

December 5, 2019

DHS Council Members:

Enclosed please find the materials for our upcoming Council meeting. This meeting will be held at the Hoover State Office Building on Wednesday, December 11, 2019.

Please let me know if you will be in attendance or calling in for the meeting.

I look forward to seeing all of you on December 11<sup>th</sup>.

Thank you,

Julie McCauley  
Council Secretary  
515-281-5455  
[jmccaul@dhs.state.ia.us](mailto:jmccaul@dhs.state.ia.us)

December 2, 2019

Dear Council Member:

The following amendment to the administrative rules is presented for adoption at the December 11, 2019, meeting of the Council on Human Services: Due to the comment period just ending on November 26, 2019, there was not sufficient time to gather the comments and propose changes for your review for the other noticed rules that were under review. Those rules will be presented at the January meeting.

**R-1.** Amendments to Chapter 73, “Managed Care”. 2019 Iowa Acts, House file 766, Section 63, requires the Department to adopt rules to require that both managed care and fee for service payment and delivery systems utilize a uniform process, including but not limited to uniform forms, information requirements, and time frames, to request medical prior authorizations under the Medicaid program.

The following amendments to the administrative rules are presented as Notice of Intended Action for review by the Council.

**N-1.** Amendments to Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care.” This rule implements HF 766, which updates the Medical Assistance Advisory Council (MAAC) and Executive Committee meeting rules regarding membership, voting, and duties. This amendment also removes the Executive committee and its responsibilities.

**N-2.** Amendments to Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” and Chapter 83, “Medicaid Waiver Services”. This rule implements HF 760 which directs the department to eliminate the monthly budget maximum or cap for individuals eligible for the Medicaid home and community-based brain injury waiver. This rule also implements HF 766 which appropriates additional funds to adjust the per diem rates for assertive community treatment (ACT) services.

**N-3.** Amendments to Chapter 95, “Collections.” This rule eliminates references to the application fee paid by non-assistance customers when requesting services from the Child Support Recovering Unit (CSU). Recent legislative changes to Iowa Code Chapter 252B.4 under eliminated the customer paid fee. SF 605 also increased the annual fee for non-assistance child support cases.

The monthly rules-in-process spreadsheet detailing all rules currently in process for implementation within SFY 2020 is enclosed.

Sincerely,

***Nancy Freudenberg***

Nancy Freudenberg  
Bureau Chief  
Policy Coordination

Enclosures

# HUMAN SERVICES DEPARTMENT[441]

## Adopted and Filed

The Human Services Department hereby amends Chapter 73, "Managed Care," Iowa Administrative Code.

### *Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code chapter 249A.

### *State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code chapter 249A.

### *Purpose and Summary*

2019 Iowa Acts, House File 766, section 63, requires the Department to adopt rules to require that both managed care and fee-for-service payment and delivery systems utilize a uniform process, including but not limited to uniform forms, information requirements, and time frames, to request medical prior authorizations under the Medicaid program.

### *Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on September 25, 2019, as **ARC 4673C**.

Two respondents representing the Iowa Hospital Association and Optimae Lifeservices provided written comments. Both respondents supported the uniform prior authorization process, but felt the proposed rule was overly broad and not specific enough. One respondent suggested that Iowa look to Texas and Vermont as examples of uniform prior authorization forms. The Department believes the legislation was purposefully broad and not specific in order to allow the project flexibility. The Department and the Managed Care Organizations (MCOs) have been meeting regularly to create forms that will meet the needs of all Medicaid payers. DHS takes the comments under advisement but will not revise the proposed rule based upon the comments.

In addition three other comments were received that were outside the scope of the rule regarding a review and standardization of management criteria across Medicaid payers; an investigation of costs associated with expanding the state's MMIS system for use as a single portal for prior authorization submissions; and request that the 1915(i) Habilitation program be administered in the same way as the 1915(c) Intellectual Demonstration Waiver, particularly in relation to authorization periods. No changes were made in relation to these comments.

No changes from the Notice have been made.

*Adoption of Rule Making*

This rule making was adopted by the Council on Human Services on December 11, 2019.

*Fiscal Impact*

This rule making has no fiscal impact to the State of Iowa.

*Jobs Impact*

After analysis and review of this rule making, no impact on jobs has been found.

*Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any.

*Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

*Effective Date*

This rule making will become effective on February 5, 2020.

The following rule-making action is adopted:

ITEM 1. Adopt the following **new** paragraph **73.2(4)“o”**:

*o.* Require managed care organizations and the fee-for-service Medicaid program to utilize a uniform prior authorization process. The process will include forms, information requirements, and time frames.

ITEM 2. Amend **441—Chapter 73**, implementation sentence, as follows:

These rules are intended to implement Iowa Code section 249A.4, ~~and~~ 2015 Iowa Acts, Senate File 505, section 12, and 2019 Iowa Acts, House File 766, section 63.

Comments and Responses on ARC 4673C  
Uniform PA Process  
Received 10/16/19

The following person/organization provided written comments, which are included in the summary below:

1. Erika Eckley, VP Government Relations and Assistant General Counsel, Iowa Hospital Association
2. Bill Dodds, President, Optima Lifeservices

**Comment topic #1:**

Two respondents supported the uniform prior authorization process, but feel the proposed rule is overly broad and not specific enough.

One respondent suggested that Iowa look to Texas and Vermont as examples of uniform prior authorization forms.

**Response:** The legislation was purposefully broad and not specific in order to allow this project flexibility. DHS and the Managed Care Organizations (MCOs) have been meeting regularly to create forms that will meet the needs of all Medicaid payers. DHS takes the comments under advisement, but will not revise the proposed rule based upon these comments.

**Comment topic #2:**

One respondent asked that DHS undertake a review and standardization of utilization management criteria across Medicaid payers.

**Response:** This comment is outside the scope of the legislation and this proposed rule. DHS takes the comment under advisement, but will not revise the proposed rule based upon this comment.

**Comment topic #3:**

One respondent supports another piece of legislation, not addressed in this rules package, requiring DHS to investigate the costs associated with expanding the state's MMIS for use as a single portal for PA submissions.

**Response:** This comment is outside the scope of the legislation and this proposed rule. DHS takes the comment under advisement, but will not revise the proposed rule based upon this comment.

**Comment topic #4:**

One respondent suggests that the 1915(i) Habilitation program be administered in the same way as the 1915(c) Intellectual Disability Waiver, particularly in relation to authorization periods.

Response: This comment is outside the scope of the legislation and this proposed rule. DHS takes the comment under advisement, but will not revise the proposed rule based upon this comment.



Iowa Department of Human Services  
**Administrative Rule Transmittal**

Subject of Rule Making Uniform PA process		
Administrative Code Chapters Affected 441-73	Iowa Code Section or Bill Giving Rule Making Authority HF 766, Sec. 63	
Program Specialist Leann Howland	Date Initiated 5/28/19	Desired Effective Date 10/1/19

Are you requesting emergency rule making?  No  Yes

Are there grounds for emergency rule making?  No

Yes, because:

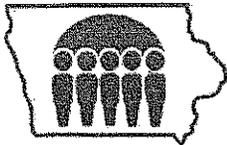
- The period for notice and public comment may be waived because obtaining public comment is:
  - Unnecessary. Reason:
  - Impracticable. Reason:
  - Contrary to the public interest. Reason:
- The implementation period can be waived since:
  - Legislation permits emergency rule making. Citation: Division XVI Sec. 65. EFFECTIVE DATE. This division of this Act, being deemed of immediate importance, takes effect upon enactment.
  - The rule confers a benefit on the public or removes a restriction on the public. Reason:
  - The effective date is necessary because of imminent peril to public health, safety, or welfare. Reason:

- Are public hearings needed?  No  Yes
- Are changes to a data system needed?  No  Yes
- Will this affect appeal volume?  No  Yes:  Increase  Decrease
- Is training required?  No  Yes, scheduled for:
- Are form changes required?  No  Yes, to:
- Are manual changes required?  No  Yes, to:

**Division Sign-Off:**

Bureau Chief Signature (Process Initiation)	Date
<i>[Signature]</i>	7/3/2019
Division Administrator Signature (Form Content Approval)	Date
<i>Wibe Kandal</i>	7-3-19
Attorney General Signature (Review)	Date
<i>W. H. Gillispie</i>	7/2/2019
Fiscal Administrative Rules Coordinator	Date
<i>Julie A. Shan</i>	7-15-19
Deputy Director Signature	Date
<i>[Signature]</i>	7-19-19

Please plan for one week turnaround and final approval before submitting.



Iowa Department of Human Services  
**Information on Proposed Rules**

Name of Program Specialist Leann Howland	Telephone Number 256-4642	Email Address lhowlan@dhs.state.ia.us
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1. Give a brief purpose and summary of the rulemaking:

HF 766, section 63, requires that the department of human services adopt rules by October 1, 2019 to require that both managed care and fee-for-service payment and delivery systems utilize a uniform process, including but not limited to, uniform forms, information requirements, and time frames to request medical prior authorizations under the Medicaid program. The rules shall require that MCOs implement the uniform process by a date determined by the department.

2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

HF 766, Sec. 63

3. Describe who this rulemaking will positively or adversely impact.

- Positive impact will be reduced confusion regarding forms and process needed to request a Prior Authorization from either the IME or MCOs.
- There is no known adverse impact for this rule change.

4. Does this rule contain a waiver provision? If not, why?

There is no waiver provision as there is no adverse impact for this rule change.

5. What are the likely areas of public comment?

No opposing public comment is anticipated. There might be comments in support of this change.

6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)

This rule package does not impact private sector jobs and employment opportunities in Iowa.



## Administrative Rule Fiscal Impact Statement

Date: May 28, 2019

**Agency:** Human Services

**IAC citation:** 441 IAC 73.8

**Agency contact:** Leann Howland

**Summary of the rule:**

HF 766, section 63, requires that the department of human services adopt rules by October 1, 2019 to require that both managed care and fee-for-service payment and delivery systems utilize a uniform process, including but not limited to, uniform forms, information requirements, and time frames to request medical prior authorizations under the Medicaid program. The rules shall require that MCOs implement the uniform process by a date a determined by the department.

*Fill in this box if the impact meets these criteria:*

- No fiscal impact to the state.
- Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.
- Fiscal impact cannot be determined.

**Brief explanation:**

Budget Analysts must complete this section for ALL fiscal impact statements.

*Fill in the form below if the impact does not fit the criteria above:*

- Fiscal impact of \$100,000 annually or \$500,000 over 5 years.

**Assumptions:**

**Describe how estimates were derived:**

**Estimated Impact to the State by Fiscal Year**

	<u>Year 1 (FY 2020)</u>	<u>Year 2 (FY 2021)</u>
<b>Revenue by each source:</b>		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
<b>TOTAL REVENUE</b>	_____	_____
<b>Expenditures:</b>		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
<b>TOTAL EXPENDITURES</b>	_____	_____
<b>NET IMPACT</b>	_____	_____

- This rule is required by state law or federal mandate.  
*Please identify the state or federal law:*  
 Identify provided change fiscal persons:  
 HF 766, Sec. 63
  
- Funding has been provided for the rule change.  
*Please identify the amount provided and the funding source:*
  
- Funding has not been provided for the rule.  
*Please explain how the agency will pay for the rule change:*  
 There is no fiscal impact.

**Fiscal impact to persons affected by the rule:**  
 There is no fiscal impact for this rule change.

**Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):**  
 No impact.

Agency representative preparing estimate: Jason Buis  
 Telephone number: 515-281-5764

JB  
 7-15-19  
 ABA

## **HUMAN SERVICES DEPARTMENT [441]**

### **Notice of Intended Action**

The Human Services Department hereby proposes to amend Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care” Iowa Administrative Code.

### *Legal Authority for Rule Making*

This rule making is proposed under the authority provided in Iowa Code section 249A.4 and House File 766, Division XVIII.

### *State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code section 249A.4 and House File 766, Division XVIII.

### *Purpose and Summary*

These proposed amendments update Medical Assistance Advisory Council (MAAC) and Executive meeting rules regarding MAAC membership, voting and duties and removal of the executive committee and responsibilities.

### *Fiscal Impact*

This rule making has no fiscal impact to the state of Iowa.

### *Jobs Impact*

After analysis and review of this rule making, no impact on jobs has been found.

### *Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Human Services Department for a waiver of the discretionary provisions, if any, pursuant to rule 441—1.8(17A, 217).

### *Public Comment*

Any interested person may submit comments concerning this proposed rulemaking. Written comments in response to this rule making must be received by the Human Services Department no later than 4:30 p.m. on XXXXX, 2020. Comments should be directed to:

Bureau Chief

Policy Coordination

Department of Human Services

Hoover State Office Building, Fifth Floor

1305 East Walnut Street

Des Moines, Iowa 50319-4114

Email: [appeals@dhs.state.ia.us](mailto:appeals@dhs.state.ia.us).

#### *Public Hearing*

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)“b,” an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

#### *Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its regular monthly meeting or at a special meeting. The Committee’s meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making action is proposed:

ITEM 1. Amend rule ~~441—79.7(249A)~~ as follows: 441—

79.7(249A) Medical assistance advisory council.

**79.7(1) Officers.**

*a.* ~~Definitions.~~

~~“Co-chairpersons” means the public health director co-chairperson and the public co-chairperson.~~

~~“Public co-chairperson” means the individual selected by the other publicly appointed members of the council to serve as a co-chairperson of the council.~~

~~“Public health director co-chairperson” means the director of the department of public health, who serves as a co-chairperson of the council.~~

~~——*b.*——~~ The public co-chairperson’s term of office shall be two years. A public co-chairperson shall serve no more than two consecutive terms.

~~*e-b.*~~ The public co-chairperson shall have the right to vote on any issue before the council. The public health director co-chairperson serves as a nonvoting member of the council.

~~*d-c.*~~ The position of public co-chairperson shall be held by one of the ~~ten~~five ~~publicly appointed public~~ council members. Ballots will be distributed to the public council members at the quarterly meeting closest to the beginning of the next state fiscal year and will be collected in paper and electronic format and administered by department of human services staff. The initial ballot following July 1, 2019 will be distributed by email prior to

the first meeting in that fiscal year in order to identify the public co-chairperson prior to the Council's first meeting.

*e-d.* The co-chairpersons shall appoint members to other committees approved by the council.

~~*f.* The co-chairpersons shall also serve on the executive committee and will serve as the co-chairpersons of that committee.~~

*g-e.* Responsibilities.

(1) The co-chairpersons shall be responsible for development of the agendas for meetings of the ~~full~~-council. Agendas will be developed and distributed in compliance with the advance notice requirements of Iowa Code section 21.4. Agendas will be developed in consultation with the staff and director of human services, taking into consideration the following:

1. Workplans. Items will be added to the council's agenda as various tasks deliberations are to be conducted within a time frame to allow the ~~executive committee~~ council to receive the ~~council's feedback~~ and make recommendations to the director and for the director to consider those recommendations as budgets and policy for the medical assistance program are developed for the review of the council on human services and the governor, as well as for the upcoming legislative session.

2. Requests from the director of human services.

3. Discussion and action items from council members. The co-chairpersons will review any additional suggestions from council members at any time, including after the draft agenda has been distributed. The agenda will be distributed in draft form five business days prior to the council meeting, and the final agenda will be distributed no later

than 24 hours prior to the council meeting.

(2) The co-chairpersons shall preside over all council ~~and executive committee~~ meetings, calling roll, determining a quorum, counting votes, and following the agenda for the meeting.

(3) The co-chairpersons shall consult with the department of human services on other administrative tasks to oversee the council and shall participate in workgroups and subcommittees as appropriate.

**79.7(2) Membership.** The membership of the council ~~and its executive committee~~ shall be as prescribed at Iowa Code sections ~~249A.4B(2), 249A.4B(3), and 249A.4B(4a)~~ 249A.4B.

*a. Council membership.*

(1) Council membership of professional and business entities shall ~~consist of~~ number five and be identified from a vote among those entities outlined in Iowa Code section ~~249A.4B(2)–249A~~. Professional and business entities shall vote every year to identify the entities their subsequent representatives that will represent the body of professional and business stakeholders on the Council. Professional and business entities will also and report their contact information to the department of human services.

1. ~~If an entity's representative does not attend more than three consecutive meetings, the department of human services will notify the entity and representative and verify whether an alternate contact is needed.~~ An initial election in SFY20 of five business and professional members shall be held. From this initial election of five members: three members with the most votes shall serve a three year term and the other two members shall serve a two year term. Once these members have served

their initial term the length of term for all following elected members shall be two years.

~~2. Professional and business entities shall determine the length of appointment of their representatives. The department of human services will confirm each representative's participation every two years, regardless of the representative's meeting attendance.~~Elections shall be organized along the following guidelines.

a. Ballots will be distributed at the quarterly meeting closest to the beginning of the next state fiscal year and will be collected in paper and electronic format and counted by department of human services staff.

b. The entities that receive the most votes shall serve on the council.

~~3. All professional and business entities will be voting members of the council.~~Should any vacancy occur on the council, the entity that received the next highest number of votes in the most recent election shall serve on the council.

~~4. If a voting entity's representative does not attend more than three consecutive meetings, the department of human service will notify the entity and representative and verify whether an alternative contact is needed. If a fourth consecutive meeting is missed after the notification, the voting entities seat will be considered vacant and will be filled as outlined in 79.7(2)(a)(1)"3".~~

(2) Council membership of public representatives shall consist of ~~ten~~five representatives, of which may include members of consumer groups, including recipients of medical assistance or their families, consumer organizations, and others, one must be a recipient of medical assistance. All five public members will be appointed by the governor for staggered terms of two years each, none of whom

~~shall be members of, or practitioners of, or have a pecuniary interest in any of the professional or business entities specifically represented in Iowa Code sections 249A.4B(2) and 249A.4B(3) and a majority of whom shall be current or former recipients of medical assistance or members of the families of current or former recipients.~~ All five public representatives will be voting members of the council.

(3) A member of the ~~HAWK-Ihawki~~ board, created in Iowa Code section 514I.5, selected by the members of the ~~HAWK-Ihawki~~ board, shall be a member of the council. The ~~HAWK-Ihawki~~ board member representative will be a non-voting member of the council.

(4) Council membership shall also consist of state agency and medical school partners, including representatives from the department of public health, the department on aging, the office of the long-term care ombudsman, Des Moines University and the University of Iowa College of Medicine.

1. Partner agency and medical school representatives will be nonvoting members of the council.

2. If an agency's or school's representative does not attend more than three consecutive meetings, the department of human services will notify the agency or school.

3. Partner agencies and medical schools shall determine the length of appointment of their representatives. The department of human services will confirm each representative's participation every two years, ~~regardless of the representative's meeting attendance.~~

(5) The following members of the general assembly shall be members of the

council, each for a term of two years as provided in Iowa Code section 69.16B. Members appointed from the general assembly will serve as nonvoting members of the council.

1. Two members of the house of representatives, one appointed by the speaker of the house of representatives and one appointed by the minority leader of the house of representatives from their respective parties.

2. Two members of the senate, one appointed by the president of the senate after consultation with the majority leader of the senate and one appointed by the minority leader of the senate.

~~b. — Executive committee membership. Executive committee membership shall consist of the following:~~

~~—(1) — Five professional and business entities identified in Iowa Code section 249A.4B(2). The entity, not the individual representative, is selected for membership on the executive committee. Each selected entity shall appoint its individual representative. Professional and business entities of the council vote to select the business and professional entities of the executive committee.~~

~~—(2) — Five individuals appointed to the council as public members, pursuant to Iowa Code section 249A.4B(2).~~

~~— 1. — One of the five public member positions on the executive committee will.~~

~~— 2. — At least one public member shall be a recipient of medical assistance.~~

~~3. — Public members of the council vote to select the public members of the executive committee.~~

~~—(3) — The co chairpersons identified in subrule 79.7(1), who shall serve as the~~

~~co chairpersons of the executive committee.~~

~~(4) The executive committee will be elected for two year terms, beginning at the start of a state fiscal year.~~

~~1. All voting members of the council will be eligible for election to the executive committee, based on the criteria outlined in this paragraph.~~

~~2. Ballots will be distributed at the quarterly meeting closest to the beginning of the next state fiscal year and will be collected in paper and electronic format and administered by department of human services staff.~~

~~3. Should any vacancy occur on the executive committee, a special election will be held following the standards outlined in this paragraph.~~

~~4. Ballots should include the professional and business entity name but omit the name of the representative of the entity.~~

**79.7(3) Responsibilities, duties and meetings.** The responsibility of the medical assistance advisory council is to provide recommendations on the medical assistance program to the department of human services ~~through the executive committee of the council.~~

*a. Recommendations.* Recommendations made by ~~the executive committee from~~ the council shall be advisory and not binding upon the department of human services or the professional and business entities represented. The director of the department of human services shall consider the recommendations in the director's preparation of medical assistance budget recommendations to the council on human services, pursuant to Iowa Code section 217.3 and implementation of medical assistance program policies.

*b. Council.* The council shall be provided with information to deliberate and

provide input on the medical assistance program. ~~The executive committee will use that input in making final recommendations to the department of human services.~~The council will use that input in making final recommendations to the department of human services.

(1) Council meetings.

1. The council will meet no more than quarterly.

2. Meetings may be called by the co-chairpersons; upon written request of at least 50 percent of members; or by the director of the department of human services.

3. Meetings shall be held in the Des Moines, Iowa, area unless other notification is given. Meetings will also be made available via teleconference, when available.

4. Written notice of council meetings shall be electronically mailed at least five business days in advance of the meeting. Each notice shall include an agenda for the meeting. The final agenda will be distributed no later than 24 hours prior to the meeting.

(2) The council shall advise the professional and business entities represented and act as liaison between them and the department.

(3) The council shall perform other functions as may be provided by state or federal law or regulation.

(4) Pursuant to 2016 Iowa Acts, chapter 1139, section 93, the council shall regularly review Medicaid managed care. The council shall submit an executive summary of pertinent information regarding deliberations during the prior year relating to Medicaid managed care to the department of human services no later than November 15 annually.

(5) Pursuant to 2016 Iowa Acts, chapter 1139, section 94, the council shall submit to the chairpersons and ranking members of the human resources committees of the senate and

house of representatives and to the chairpersons and ranking members of the joint appropriations subcommittee on health and human services, on a quarterly basis, minutes of the council meetings during which the council addressed Medicaid managed care.

~~(6) The council shall review the recommendations submitted by the executive committee regarding feedback received at the IA Health Link statewide public comment meetings outlined in 2016 Iowa Acts, chapter 1139, section 102.~~

~~\_\_\_\_\_ c. \_\_\_\_\_ *Executive committee.*~~

~~\_\_\_\_\_ (1) Executive committee meetings.~~

~~\_\_\_\_\_ 1. The executive committee shall meet on a monthly basis.~~

~~\_\_\_\_\_ 2. Meetings may be called by the co chairpersons; upon written request of at least 50 percent of executive committee members; or by the director of the department of human services.~~

~~\_\_\_\_\_ 3. Meetings shall be held in the Des Moines, Iowa, area unless other notification is given. Meetings will also be made available via teleconference, when available.~~

~~\_\_\_\_\_ 4. In a month when a council meeting is held, the executive committee shall meet after the council meeting, allowing committee members to discuss and make recommendations based on the topics discussed by council members.~~

~~\_\_\_\_\_ (2) Based on the deliberations of the full council, the executive committee shall make recommendations to the director of human services regarding the budget, policy, and administration of the medical assistance program. Such recommendations may include:~~

~~1. Recommendations on the reimbursement for medical services rendered by~~

~~providers of services.~~

~~2. Identification of unmet medical needs and maintenance needs which affect health.~~

~~3. Recommendations for objectives of the program and for methods of program analysis and evaluation, including utilization review.~~

~~4. Recommendations for ways in which needed medical supplies and services can be made available most effectively and economically to program recipients.~~

~~5. Advice on such administrative and fiscal matters as the director of human services may request.~~

~~(3) Pursuant to 2016 Iowa Acts, chapter 1139, section 102, the executive committee shall review the compilation of the input and recommendations from the public meetings convened statewide and shall submit recommendations based upon the compilation to the director of human services on a quarterly basis through December 31, 2017.~~

**79.7(4) Procedures.**

~~a. Procedures shall apply to both the council and the executive committee.~~

~~ba.~~ A quorum shall consist of 50 percent (5 persons) of the current voting members.

~~eb.~~ Where a quorum is present, a position is carried by two-thirds of the present council members ~~present~~.

~~dc.~~ Minutes of council meetings and other written materials developed by the council shall be distributed by the department to each member of the ~~full~~ council.

~~ed.~~ In cases not covered by these rules, Robert's Rules of Order shall govern.

**79.7(5) Expenses, staff support, and technical assistance.** Expenses of the council ~~and executive committee~~, such as those for clerical services, mailing, telephone, and meeting place, shall be the responsibility of the department of human services. The department shall

arrange for a meeting place, related services, and accommodations. The department shall provide staff support and independent technical assistance to the council ~~and the executive committee.~~

*a.* The department shall provide reports, data, and proposed and final amendments to rules, laws, and guidelines to the council for its information, review, and comment.

*b.* The department shall present the annual budget for the medical assistance program for review and comment.

*c.* The department shall permit staff members to appear before the council to review and discuss specific information and problems.

*d.* The department shall maintain a current list of members on the council ~~and executive committee.~~

*e.* The department shall be responsible for the organization of all council ~~and executive committee~~ meetings and notice of meetings.

*f.* As required in Iowa Code section 21.3, minutes of the meetings of the council ~~and of the executive committee~~ will be kept by the department. The ~~co-chairpersons~~ council will review minutes before distribution to the public.

~~*g.* The department shall compile input and recommendations received at the public meetings established in 2016 Iowa Acts, chapter 1139, section 102, and submit the information to the executive committee for review.~~



Iowa Department of Human Services

## Information on Proposed Rules

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Name of Program Specialist  
Jennifer Steenblock

Telephone Number  
(515) 256-4636

Email Address  
jsteenb@dhs.state .ia.us

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1. Give a brief purpose and summary of the rulemaking:

The purpose of these amendments are to update MAAC Council and Executive Meeting rules regarding council membership, voting and duties, and removal of the executive committee and responsibilities.

2. . What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

House File (HF) 766, Division XVIII.

3. Describe who this rulemaking will positively or adversely impact.

Impact is considered to be neutral

4. Does this rule contain a waiver provision? If not, why?

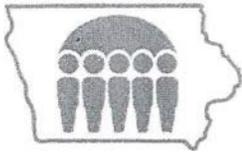
No, not necessary.

5. What are the likely areas of public comment?

The likely areas of public comment include eliminating the Executive Committee, which meets monthly, as well as the reduction of the number of voting MAAC members. Currently, there are 10 public members who all are eligible to vote, along with close to 50 professional entities, all of which are currently eligible to vote. Under the new rule, only 5 public members will be voting members, and only 5 professional entities will be voting members. The change may generate public comment regarding the reduction, and the process for selecting the voting members.

6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)

No.



## Administrative Rule Fiscal Impact Statement

Date: June 18, 2019

Agency: Human Services  
IAC citation: 441 IAC Chapter 79  
Agency contact: Jennifer Steenblock

**Summary of the rule:**

Updates MAAC Council and Executive Meeting rules regarding council membership, voting and duties, and removal of the executive committee and responsibilities

*Fill in this box if the impact meets these criteria:*

[3J] No fiscal impact to the state.

**D** Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.

**D** Fiscal impact cannot be determined.

*Brief explanation:*

Budget Analysts must complete this section for ALL fiscal impact statements.

The rule addresses the selection of council members including voting and responsibilities. There is no fiscal impact.

*Fill in the form below if the impact does not fit the criteria above:*

**D** Fiscal impact of \$100,000 annually or \$500,000 over 5 years.

*Assumptions:*

*Describe how estimates were derived:*

*Estimated Impact to the State by Fiscal Year*

	Year 1 (FY)	Year 2 (FY)
Revenue by each source:		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
<b>TOTAL REVENUE</b>	_____	_____
Expenditures:		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
<b>TOTAL EXPENDITURES</b>	_____	_____
<b>NET IMPACT</b>	_____	_____

[g] This rule is required by state law or federal mandate.

*Please identify the state or federal law:*

Identify provided change fiscal persons:

House File (HF) 766, Division XVIII.

D Funding has been provided for the rule change.

*Please identify the amount provided and the funding source:*

O Funding has not been provided for the rule.

*Please explain how the agency will pay for the rule change:*

*Fiscal impact to persons affected by the rule:*

No fiscal impact.

*Fiscal impact to counties or other local governments (required by Iowa Code 258.6):*

No fiscal impact.

Agency representative preparing estimate: Jason Buis

Telephone number: 515-281-5764

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**7-fb-7**



# HUMAN SERVICES DEPARTMENT[441]

## Notice of Intended Action

The Human Services Department hereby proposes to amend Chapter 79, "Other Policies Relating To Providers Of Medical And Remedial Care," and Chapter 83, "Medicaid Waiver Services," Iowa Administrative Code.

### *Legal Authority for Rule Making*

This rule making is proposed under the authority provided in Iowa Code section 249A.4.

### *State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code section 249A.4.

### *Purpose and Summary*

Legislation from the 2019 session directed the Department to eliminate the monthly budget maximum or cap for individuals eligible for the Medicaid home and community based services (HCBS) brain injury waiver. Legislation also appropriated additional funds to adjust the per diem rates for assertive community treatment (ACT) services.

### *Fiscal Impact*

Based on June 2018 data, annualized ACT costs were estimated at \$5,794,035. The cost per unit was increased by approximately 9.32% to achieve the \$211,332 state share target. Based on a previously completed fiscal note, no fiscal impact is expected from eliminating the monthly budget maximum or cap for individuals eligible for the BI waiver. During calendar year 2018, IME received 126 exception to policy (ETP) requests for BI waiver members to exceed the monthly cap for services and of these, only two requests were denied. Since the ETP process is an existing practice, costs related to exceptions would already be incorporated into the base data used to set MCO rates.

### *Jobs Impact*

After analysis and review of this rule making, no impact on jobs has been found.

### *Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any.

*Public Comment*

Any interested person may submit written comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on .XXXXXX, 2019. Comments should be directed to:

Nancy Freudenberg

Iowa Department of Human Services

Hoover State Office Building, Fifth Floor

1305 East Walnut Street

Des Moines, Iowa 50319-0114

Email: [appeals@dhs.state.ia.us](mailto:appeals@dhs.state.ia.us)

*Public Hearing*

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)“b,” an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

*Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee’s meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making action is proposed:

ITEM 1. Amend rule 441-79.1(2) as follows:

Assertive community treatment	Fee schedule	<del>\$51.08 per day for each day on</del> <del>which a team meeting is held.</del> <u>Fee schedule in effect 07/01/2019</u> Maximum of 5 days per week
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ITEM 2. Rescind rule **441—83.82 (2) d.** as follows:

~~d. The total cost of brain injury waiver services, excluding the cost of case management and home and vehicle modifications, shall not exceed \$3,013.08 per month.~~



Iowa Department of Human Services  
**Information on Proposed Rules**

Name of Program Specialist LeAnn Moskowitz	Telephone Number 515-256-4653	Email Address lmoskow@dhs.state.ia.us
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1. Give a brief purpose and summary of the rulemaking:

The proposed rule amends Iowa Admin Code 441 -79.1(2) by changing the rate to the fee schedule in effect 07/01/2019.

The proposed rule amends Iowa Admin Code 441-83.82 (2) d. by removing the monthly cap for services allowed under the HCBS BI Waiver.

2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

1. HF766 appropriated an additional \$211,332 to adjust the per diem rates for assertive community treatment (ACT) services.
2. HF 570 directs the department to eliminate the monthly budget maximum or cap for individuals eligible for the Medicaid home and community-based services brain injury waiver. The department shall track the average amount expended per waiver recipient each fiscal year beginning July 1 , 2019 , shall report the information annually to the Governor and General Assembly.

3. Describe who this rulemaking will positively or adversely impact.

1. This amendment will benefit Medicaid members needing to access ACT services by encouraging service provision by increasing reimbursement to providers.
2. This amendment will benefit HCBS BI Waiver service recipients by enabling those members to receive all of the medically necessary BI Waiver services identified in their annual HCBS comprehensive service plan.  
 There are no adverse impacts of this amendment. The department currently allows members to exceed the cap through the exception to policy process.

4. Does this rule contain a waiver provision? If not, why?

A waiver provision is not necessary. 441 -1.8(17A, 217) provides for waiver of administrative rules in exceptional circumstances.

5. What are the likely areas of public comment?

BI Stakeholders including the Governor’s Advisory Council on Brain Injury, the Brian Injury Alliance of Iowa (BIA-IA) and BI Waiver members are supportive regarding the removal of the monthly cap on services.

Mental Health advocates including the Mental Health Planning Council are supportive of an increase in reimbursement for ACT.

6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)

The jobs impact is unknowable but anticipated to be minimal to neutral.



## Administrative Rule Fiscal Impact Statement

Date: 7/1/19

**Agency:** Human Services  
**AC citation:** 441 IAC 83.82 (2) D.  
**Agency contact:** LeAnn Moskowitz

### Summary of the rule:

HF766 appropriated an additional \$211,332 to adjust the per diem rates for assertive community treatment (ACT) services.

HF570 directs the department to eliminate the monthly budget maximum or cap for individuals eligible for the Medicaid home and community-based services brain injury waiver. The department shall track the average amount expended per waiver recipient each fiscal year beginning July 1, 2019, shall report the information annually to the Governor and General Assembly.

*Fill in this box if the impact meets these criteria:*

- No fiscal impact to the state.
- Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.
- Fiscal impact cannot be determined.

### Brief explanation:

[Budget Analysts must complete this section for ALL fiscal impact statements.](#)

*Fill in the form below if the impact does not fit the criteria above:*

- Fiscal impact of \$100,000 annually or \$500,000 over 5 years.

### Assumptions:

The calculation of the ACT reimbursement increase was based on June 2018 units and cost per unit data. The June 2018 data was annualized and the cost per unit was adjusted in order to achieve a \$211,332 state share increase.

The FMAP rate is 60.88% in SFY20 and estimated at 61.99% in SFY21.

Based on a previously completed fiscal note, no fiscal impact is expected from eliminating the monthly budget maximum or cap for individuals eligible for the Medicaid home and community-based services brain injury waiver. During calendar year 2018, the Iowa Medicaid Enterprise (IME) received 126 exception to policy requests for BI Waiver members to exceed the monthly cap for services, and of these, only 2 were denied. Since the ETP process is an existing practice, costs related to ETPs would already be incorporated into the base data used to set MCO rates.

**Describe how estimates were derived:**

Based on the June 2018 data, annualized ACT costs were estimated at \$5,794,035. The cost per unit was increased by approximately 9.32% to achieve the \$211,332 state share target.

$\$5,794,035 \times .0932364 = \$540,215$   
 $\$540,215 \times .3912 = \$211,332$  state share

**Estimated Impact to the State by Fiscal Year**

	<u>Year 1 (FY 2020)</u>	<u>Year 2 (FY 2021)</u>
<b>Revenue by each source:</b>		
General fund	<u>211,332.00</u>	<u>211,332.00</u>
Federal funds	<u>328,883.00</u>	<u>334,879.00</u>
Other (specify):		
<b>TOTAL REVENUE</b>	<u>540,215.00</u>	<u>546,211.00</u>
<b>Expenditures:</b>		
General fund	<u>211,332.00</u>	<u>205,336.00</u>
Federal funds	<u>328,883.00</u>	<u>334,879.00</u>
Other (specify):		
<b>TOTAL EXPENDITURES</b>	<u>540,215.00</u>	<u>540,215.00</u>
<b>NET IMPACT</b>	<u>0.00</u>	<u>5,996.00</u>

This rule is required by state law or federal mandate.

*Please identify the state or federal law:*

Identify provided change fiscal persons:

2019 HF570 and HF766

Funding has been provided for the rule change.

*Please identify the amount provided and the funding source:*

The SFY20 Medical Assistance budget includes \$211,332 for the state share of the ACT provider reimbursement increase.

Funding has not been provided for the rule.

*Please explain how the agency will pay for the rule change:*

**Fiscal impact to persons affected by the rule:**

This amendment will benefit Medicaid members needing to access ACT services by encouraging service provision by increasing reimbursement to providers.

This amendment will benefit HCBS BI Waiver service recipients by enabling those members to receive all of the medically necessary BI Waiver services identified in their annual HCBS comprehensive service plan.

***Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):***

None anticipated.

Agency representative preparing estimate: Jason Buls

Telephone number: 515-281-5764

**HUMAN SERVICES DEPARTMENT[441]**

**Notice of Intended Action**

**Proposing rule making related to eliminating the application fee for child support recovery  
and providing an opportunity for public comment**

The Human Services Department hereby proposes to amend Chapter 95, "Collections," Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is proposed under the authority provided in Iowa Code section 217.6.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code section 252B.4.

*Purpose and Summary*

This proposed rule making aligns the Department's rules about child support recovery with recent legislative changes. 2019 Iowa Acts, Senate File 605, amended Iowa Code chapter 252B to eliminate the customer-paid application fee.

*Fiscal Impact*

2019 Iowa Acts, Senate File 605, also amended Iowa Code chapter 252B to increase the annual fee for nonassistance child support cases. Because the legislation coupled the loss of the application fee with the increase in the annual fee, there is no fiscal impact in these changes.

*Jobs Impact*

After analysis and review of this rule making, no impact on jobs has been found.

*Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441—1.8(17A,217).

*Public Comment*

Any interested person may submit written comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on December 10, 2019. Comments should be directed to:

Nancy Freudenberg  
Iowa Department of Human Services  
Hoover State Office Building, Fifth Floor  
1305 East Walnut Street  
Des Moines, Iowa 50319-0114  
Email: [appeals@dhs.state.ia.us](mailto:appeals@dhs.state.ia.us)

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*Public Hearing*

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)"b," an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

*Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making actions are proposed:

ITEM 1. Amend subrule 95.2(4) as follows:

**95.2(4) Application for services.**

~~a-~~ A person who is not on public assistance requesting services under this chapter, except for those persons eligible to receive support services under paragraphs 95.2(2)"a," "b," and "c," shall complete and return Form 470-0188, Application for Nonassistance Support Services, for each parent from whom the person is seeking support.

(+) a. The application shall be returned to the child support recovery unit serving the county where the person resides. If the person does not live in the state, the application form shall be returned to the county in which the support order is entered or in which the other parent or putative father resides.

(2) b. The person requesting services has the option to seek support from one or both of the child's parents.

~~b.~~ An individual who is required to complete Form 470-0188, Application for Nonassistance Support Services, shall be charged an application fee in the amount set by statute. The unit shall charge one application fee for each parent from whom support is sought. The unit shall charge the fee at the time of initial application and any subsequent application for services. The individual shall pay the application fee to the local child support recovery unit before services are provided.

ITEM 2. Amend subrule 95.18(3) as follows:

**95.18(3) Reapplication for services.** A person whose services were denied or terminated may reapply for services under this chapter by completing the application process and paying the application fee described in subrule 95.2(4).



Iowa Department of Human Services  
**Information on Proposed Rules**

Name of Program Specialist <b>Kate Bigg</b>	Telephone Number <b>515-281-4289</b>	Email Address <b>kbigg@dhs.state.ia.us</b>
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1. Give a brief purpose and summary of the rulemaking:

This rulemaking eliminates references to the application fee paid by non-assistance customers when requesting child support services from the Child Support Recovery Unit (CSRU). Recent legislative changes to Iowa Code Chapter 252B eliminated the customer-paid application fee.

2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

Senate File 605 (2019), which amended Iowa Code section 252B.4 to eliminate the customer-paid application fee.

3. Describe who this rulemaking will positively or adversely impact.

This rulemaking aligns current rules with recent legislative changes to Iowa Code Chapter 252B. These changes will positively impact non-assistance customers because they will no longer be required to pay an application fee when requesting child support services from CRSU.

4. Does this rule contain a waiver provision? If not, why?

No. Iowa Administrative Code Chapter 441—95 does not currently contain waiver provisions.

5. What are the likely areas of public comment?

The department does not anticipate public comment on the proposed amendments because these changes conform the rules with statutory changes to Iowa Code Chapter 252B passed by the Iowa Legislature during the 2019 Legislative Session.

6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)

No.



## Administrative Rule Fiscal Impact Statement

Date: June 13, 2019

**Agency:** Human Services  
**IAC citation:** 441 IAC 95  
**Agency contact:** Kate Bigg- Diane Barrett

**Summary of the rule:**

This rulemaking eliminates references to the application fee paid by non-assistance customers when requesting child support services from the Child Support Recovery Unit (CSRU). Recent legislative changes to Iowa Code Chapter 252B eliminated the customer-paid application fee.

*Fill in this box if the impact meets these criteria:*

- No fiscal impact to the state.
- Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.
- Fiscal impact cannot be determined.

**Brief explanation:**

Budget Analysts must complete this section for ALL fiscal impact statements.

SF 605 (2019) amended Iowa Code Chapter 252B to eliminate the customer-paid application fee. That bill also amended Iowa Code Chapter 252B to increase the annual fee for nonassistance child support cases. Because the bill coupled the loss of the application fee with the increase in the annual fee, there is no cost to the state. These changes are expected to generate a net revenue increase to the Child Support appropriation with a state share impact of less than \$100,000 per year.

*Fill in the form below if the impact does not fit the criteria above:*

- Fiscal impact of \$100,000 annually or \$500,000 over 5 years.

**Assumptions:**

*Describe how estimates were derived:*

*Estimated Impact to the State by Fiscal Year*

	<u>Year 1 (FY 2020)</u>	<u>Year 2 (FY 2021)</u>
Revenue by each source:		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
<b>TOTAL REVENUE</b>	_____	_____
Expenditures:		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
<b>TOTAL EXPENDITURES</b>	_____	_____
<b>NET IMPACT</b>	_____	_____

This rule is required by state law or federal mandate.  
*Please identify the state or federal law:*

Identify provided change fiscal persons:  
 Senate File 605 (2019)

Funding has been provided for the rule change.  
*Please identify the amount provided and the funding source:*

The loss of the application fee will be offset by an increase in the annual fee for nonassistance child support cases.

Funding has not been provided for the rule.  
*Please explain how the agency will pay for the rule change:*

*Fiscal impact to persons affected by the rule:*

These changes will positively impact non-assistance customers because they will no longer be required to pay an application fee when requesting child support services from CRSU.

*Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):*

None anticipated.

Agency representative preparing estimate: Diane Barrett

Telephone number: 515-281-6024

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**2020-2024 PARK & INSTITUTIONAL ROAD PROJECTS**

IOWA DEPARTMENT OF HUMAN SERVICES Project Location/Project Description	ESTIMATED PROJECT COSTS					
	County	2020 Amount	2021 Amount	2022 Amount	2023 Amount	2024 Amount
<b>Woodward Resource Center</b>	Boone	Tunnel cap	\$230,000			
Cedar Street and 334th Street crack filling and shoulder repair		\$300,000				
Curb repair		\$125,000				
Crosswalks signs at Magnolia Drive and Ash Ave		\$50,000				
Traffic control devices		\$4,000				
Cedar Street access control gate at Park Road		\$15,000				
<b>Independence Mental Health Institute</b>	Buchanan	\$200,000	\$250,000			
Pavement rehabilitation, patching and resurfacing						
<b>Cherokee Mental Health Institute</b>	Cherokee	\$75,000				
Crack and joint sealing						
<b>State Training School, Eldora</b>	Hardin	\$75,000				
Crack sealing and curb repair						
Electrical feed (currently in tunnels) for street lights		TBD				
<b>Iowa Veteran's Home, Marshalltown</b>	Marshall	Independence Road Circle drainage work and replacement	\$125,000			
Liberty Lane drainage		\$175,000				
Liberty Lane resurfacing and patching		\$90,000				
Independence Road replacement		\$145,000				
Memorial Drive replacement between Liberty Lane and Dack Building		\$200,000				
Memorial Drive intersection north of Dack Building from parking lot				\$300,000		
Solar powered radar signage at entrances		\$35,000				
<b>Glenwood Resource Center</b>	Mills	Pedestrian bridge over BNSF RR	\$25,000	\$100,000		
Full-depth cement patching in various areas				\$200,000		
Replace six (6) sewer inlet boxes and associated piping.					\$75,000	
Tunnel repair under BNSF RR		\$35,000			TBD	
Crack and joint cleaning and filling		\$175,000				
Cement replacement of Independence St. from Main St. north to building 212.					\$250,000	
Traffic control and signage		\$25,000				
<b>Yearly subtotal (A)</b>		<b>\$2,104,000</b>	<b>\$850,000</b>	<b>\$325,000</b>	<b>\$0</b>	<b>\$0</b>
<b>Five year subtotal (B)</b>				<b>\$3,279,000</b>		
<b>Previously allocated funds for prior year projects (C)</b>				<b>\$428,000</b>		
<b>2020-2024 Request Amount D (D = B - C)</b>				<b>\$2,851,000</b>		

Annual allocation \$617,500 x 5 (years)	\$ 3,087,500
Minus average annual maintenance cost \$47,000 x 5 (years)	\$ 235,000
<b>Equals available funding/annual allocation (\$570,500 x 5 years)</b>	<b>\$ 2,852,500</b>
Project costs identified	\$ 2,851,000
<b>Total funding available/remaining through 2024</b>	<b>\$ 1,500</b>



Department of  
**HUMAN SERVICES**

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***Comprehensive Review of Family  
Planning Services***

**December 2019**

## **Background**

Pursuant to 2017 Iowa Acts, House File 653 (HF 653), the Department of Human Services (DHS) discontinued the Iowa Family Planning Network (IFPN) waiver and created a state-funded DHS program known as the Family Planning Program (FPP). Eligibility and covered benefits are the same for both the FPP and the former IFPN. The services provided under the FPP also are provided as part of Medicaid.

HF 653 did not provide DHS with any direction for reporting the performance of the FPP. However, it has been the Department's intent to share analysis related to family planning services.

This analysis shows the access to and utilization of family planning services through both the FPP, the IFPN, and traditional Medicaid. This analysis provides data from calendar years 2014 through 2018. The Affordable Care Act (ACA), which started January 1, 2014, allows individuals to seek increased health coverage. The IFPN did not meet minimum essential benefits required under the ACA. It is believed that one reason for declining enrollment in the FPP/IFPN over the last four years is the implementation of the ACA. Medicaid managed care started April 1, 2016. The FPP started July 1, 2017 and replaced the IFPN.

Attachment A on pages 6-7 compares the eligibility requirements, covered services, payment and access to services across the federally funded Title X Family Planning Program, the State Family Planning Program and Medicaid. The Title X Family Planning Program is a federal grant program created in 1970 to provide comprehensive and confidential family planning services. In Iowa, the Title X Family Planning Program is administered by the Iowa Department of Public Health (IDPH) and the Family Planning Council of Iowa (FPCI). The following data analysis is focused on just DHS programs. Title X providers enroll as Medicaid and FPP providers, so their data is included in the data for services billed through Medicaid, IFPN or FPP.

Attachment B on pages 8-10 is a comprehensive list of family planning services available to members on both the FPP and Medicaid.

As of December 2018, there were 3,162 members enrolled in the FPP. Today, there are 746 attested providers in the FPP. Providers participating in the FPP must also be enrolled as a Medicaid provider.

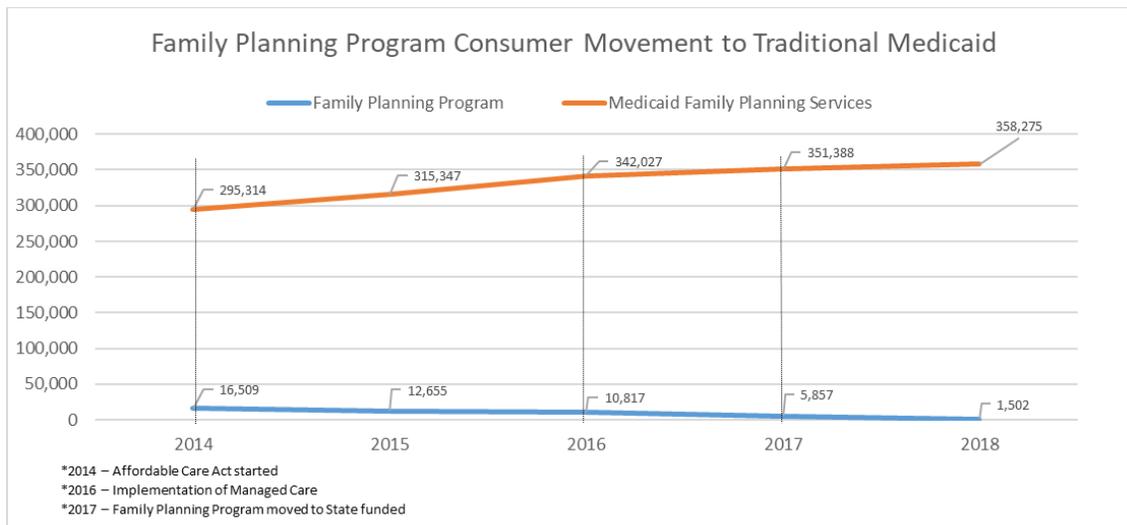
## **Data Collection**

The data used for this analysis is claims based and reflects ages 12-54 for both the FPP and Medicaid. Medicaid provides the same services and an additional benefit package than the FPP/IFPN. The data presented is based on claims/encounters for dates of services between January 2014 through December 2018. (A medical claims runout period follows the end of a calendar year. Due to this, DHS intends to conduct an analysis of 2019 data in July 2020.)

## Figure 1: Members Served

The following graph compares the number of FPP/IFPN members and Medicaid members utilizing family planning services between 2014 and 2018.

The number of total members utilizing family planning services over the last four years has increased each year, but now most members receive these services through traditional Medicaid compared to through the FPP/IFPN. One reason for declining enrollment in the FPP/IFPN over the last four years is the implementation of the ACA as individuals are now able to seek increased health coverage.



Member Count by Year	Family Planning Program	Medicaid Family Planning Services	Grand Total
2014	16,509	295,314	311,823
2015	12,655	315,347	328,002
2016	10,817	342,027	352,844
2017	5,857	351,388	357,245
2018	1,502	358,275	359,777
<b>Grand Total</b>	<b>47,340</b>	<b>1,662,351</b>	<b>1,709,691</b>

## Figure 2: Services Received

The following table shows the Top 10 family planning services received by members of the FPP/IFPN and Medicaid members from 2014 through 2018. *Many services listed indicate a test was taken and do not equate to the number of confirmed pregnancies or a diagnosis of a sexually transmitted disease (STD).* (See Attachment B for a full list of family planning services covered by Medicaid and the FPP.)

DHS intends to collaborate with its partners at the IDPH on outreach and education that improves the health of Iowans. Additionally, DHS will work with the IDPH and the provider associations to create maps of access points across the state for family planning services.

Top 10 Service Counts	Family Planning Program	Medicaid Family Planning Services	Grand Total
<b>2014</b>			
Chlamydia trachomatis- amplified probe technique	6,579	50,405	56,984
Urine pregnancy test	5,669	60,704	66,373
Therapeutic- prophylactic- or diagnostic injection; subcutaneous or intramuscular	4,919	95,589	100,508
Venipuncture	2,078	339,168	341,246
Automated hemogram	840	247,540	248,380
UA- auto with scope	221	83,916	84,137
UA- auto without scope	192	62,091	62,283
Blood Panel	158	112,077	112,235
Radiologic exam- chest- two views	99	112,862	112,961
Hospital outpatient clinic visit for assessment and management of a patient	32	123,274	123,306
<b>2014 Total for Top 10</b>	<b>20,787</b>	<b>1,287,626</b>	<b>1,308,413</b>
<b>2015</b>			
Chlamydia trachomatis- amplified probe technique	4,777	54,130	58,907
Urine pregnancy test	4,360	65,181	69,541
Therapeutic- prophylactic- or diagnostic injection; subcutaneous or intramuscular	2,901	103,625	106,526
Venipuncture	479	351,969	352,448
Automated hemogram	139	259,660	259,799
UA- auto without scope	101	70,517	70,618
UA- auto with scope	65	87,793	87,858
Hospital outpatient clinic visit for assessment and management of a patient	45	140,131	140,176
Blood Panel	34	124,490	124,524
Radiologic exam- chest- two views	20	107,067	107,087
<b>2015 Total for Top 10</b>	<b>12,921</b>	<b>1,364,563</b>	<b>1,377,484</b>
<b>2016</b>			
Chlamydia trachomatis- amplified probe technique	3,795	60,797	64,592
Urine pregnancy test	3,661	78,931	82,592
Therapeutic- prophylactic- or diagnostic injection; subcutaneous or intramuscular	2,349	117,690	120,039
Venipuncture	1,318	384,951	386,269
Automated hemogram	701	293,120	293,821
Blood Panel	318	143,832	144,150
UA- auto with scope	309	104,004	104,313
UA- auto without scope	238	78,001	78,239
Hospital outpatient clinic visit for assessment and management of a patient	221	170,984	171,205
Radiologic exam- chest- two views	116	117,388	117,504
<b>2016 Total for Top 10</b>	<b>13,026</b>	<b>1,549,698</b>	<b>1,562,724</b>
<b>2017</b>			
Chlamydia trachomatis- amplified probe technique	1,917	63,660	65,577
Urine pregnancy test	1,729	80,178	81,907
Therapeutic- prophylactic- or diagnostic injection; subcutaneous or intramuscular	1,338	118,270	119,608
Venipuncture	571	388,671	389,242
Automated hemogram	287	299,944	300,231
UA- auto with scope	158	102,621	102,779
Blood Panel	138	153,380	153,518
Hospital outpatient clinic visit for assessment and management of a patient	128	204,233	204,361
UA- auto without scope	85	76,403	76,488
Radiologic exam- chest- two views	44	118,924	118,968
<b>2017 Total for Top 10</b>	<b>6,395</b>	<b>1,606,284</b>	<b>1,612,679</b>
<b>2018</b>			
Chlamydia trachomatis- amplified probe technique	504	70,091	70,595
Therapeutic- prophylactic- or diagnostic injection; subcutaneous or intramuscular	464	122,272	122,736
Urine pregnancy test	416	85,014	85,430
Venipuncture	63	411,917	411,980
UA- auto without scope	13	80,567	80,580

Hospital outpatient clinic visit for assessment and management of a patient	13	237,960	237,973
UA- auto with scope	8	102,005	102,013
Blood Panel	4	167,377	167,381
Automated hemogram	4	314,623	314,627
X-ray of chest- 2 views		119,522	119,522
<b>2018 Total for Top 10</b>	<b>1,489</b>	<b>1,711,348</b>	<b>1,712,837</b>
<b>Grand Total</b>	<b>54,618</b>	<b>7,519,519</b>	<b>7,574,137</b>

### Figure 3: Reimbursement

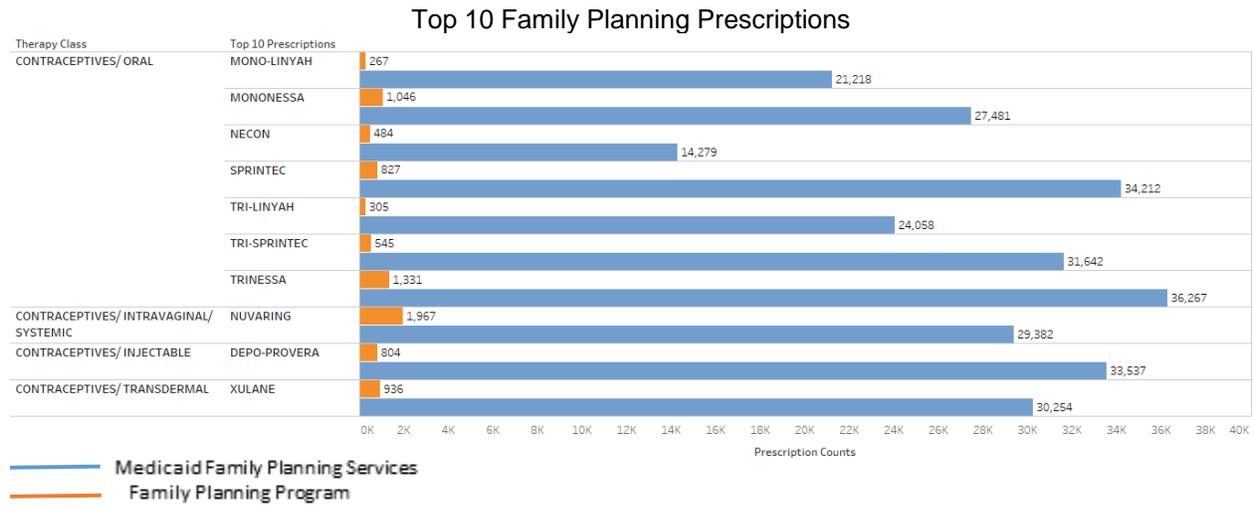
The following table shows the cost of services provided to members of the FPP/IFPN and Medicaid members.

Providers are reimbursed for services based on a fee schedule.

Reimbursement Amount	Family Planning Program	Medicaid Family Planning Services	Grand Total
<b>2014</b>			
Pathology & Lab	\$780,721.67	\$6,792,526.28	\$7,573,247.95
Medical Services/ Procedures	\$1,938,978.21	\$4,995,819.42	\$6,934,797.63
Surgery	\$412,249.96	\$2,168,168.12	\$2,580,418.08
Radiology	\$18,818.79	\$1,840,101.62	\$1,858,920.41
Anesthesiology	\$15,483.66	\$249,214.90	\$264,698.56
Medical & Surgical Supplies or DME	\$4,796.16	\$242,276.73	\$247,072.89
<b>2014 Total</b>	<b>\$3,171,048.45</b>	<b>\$16,288,107.07</b>	<b>\$19,459,155.52</b>
<b>2015</b>			
Pathology & Lab	\$563,592.85	\$7,580,270.47	\$8,143,863.32
Medical Services/ Procedures	\$1,482,892.86	\$5,994,574.24	\$7,477,467.10
Surgery	\$255,473.80	\$2,367,402.79	\$2,622,876.59
Radiology	\$9,316.08	\$1,925,464.36	\$1,934,780.44
Anesthesiology	\$6,633.43	\$241,133.91	\$247,767.34
Medical & Surgical Supplies or DME	\$3,142.58	\$142,028.76	\$145,171.34
<b>2015 Total</b>	<b>\$2,321,051.60</b>	<b>\$18,250,874.53</b>	<b>\$20,571,926.13</b>
<b>2016</b>			
Medical Services/ Procedures	\$971,362.01	\$20,113,511.57	\$21,084,873.58
Pathology & Lab	\$430,269.43	\$14,128,901.36	\$14,559,170.79
Radiology	\$14,477.39	\$5,736,379.56	\$5,750,856.95
Surgery	\$178,703.63	\$4,174,536.43	\$4,353,240.06
Anesthesiology	\$3,758.54	\$273,675.86	\$277,434.40
Medical & Surgical Supplies or DME	\$1,140.82	\$247,116.20	\$248,257.02
<b>2016 Total</b>	<b>\$1,599,711.82</b>	<b>\$44,674,120.98</b>	<b>\$46,273,832.80</b>
<b>2017</b>			
Medical Services/ Procedures	\$472,320.11	\$30,396,318.43	\$30,868,638.54
Pathology & Lab	\$218,317.80	\$16,896,625.42	\$17,114,943.22
Radiology	\$2,518.13	\$6,974,870.42	\$6,977,388.55
Surgery	\$111,501.42	\$4,769,001.15	\$4,880,502.57
Medical & Surgical Supplies or DME	\$535.42	\$386,930.58	\$387,466.00
Anesthesiology	\$2,997.42	\$231,770.10	\$234,767.52
<b>2017 Total</b>	<b>\$808,190.30</b>	<b>\$59,655,516.10</b>	<b>\$60,463,706.40</b>
<b>2018</b>			
Medical Services/ Procedures	\$112,826.84	\$31,927,944.93	\$32,040,771.77
Pathology & Lab	\$61,824.13	\$16,501,122.37	\$16,562,946.50
Radiology	\$839.78	\$6,348,617.64	\$6,349,457.42
Surgery	\$35,462.54	\$4,558,723.92	\$4,594,186.46
Medical & Surgical Supplies or DME	\$683.24	\$259,261.26	\$259,944.50
Anesthesiology	\$330.17	\$175,802.11	\$176,132.28
<b>2018 Total</b>	<b>\$211,966.70</b>	<b>\$59,771,472.23</b>	<b>\$59,983,438.93</b>
<b>Grand Total</b>	<b>\$8,111,968.87</b>	<b>\$198,640,090.91</b>	<b>\$206,752,059.78</b>

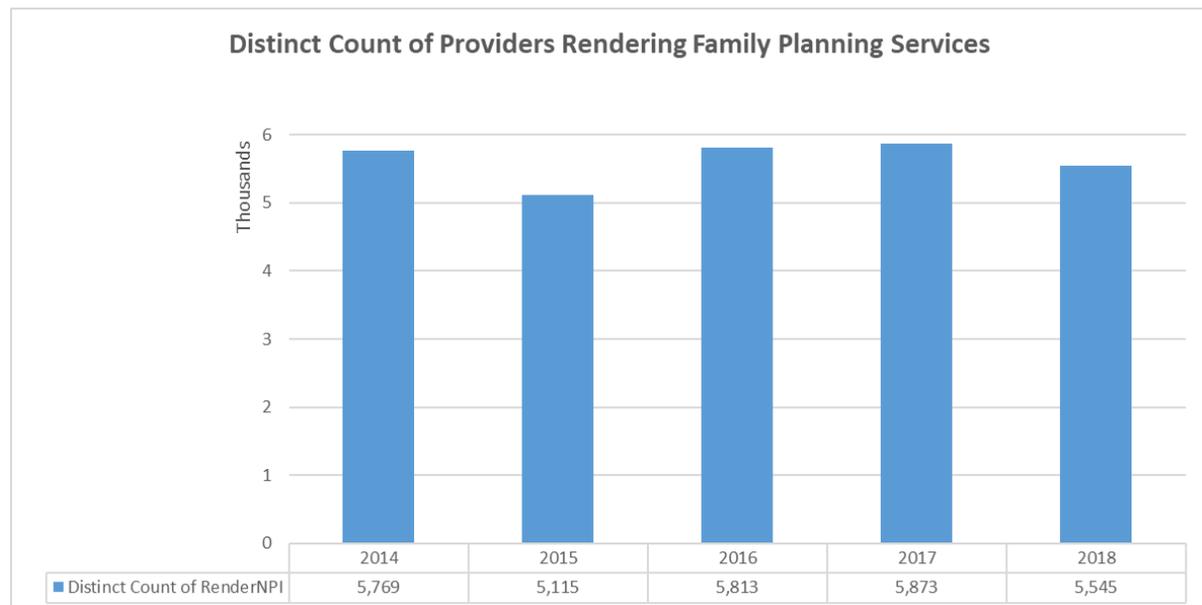
## Figure 4: Prescription Counts

The following chart shows the Top 10 family planning prescriptions of FPP members and Medicaid members.



## Figure 5: Distinct Providers

The following graph shows the number of providers that provided family planning services to both FPP members and Medicaid members. The counts are derived from claims data and not from a network listing of eligible providers. Providers must be enrolled in Medicaid in order to provide family planning services to both FPP and Medicaid members.



**Attachment A**

Topics	State Family Planning Program (SFPP) (State-Funded DHS)	Family Planning Services provided by Medicaid	Title X Family Planning Program (Federally Funded IDPH and FPCI)
Eligibility Criteria	<ul style="list-style-type: none"> <li>• Serving men and women</li> <li>• 12 to 54 years of age</li> <li>• Iowa residents</li> <li>• Proof of Identity</li> <li>• Proof of Social Security Number</li> <li>• U.S. citizens or qualified immigrants</li> <li>• Income – Up to 300% Federal Poverty Level (FPL); proof required</li> <li>• Apply through SFP Clinics or local DHS office</li> <li>• Capable of fathering or bearing children</li> <li>• Not otherwise eligible for Medicaid, including Iowa Health and Wellness Plan</li> <li>• May be otherwise eligible for Health and Well Kids Iowa (Hawki)</li> </ul>	<ul style="list-style-type: none"> <li>• Serving men, women, and children</li> <li>• No age restrictions</li> <li>• Iowa residents</li> <li>• Proof of Identity</li> <li>• Proof of Social Security Number</li> <li>• U.S. Citizen or qualified immigrant</li> <li>• Income limits specific to coverage group</li> <li>• Resource limits may apply</li> <li>• Apply online, by phone, or in person at local DHS office</li> </ul>	<ul style="list-style-type: none"> <li>• Serving men and women</li> <li>• Age – No restrictions</li> <li>• No residency or citizenship required</li> <li>• Income – Up to 250% of the FPL discounts; no proof required (people with incomes over 250% of poverty can be served but are charged full fee)</li> <li>• No application needed in order to receive services</li> <li>• Can have insurance coverage which would be billed</li> </ul>
Services Covered	<ul style="list-style-type: none"> <li>• Birth control exams</li> <li>• Birth control counseling</li> <li>• Limited testing and treatment for STDs</li> <li>• Pelvic exams</li> <li>• Pap tests</li> <li>• Pregnancy tests</li> <li>• Birth control supplies</li> <li>• Emergency contraception</li> <li>• Ultrasounds (if medically necessary and related to birth control services)</li> <li>• Yeast infection treatment</li> <li>• Voluntary sterilization</li> </ul>	<ul style="list-style-type: none"> <li>• Birth control exams</li> <li>• Birth control counseling</li> <li>• Testing and treatment for STDs</li> <li>• Pelvic exams</li> <li>• Pap tests</li> <li>• Pregnancy tests</li> <li>• Birth control supplies</li> <li>• Emergency contraception</li> <li>• Ultrasounds</li> <li>• Testing and treatment for HIV</li> <li>• Breast and cervical cancer screening</li> <li>• Evaluation and treatment for vaginal infection(s)</li> <li>• HPV vaccine</li> </ul>	<ul style="list-style-type: none"> <li>• Birth control exams</li> <li>• Birth control counseling</li> <li>• Testing and treatment for STDs</li> <li>• Pelvic exams</li> <li>• Pap tests</li> <li>• Pregnancy tests</li> <li>• Birth control supplies</li> <li>• Emergency contraception</li> </ul> <p><i>Additional services made available through Title X:</i></p> <ul style="list-style-type: none"> <li>• Testing and treatment for HIV</li> <li>• Breast and cervical cancer screening</li> </ul>

		<ul style="list-style-type: none"> <li>• Overall comprehensive health</li> <li>• Voluntary sterilization</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation and treatment for vaginal infection(s)</li> <li>• HPV vaccine Gardasil available through separate payer source</li> <li>• Natural family planning methods counseling</li> <li>• Level 1 infertility evaluation</li> <li>• Overall comprehensive health</li> <li>• Domestic violence</li> <li>• General outreach and education</li> </ul>
Payment Method	<ul style="list-style-type: none"> <li>• SFPP coverage</li> <li>• Medicaid eligible providers are paid by Fee-for-Service (FFS) billing to Iowa Medicaid</li> </ul>	<ul style="list-style-type: none"> <li>• Medicaid eligible providers are paid by the Managed Care Organizations (MCOs) and FFS</li> </ul>	<ul style="list-style-type: none"> <li>• Sliding fee scale</li> <li>• Private insurance</li> <li>• Donations</li> <li>• Medicaid, Medicaid MCOs</li> <li>• SFPP</li> <li>• No payment is required for clients under 100% of FPL</li> <li>• <i>No one can be denied contraceptive services due to inability to pay</i></li> </ul>
Access to Services	<ul style="list-style-type: none"> <li>• FPP Family Planning Clinics</li> <li>• Physicians</li> <li>• Federally Qualified Health Centers</li> <li>• Rural Health Clinics</li> <li>• Any approved and enrolled Medicaid provider that has completed a FPP attestation</li> </ul>	<ul style="list-style-type: none"> <li>• FPP Family Planning Clinics</li> <li>• Physicians</li> <li>• Federally Qualified Health Centers</li> <li>• Rural Health Clinics</li> <li>• Any approved and enrolled Medicaid provider</li> </ul>	<ul style="list-style-type: none"> <li>• Selected Title X contractors through IDPH and FPCI Clinic locator – <a href="https://opa-fpclinicdb.hhs.gov/">https://opa-fpclinicdb.hhs.gov/</a></li> <li>• All IDPH contracted Title X agencies must complete the Title X Certification and Assurance</li> </ul>
Additional Resources	<a href="https://idph.iowa.gov/Portals/1/userfiles/88/2017%20SFPP%281%29.pdf">https://idph.iowa.gov/Portals/1/userfiles/88/2017%20SFPP%281%29.pdf</a> <a href="http://idph.iowa.gov/pregnancy-options/information-for-women">http://idph.iowa.gov/pregnancy-options/information-for-women</a>		

## Attachment B

\*Services do not include Evaluation and Management. All services listed are available to FPP and Medicaid members.

Service	Category
Anesthesia for hysteroscopy	Anesthesiology
Anesthesia- tubal ligation/transection	Anesthesiology
Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy- unilateral or bilateral	Anesthesiology
Spermicidal suppositories	Medical & Surgical Supplies or DME
Essure Implant device	Medical & Surgical Supplies or DME
Condom- nonpermicidal	Medical & Surgical Supplies or DME
Female condom	Medical & Surgical Supplies or DME
Diaphragm	Medical & Surgical Supplies or DME
Supplies and materials provided by phys over/above norm serv	Medical & Surgical Supplies or DME
Cervical cap	Medical & Surgical Supplies or DME
Handling and/or conveyance of specimen for transfer from a physician's office to a lab	Medical Services/Procedures
IUD - Levonorgestrel-Release Intrauterine Contraception 52MG (brand name Merena)	Medical Services/Procedures
Therapeutic- prophylactic- or diagnostic injection; subcutaneous or intramuscular	Medical Services/Procedures
Hospital outpatient clinic visit for assessment and management of a patient	Medical Services/Procedures
Injection- Midazolam HCL- 1 mg (Versed)	Medical Services/Procedures
Intrauterine Device (IUD)	Medical Services/Procedures
Sign language or oral interpretive services- per 15 minutes	Medical Services/Procedures
injection- Fentanyl Citrate- 0.1 mg (Fentanyl)	Medical Services/Procedures
Prescription drug- oral- non-chemotherapeutic- not otherwise specified (Use for oral medications related to contraception services). J8499 requires the claim to include the NDC number.	Medical Services/Procedures
Handling and/or conveyance of specimen for transfer from patient to other than physician's office to a lab (distance may be indicated)	Medical Services/Procedures
Levonorgestrel-releasing intrauterine contraceptive 3 year duration	Medical Services/Procedures
Doxycycline	Medical Services/Procedures
Levonorgestrel (contraceptive) implants system- including implants and supplies (brand name Implanon)	Medical Services/Procedures
Contraceptive supply- hormone containing vaginal ring- each	Medical Services/Procedures
Levonorgestrel-releasing intrauterine contraceptive system (skyla)- 13.5 mg	Medical Services/Procedures
Oral contraceptive- 21-day supply	Medical Services/Procedures
Moderate (conscious) sedation by same physician- first 30 min intra-service time- ages 5 yrs and older	Medical Services/Procedures
Electrocardiogram- routine EKG with at least 12 leads; w/interpretation and report	Medical Services/Procedures
Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations	Medical Services/Procedures
Administration and interpretation of caregiver-focused health risk assessment	Medical Services/Procedures
Medroxyprogesterone acetate for contraceptive use- 1mg	Medical Services/Procedures
Moderate sedation services by physician- 5 years of age or older; first 15 minutes	Medical Services/Procedures
Transdermal Hormonal (Evra - patch)	Medical Services/Procedures
Administration of patient-focused health risk assessment	Medical Services/Procedures
Moderate sedation services by physician; additional 15 minutes	Medical Services/Procedures
Levonorgestrel (contraceptive) implant system- including implants and supplies	Medical Services/Procedures
Progestasert IUD	Medical Services/Procedures
Levonorgestrel-releasing intrauterine contraceptive system- 19.5 mg	Medical Services/Procedures
High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face- individual- includes: Education- skills training & guidance on how to change sexual behavior; performed semi-annually- 30 minutes	Medical Services/Procedures
Levonorgestrel-releasing intrauterine contraceptive 5 year duration	Medical Services/Procedures
Moderate (conscious sedation) by same physician- add-on code	Medical Services/Procedures
UA- auto with scope	Pathology & Lab
UA- auto without scope	Pathology & Lab
Automated hemogram	Pathology & Lab
Cytopathology- cervical or vaginal- liquid preservative; automated prep- manual screen under physician supervision	Pathology & Lab
Gonadotropin- chorionic; quantitative (HCG)	Pathology & Lab
Blood Panel	Pathology & Lab
UA by regent strips	Pathology & Lab
Culture- chlamydia	Pathology & Lab

Culture- presumptive pathogenic organisms- screening only	Pathology & Lab
Cytopathology pap- cervical or vaginal; any reporting system requiring interpretation by physician	Pathology & Lab
Level II - surgical pathology gross & microscopic exam	Pathology & Lab
Knickers test for yeast	Pathology & Lab
Blood count- hemoglobin	Pathology & Lab
Blood count- hematocrit	Pathology & Lab
Immunoassay for infectious agent reagent strip	Pathology & Lab
Syphilis tests; quantitative	Pathology & Lab
UA- routine without microscopy	Pathology & Lab
Cytopathology- cervical or vaginal- liquid preservative- auto prep- automated screening under physician supervision	Pathology & Lab
Cytopathology- cervical or vaginal- liquid preservative- auto prep- automated screen & manual rescreen- under physician supervision	Pathology & Lab
Infectious agent detection by nucleic acid; human papilloma virus; high-risk types	Pathology & Lab
Hematocrit	Pathology & Lab
Gonorrhea - amplified probe test	Pathology & Lab
Infectious agent detection by nucleic acid; human papilloma virus; types 16 and 18 only; includes type 45- if performed	Pathology & Lab
Gonadotropin- qualitative (pregnancy test)	Pathology & Lab
Koh test	Pathology & Lab
HPV - amplified probe test	Pathology & Lab
Infectious agent detection by nucleic acid; human papilloma virus; low-risk types	Pathology & Lab
Smear- primary source- with interpretation- wt mount	Pathology & Lab
Glucose- blood- stick test	Pathology & Lab
Level V- Surgical pathology- gross and microscopic examination	Pathology & Lab
Automated diff WBC count	Pathology & Lab
Infectious agent detection by nucleic acid- chlamydia?	Pathology & Lab
Chlamydia trachomatis- amplified probe technique	Pathology & Lab
Syphilis- qualitative (aka VDRL)	Pathology & Lab
Cytopathology- cervical or vaginal- liquid preservative; automated prep- manual screen & rescreen under physician supervision	Pathology & Lab
Level IV- Surgical pathology- gross and microscopic examination	Pathology & Lab
Differential WBC count	Pathology & Lab
Cytopathology- slides- cervical or vaginal (the Bethesda System); manual screening under physician supervision	Pathology & Lab
Infectious agent detection by nucleic acid; N. gonorrhea- direct probe technique	Pathology & Lab
Urine pregnancy test	Pathology & Lab
Cytopathology- slides-cervical or vaginal- manual screening under physician supervision	Pathology & Lab
Smear- primary source- with interpretation- routine	Pathology & Lab
Cytopathology-smears cervical or vaginal- screening by automated system under supervision of physician	Pathology & Lab
Cytopathology- smears cervical or vaginal- automated manual rescreening under physician supervision	Pathology & Lab
Semen analysis; presence and/or motility of sperm including Huhner test (post coital)	Pathology & Lab
X-ray of chest- 2 views	Radiology
Ultrasound- transvaginal	Radiology
Chest x-rays	Radiology
Radiologic exam- pelvis- complete- minimum of 3 views	Radiology
Ultrasound- pelvic (non-obstetric) B-Scan and/or real time with image documentation; complete (Payable only with a family planning related diagnosis)	Radiology
Radiologic exam- chest- two views	Radiology
Ultrasound- extremity- nonvascular- real-time with image documentation; limited-anatomic specific	Radiology
Ultrasound- pelvic (non-obstetric) B-Scan and/or real time with image documentation; limited or follow-up (Payable only with a family planning related diagnosis)	Radiology
Hysterosalpingography; supervision and interpretation only	Radiology
Insertion- non-biodegradable drug delivery implant	Surgery
Laparoscopy - with fulguration of oviducts (with or without transection)	Surgery
Drawing blood capillary	Surgery
Removal of IUD	Surgery
Laparoscopy - with occlusion of oviducts (e.g.- band- clip- falope ring)	Surgery
Colposcopy of the cervix including upper/adjacent vagina	Surgery
Removal- non-biodegradable drug delivery implant	Surgery
Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	Surgery
Essure - female sterilization	Surgery
Colposcopy of the cervix including upper adjacent vagina; with biopsy(s) of the cervix	Surgery
Hysteroscopy- surgical; with removal of impacted foreign body	Surgery
Insertion of intrauterine device	Surgery

Salpingectomy- complete/partial- unilateral/bilateral (separate procedure)	Surgery
Removal of non-biodegradable drug- device or implant	Surgery
Ligation or transection of fallopian tube(s) abdominal or vaginal approach- unilateral or bilateral	Surgery
Ligation or transection of fallopian tube(s)- when done at the time of cesarean delivery or intra- abdominal surgery	Surgery
Occlusion of fallopian tube(s) by device (e.g.- band- clip- falope ring) vaginal or suprapubic approach	Surgery
Removal with reinsertion- non-biodegradable drug delivery implant	Surgery
Colposcopy of the entire vagina- with cervix if present- with biopsy(s) of vagina/cervix	Surgery
Vasectomy- unilateral/bilateral (separate procedure)- including postoperative semen examination(s)	Surgery
Diaphragm or cervical cap fitting	Surgery
Catheterization & introduction of saline infusion sonohysterography (SIS) or hysterosalpingography	Surgery
Ligation (percutaneous) of vas deferens- unilateral or bilateral (separate procedure)	Surgery
Venipuncture	Surgery
Colposcopy of the entire vagina with cervix if present	Surgery
Cautery of cervix; cryocautery- initial or repeat	Surgery
Conization of cervix- with or without fulguration- with or without dilation and curettage- with or without repair; loop electrode excision	Surgery
Pelvic exam under anesthesia	Surgery
Injection anesthetic agent- paracervical	Surgery