program. The state's interim evaluation must meet all of the requirements outlined in the STCs.

- **Appendix D:** Summaries of External Quality Review Organization (EQRO) reports, managed care organization and state quality assurance monitoring, and any other documentation of the quality of and access to care provided under the demonstration.
- **Appendix E:** Documentation of the state's compliance with the public notice process set forth in 42 CFR 431.408 and 431.420.

_____ Section 1115(a) extension <u>with</u> minor program changes

This constitutes the state's application to the Centers for Medicare & Medicaid Services (CMS) to extend its demonstration with minor demonstration program changes. In combination with completing the Section 1115 Extension Template, the state may also choose to submit a redline version of its approved Special Terms and Conditions (STCs) to identify how it proposes to revise its demonstration agreement with CMS.

With the exception of the proposed changes outlined in this application, the state is requesting CMS to extend approval of the demonstration subject to the same STCs, waivers, and expenditure authorities currently in effect for the period [insert current demo period].

The state's application will only be considered complete for purposes of initiating federal review and federal-level public notice when the state provides the information requested in Appendices A through E above, along with the Section 1115 Extension Template identifying the program changes being requested for the extension period. Please list all enclosures that accompany this document constituting the state's whole submission.

1. Section 1115 Extension Template
2. [List Enclosure]
3. [List Enclosure]
4. [List Enclosure]

The state attests that it has abided by all provisions of the approved STCs and will continuously operate the demonstration in accordance with the requirements outlined in the STCs.

Signature:_____ **Date:_____**

[Governor]

CMS will notify the state no later than 15 days of submitting its application of whether we determine the state's application meets the requirements for a streamlined federal review. The state will have an opportunity to modify its application submission if CMS determines it does not meet these requirements. If CMS reviews the state's submission and determines that any proposed changes significantly alter the original objectives and goals of the existing demonstration as approved, CMS has the discretion to process this application full scope pursuant to regular statutory timeframes for an extension or as an application for a new demonstration.

Appendix A

A historical narrative summary of the demonstration project, which includes the objectives set forth at the time the demonstration was approved, evidence of how these objectives have or have not been met, and the future goals of the program.

Iowa's Family Planning Demonstration Waiver, project number 11-W-00188/7, was originally implemented on February 1, 2006, and provided coverage to women capable of bearing children, who were not pregnant, not receiving Medicaid or coverage under the Children's Health Insurance Program, and whose countable income was no more than 200 percent of the Federal Poverty Level (FPL) for their household size. Subsequent program changes have increased the income limits, added coverage for men, eliminated the requirement that the person must not have insurance coverage for family planning services, and eliminated the requirement that they could not be enrolled in Iowa's CHIP program. There have been no program changes since January 1, 2014, as specified in the December 20, 2013, Special Terms and Conditions.

Iowa currently includes the following populations in the Family Planning Demonstration Waiver who are not otherwise enrolled in Medicaid (with the exception of medically needy with spenddown and Iowa's Children's Health Insurance Program known as *hawk-i*) and have countable income of no more than 300 percent of the FPL for their household size:

1. Women who are under age 55 and are capable of bearing children and are not pregnant.
2. Women whose Medicaid pregnancy and 60-day postpartum period coverage has ended.
3. Men who are under age 55 and capable of fathering children.

The Iowa Family Planning Network (IFPN) Demonstration Waiver is designed to improve access to and expand eligibility for family planning and family planning-related services and increase the number of low-income people receiving family planning and family planning-related services throughout Iowa. Over the five years of the original Demonstration period and the subsequent extension periods, an estimated $209 million was saved through an investment of $72 million for a return of $2.91 for every dollar spent.

Net Savings in Medicaid Costs Due to the Family Planning Demonstration Program, 2006-2014

Year	Total Costs Averted	FP Service Costs	Net Savings
2006	$0	$ 5,192,124	($5,192,124)
2007	$3,308,240	$ 6,931,922	($3,623,682)
2008	$12,608,628	$ 8,649,314	$3,959,314
2009	$18,364,545	$ 9,494,280	$8,870,265
2010	$26,760,931	$ 9,206,530	$17,554,401
2011	$37,787.580	$ 8,568,748	$29,218,832

2012	$51,380,679	$ 9,717,669	$41,663,010
2013	$58,999,570	$ 8,627,444	$50,372,126
2014	$72,238,285	$ 5,674,214	$66,564,071
Total	**$281,448,458**	**$ 72,062,245**	**$209,386,213**

(Source: University of Iowa Public Policy Center Report: Iowa Family Planning Demonstration Evaluation Third Waiver Period, October 2015.)

Due to a focus on ACA MAGI requirements, the state has been unable to put the IFPN Demonstration Waiver population into our new integrated eligibility system and has obtained a 1902(e)(14)(A) waiver to delay the application of MAGI methodology when determining eligibility for the IFPN population. As part of this renewal application, the state is requesting a companion renewal for the 1902(e)(14)(A) waiver as well.

Services have traditionally been delivered to IFPN members on a fee-for-service basis. However, with the February 23, 2016, CMS approval of Iowa's 1115 amendment request, services will be delivered through a concurrent section 1915(b) managed care waiver beginning April 1, 2016. The $20.08 per member per month capitation payments were distributed as follows:

MCO IFPN Enrollment April 2016	
Amerigroup	4,733
AmeriHealth	4,702
United Health Care	4,550
Total	13,985

The primary objective of the IFPN program was, and continues to be, reducing the number of unintended pregnancies and subsequent births paid by the Iowa Medicaid program. The success of the IFPN is supported by the following data:

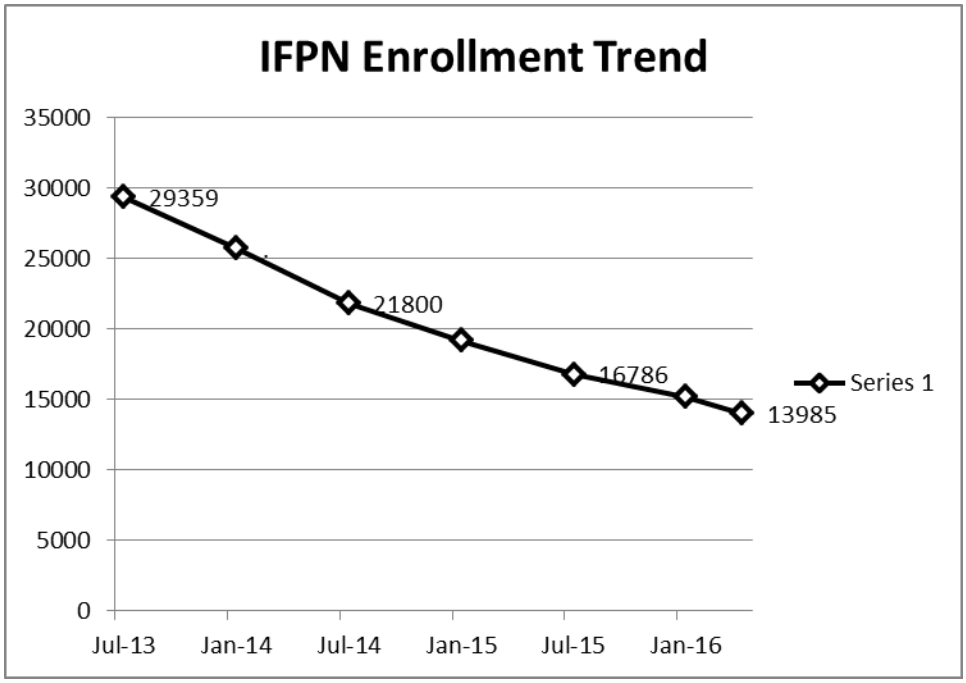
IFPN Applications Filed	
CY 2013	12,035
CY 2014	15,763
CY 2015	12,035

- The Demonstration has increased the numbers of individuals receiving family planning services within the Medicaid program and over 65,000 women have accessed family planning services through this Demonstration.

- Men were added to receive Demonstration services effective January 1, 2012. The average monthly enrollment for men and women since January 1, 2013, are:

Average IFPN Monthly Enrollment			
Calendar Year	Women	Men	All Members
2013	25,762	554	26,316
2014	21,478	518	21,996
2015	16,187	395	16,582

The number of individuals served through IFPN has steadily fallen since the implementation of the Iowa Health and Wellness Plan, Iowa's Medicaid expansion under the Affordable Care Act (ACA), on January 1, 2014. By the end of calendar year, 2014, there was a twenty-five percent drop in IFPN enrollment. The declining enrollment trend has continued in SFYs 2015 and 2016. Enrollment in April 2016 was 13,985 individuals, a decrease of 46% since January 1, 2014.



The Automatic Enrollment Process

The Iowa Department of Human Services (DHS) will continue efforts to ensure that women are enrolled in the IFPN program when a Medicaid-covered pregnancy ends. This is accomplished through an automated process that does not require an application and is triggered by payment of a claim in the state's Medicaid Management Information System (MMIS) for a pregnancy-ending service. A pregnancy-ending event may be the result of a live birth, stillbirth, miscarriage, or abortion.

Claims paid by the Iowa Medicaid Enterprise (IME) identify women who had a pregnancy end while covered by Medicaid. Edits in the MMIS system identify women eligible for the 60-day postpartum period and automatically creates a file for IFPN enrollment. The process is as follows:

- While the woman is still eligible for full Medicaid coverage, family planning services are paid under regular Medicaid and IFPN is an inactive underlying coverage that is not billed.

- Only women who have active IFPN coverage are identified in enrollment and other statistical reports and for purposes of paying IFPN capitation payments to participating MCOs.

- The twelve-month automatic enrollment period is established based on the date of a pregnancy-ending event as identified on claims data. Additional time is added to the enrollment period to account for the 60-day postpartum period.

    - For example, if a claim identifies a pregnancy-ending event occurring on March 15th, the auto-enrollment period in IFPN would be established for fifteen months beginning with March. April and May represent the 60-day postpartum period. June through the following May represent the 12-month IFPN enrollment period.

- If the woman is no longer eligible for full Medicaid benefits following the 60-day postpartum period, Medicaid is cancelled and the 12 months of IFPN coverage is activated.

- If the woman continues to be eligible for full Medicaid benefits following the 60-day postpartum period, the 12 months of IFPN coverage remains in place as an inactive underlying benefit and would be activated only in the event of Medicaid cancellation.

Exception: A woman who is only eligible for pregnancy ending services related to emergency medical care for an undocumented non-citizen is not eligible for the 60-day postpartum coverage period and therefore, would not be automatically enrolled in IFPN.

Operationalizing the automated enrollment process in this manner:

- Ensures that all eligible women are enrolled in IFPN when a claim for a pregnancy-ending event is paid, regardless of whether the event was reported to the eligibility worker.

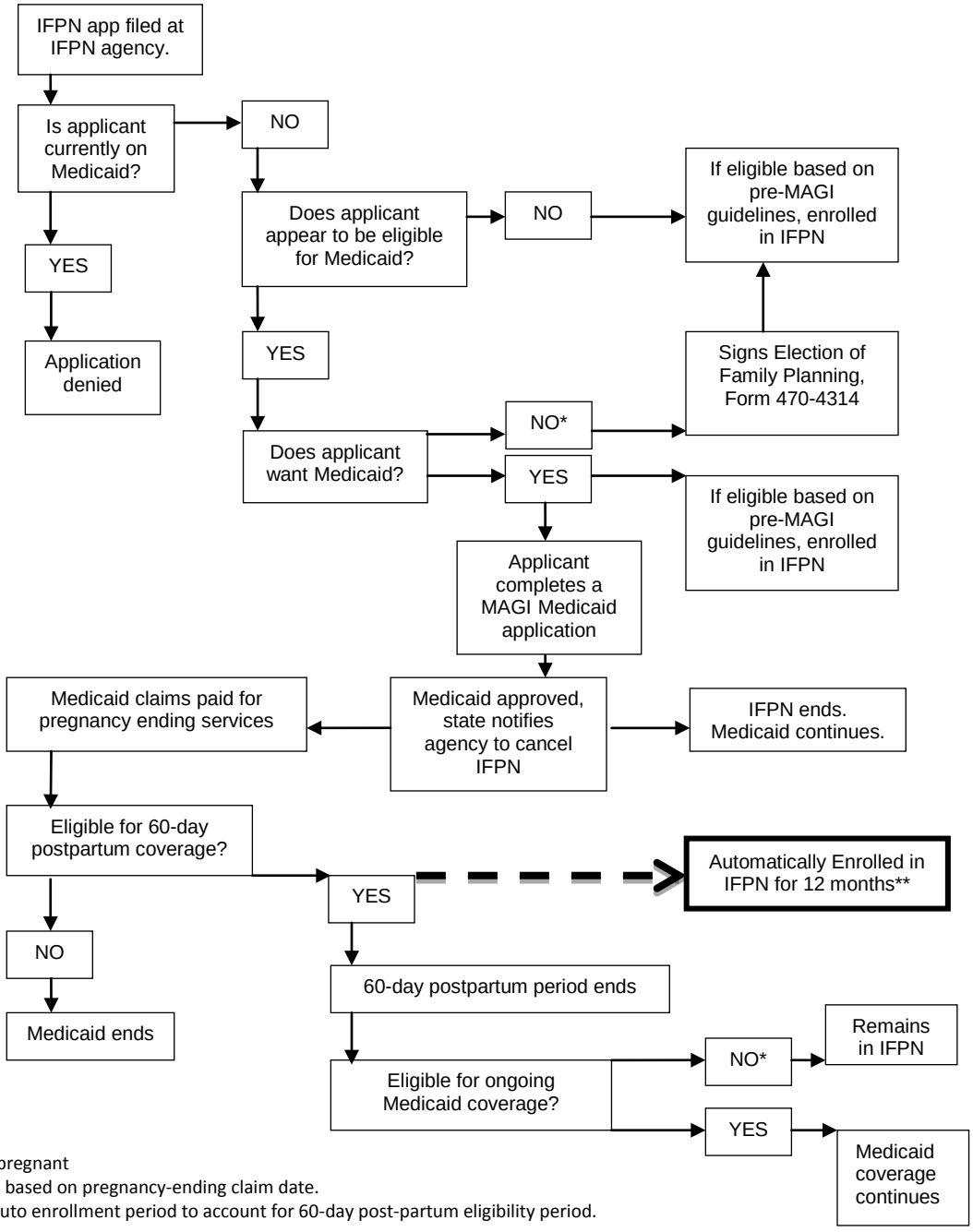
- Reduces workload for field staff that would otherwise have to rely on reports of the pregnancy-ending event and take subsequent action to enroll the woman in IFPN once the 60-day postpartum period ends.

- Ensures that IFPN funding is not used for family planning services provided to women who are eligible for full Medicaid coverage since it is only an inactive underlying benefit.

- Ensures that IFPN coverage is in place if full Medicaid coverage is lost within twelve months of the end of the postpartum period.

Women Automatically Enrolled in IFPN Due to a Pregnancy-Ending Event	
CY 2013	18,284
CY 2014	18,364
CY 2015	18,540

The following flow-chart illustrates the IFPN application and auto-enrollment operational process.



* Assumes applicant not pregnant

** Auto enrollment occurs based on pregnancy-ending claim date.
Two months added to auto enrollment period to account for 60-day post-partum eligibility period.

Original Waiver Objectives

The hypotheses regarding the IFPN that will be evaluated include:

- Improve the access to and use of Medicaid family planning services by women who have received a Medicaid pregnancy-related service and are no longer eligible for Medicaid.

- Improve birth outcomes and the health of women by lengthening the inter-pregnancy interval among women in the population.

- Reduce the number of unintended pregnancies among women eligible for Medicaid.

- Reduce the number of Medicaid paid deliveries, which will reduce annual expenditures for prenatal, delivery, newborn and infant care.

- Evaluate the overall savings in Medicaid spending attributable to providing family planning services to women for one year beyond the end of their postpartum period.

Refer to Appendix C for further discussion of these hypotheses.

1902(e)(14)(A) Waiver Request to Delay MAGI Rules for IFPN:

Iowa requests a continuation of the time-limited waiver under section 1902(e)(14)(A) of the Social Security Act to continue to delay the application of the MAGI methodologies for the Iowa Family Planning Network (IFPN) demonstration. Iowa requests this waiver through December 31, 2019.

Background: Iowa continues to develop and upgrade its integrated eligibility and enrollment system to support the requirements of the Affordable Care Act and is following an incremental approach to implementation.

Justification: The system, called the Eligibility Integrated Application Solution (ELIAS), is designed to determine eligibility for multiple public assistance programs (Medicaid, CHIP, SNAP and TANF) administered by state merit Income Maintenance (IM) staff. There are numerous challenges to incorporating IFPN into ELIAS due to its unique policies that differ from the rest of MAGI Medicaid. The most complex and highest risk challenge is security that will require significant technical resources for programming and testing, further delaying ELIAS Medicaid completion:

- The current IFPN system is a standalone, web-based system (called the Family Planning Waiver – FPW system) and only determines eligibility for IFPN.
- IFPN's point-of-service eligibility uses designated providers (non-state staff) to determine eligibility.
- Putting IFPN into ELIAS requires role-based security at the program level which the ELIAS system does not have.

- To ensure non-state family planning staff only has access to information they “need to know” to perform their contractual obligation, we will need separate screens and security levels in ELIAS. This will cause significant duplication of data fields and will require extended testing of the security.

Identification of Need: Delaying the application of the MAGI rules for this population will reduce risk and ensure ongoing coverage in the existing legacy system while Iowa determines the future of the IFPN waiver.

Mitigation strategy for new applicants: Iowa’s waiver request includes delaying the MAGI rules for new IFPN applications and renewals until ELIAS is ready to support this population. New IFPN applications and renewals will continue to be processed by the FPW system using 2013 rules.

Appendix B

Budget/allotment neutrality assessment and projections for the projected extension period. The state will present an analysis of budget/allotment neutrality for the current demonstration approval period, including status of budget/allotment neutrality to date based on the most recent expenditure and member month data, and projections through the end of the current approval that incorporate the latest data. CMS will also review the state's Medicaid and State Children's Health Insurance Program Budget and Expenditure System (MBES/CBES) expenditure reports to ensure that the demonstration has not exceeded the federal expenditure limits established for the demonstration. The state's actual expenditures incurred over the period from initial approval through the current expiration date, together with the projected costs for the requested extension period, must comply with CMS budget/allotment neutrality requirements outlined in the STCs.

Iowa's Section 1115 Family Planning Demonstration
January 1, 2017 - December 31, 2019 Extension Request
Budget Neutrality Calculations

I. Budget Neutrality Methodology Discussion

The methodology being used for the budget neutrality calculations is the same as was used for the current extension period (January 2014 - December 2016).

Note
The state is using the same President's budget trend as was used for the current extension period. This can be updated if CMS provides a new trend rate.

II. Budget Neutrality Calculations

Trend Rate

Trend	5.1%

Current Costs and Recipients	DY 10
FP Expenditures	$3,441,796
FP Enrollees who utilized services -- Quarterly Average	7,999
Cost per Person utilization	$ 430.29
Cost per Person Per Month	$ 35.86

	DY 12 CY 2017	**DY 13** CY 2018	**DY 14** CY 2019
Average Quarterly	11,353	11,576	12,290

Enrollment			

Per Member/Per Month (PMPM) Cost (Total Computable)

	Trend	**DY 12** CY 2017	**DY 13** CY 2018	**DY 14** CY 2019
Demonstration Eligibles	**5.1%**	$39.52	$41.53	$43.65

SAMPLE: Extension Budget Neutrality Agreement (Total Computable)

	DY 12 CY 2017	**DY 13** CY 2018	**DY 14** CY 2019	Total
WITHOUT DEMONSTRATION				
Member Months	11,353	11,576	12,290	35,218
PMPM	$39.52	$41.53	$43.65	
Total Costs	$5,383,188.44	$5,768,906.69	$ 6,437,080.96	$17,589,176.10
WITH DEMONSTRATION				
Member Months	11,353	11,576	12,290	35,218
PMPM	$ 39.52	$ 41.53	$43.65	
Total Costs	$5,383,188.44	$5,768,906.69	$6,437,080.96	$7,589,176.10
Projected Margin	**$** -	**$** -	**$** -	**$** -

Appendix C

Interim evaluation of the overall impact of the demonstration that includes evaluation activities and findings to date, in addition to plans for evaluation activities over the requested extension period. The interim evaluation should provide CMS with a clear analysis of the state's achievement in obtaining the outcomes expected as a direct effect of the demonstration program. The state's interim evaluation must meet all of the requirements outlined in the STCs.

Evaluation Plan

The state's evaluation plan focuses on the following objectives and is conducted by the University of Iowa Public Policy Center. Data from these evaluations and other external sources support the effectiveness of the Demonstration:

Objective 1: Improve the access to and use of Medicaid family planning services by women and men under 300% of the FPL.

The Demonstration has increased the numbers of individuals receiving family planning services within the Medicaid program and over 65,000 women have accessed family planning services through this Demonstration.

Men were added to receive Demonstration services effective January 1, 2012. The following chart identifies the calendar year average monthly enrollment for men and women since January 1, 2013.

Average IFPN Monthly Enrollment			
Calendar Year	Women	Men	All Members
2013	25,762	554	26,316
2014	21,478	518	21,996
2015	16,187	395	16,582

Objective 2: Improve birth outcomes and the health of women by increasing the child spacing interval among women in the target population.

Refer to the '***Fertility and Pregnancy Indicators for Iowa Families'*** report in Objective 4 below for information on pregnancy spacing for this element**.**

Objective 3: Decrease the number of Medicaid-paid deliveries, which will reduce annual expenditures for prenatal, delivery, newborn and infant care.

Medicaid-paid births have decreased approximately 3 percent over the past three years.

Medicaid-Paid Births		
Calendar Year	Total Iowa Births	Medicaid-Paid Births+
2013	39,094*	18,107 (46.3%)
2014	39,687**	17,830 (44.9%)
2015	no data yet	17,603

* Source: National Vital Statistics Reports, Vol. 64, No. 1, January 5, 2015
** Source: National Vital Statistics Reports, Vol. 64, No. 12, December 23, 2015
\+ Source: Medicaid claims data

Objective 4: Reduce the number of unintended and unwanted pregnancies among women eligible for Medicaid;

For calendar years 2007 – 2014, it is estimated that between 11,927 and 25,771 births that would have been paid by Medicaid have been averted. The midpoint is 18,846.

Source: Iowa Family Planning Demonstration Evaluation Third Waiver Period, October 2015

Iowa Intended / Unintended Pregnancy Rates

Age	Births (2013)	Abortions (2013)	Pregnancy Rate (per 1000 population)	Births (2014)	Abortions (2014)	Rate (per 1000 population)
<15	12	18	NC	21	13	NC
15-19	2,286	554	5.24	2,048	495	4.69
20-24	8,941	1624	15.63	8,845	1422	13.69
25-29	13,072	1235	12.82	13,298	1133	11.76
30-34	10,402	900	10.27	10,885	856	9.47
35-39	3,602	498	5.69	3,907	459	5.24
40-44	655	169	1.82	639	168	1.81
45+	42	11	NC	40	8	NC
NS	1	8	NC	2	3	NC
Total	39,013	5017		39,685	4557	

NC- not calculated, for women <15 or 45+ - no defined ages to calculate population.

Intended Pregnancy rates:
Barriers 2013 – 68.1% reported that they wanted to get pregnant then, or sooner. 31.9% of births resulted from pregnancies that were unintended

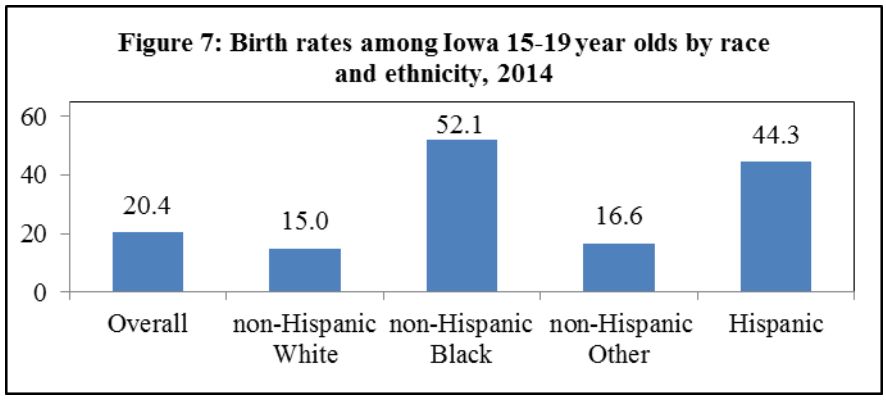
Barriers 2014 – 69.2% reported that they wanted to get pregnant then, or sooner. 30.8% of births resulted from pregnancies that were unintended

Source: Iowa Department of Public Health

Fertility and Pregnancy Indicators for Iowa Families

Fertility and Birth Rates. In 2014, Iowa had a general fertility rate of 67.2. The pregnancy rate for the state in 2014 was 73.4; this is a decrease from 77.4 in 2010[1]. The number of induced terminations has decreased by 1,935 from 2010 to 2014; 2014 rate = 5.9 vs. 2010 rate = 9.4) [i, ii]. The greatest number of terminations occurred in women between the ages of 20-27 years oldii.

Teen Birth rates: Birth rate among 15-19 year olds is of particular interest as these women are at higher risk for life-long burdens, both for themselves and their children. Compared to women who postpone childbearing, teenage mothers are more likely to drop out of school and to live in poverty. At the same time, their babies are more likely to be born at a low birth weight, experience health problems and developmental delays, experience abuse or neglect, and perform poorly in school[iii]. The Healthy People 2020 objectives for 15-17 years and 18-19 years are 36.2 and 105.9 pregnancies per 1,000. Iowa's statewide birth rate for 15-19 year olds was 20.4 in 2014. However, there are significant differences by race and ethnicity among Iowa's adolescents. Iowa's non-Hispanic Black females 15-19 years olds experience a birth rate at almost 3.5 times that of their non-Hispanic White peers. Hispanic teens are similar with a birth rate almost 3 times that of non-Hispanic white teens (Figure 7). Iowa is slightly lower than the national average for repeat teen births (17.8% US versus 15% in Iowa). Iowa's teen birth rate per 1,000 is on par with that of the national average (20.4 per 1,000 in Iowa vs. 26.5 per 1,000 US)[iv].



Pregnancy Intention. The Healthy People 2020 FP-1 objective is for 56% of all pregnancies to be intended. This is also a Healthy Iowans 2016 goal. According to 2013 Iowa PRAMS data, which includes data from women who had a live birth (terminations are not included), 57.7% of live births were intended. However, an additional 12.7% reported not being sure if they wanted to be pregnant at the time of conception. Further, only 32.4% of non-Hispanic Black women reported an intended pregnancy, compared to 59.5% of non-Hispanic White/Other women and 54.1% of Hispanic women. Poor women were also less likely to report their pregnancies as intended. For women who reported their pregnancy as unintended, 29.1% were not using any type of contraception at the time of conception. Hispanic women were significantly less likely to report using contraception than non-Hispanic White/Other women (43.4% and 27.2%, respectively). Just over 38% of non-Hispanic Black women reported not using contraception at the time of conception[v]. The Iowa Barriers to Prenatal Care Survey (Barriers) shows similar trends. Over two-thirds of women not desiring pregnancy reported that they were not using birth control at the time of conception; this number has decreased slightly from 67% in 2007 and 2008 to 66% in 2014. Approximately two-thirds of the pregnancies were reported to be desired

[1] Pregnancy rate includes live births, terminations and fetal deaths. Iowa does not collect termination data by county of residence so pregnancy rates are not available at the county level.

from 2005 to 2014. The percentage of mistimed pregnancies decreased slightly to 27% in 2014 which is the lowest level in a more than a decade[vi].

Pregnancy Spacing. The Healthy People 2020 FP-5 objective is for 29.8% of all pregnancies to be conceived at least 18 months after a previous birth. The Healthy Iowans 2016 goal is to reduce this percent to 31% in Iowa. Iowa has made progress in this area – 34.2% in 2011 versus 33.4% in 2014[vii] – but must continue efforts to promote families' access to contraception postpartum to meet the Healthy People 2020 objective. Looking specifically at Medicaid reimbursed births, 67% had an inter-pregnancy interval of 19 months or more and 9.5% were less than 6 months. Women under 24 years had shorter inter-pregnancy intervals, as did African American women.

Contraceptive Need and Uptake. All of the above indicators are directly linked to a family's ability to access contraception appropriate to their reproductive goals and needs. Based on Guttmacher Institute data for 2010, the percentage of Iowa women ages 13-44 in need of contraceptive services and supplies was over 50%[2]. The need was highest among those 20-29 years old (44.7%) and 30-44 years old (39.4%). Non-Hispanic White women made up the majority of those in need (85.8%), compared to non-Hispanic Black women (4.1%) and Hispanic women (5.2%). This closely mirrors the demographic composition of the state. Looking at need for contraceptive services and supplies by poverty status for women ages 20-44, 16.7% of those below 100% of the FPL were in need. Of those ages 20-44 and at less than 250% of the FPL, nearly 70% were in need of publicly funded contraception services and supplies. Women without insurance are the most likely to be in need of publicly funding contraceptive services (Table 2) according to 2013 data from the Guttmacher Institute.

[1] Iowa Department of Public Health, Bureau of Vital Statistics. (2016). 2010 Vital Statistics of Iowa. Retrieved from website: http://idph.iowa.gov/health-statistics/data.

[1] Iowa Department of Public Health, Bureau of Vital Statistics. (2016). 2014 Vital Statistics of Iowa. Retrieved from website: http://idph.iowa.gov/health-statistics/data.

[1] The National Campaign to Prevent Teen and Unplanned Pregnancy. (2012) *Teen childbearing, education and economic wellbeing.* Retrieved from https://thenationalcampaign.org/sites/default/files/resource-primary-download/childbearing-education-economicwellbeing.pdf.

[1] Ventura, S. Hamilton, B. Mathews, TJ. National and State Patterns of Teen Births in the United States, 1940-2013. *National Vital Statistics Reports* Vol 63, No4. Retrieved from: www.cdc.gov/nchs/data/nvsr/nvsr63/NVSR63_04.pdf.

[1] Guttmacher Institute defines women in need as those who are sexually active (i.e. ever had sexual intercourse), they are fecund, and during at least part of the year they are neither intentionally pregnant nor trying to become pregnant.

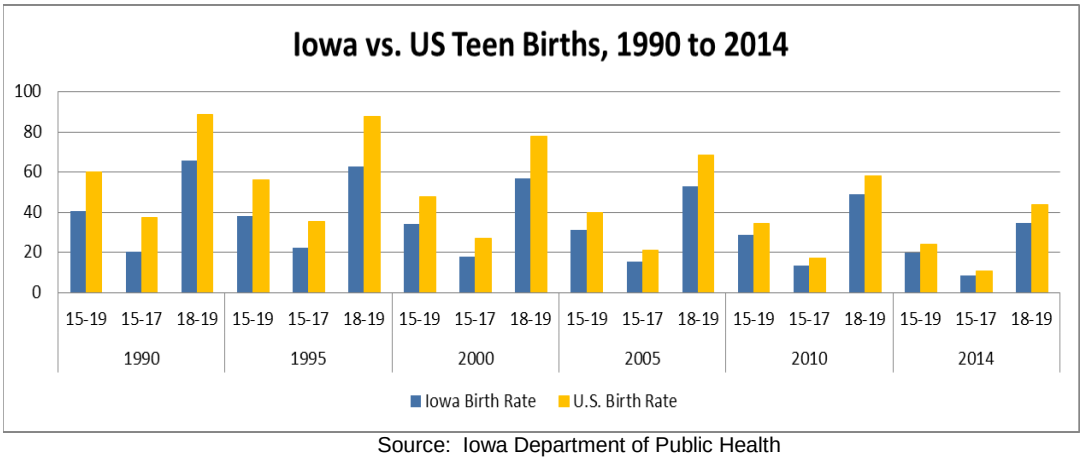
Objective 5: Reduce teen pregnancy by reducing the number of repeat teen births;

The repeat birth rates for women accessing IFPN services have dropped for most age groups with significant decreases among teens.

Iowa is currently ranked 17th lowest among all states for teen birth rates and has seen a 35 percent drop in rates since 2011.

Live Births Per 1,000 Females Aged 15 – 19*	
CY 2011	33.9
CY 2012	28.6
CY 2013	25.3
CY 2014	24.1
CY 2015	22.1

*Source: http://www.americashealthrankings.org/IA/TeenBirth/2011



Source: Iowa Department of Public Health

Objective 6: Estimate the overall savings in Medicaid spending attributable to providing family planning services to women who would otherwise be eligible for Medicaid pregnancy-related services for one year postpartum.

Over the five years of the original Demonstration period and the subsequent extension periods, an estimated $209 million was saved through an investment of $72 million for a return of $2.91 for every dollar spent. (Source: University of Iowa Public Policy Center Report: Iowa Family Planning Demonstration Evaluation Third Waiver Period, October 2015.)

Ongoing Evaluation

The state will continue to provide Quarterly Operational Reports to CMS no later than 60 days following the end of each quarter for each demonstration year (DY) in the format prescribed in Appendix A of the Special Terms and Conditions accompanying the February 23, 2016, demonstration approval letter from CMS.

The state will continue to provide an Annual Report to CMS no later than 90 days following the fourth quarter of each DY in the format prescribed in Appendix B of the Special Terms and Conditions accompanying the February 23, 2016, demonstration approval letter.

Appendix D

Summaries of External Quality Review Organization (EQRO) reports, managed care organization and state quality assurance monitoring, and any other documentation of the quality of and access to care provided under the demonstration.

IDPH Audits

The Iowa Department of Public Health (IDPH), the Title X agency, conducts 10 case file reviews annually for each of their sub-recipient entities (80 total) to identify any deficiencies, training needs, best practices, etc. The specific elements reviewed in the case file audits are identified on the following form. The cases to be reviewed are randomly chosen from those that have been enrolled in the previous calendar year. Every 3rd or 4th chart is chosen and the agency is informed ahead of time where to start in the alphabet and which order (3 or 4) for the sample.

Findings of the audits are provided to the Department of Human Services but at the time of the audit, IDPH staff provided technical assistance if any errors or issues are identified.

IDPH TITLE X AGENCY IFPN AUDIT SUMMARIES

FFY 2013

Total Charts Audited - 83	Aggregate Findings
• Allen Women's Health – 10 • Crawford (HCCMS) – 10 • New Opportunities – 10 • Northeast Iowa Community Action Corp. – 10 • North Iowa Community Action Organization – 11 • Southern Iowa Family Planning Clinic – 10 • St. Luke's Family Health Center – 10 • Visiting Nurse Services (venus) – 12	• Overall, the records contained the required components, are organized, complete, & consistent. • Technical assistance was provided to answer staff questions. • In one chart, proof of income was present and family size calculations were correct, but the worksheet was not correctly completed. • In one chart, the client's income was not calculated when she requested confidentiality. The client's income must be included in the eligibility determination. Did not affect the eligibility determination. • In one chart, the household size was not determined correctly for a teen that did not claim confidentiality. • In one chart, spousal income was not included for an applicant that did not claim confidentiality.

FFY 2014

Charts Audited - 70	Aggregate Findings
• Allen Women's Health – 10 • Crawford (HCCMS) – 10 • New Opportunities – 10 • North Iowa Community Action Organization – 10 • Northeast Iowa Community Action Organization - 10 • Southern Iowa Family Planning Clinic – 10 • St. Luke's Family Health Center – 10	• Overall, the records contained the required components, are organized, complete, & consistent. • Technical assistance was provided to answer staff questions. • In one chart, application denied incorrectly due to being over income. • In three charts, date stamps were missing on the application to document the date of receipt. • All charts for which the client was eligible for both Medicaid and IFPN but elected to only receive IFPN contained the appropriate signed election form.

FFY2015

Total Charts Audited - 80	Aggregate Findings
• Allen Women's Health – 12 • Crawford (HCCMS) – 10 • New Opportunities – 13 • North Iowa Community Action Organization – 13 • Northeast Iowa Community Action Organization - 11 • Southern Iowa Family Planning Clinic – 11 • St. Luke's Family Health Center – 10	• Overall, the records contained the required components, are organized, complete, & consistent. • Technical assistance was provided to answer staff questions and clarify that the difference between IFPN and full Medicaid benefits must be clearly explained to applicants. • In several charts, the delivery of the NOD was not documented. • Election of IFPN form not always signed. • In several charts, documentation was not clear as to why the client was applying for IFPN when other insurance was available. • In several charts, reason for a confidentiality request was not documented. • In one chart, the application was not entered within 30 days. • Several charts did not contain the required IFPN checklist. • Income was not correctly calculated in two cases.

IOWA FAMILY PLANNING NETWORK (Iowa Department of Public Health)

PATIENT CARE & CHART AUDIT **A**

√ *= Yes* **ø** *= No* ***N/A****= not applicable*

Date: _____ Clinic Location: _____ Year Audited _____Reviewed by:_____

TOPIC: Iowa Family Planning Network – enrolled applicants **SOURCES:** Case Files for Clients Enrolled in IFPN **Include in review:** Files from *each staff member who enters IFPN data* Clients who have income Clients who are Self Employed Clients who are Immigrants **SAMPLE SIZE: 10-15 charts per clinic – all files if 10-15 not available**	***Staff Name***															**errors**
	Patient #															
1. Application is complete and signed by client																
2. Application is stamped with date received																
3. IFPN checklist is filled out and signed by staff																
4. Copy of social security card (preferred) or SSN on file																
5. Copy of client's identification is on file (preferred).																
6. Client is Iowa resident																
7. If US Immigrant – documentation of eligibility in case file																
8. If the client has insurance; under-insurance for family planning services or reason for confidentiality is documented																
9. Proof of income is in case file																
10. Monthly income is calculated correctly																
11. Self Employed – countable monthly income is recorded correctly																
12. Proof of qualified deductions is in case file																
13. Family size is recorded correctly																
14. Summary Page is in case file																
15. Documentation that NOD is in case file & given to client																
16. Info on NOD & Summary matches info on app & in case file																
17. Info entered within 30 days of receipt of app																
18. Help Desk Requests & Replies are documented in file (copy of emails)																
19. Birth certificate verification documented where appropriate																

Corrective action and comments for exceptions and are errors noted on the attached page.

Completed audit and corrective action reviewed with Site Manager _____ Date _____

State QC Review

The Iowa Department of Human Services' Bureau of Quality Control (QC) conducted a Medicaid Eligibility Quality Control (MEQC) Pilot review of Iowa Family Planning Network cases during calendar year 2012. QC reviewed a sample of cases that were active in 2012 for Iowa Family Planning Network coverage and that have been approved by designated family planning clinics and agencies to determine the accuracy of these determinations. The final report was provided to James Scott, Associate Regional Administrator, of the Kansas City Regional Office of the Centers for Medicaid and Medicare Services (CMS) on July 17, 2013.

The summary of the findings follows:

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FINAL REPORT
Iowa's MEQC Pilot – Iowa Family Planning Network
January 1, 2012 to December 31, 2012
Reported July 12, 2013

Goals:

In 2006 Iowa implemented a Family Planning Section 1115 Demonstration Program known as the Iowa Family Planning Network (IFPN). IFPN provides limited Medicaid coverage for family planning-related services to:

> Individuals of reproductive age with countable income at or below 200 % of the federal poverty level (FPL). The income limit was changed to 300% in December 2011.

Applications for IFPN are accepted at designated family planning agencies and clinics. Clinic staff request and collect required eligibility information and input the data into the state's eligibility system. The state's eligibility system then makes the final IFPN eligibility determination.

The goal of this pilot review of a sample of IFPN cases was to evaluate the accuracy of eligibility information being collected and input by clinic staff.

Sample Selection:

At the beginning of each month a random sample of cases was selected for quality control from a pool of active IFPN cases. The selection method was "systematic random sampling," and it included the following steps:

1. Estimate the caseload. The caseload was estimated to be 34,547.
2. Determine sample size. We anticipated completing a minimum of 50 reviews each month to attain the required 550 complete reviews.
3. Microsoft SQL server query was used to select a subset of records from the Family Planning database which met the initial criteria (active case) for the month being reviewed. This subset contained an additional empty column for each record. For each record in this subset this empty column was filled with a random number generated by the SQL Rand function. The subset was

then re-ordered by the column containing the random numbers, thereby randomizing the order of the records. With the records now being in random order the first 60 of these records were selected for review.

Review Methodology:

The reviewer read the case file for each sampled case assigned to the reviewer for the review month. Information from the case reading was recorded on a worksheet that listed each eligibility factor to be reviewed. The reviewer contacted the recipient to resolve any questionable information. We did not contact clients who claimed confidentiality.

We reviewed the following eligibility factors for each case selected:

- Age
- Citizenship and Alien Status
- Residency
- Household Composition and Relationship
- Income and Income Deductions
- Health Insurance Coverage
- Application Processing Standards
- Enrollment in the Iowa's Children Health Insurance Program (CHIP) or Medicaid, other than IowaCare, Medically Needy with a spenddown or a Medicare Savings Plan.

There are 14 family planning agencies that process IFPN:

- Allen Memorial Hospital, Waterloo
- Central Iowa Family Planning, Marshalltown
- Crawford County Home Health, Hospice and Public Health; Denison
- Edgerton Women's Health Center, Davenport
- Hillcrest Family Services, Dubuque
- New Opportunities, Carroll
- North Iowa Community Action, Mason City
- Northeast Iowa Community Action, Decorah
- Planned Parenthood of the Heartland – Cedar Rapids, Des Moines & Burlington
- Southern Iowa Family Planning Clinic, Ottumwa
- St Luke's Family Health Center, Cedar Rapids
- Unity Health Care, Muscatine
- Visiting Nurse Services, Des Moines
- Women's Health Services, Clinton

Staffing and Resources:

We had three reviewers who were responsible for completing MEQC reviews and two monitors who performed the second-level reviews. Each error case was cleared with the QC bureau chief and Medicaid policy staff before being finalized. We had sufficient resources to complete an average of 50 reviews each month.

This pilot project began with the sample month of January 1, 2012 and continued through the sample month of December 31, 2012.

Results:

QC reviewed 610 IFPN cases and completed 583 reviews**.**

543	Eligible for Family Planning Services (543/583)	93%
37	Not eligible for Family Planning Services (37/583)	6%
2	Ineligible for IFPN, but eligible for other Medicaid (2/583)	<1%
27	Incomplete (27/610)	4%

Ineligible – Agency Error (3/37) 3 different clinics

- Received hawk-i benefits (1)
- Did not follow up on client's reported health insurance coverage (2)

Ineligible – Client Error (34/37)

- 30 clients did not report they had health insurance coverage
- 3 got other Medicaid
- 1 was not an Iowa resident

Of the eligible cases, 48% had technical errors (some cases had more than one technical error). The most common technical errors were:

- not recording how the Notice of Decision was given to the client (in person or by mail) (124)
- technical errors in the calculation of wages and salaries that did not impact eligibility (100)
- not completing the Income Worksheet (required even with no income) (67)
- not processing the application timely (30-day processing) (41)

Corrective Actions:

- A *Report of Quality Control Review* was prepared on all cases with an eligibility error or a technical error or the need to relay new information to the clinic.
    - Clinics were asked to respond by describing how they addressed the issues raised by the report and making suggestions for prevention of future errors. Many of the responses stated clinic supervisors had shared information about the error with other staff to ensure all understood correct policy and procedures. Technical errors were fewer in the second half of the review year, showing that learning was taking place.
- Recognizing the presence of other health insurance was the most common eligibility error found. This was overwhelmingly a client error – failure to report. However, we are not sure to what extent the clinic representative discussed this topic with the client/patient.
    - Near the end of the review year the Planned Parenthood clinics' legal representative notified DHS that they believed DHS was wrong to use the presence of other health insurance as an eligibility factor for this waiver program, as co-pays and deductibles may still make it difficult for a person to afford services. Plus, the presence of other health insurance was not a disqualifying factor for other Medicaid coverage groups. DHS will take this input into account in its request to renew the waiver.
- Common procedural errors such as completion of the Income Worksheet and documenting how the Notice of Decision was issued will be taken into account when updating provider training material.
- The second most frequently occurring technical error was in the element of Wages & Salaries. These errors did not impact eligibility on the cases reviewed but had the potential to do so if the amount of the error due to the client's failure to report or the clinic's mistreatment of the income had been greater.

    - The most common reasons for these technical errors were:
        - Client did not report earnings (18) *QC found employment listed on wage reports from the Department of Workforce Development.*
        - Client did not report having a second job. (16) *QC found employment listed on wage reports from the Department of Workforce Development.*
        - Clinic did not exempt earnings of high school students. (10) *The question of school attendance is not on the current Health Services application. The clinic worker would have to ask the client about student status based on the client's age.*
        - Clinic did not use income from tips. (7) *Tip income is not always obvious on paystubs. The clinic worker would have to ask the client about tips based on the type of employer.*

- Clinic did not exempt Work Study or other educational income for college students. (5) *Again, client's student status would have to be explored in discussion with the client if it was not apparent from the income verification.*
- Clinic used net income rather than gross. (5)
- Clinic projected income that was not continuing. (5)
- Clinic did not request verification or use income from a new job reported by the client. (5)
- Clinic did not record gross pay correctly from pay stubs. (5)
- Clinic incorrectly determined pay frequency. (3)
- Clinic did not verify income or income termination. (2)
- The other technical earned income errors were variations on failure to project income correctly. These issues will be taken into account the next time training is provided for clinic workers.

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Family Planning Council of Iowa - IFPN Case File Reviews

The Family Planning Council of Iowa (FPCI) has conducted site reviews of the Iowa Family Planning Network of its sub-recipient agencies. Each sub-recipient agency reviewed submitted 10 random patient charts for the audit from the previous calendar year, and the specific elements reviewed are identified on the attached review form.

FPCI Title X Agency IFPN Case File Reviews Summary: FY2013 - FY2015

- Overall, the case records contained the required components, are well organized within the patient chart, complete and consistent.
- In a few charts the staff person did not sign the IFPN checklist.
- In one case the application was not stamped with the date it was submitted
- In two charts delivery of the NOD was not documented.
- In one chart it was not made clear why patient did not want to use private insurance.

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MCO Quality Assurance Monitoring

IFPN members were not enrolled in MCO's until April 1, 2016. Therefore, there have been no EQRO or monitoring reports conducted for this population at this time. Contract requirements regarding quality monitoring will apply to this population in the same manner as for any other Medicaid population receiving coverage via an MCO.

Appendix E

Documentation of the state's compliance with the public notice process set forth in 42 CFR 431.408 and 431.420.

THIS AREA RESERVED FOR PUBLIC NOTICE DOCUMENTS & COMMENTS

State Contact Person(s)

Please provide the contact information for the state's point of contact for this demonstration extension application.

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