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(SC-HCFALTC)

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- *Appointments … Appt*
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STATE OF WISCONSIN
WAIVER REQUEST

MEDICAID FAMILY PLANNING SERVICES FOR WOMEN OF CHILD BEARING AGE IN THE STATE OF WISCONSIN

To

Health Care Financing Administration
U. S. Department of Health and Human Services

From

Joe Leean, Secretary
Wisconsin Department of Health and Family Services

June 25, 1999

FAMILY PLANNING WAIVER REQUEST

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State of Wisconsin
Family Planning Waiver Application

I. OVERVIEW

The State of Wisconsin is requesting a waiver under the authority of Section 1115 (a) of the Social Security Act to extend Medicaid eligibility for family planning services to women 15-44 years of age whose income is at or below 185% of the federal poverty level (FPL). Specifically, we are requesting a waiver of the following provisions of the Social Security Act: Sections 1902(a)(10)(A); 1902(l)(1); 1902(a)(10)(B); 1902(a)(17)(D); 1902(a)(34); and 1902(a)(47).

The primary goal of the Wisconsin family planning demonstration project is to reduce unintended pregnancies in the project population and thereby reduce the number of births, and birth related costs, paid for by Medicaid.

Target Population and Need for Services

Wisconsin is seeking approval to extend Medicaid coverage of family planning services to all women who:

- Are between the ages of 15 and 44;
- Have income at or below 185% FPL; and
- Are not enrolled in Medicaid or BadgerCare, both of which provide family planning services.

Extending the eligibility criteria in this manner is expected to create a new Medicaid population of 47,000 women enrolled for Medicaid family planning services.

(See Appendix A for a complete calculation of the estimated family planning users for this demonstration project and Appendix B for a description of BadgerCare.)

The Alan Guttmacher Institute's 1995 estimates of Wisconsin women in need of publically supported contraceptive services reflect similar numbers of women in need of services (see Appendix C).

Scope of the Project

Wisconsin will provide family planning services under this demonstration project for five years beginning October 1, 1999. Services will be available statewide, on a fee-for-service basis and are subject to all the applicable federal family planning regulations. Covered services include office visits, limited laboratory services, sterilization and contraceptive devices and pharmaceutical supplies. Eligible women may obtain family planning services from any qualified Medicaid provider. Providers will include physicians, nurse midwives, nurse practitioners, federally qualified health centers, hospital clinics and pharmacies. All Title V and Title X family planning clinics will be providing services under this demonstration project.

Outreach

Outreach will be conducted using a variety of methods, including:

- Medicaid provider notification,
- Presumptive Eligibility (PE),
- Provider training,
- Recipient notification,
- Title V program,
- The Early Identification of Pregnancy (EIDP) program,
- *Brighter Futures: The Wisconsin Plan to Prevent Adolescent Pregnancy,*
- Title X agencies,
- Wisconsin Family Planning and Reproductive Health Association, Inc., (WFPRHA), and
- The State Medical Society.

Cost Neutrality and Evaluation

Wisconsin will assess the impact of this demonstration project by using historical base-line data and future trends expected without the waiver, compared to data collected following project implementation. Final net savings from the family planning waiver for the five-year period are estimated at $10,103,375.

II. BACKGROUND AND NEED FOR SERVICES

Problem Definition

Programs such as Medicaid and BadgerCare traditionally cover women who are disabled, have children, or are pregnant. Low-income women who do not qualify for such programs are unlikely to have either insurance coverage, or sufficient personal funds to purchase family planning and reproductive health services in the private sector. Therefore, they are at a higher risk of unintended pregnancy and in greater need of subsidized family planning services (Forrest and Samara, 1996).

Unintended Pregnancies

According to the Alan Guttmacher Institute, the $715 million in federal and state tax revenues used nationally to provide contraceptive services in 1994 prevented at least 1.5 million unintended pregnancies (Forrest and Samara, 1996). Nationally, of all pregnancies in 1994 (excluding miscarriages), approximately 51% concluded in intended births, 23% in unintended births, and 26% ended in abortions (Henshaw, 1998).

Over 49.0% of all pregnancies are unintended, and approximately 31.0% of all births are also unintended. The proportions of unintendedness increase with young age and low-income, as shown in the following table (Alan Guttmacher, 1995). Women within these demographic categories are particularly vulnerable to the negative consequences of unintended pregnancy and birth.

Demographics	Unintended Pregnancies	Unintended Births
Ages 15-17	82.7%	72.9%
Ages 18-19	75.0%	61.7%
Under 100% FPL	61.4%	44.8%
100-199% FPL	53.2%	37.2%

The importance of this demonstration project is also reflected in two of the five goals of the "Campaign to Reduce Unintended Pregnancy," recommended by the Institute of Medicine in its 1995 report, *The Best of Intentions: Unintended Pregnancy and the Well-being of Children and Families,* to: 1) improve knowledge about contraception and reproductive health, and 2) increase access to contraception. The Institute of Medicine report documents the serious consequences associated with unintended pregnancy. These include increased risks for women, children and families, delayed prenatal care, increased risk of fetal exposure to harmful substances due to late confirmation of pregnancy, increased risk of low birthweight, and infant mortality. Unintended pregnancies lead to 1.5 million abortions each year in the United States (Brown and Eisenberg, eds., 1995).

According to this report, the significance of increased access to contraceptive services is illustrated by the relationship between contraception and unintended pregnancy. Among women not planning to become pregnant but not using contraception, 44 out of 100

experience unintended pregnancy. This sharply contrasts to unintended pregnancy among women also not planning to become pregnant but using contraception: 7 out of 100 experience an unintended pregnancy (Brown and Eisenberg, eds., 1995).

Increased access to contraceptive services has significant prevention and cost savings potential. The Alan Guttmacher Institute has estimated that every public sector dollar spent on family planning services saves an average of $3. (Forrest and Samara, 1996).

Wisconsin Medicaid/Healthy Start (Title XIX)

Beginning in the late 1980's, Congress enacted a series of laws to reduce infant mortality and improve birth outcomes by expanding Medicaid coverage of low-income pregnant women and their children. Wisconsin refers to this Medicaid expansion for poverty-related pregnant women and children as Healthy Start. In Wisconsin, pregnant women and their children, under age six, qualify for Healthy Start up to 185% FPL. As of April 1999, children ages six through age eighteen qualify for Healthy Start up to 100% FPL. (BadgerCare will cover children ages six through eighteen with family income up to 185% FPL.)

To reduce the barriers low-income women face in accessing prenatal care, Wisconsin has taken measures to streamline the Healthy Start eligibility process. These measures include eliminating the asset test for Healthy Start eligibility, expanding presumptive eligibility to include more providers, and developing and implementing outreach programs, including outstationing.

Outstations

Several years ago, Milwaukee County eligibility workers were located in three Healthy Start outstation sites to increase benefit access for pregnant women and young children. Wisconsin is now embarking on a major expansion of outstationing, and will be locating Milwaukee county eligibility staff in more than twenty new sites, including hospitals, clinics and community-based agencies. Eight outstations have also been established in Kenosha County and plans for outstations in three additional counties have been approved (including Dane County, where the capital, Madison, is located). At this writing we have received proposals from another three counties, and we expect proposals from additional county and tribal agencies as well.

Since the passage of OBRA '90, Wisconsin has established a number of OBRA outstation sites which assist pregnant women and young children in completing Healthy Start applications, and then forward the completed applications to county staff. Wisconsin Medicaid is expanding and improving on these Healthy Start/OBRA outstation sites in conjunction with the Wisconsin Primary Health Care Association. This association was awarded a HCFA/HRSA demonstration grant to support private/public partnerships in Medicaid outstationing in Wisconsin.

Healthy Start Caseload and Expenditures

We are using Healthy Start recipients and expenditures for pregnant women, newborns and children, and fee-for-service family planning recipients and expenditures for the projections of our Medicaid costs with and without the waiver to show the impact of the

family planning waiver. Over the past three years, the number of Wisconsin Healthy Start recipients has increased, while the number of AFDC-related Medicaid cases has decreased. In January 1995, Wisconsin had a total of 486,858 Medicaid recipients. This figure included 44,665 Healthy Start women and children, which represents nine percent of the total Medicaid caseload. In January 1998, the total number of recipients was 398,572, but the number of Healthy Start women and children at that time expanded to 80,830, or twenty percent of the total Medicaid caseload. The unduplicated count of Healthy Start recipients for SFY 98 was 162,441 compared to 98,017 in SFY 1994 (these counts may have a slight duplication of newborns in the children category). This annual count is the total number of pregnant women and children who were eligible at any time during a given fiscal year.

In SFY 98, the total Medicaid cost for Healthy Start pregnant women was $36,971,071 (including PE expenditures). The cost for Healthy Start newborns was $17,421,348 and $78,802,410 for children during that same fiscal year.

Historic data on Healthy Start eligibles and costs are included as Appendix E-1. Projections of Healthy Start costs without and with the family planning waiver are presented in Appendix E-2 and E-3.

Subsequent Healthy Start Pregnancies

While Healthy Start has improved access to prenatal care for low-income women, benefits continue only through the end of the month in which the sixtieth postpartum day occurs. This policy leaves many women without access to family planning services at a time when they are at risk of another pregnancy.

Using the same Medicaid claims data as that used for Appendix E-1, we found that during SFY 94-SFY 98, 1,887 Healthy Start women had a subsequent pregnancy within two years of an initial birth. The total Medicaid costs for these pregnancies, births and children are estimated at approximately $9.4 million, based on the 5-year average prenatal and birth costs of $1897 per pregnancy, the 3-year average newborn costs of $558 per newborn, and the 5-year average cost per child of $518 per year.

One focus of this demonstration project is to address this shortcoming by making women automatically eligible for the family planning demonstration project, if they are not enrolled in either Medicaid or BadgerCare when their Healthy Start eligibility ends. A recently reported study in the MMWR on "Risk Factors for Short Interpregnancy Interval (IPI)—Utah, June 1996-June 1997", dated November 6, 1998, found that Medicaid women are at greater risk for short IPIs and may "benefit from extended Medicaid coverage or other means of assuring access to family-planning services" (MMWR, 1998).

Title X and Title V Family Planning

Currently, women who do not qualify for Medicaid or BadgerCare can receive family planning services through programs supported by Title X or Title V block grants.

Planned Parenthood of Wisconsin administers the Title X block grant. Under this grant, family planning services are provided at nine Planned Parenthood clinics, and three

community-based health clinics that are not operated by Planned Parenthood. Patients under 100% FPL receive free services at Title X clinics.

Title X grant funding has remained virtually level at $2.7 million in FFY 95 and $2.8 million from FFY 96 through FFY 98. Inflation for professional medical services has increased an average of 3.9% annually for this same time period (see Appendix F). Over the past five years, the number of low-income clients being served at these clinics has decreased due to the clinics not having the financial resources to do outreach, or provide services for an increased number of clients who must be served free of charge.

Even among women who are insured, contraceptives are often a non-covered service. Planned Parenthood of Wisconsin estimates that approximately 5% of their clients have private insurance and only 20% of those are insured for contraceptives. According to the National Family Planing and Reproductive Health Association, one third of large group fee-for-service plans cover oral contraceptives and less than 20% of large group fee-for-service and less than 40% of HMOs routinely cover all five of the major reversible methods of contraceptives (Planned Parenthood of Wisconsin, personal communication, 1998).

The table in Appendix G demonstrates the need for expanded contraceptive services in Wisconsin. Access to these services has steadily decreased over the past five years: 16,000 fewer patients received services in 1993 compared to 1997: 60,727 patients received services in Title X clinics in 1993, declining to 44,250 in 1997. This is a significant problem considering the relationship between unintended pregnancy and lack of contraceptive use described above.

The Division of Public Health (DPH), within the Department of Health and Family Services, administers Title V, the Maternal and Child Health Block Grant Program. Title V funding is used to support a number of projects including prenatal, infant and child health services, and family planning services in areas not supported by Title X funding. Title V family planning funds ($1,824,710) are supplemented by $1,980,200 in state general purpose revenue (GPR) funds, and serve low-income clients at 33 agencies including local health departments, tribal agencies and community-based health clinics in 51 counties throughout Wisconsin. (See map and list of providers in Appendix H.)

As with Title X, funding for both the Title V block grant and GPR support has remained level from FFY 94 through FFY 98. However, increased medical costs, due to inflation, have been passed along to all clients. Fewer low-income clients are being served because of increased charges. Unlike Title X clinics, the Title V clinics use a sliding fee-scale that applies to all clients, including those who are low-income. In Title V/GPR clinics in 1993, public funds accounted for approximately 80%-85% of the total operating budgets of these family planning clinics. In 1997, public funding accounted for 53% of the total cost of providing services; generated income (largely patient fees) paid for 47% of the cost of services. This shift in revenue sources reflects a decreasing proportion of low income patients (under 100% of poverty) served by these clinics, for whom services are increasingly unaffordable.

In 1993, approximately 47% of all patients (Title X and Title V/GPR) were below 100% of poverty compared to 40% of all patients in 1997. The decrease in the number of patients served and the proportion of women below 100% of poverty are noteworthy because women below 100% of poverty have a higher proportion of unintended pregnancies, are more vulnerable to the economic and social consequences of unintended pregnancy, and are more likely to enroll in Healthy Start. According to the latest National Survey of Family Growth, 61.4% of women under 100% of poverty had unintended pregnancies; this compares with 49.2% of all women, 53.2% between 100% and 200% of poverty, and 41.2% over 200% of poverty. The low-income clients who can not afford to receive services at the Title V clinics, or who do not know about the free services being offered by the Title X clinics, are the population most likely to qualify for Healthy Start if they do become pregnant (see table in Appendix G).

Effect of this Demonstration Project on Title V and Title X Agencies

Expanding Medicaid coverage for family planning services as proposed here will augment funding for both of these programs. The 1115 waiver will allow Wisconsin to allocate additional Title V and Title X dollars for community education and outreach, and offer more affordable services for other clients, such as low-income men, and women between 185% and 250% FPL (similar to proposals submitted by other state e.g., Oregon). The occurrence of unintended pregnancy among individuals at this income level remains high, leaving them vulnerable to its negative economic and health consequences (see Appendix C).

(See Appendix F for historical data on Title V and Title X funding and client numbers in Wisconsin.)

The Wisconsin Department of Health and Family Services is required to "provide for delivery of family planning services throughout the state by developing and by annually reviewing and updating a state plan for community-based family planning programs" (Wisconsin statutes: 253.07). The DPH's Maternal and Child Health Advisory Committee is charged to "conduct an annual review of the Wisconsin Family Planning Program and make recommendations for an updated plan." This review was completed and a report made to DPH/DHFS on September 21, 1998 (Attachment III). Many of the recommendations relate directly to implementation of this demonstration project: "A waiver, if effectively implemented, has the potential to significantly increase accessibility and affordability of services statewide."

A map showing the locations of Title V and Title X clinics is included as Appendix H.

III. PRIMARY GOAL AND OBJECTIVES

Primary Goal

The primary goal of this demonstration project is to control specific Medicaid costs by decreasing unintended births to women that potentially may become Medicaid recipients. These costs include prenatal care, delivery, and medical costs for the mother through the end of the month in which the sixtieth postpartum day occurs, and ongoing health care for the child.

Objectives

The family planning demonstration project will address Wisconsin's goal of controlling specific Medicaid costs through the following objectives:

- Increase the use of family planning services among women of childbearing age who are not currently Medicaid eligible or participating in BadgerCare;
- Reduce the rate of unintended births among Wisconsin females, including teenagers, with incomes at or below 185% FPL;
- Decrease the number of women who become Medicaid eligible because of a pregnancy (Healthy Start women), and then have a subsequent birth within two years;
- Support other family planning programs under Title V and Title X by allowing more of these funds to be used for outreach and education, as well as for more affordable services to other clients between 185% and 250% FPL;
- Support Wisconsin's Temporary Assistance to Needy Families (TANF) goal of reducing the 1995 rate of teen pregnancy 15% by the year 2001; and
- Work with Wisconsin's Executive Committee and Subcommittee on Adolescent Pregnancy Prevention to implement *Brighter Futures* and to increase awareness of the need for family planning services, and the effects of unintended pregnancies.

IV. TITLE XIX WAIVER REQUEST PROVISIONS

To implement this demonstration project, Wisconsin requests that the following provisions of the federal Social Security Act be waived:

- Section 1902(a)(10)(A). This section establishes income and resource limits that must be waived to allow enrollment of the target population. Wisconsin will cover all women at or below 185% FPL who are not currently enrolled in Medicaid or BadgerCare. There is no asset test for eligibility.

- Sections 1902(a)(10)(A) and 1902(1)(1). These sections require that Medicaid eligibility be terminated for pregnant Healthy Start women at the end of the month in which the 60-day postpartum period occurs. Wisconsin will automatically extend eligibility for services under the family planning demonstration project if these women are not enrolled in Medicaid or BadgerCare when their Healthy Start eligibility ends.

- Section 1902(a)(10)(B). This section requires that comparable benefits be provided to all individuals. Wisconsin will limit services under this demonstration project to family planning, a small number of medical services, and transportation for women of childbearing age. Family planning services will include office visits, limited laboratory services, sterilization, and contraceptive devices and pharmaceutical supplies. The medical services will be limited to minor gynecologic procedures, the treatment of sexually transmitted diseases and vitamins.

- Section 1902 (a) (17)(D). This section requires that states take into account the financial responsibility of a parent if the child is under 21 years of age. Wisconsin will not deem parental income or resources for minor females who live with their parents and request services under this demonstration project.

- Section 1902(a)(34). This section requires that retroactive coverage be given to a recipient. Wisconsin will not provide retroactive coverage under this demonstration project.

- Section 1902(a)(47). This section allows a state to make ambulatory prenatal care available to pregnant women during a presumptive eligibility period. Wisconsin will also be providing presumptive eligibility to women who apply for services under the family planning demonstration project. Family planning presumptive eligibility will extend from the date of application, plus two calendar months after the application month (one PE-period per calendar year per woman).

V. THE PROPOSED DEMONSTRATION PROJECT

Target Population

Wisconsin estimates that 47,000 women statewide are eligible for and will receive family planning services under this demonstration project (see Appendix A). These women consist of:

- Women under 185% FPL who do not qualify for Medicaid or BadgerCare (see Appendix B for a description of BadgerCare) because they are not disabled, and do not have children;
- Women who qualify for BadgerCare but have chosen not to pay the premium applicable to families with income above 150% FPL;
- Female teens fifteen and older, who are sexually active; and
- Women who while pregnant received Healthy Start, but whose Medicaid eligibility, and consequently their access to subsidized family planing services, terminated at the end of the month in which the sixtieth postpartum day occurred. (Healthy Start is Wisconsin's Medicaid program of expanded eligibility for poverty-related pregnant women and children.)

These targeted population groups are the least likely to have the financial means to obtain family planning services and supplies. If an unintended pregnancy occurs, many of these women would qualify for Medicaid, through Wisconsin's Healthy Start Program, and become dependent on Medicaid to pay for pregnancy-related costs, and possibly the future health care costs of their children.

Sources used to estimate the potential users of family planning for this demonstration project include statistics from the Wisconsin Division of Health Care Financing's Bureau of Health Information, U.S. Census data, and the HCFA 2082 report (see Appendix A).

Since both Medicaid and BadgerCare include coverage of family planning services, women enrolled in either program would not be eligible for participation in the family planning demonstration project. Using Medicaid program data, we determined that 25% of female Medicaid recipients between the ages of 15 and 44 years actually used family planning services. Applying this participation rate to our pool of women, results in 47,000 potential eligibles.

These estimates are similar to the 1995 Alan Guttmacher Institute estimates of contraceptive needs among low income women in Wisconsin who are at risk of unintended pregnancy (see Appendix C). This demographic population (due to age and poverty-status) is particularly vulnerable to unintended pregnancy. Based upon the 1995 National Survey of Family Growth, young women and low-income women have significantly higher percentages of unintended pregnancies and births.

Presumptive Eligibility

Women who are eligible for the services provided under this family planning demonstration project can become eligible initially through presumptive eligibility (PE). Wisconsin has provided PE for pregnant women since 1987 and will build upon this successful network of PE providers to reach women who may be eligible for family planning services. The Medicaid program will establish similar provider certification procedures for family planning PE and will allow all current PE providers to provide family planning PE as well. PE will facilitate access to the demonstration project for women who have not previously been involved with Medicaid.

Enrollment in the Family Planning Demonstration Program

Any qualified woman, whether she has already been determined presumptively eligible or not, will be able to apply for family planning services under this demonstration project at county departments of human services, W-2 (TANF) agencies, and Medicaid eligibility outstations. These outstation sites are located in hospitals, clinics (including federally qualified health centers and tribal health centers), community-based organizations and also at a few schools. Enrollment for coverage under the demonstration project will take place continuously throughout the duration of the project.

Eligibility Criteria

Eligibility will be based on an income standard of 185% FPL. No asset test will be required, and there will be no deeming of parental income or resources to minor females who live with their parents and request services under this demonstration project.

All family planning waiver applicants will be entitled to the same rights (including appeal rights) and responsibilities as all other Medicaid applicants.

Eligibility Process

Wisconsin's eligibility determination system is a statewide, automated, integrated eligibility determination system called Client Assistance for Reemployment and Economic Support (CARES). A county eligibility worker collects family and financial data through an interactive interview prompted by CARES. The system currently determines eligibility and generates appropriate notices and benefits for Medicaid, food stamps, childcare and W-2. By using the current CARES system, women who apply for benefits under the family planning demonstration project will also be evaluated for eligibility, and offered enrollment under these other programs, if qualified.

Wisconsin is presently simplifying the CARES system to allow determination of eligibility for only certain programs, rather than for all programs under all circumstances. When this simplification is completed, women with children will still be evaluated for eligibility under all programs. However, women without children will be evaluated only for food stamps and the family planning demonstration project.

If this waiver is approved prior to the completion of the CARES simplification, applicants for the family planning demonstration project will be asked to complete a two-page paper application. Again, making the benefit as easily accessible as possible is a key component for the success of this demonstration project.

Eligibility will be redetermined on a yearly basis. Women will not be required to report changes in family size and income between eligibility re-determinations.

Confidentiality

Women eligible under this demonstration project will have the same confidentiality protections provided to current Medicaid eligibles for family planning services. These protections are consistent with the regulations of 42 CFR 431.300 through 431.307. The client's trust in confidentiality is an important condition for participation among those at risk of an unintended pregnancy.

The DPH Maternal and Child Health Advisory Committee's Reproductive Health Privacy Project, in conjunction with the DPH, completed a resource guide for the Wisconsin Family Planning Program: "Patient Rights and Provider Responsibilities: Privacy and Confidentiality Issues for Family Planning and Reproductive Health Services" (Attachment IV). The importance of reproductive privacy and confidential family planning services is stressed in *Brighter Futures*, and specific steps to assure confidential services are recommended in the implementation plan. The resource guide will be available to all participating providers under this demonstration project. WFPRHA, Health Care Education and Training (HCET), Inc., and DPH will sponsor provider training and in-services statewide to inform providers of their responsibilities and patient rights.

Covered Services

Appendix I contains a complete list of services covered under the family planning demonstration project. These services include office visits, limited laboratory services, sterilization and contraceptive devices and pharmaceutical supplies.

Some of the services offered through this 1115 waiver have significant medical value, but will not qualify for the 90% federal match available for family planning services. These medical services include colposcopy, the treatment of sexually transmitted diseases and vitamins. Wisconsin will claim approximately 59.0% federal financial participation (FFP) for these medical services, instead of the enhanced 90% family planning FFP rate. Abortion, AIDS treatments and services for pregnant women will not be covered.
To make services under this demonstration project accessible, Wisconsin will also cover transportation: Common carrier and specialized medical vehicle (SMV) for those who

qualify. Common carrier will be claimed as an administrative service at 50% FFP; SMV at 59% FFP. (See Appendix I.)

Provider Network

Under the family planning demonstration project, as in the current Medicaid program, women may obtain family planning services from any qualified Medicaid provider. Providers will include physicians, nurse midwives, nurse practitioners, FQHCs, hospital clinics and pharmacies. All Title V and Title X family planning clinics will be providing services under this demonstration project.

Payment of Claims

A unique medical status code will be assigned to all women who are certified eligible for services under this demonstration project. This unique code will allow the MMIS (Medicaid Management Information System) to pay claims only for specified procedure codes, and to track utilization.

Through data matches with the member databases of all large insurance carriers in Wisconsin, Medicaid is able to identify women who have other third party insurance. Third party insurance will be utilized when it exists through post-payment billing (pay and chase). Having Medicaid bill insurance carriers, rather than the family planning clinics, will further enhance confidentiality protections.

VI. OUTREACH

Outreach will be conducted using a variety of methods, including:

Medicaid Provider Notification

All Medicaid-certified family planning clinics as well all other Medicaid providers of maternal and child health services will be informed of the availability and extent of this project through Medicaid provider publications.

Medicaid providers will be informed of the availability and extent of the family planning demonstration project through a provider *Update*, the publication currently used for disseminating benefit information.

This notification will include not only providers who will supply direct services under this demonstration project, but also providers, like the prenatal care coordinators, who have contact with the target population but do not provide family planning services. PNCC providers can be instrumental in encouraging former Medicaid/Healthy Start recipients to use the family planning services being offered under this demonstration project if they are not enrolled in Medicaid or BadgerCare, and do not desire another pregnancy.

PNCC program participation will be a key to successfully preventing subsequent pregnancies within this population. This program has direct access to women enrolled in Healthy Start, who are at a higher relative risk for an unhealthy pregnancy. Care coordinators will be able to facilitate timely post-partum contraception. Prenatal care coordination for women ineligible for Medicaid/Healthy Start will be funded under the statewide Title V, Maternal and Child Health Program. Training will be available to all prenatal care coordination providers statewide (Medicaid and Title V) to increase their skill in facilitating timely post-partum contraception.

Presumptive Eligibility (PE)

As mentioned in the previous section, one of the key components in the success of this demonstration project is making services available to women when they most need the services, and are willing to accept them. Consequently, Wisconsin will provide one period of presumptive eligibility per calendar year for women who are eligible for services under this demonstration project. This presumptive eligibility period will extend from the date of application, plus two calendar months after the application month. With presumptive eligibility, women who request pregnancy tests, and get a negative result, will be able to receive immediate Medicaid-covered family planning counseling and services. Wisconsin believes that if these women are asked to apply for program eligibility before receiving family planning counseling and services, many of them will fail to follow through and the opportunity to provide these services will be lost. The two-month PE period is designed to allow adequate time for the women to formally apply for Medicaid eligibility.

Provider Training

Statewide training will be conducted to facilitate outreach through providers to newly eligible women under this project. Increased training and continuing education related to timely and convenient care coordinated with pregnancy testing services is recommended in the DHFS *Brighter Futures Implementation Plan,* and will be provided statewide. This training will be designed to improve timely continuity of appropriate care following negative and positive pregnancy test results. These programs will be co-sponsored by the Division of Public Health's Family Planning Program (Title V/GPR), the Wisconsin Title X grantee, WFPRHA, Inc., and Health Care Education and Training, Inc., (HCET). HCET, which administers the Region V Family Planning Training Program, will organize and provide relevant training and technical assistance based upon an assessment of needs identified by family planning providers. HCET, Inc., has expressed support for this project, and a commitment to facilitate its successful implementation by coordinating in-services and continuing education to providers.

Recipient Notification

Wisconsin will notify women whose Healthy Start eligibility is ending that they will be automatically enrolled in the family planning demonstration project, if they are not already enrolled in Medicaid or BadgerCare.

Currently, when recipients are scheduled to lose any type of Medicaid eligibility, a system-generated notice is mailed to them to give them advance notice of the closure, and to advise women that they may be eligible for continuing benefits if pregnant. These notices will be modified to include a statement that any woman within the target age and income range may be eligible for the family planning demonstration project.

Brochures that outline the family planning benefit will be available at WIC sites, county and tribal human service agencies and public health departments.

Title V Program

The DPH, which administers the Title V family planning program, has committed to actively supporting and promoting the family planning demonstration project. The DPH will define formal requirements in their workplan tailored to promote outreach to the target population for this demonstration project; this revised workplan will be in place for the contract period beginning October 1, 1999. Increased promotion of pregnancy testing services will be required, with expanded walk-in services designed to facilitate timely entry into either Healthy Start or the family planning demonstration project, as appropriate to patient needs and choices. DPH will also require coordinated agreements between its agencies and the community agencies that will process applications for this demonstration project. The existing system of services will be maintained to provide a foundation for expanding participation under this project (see map in Appendix H). This system of statewide services provides the infrastructure through which increased awareness of and access to services can be accomplished statewide. The level of contraceptive services provided through this system of services will support expansion of services to achieve the objectives of this demonstration project.

The Wisconsin Maternal and Child Health Hotline, supported with Title V, WIC, and Title XIX funds, will also serve as an information and referral hotline for these family

planning services. This hotline currently provides referrals for maternal and child health services, including presumptive eligibility and Healthy Start.

DPH will also coordinate with the Maternal and Child Health (MCH) Commission of the State Medical Society to promote understanding of this demonstration project, and to encourage provider practices that facilitate successful family planning among patients. They will also coordinate with other professional associations and organizations in promoting this demonstration project, such as the Wisconsin Primary Health Care Association, the Wisconsin Association of Prenatal Care, the Wisconsin Public Health Association and the Wisconsin Family Planning and Reproductive Health Association, Inc., (WFPRHA).

Early Identification of Pregnancy Program

The Early Identification of Pregnancy (EIDP) program started in August 1985 with the primary goal of providing comprehensive early pregnancy detection services to high-risk women. Family planning agencies, local health departments and community-based non-profit agencies provide free or low cost pregnancy testing, counseling, and referral services funded by Title V block grants. These agencies work closely with the public health system, the Women, Infants and Children (WIC) agencies, as well as with Medicaid Prenatal Care Coordination (PNCC) providers.

The EIDP program will be a key outreach source, particularly for teens. Pregnancy tests are the primary motivation and reason for visits to family planning clinics reported by adolescents. A study published by John Hopkins University School of Hygiene and Public Health in January 1996 concluded that one out of three young women who conceive at or below age 17 had at least one negative pregnancy test before the first conception (Zabin, 1996). EIDP Programs are uniquely qualified to intervene, and make positive changes to this pattern.

All EIDP providers are certified to provide Healthy Start presumptive eligibility for pregnant women, and we expect them to become certified as family planning presumptive eligibility providers. While the EIDP providers will continue making Healthy Start referrals for women whose pregnancy test is positive, approximately 67% of the pregnancy tests they perform are negative. For women with incomes at or below 185% FPL, whose pregnancy test is negative, EIDP providers will make referrals to the family planning demonstration project. Those EIDP providers who are also family planning providers will be able to provide services under family planning presumptive eligibility the same day they administer the pregnancy test, if appropriate. As of October 1, 1999, all EIDP providers will be required to have the capacity to provide contraceptive services.

Brighter Futures: The Wisconsin Plan to Prevent Adolescent Pregnancy

The Wisconsin Executive Committee and the Subcommittee on Adolescent Pregnancy Prevention were established in the Spring of 1997 to develop a plan to reduce the rate of adolescent pregnancy 15% by the year 2001. The goals of the plan are outlined in *Brighter Futures: The Wisconsin Plan to Prevent Adolescent Pregnancy* (Attachment I). These committees, appointed by the Governor and co-chaired by the Secretary of Health and Family Services, will bring the issue of adolescent pregnancy, and the benefits

available under this demonstration project, to the attention of all agencies that deal with pregnant teens, or teens at risk of an unintended pregnancy. Their charge was to develop and provide the leadership needed to implement a plan to reduce adolescent pregnancy, thereby assisting Wisconsin in meeting the federal requirements under TANF. The committees were also charged with overseeing the development of the Wisconsin plan and application for the Federal Abstinence Education Grant, which promotes abstinence before marriage.

Their sub-goals are to increase the percentage of youth that choose abstinence, and for those youth that do not choose abstinence, to increase the consistent and correct use of contraception. Prenatal care coordination for all pregnant adolescents (regardless of income) is also recommended in the DHFS's *Brighter Futures Implementation Plan.*

Workgroups were formed to identify specific action steps to promote implementation of the goals in *Brighter Futures*. The *Implementation Plan for Brighter Futures: The Wisconsin Plan to Prevent Adolescent Pregnancy,* based on recommendations from the workgroup, has been developed and published (Attachment II). This family planning demonstration project, including the outreach and enrollment of participants, is a key part of the *Brighter Futures* Implementation Plan.

Historical and projected data on teen births in Wisconsin can be found in Appendix J.

Title X Agencies

Expanded coverage of family planning services under this demonstration project will allow more Title X funding to be used for outreach. The Title X Grantee, Planned Parenthood of Wisconsin, Inc., will increase its public information and patient outreach to reach and enroll participants under this demonstration project. PPW has formally committed its support and cooperation with implementing this project. This will include development of a "Referral Development" program, development of outreach materials, and increased marketing focusing upon this project.

Wisconsin Family Planning and Reproductive Health Association, Inc., (WFPRHA)

WFPRHA is the professional association for community-based family planning providers in Wisconsin. WFPRHA has made a formal commitment to promote and support outreach activities among its members for successful implementation of this demonstration project. A committee will be established to specifically focus on implementation of services under the demonstration project, and the training and practice development needed among its members. WFPRHA will facilitate a process among its members to develop a statewide outreach initiative to enroll women eligible under this project. The initiative will promote policies and practices conducive to convenient enrollment and timely provision of services through the clinics of its member organizations.

State Medical Society

The DPH-Family Planning Program has worked with the State Medical Society's Maternal and Child Health (MCH) Commission to improve access to quality family planning and related reproductive health care. The MCH Commission helped facilitate early concept meetings which resulted in the legislation authorizing submission of this waiver. The DPH-Family Planning Program will continue to work with the MCH Commission to promote awareness among its members of this demonstration project, and to promote successful implementation: patient outreach, enrollment, and convenient services which support successful contraception and family planning.

VII. PROJECT ADMINISTRATION

The Wisconsin Department of Health and Family Services administers the Medicaid and BadgerCare programs. Staff support for this expansion project will come from the Division of Health Care Financing. Primary responsibilities will include oversight and monitoring of Title XIX policies and procedures, budget neutrality and the provider reimbursement system. An organizational chart is attached as Appendix K.

VIII. COST NEUTRALITY

Wisconsin will provide services under this demonstration project for five years beginning October 1, 1999. Over the five-year period, Wisconsin expects to serve 47,000 women. (See Appendix A for an explanation of the calculation of the estimated number of women to be served.)

Appendix D-1 provides a detailed projection of the Medicaid costs and savings of providing family planning services to the 47,000 women estimated to be served with this five-year family planning demonstration project. Appendix D-2 outlines the Medicaid costs of the demonstration project population that would be incurred in the absence of the waiver.

Appendix E-1 presents the Healthy Start historical eligibles and costs over the period of SFY 94 through SFY 98. Appendix E-2 projects the number of Healthy Start eligibles and costs for the same population that would be expected during SFY 99 through SFY 2003, without the waiver. Appendix E-3 projects these costs with the waiver. We used Healthy Start eligibles and expenditures for pregnant women, newborns and children and fee-for-service family planning eligibles and expenditures for the projections of our Medicaid costs with and without the waiver to show the impact of the family planning waiver. The financial eligibility requirements (185% FPL and no counting of assets) are identical for Healthy Start and the family planning demonstration project. All women served under this family planning demonstration project will receive these services on a fee-for-service basis.

Eligibles

As shown in Appendix D-1, during the first year of the demonstration project, Wisconsin expects to serve 11,750 women, or 25% of the total, with an additional 8,813 women served each year for years two through five. We expect that the percentage of the births that will be averted will increase over the life of demonstration project. To allow for a gradual start-up of the demonstration project, we have conservatively estimated averting 3.2% and 4.9%, in years one and two, respectively. In the third year of the project, we anticipate averting births for one in fifteen women participating (approximately 6.6%), based on an earlier study cited by the states of South Carolina and Arkansas in their family planning waiver requests (Tomkins, 1986). Year 4 assumes averting 8.3%, phasing up to 10% by the fifth year, for a total of 4,700 averted births.

The 10% assumption is based on a 1995 Alan Guttmacher study. According to this study, 150,860 women in Wisconsin received family planning services in 1994, resulting in an average of 35,200 pregnancies averted. If these pregnancies had not been averted, 40% (14,080) would have resulted in a birth, or approximately 10% of the 150,860 women who received family planning services (Forrest and Samara, 1996). (The remaining 60% would have resulted in induced or spontaneous abortion.) Applying the 10% to the anticipated number of women to be served by this demonstration project in Wisconsin, results in a final five-year total of 4,700 averted births.

Benefit Costs

The total cost to provide the family planning benefits over the five years is estimated to be $27,918,967. These projected costs are based on the historical (SFY 94-SFY 98) average per user cost of $185 and are inflated each year by the second quarter DRI medical care index. As we have shown in Appendix E-1, the Medicaid fee-for-service family planning services costs have been declining overtime, in large part due to the expansion of managed care for this population. Therefore, we chose the historical fee-for-service average per user cost of $185 as a more accurate reflection of the cost to provide the family planning services under this demonstration project.

Benefit Savings

A subtotal of benefit savings over the five-year period is estimated at $41,215,563, with net benefit savings of $13,296,596. These estimates are based on savings from averted prenatal and birth costs estimated at $24,154,525; savings in newborn costs estimated at $12,085,990; and savings in children's costs estimated at $4,975,048. These projected amounts are based on the historical costs for these services, inflated each year by the DRI medical care index. The projected newborn costs are also annualized to take into account a policy change in May 1998, to grant 12 months of eligibility to all newborns to Medicaid-eligible women who remain in their mother's home, also known as continuous eligibility for newborns.

Administrative Costs

Total administrative costs for the five-year demonstration, including eligibility determinations, fiscal agent systems work, and individual plastic ID cards are estimated at $3,193,221.

Final Net Savings

Final net savings from the family planning waiver for the five-year period are estimated at $10,103,375.

IX. EVALUATION OF THE PROJECT

Wisconsin will assess the impact of this demonstration project by using historical base-line data with data collected following project implementation. We will use the data collected with the waiver and compare this to what we would have expected to occur in the absence of (without) the waiver. However, other Wisconsin health programs and projects could potentially affect the results of this comparison. These other programs and projects will be taken into account in the assessment.

The number of Wisconsin Medicaid recipients has decreased since federal welfare reform separated automatic Medicaid eligibility from AFDC. In addition, the number of women receiving family planning services on a fee-for-service basis may have declined due to the statewide expansion of managed care.

Wisconsin has instituted an outreach program to ensure that all potential eligibles understand they can apply for Medicaid, regardless of their eligibility for other programs. Expanded eligibility for services under this demonstration project will be included as part of this outreach. As a result of this outreach, some of the potential population for the family planning demonstration project, i.e., women of childbearing age, may enroll in Medicaid. One possible consequence could be an increase in the number of births paid for by Medicaid.

On the other hand, Wisconsin is also involved in efforts intended to decrease the number of unintended pregnancies. Family planning services will be made available through BadgerCare. In addition, the Adolescent Pregnancy Committee and Subcommittee will be supporting both abstinence and increased and correct use of family planning for teens who do not choose abstinence.

The *Implementation Plan for Brighter Futures,* released on September 30, 1998, strongly supports implementation of this demonstration project as a key strategy to preventing adolescent pregnancy in Wisconsin. Approximately 82% of all pregnancies among adolescents under age 15 are unintended; 83% among adolescents ages 15-17; 75% among ages 18-19; and 78% among ages 15-19. *Brighter Futures* strongly supports access to confidential, convenient, and free pregnancy testing services as a key action step for intervention.

Given these other efforts, Wisconsin will evaluate the success of the family planning demonstration project by looking at a number of data sources, and drawing conclusions from the whole, rather than any single factor. The data we will use to support our evaluation will measure:

- Utilization of family planning services;
- Medicaid expenditures for family planning services;
- Medicaid expenditures for birth-related services paid on behalf of women who were not enrolled in Medicaid or BadgerCare prior to their pregnancy;
- Expenditures paid on behalf of Healthy Start children; and

- The number of pregnancies among all Wisconsin teenagers, regardless of their poverty status.

The following is a list of the major hypotheses and outcome measures for the evaluation of this demonstration project.

Hypothesis 1:	The demonstration project will result in an increase in the annual number of clients receiving a fee-for-service family planning service paid for by Wisconsin Medicaid.
Measure:	The number of women who receive a fee-for-service family planning service paid for by Wisconsin Medicaid during a SFY.
Data Required:	The number of women receiving a fee-for-service Medicaid paid family planning service.
Data Source:	Wisconsin MMIS.

If the number of women receiving a Medicaid paid family planning service does not increase, then hypothesis 2 will be tested.

Hypothesis 2:	The demonstration project will result in a slower annual rate of decline in the number of women receiving family planning services paid for by Wisconsin Medicaid.
Measure:	The percent change in the number of women receiving Medicaid paid family planning services will be compared to the expected number of women receiving a Medicaid paid family planning service.
Data Required:	The number of women receiving a Medicaid paid family planning service.
Data Source:	Wisconsin MMIS.
Hypothesis 3:	The number of women in the Healthy Start Program who experience repeat Healthy Start deliveries within two state fiscal years will decline.
Measure:	The number of women who had a Medicaid paid birth while in a Healthy Start medical status code during the SFY, who also had a birth within the previous two years paid for by Healthy Start.
Data Required:	The number of Medicaid paid births for Healthy Start women within the SFY. The number of mothers who had a Healthy Start birth within the previous two years.
Data Source:	Wisconsin MMIS.

Hypothesis 4:	The demonstration project will result in a larger than expected decrease in the annual number of Medicaid paid births for females who are teenagers at the time of the birth.
Measure:	The number of teenagers with a calendar year Medicaid paid birth.
Data Required:	The number of calendar year Medicaid paid births to mothers who are teenagers at the time of the birth.
Data Source:	Wisconsin birth files, Bureau of Health Information.
Hypothesis 5:	The demonstration project will result in a decrease in the annual number of paid deliveries in Wisconsin where the mother had a Healthy Start medical status code.
Corollary 5a:	A decrease in Medicaid paid deliveries where the mother had a Healthy Start medical status code will result in a decrease in annual expenditures for prenatal care, delivery, medical costs for the women through the end of the month in which the sixtieth postpartum day occurs, and ongoing health care for the infants.
Measure:	The number of SFY paid deliveries where the mother had a Healthy Start medical status code.
Data Required:	The aggregate number of SFY Healthy Start deliveries, and associated total expenditures.
Data Source:	Wisconsin MMIS.

If the absolute number of Medicaid paid deliveries does not decline, and the associated expenditures increase, then hypothesis 6 will be tested.

Hypothesis 6:	The demonstration project will result in a slower annual rate of growth in paid deliveries to Healthy Start eligible women.
Corollary 6a:	A slower annual rate of growth in Healthy Start paid deliveries will result in a slower annual rate of growth in expenditures for prenatal care, delivery, medical cost for the women through the end of the month in which the sixtieth postpartum day occurs, and ongoing health care for infants.
Measure:	The percentage change in the number of Healthy Start paid deliveries each SFY, along with the change in associated expenditures, will be compared to the expected number of paid Healthy Start deliveries and projected associated expenditures in each SFY.
Data Required:	The aggregate number of SFY Healthy Start paid deliveries and associated total expenditures.

Data Source:	Wisconsin MMIS.
Hypothesis 7:	The demonstration project will produce a net annual savings in state and federal Medicaid expenditures for birth-related services.
Measure:	The estimated SFY Medicaid savings from births prevented by the demonstration project less SFY Medicaid family planning expenditures for the demonstration project population.
Data Required:	The difference between the expected number of Medicaid paid births within the demonstration project population, and the actual number of Medicaid paid births to this population multiplied by the average cost of associated expenditures. The total SFY Medicaid family planning expenditures for the demonstration project population.
Data Source:	Wisconsin MMIS

GLOSSARY OF ABBREVIATIONS

AFDC	Aid to Families with Dependent Children
CARES	Client Assistance for Reemployment and Economic Support
CFR	Code of Federal Regulations
DHCF	Division of Health Care Financing
DHFS	Department of Health and Family Services
DPH	Division of Public Health
DRI	Data Resources Incorporated
EIDP	Early Identification of Pregnancy Program
FFP	Federal Financial Participation
FFY	Federal Fiscal Year
FQHC	Federal Qualified Health Center
FPL	Federal Poverty Level
GPR	General Purpose Revenue
HCET	Health Care Education and Training
HCFA	Health Care Financing Administration
HMO	Health Maintenance Organization
HRSA	Health Resources and Services Administration
IPI	Interpregnancy Interval
MCH	Maternal and Child Health
MMIS	Medicaid Management Information System
MMWR	Morbidity and Mortality Weekly Report
OBRA	Omnibus Budget Reconciliation Act
PE	Presumptive Eligibility
PNCC	Prenatal Care Coordination
SFY	State Fiscal Year
TANF	Temporary Assistance to Needy Families
W-2	Wisconsin Works
WFPRHA	Wisconsin Family Planning and Reproductive Health Association
WIC	Women, Infants and Children

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Appendix A

Calculation of Estimated Family Planning Users for Wisconsin 1115 Waiver

I. Estimated Number of Wisconsin Women Ages 15-44 Under 185% FPL, 1996

- Estimated Wisconsin population for July 1, 1996 (Source: Wisconsin Bureau of Health Information (BHI), DHFS)):
  - Female population ages 15-44 = **1,152,379**
  - Male population ages 15-44 = 1,175,380
  - Total population ages 15-44 = 2,327,759
- 1996 poverty rates are not available for Wisconsin by age and sex for 185% FPL. Therefore, our estimate assumes poverty rates based on the 1990 Census. However, available 1990 Census data for states (U.S. Bureau of the Census, Summary Tape File 3A) provide 185% FPL only for ages 18-44, males and females combined. The following steps show the procedure we used to estimate the 1996 age- and sex-specific poverty rate:
  - The 1996 estimated number of Wisconsin males and females ages 15-44 below 185% FPL = **544,696**. (The 1990 Wisconsin poverty rate (males and females combines) for ages 18-44 below 185% FPL = .234 x the 1996 Wisconsin population ages 15-44).
  - The 1996 estimated poverty rate at 185% FPL for females ages 15-44 = 0.282; the estimated comparable 1996 rate for males is 0.186. (The 1990 ratio of the female poverty rate at 100% FPL, 18-44 years, to comparable male rate was 1.5158. Our 1996 disaggregation of the total rate (.234) for females and males preserves the 1990 sex ratio: the 1996 female rate (.282549) divided by the 1996 male rate (.186402) = 1.515803.
  - The 1996 estimated number of females ages 15-44 below 185% FPL = 1,152,379 (1996 female pop, 15-44) x .282 (estimated female rate below 185% FPL) = **325,603**.

II. Medicaid Participation

- **117,120** women between ages 15-44 had Medicaid coverage at the end of FY 98 (Source: HCFA 2082 Report)

III. BadgerCare Enrollees

- **19,133** women above age 15 are estimated to be BadgerCare enrollees.

IV. Summary of Potential Enrollees for the Family Planning Benefit

- From our starting number of **325,603** potential eligibles, we subtracted:
  - **117,120** Medicaid eligibles; and
  - **19,133** BadgerCare enrollees
- Results in **189,350** women below 185% FPL without Medicaid/BadgerCare:
  - Multiply this by the 25% Medicaid participation rate for family planning (Source: HCFA 2082 Report, FY 96 data before statewide managed care expansion)
  - **Potential Enrollees for Family Planning Benefit is 47,000**

Appendix B

BADGERCARE PROGRAM SUMMARY

Eligibility

BadgerCare ensures access to health care for uninsured children and parents with income at or below 185% of the federal poverty level (FPL). Once enrolled, families may remain in BadgerCare until family income exceeds 200% of the FPL. No asset test is required.

BadgerCare is intended to fill gaps between Medicaid and private health insurance without supplanting or "crowding out" private insurance. BadgerCare extends health care coverage to low-income families with children through a Medicaid expansion under Titles XIX and XXI.

As allowed under federal law, if BadgerCare enrollment is projected to exceed budgeted enrollment levels, a new enrollment income threshold will be established for new applicants. An expedited review and approval process is specified for modifications to the income threshold in the approved federal waiver. In addition, the State will provide a minimum of 30 days public notice prior to any change in the income threshold.

If the enrollment threshold changes, families already in BadgerCare will remain enrolled if they continue to meet eligibility criteria in effect on the date they were enrolled. However, all families in BadgerCare will be required to report significant changes that may affect eligibility within 10 days of the change and to undergo a redetermination for BadgerCare every 12 months.

In addition, the State's current Medicaid entitlement will be maintained.

Premiums

Families with income above 150% of the FPL pay a monthly premium of no more than 3% of family income. No family with income at or below 150% of the FPL pays a premium.

Family Size	150% FPL Annual	Monthly Premium	185% FPL Annual	Monthly Premium	200% FPL Annual	Monthly Premium
2	$16,590	$30	$20,461	$45	$22,120	$45
3	$20,820	$45	$25,678	$60	$27,760	$60
4	$25,050	$60	$30,895	$75	$33,400	$75
5	$29,280	$60	$36,112	$90	$39,040	$90
6	$33,510	$75	$41,329	$90	$44,680	$105

BadgerCare premiums are collected either through wage withholding, electronic funds transfer (EFT) from a family's savings or checking account, or direct pay by check or money order. Families who fail to pay the required premium are subject to a restrictive re-enrollment period of not more than six months, with exceptions provided for good cause. During a restrictive re-enrollment period, families cannot be eligible for BadgerCare.

Number of Children and Families to be Covered

BadgerCare is budgeted to cover 67,535 uninsured, low-income Wisconsin residents, including 24,787 children and 42,748 parents. (Also, it is anticipated that an additional 7,300 children will be identified as eligible for Medicaid through families applying for the BadgerCare.)

Crowd-Out of Private Insurance

BadgerCare has several policies related to eligibility and purchasing which prevent crowd-out of private insurance:

Eligibility Crowd-Out Policies

- ✓ BadgerCare requires that applicants are currently not covered or have not been covered by private health insurance for three calendar months prior to the month of application.
- ✓ Families with current access, or access in the 18 months prior to enrollment, to employer-provided health insurance where the employer pays at least 80% of the cost of family coverage are not eligible for BadgerCare.

Insurance Purchasing Decisions to Prevent Crowd-Out

The State buys employer-sponsored health insurance for families according to the following requirements:

- ✓ The employer pays between 60% and 80% of premiums.
- ✓ The family was not covered by an employer-sponsored plan in the previous six months.
- ✓ It is cost-effective to buy an employer plan, including wraparound (BadgerCare fee-for-service) coverage up to BadgerCare benefit levels.

Health Care Benefits/Delivery System

BadgerCare benefits are identical to the comprehensive package of benefits and services covered by Wisconsin Medicaid. The existing Wisconsin Medicaid HMO managed care system, including provisions for quality assurance, and for improved health outcomes and for grievances, is used for BadgerCare.

Funding

The total amount of funding budgeted for BadgerCare at full implementation is $97.6 million -- $61.7 million in federal, $34.2 million in state, and $1.7 million in premium revenue.

BadgerCare will expand Medicaid coverage for families with income at or below 185% of the FPL through an 1115(a) waiver. The State uses a combination of funding under Title XIX (for parents) and Title XXI (for children). The State funds health care costs for children and families (who qualify for employer-sponsored coverage) through Wisconsin's Title XXI allocation at the enhanced federal match rate. Parents' health care costs and their premiums are funded through Title XIX at the regular match rate. The share of premiums associated with children are used to offset state and federal funds for BadgerCare.

Expansion Timetable

- "OBRA Children" (children 15-18 up to 100% of the FPL): April 1999.
- BadgerCare: July 1999.

For More Information Contact:

- Applicants/Recipients: BadgerCare Hotline at (800) 362-3002
- Providers: Provider Services at (800) 947-9627 or (608) 221-9883

Appendix C

Wisconsin estimates by the Alan Guttmacher Institute[1]

Number of women ages 13-44	1,199,350
Total needing contraceptive services and supplies	625,000
Women needing publicly supported contraceptive services	**296,390**

Number under age 18	45,820
Number under age 20	92,060
Women ages 20-44	
Number under 100% poverty	68,970
Number under 150% poverty	105,830
Number under 185% poverty	133,030
Number under 250% poverty	204,330

Approximately 25.6 percent of the total estimated need (women needing publicly supported contraceptive services) was served in 1995 through the Wisconsin Family Planning Program. An estimated 36% and 51% of total estimated need was served through all publicly supported health facilities.

Approximately 86,493 women ages 20-44 needing publicly supported services and below 185% of poverty did not receive services through the Wisconsin Family Planning Program in 1995. Approximately 17,501 patients under age 20 (among the 92,060 estimated in need) also received through the Wisconsin Family Planning Program in 1995.

Assuming 51% of the total estimated need below 185% of poverty (between ages 20-44) was served through all publicly supported health facilities in 1995, then 65,185 women ages 20-44 and below 185% remained unserved in 1995. This does not include estimates of adolescents under age 20 unserved: 46,470 of women below age 20 (estimated in need of services) were not served through publicly supported health facilities (including but not limited to the Wisconsin Family Planning Program).

[1] The Alan Guttmacher Institute, *Contraceptive Needs and Services*, New York, 1995.

Appendix D-1

Projected Costs and Savings with the Family Planning Waiver

Appendix D-2

Projected Costs and Savings Without the Family Planning Waiver

Appendix E-1

Healthy Start and Family Planning Historical Data

Appendix E-2

Healthy Start and Family Planning Projections Without the Waiver

Appendix E-3

Healthy Start and Family Planning Projections With the Waiver

Appendix F
Historical Data on Title V and Title X

Appendix G

Contraceptive Patients: 1993-1997

Wisconsin Family Planning Program

Funding	1993	1994	1995	1996	1997
Title X	60,727	55,187	38,176	35,636	44,250
GPR/Title V	42,367	37,895	41,375	41,375	40,102
GT	103,094	93,082	93,082	79,551	84,352

Decrease in Patients Served Between 1993-1997

The decrease in patients served is the result of decreased availability of services resulting from level public funding for the past 10 years, 5%-10% annual medical care inflation pressures during this period, and increased patient fees. These pressures reduced availability of services and made services progressively less affordable for all patients below 250% of poverty.

In Title V/GPR clinics in 1993, public funds accounted for approximately 80%-85% of the total operating budgets of family planning clinics. In 1997, public funding accounted for 53% of the total cost of providing services. In other words, generated income (largely patient fees) paid for 47% of the cost of services. This has resulted in making services increasingly unaffordable for low income patients, serving a decreasing proportion of low income patients (under 100% of poverty), and serving fewer patients.

Title X clinics cannot charge low income patients below 100% poverty for any service provided; therefore, there is no capacity to pass costs along to patients. The result is a decrease in the number of Title X patients - as seen in the above numbers. Title V/GPR-funded clinics have some flexibility for passing some costs onto patients; therefore, Title V/GPR patients have remained level. All clinics are serving a smaller proportion of low income patients - those most vulnerable to consequences of unintended pregnancy.

The declining numbers do not reflect a decreased need for services. Approximately 89,490 women below 100% of poverty were estimated at risk of unintended pregnancy and in need of services in 1990[1] compared to 90,392 in 1995. Approximately 168,390 women below 185% of poverty were estimated at risk of unintended pregnancy and in need of services in 1990[2] compared to 174,349 in 1995.

[1] S. K. Henshaw and J. D. Forrest. "Women at Risk of Unintended Pregnancy, 1990 Estimates," The Alan Guttmacher Institute.

[2] The Alan Guttmacher Institute, *Contraceptive Needs and Services*, New York 1995.

Decreased Proportion of Patients Below 100 Percent of Poverty

In addition to a decrease in the number of contraceptive patients over the past 5 years, another important (and related change) has occurred: a smaller proportion of patients below 100% of poverty among all patients served. In 1993, approximately 47% of all patients were below 100% of poverty. In 1997, approximately 40% of all patients were below 100% of poverty. Increased patient fees have also likely contributed to this decrease.

The decrease in the number of patients served and the proportion of women below 100% of poverty are significant because women below 100% of poverty have a higher proportion of unintended pregnancies, are more vulnerable to the economic and social consequences of unintended pregnancy, and are more likely to enroll in Healthy Start. According to the latest National Survey of Family Growth, 61.4% of women under 100% of poverty had unintended pregnancies; this compares with 49.2% of all women, 53.2% between 100% and 200% of poverty, and 41.2% over 200% of poverty.[3]

[3] S. K. Henshaw, "Unintended Pregnancy in the United States," *Family Planning Perspectives*, January/February, 1998, Volume 30, No. 1, pages 24-29 & 46.

Appendix H

Wisconsin Family Planning Program Map showing the locations of Title V (MCH/GPR) and Title X clinics and a list of the Provider Service Areas and Clinic Locations.

Appendix I

Procedure Codes for the Family Planning Demonstration Project

Local Codes Being Claimed at 90% FFP	
Local Code	**Definition**
W6117	Depo-Medroxyprogesterone
W6200	Intrauterine Copper Contraceptive
W6201	Diaphragm
W6202	Jellies, Creams, Foams
W6203	Suppositories
W6204	Sponges
W6205	Condoms
W6206	Natural Family Planning Supplies
W6207	Oral Contraceptives
W6208	Female Condom
W6209	Cervical Cap
W6210	Family Planning Pharmacy Visit
W6211	Initial Visit Non-Comprehensive
W6212	Annual Visit, Non-Comprehensive

HCPCS and CPT Codes Being Claimed at 90% FFP				
J0696	81025	85009 – 85022	87040 – 87083	87510 – 87512
J7300	82465	85027 – 85041	87086 – 87101	87528
11975 – 11976	82728	85048	87109 – 87110	87530 – 87539
57170	82746	85651	87181 – 87186	87797 – 87799
58300 – 58301	82947 – 82948	86592 - 86593	87188 – 87190	88141 – 88167
58600 – 58615	82951-82952	86631	87205 – 87220	88199
80049 – 80054	83001	86689	87250 – 87252	88346
80058 – 80061	83020	86694 - 86695	87270	
80091 – 80092	83518		87274	90782
81000	84146	86701	87320	99000
81002	84478	86703	87390 – 87391	99201 – 99215
81005	84702 – 84703	86781	87449	99385 – 99394
81015	85007	87015	87485 – 87492	99395 – 99396

CPT Codes Being Claimed at 59% FFP			
11977	57452 – 57454	86580 – 86585	88305 - 89350
56350	58100 – 58120	88300 – 88302	90788

Local Codes Being Claimed at 59% FFP		
W9053 - W9058	W9090 - W9091	W9095 - W9098

Local Codes Being Claimed at 90% FFP

Procedure Code	Description
W6117	DEPO-MEDROXYPROGESTERONE, 150 MG
W6200	INTRAUTERINE DEVICE-PROGESTERONE
W6201	DIAPHRAGM
W6202	JELLIES, CREAMS, FOAMS
W6203	SUPPOSITORIES (PER 1)
W6204	SPONGES (PER 1)
W6205	CONDOMS (PER 1)
W6206	NATURAL FAMILY PLANNING SUPPLIES NURSE-MIDWIVES
W6207	ORAL CONTRACEPTIVES
W6208	FEMALE CONDOM
W6209	CERVICAL CAP
W6210	FAMILY PLAN PHARM VISIT* INC ORAL CONTRACEPTIVES
W6211	INITIAL VISIT, NON-COMPREHENSIVE
W6212	ANNUAL VISIT, NON-COMPREHENSIVE

HCPCS and CPT Codes Being Claimed at 90% FFP

Procedure Code	Description
11975	INSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)
58600	LIGATION OR TRANSECTION* OF FALLOPIAN TUBE(S) ABD/VAG APPROACH UNILATERAL/BILATERAL
58605	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S)/ABDOMINAL OR VAGINAL APPROACH/POSTPARTUM
58611	LIGATION/TRANSECTION FALLOPIAN TUBE(S) WHEN DONE AT TIME OF CESAREAN SECTION/INTRA-ABDOM
58615	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG- BAND- CLIP- FALOPE RING- FULGURATION
80049	BASIC METABOLIC PANEL
80050	GENERAL HEALTH PANEL: SEE CPT FOR TESTS THAT MUST BE INCLUDED IN THE PANEL
80051	ELECTROLYTE PANEL
80054	COMPREHENSIVE METABOLIC PANEL
80058	HEPATIC FUNCTION PANEL
80059	HEPATITIS PANEL
80061	LIPID PANEL: SEE CPT FOR TESTS THAT MUST BE INCLUDED IN THE PANEL
80091	THYROID PANEL; MUST INCLUDE THYROXINE (84436), T-3, AND RESIN UPTAKE (84479)
80092	0 36), T-3, RESIN UPTAKE (84479) W TSH (84443)
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES
81002	URINALYSIS, BY DIP STICK OT TABLET REAGENT; WITHOUT MICROSCOPY, NON-AUTOMATED
81005	URINALYSIS; QUALITATIVE OR SEMIQUANTITATIVE, EXCEPT IMMUNOASSAYS
81015	URINALYSIS;
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISION METHODS
82465	CHOLESTEROL, SERUM;
82728	FERRITIN
82746	FOLIC ACID; SERUM
82947	GLUCOSE; QUANTITATIVE
82948	GLUCOSE; BLOOD, REAGENT STRIP
82951	GLUCOSE;
82952	GLUCOSE;
83001	GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)

Procedure Code	Description
83020	HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTROPHORESIS (EG, A2, S, C, AND/OR F)
83518	IMMUNOASSAY, FOR ANALYTE OTHER THAN ANTIBODY OR INFECTIOUS AGENT ANTIGEN, QUALITATIVE OR
84146	PROLACTIN
84478	TRIGLYCERIDES
84702	GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE
84703	QUALITATIVE
85007	BLOOD COUNT; MANUAL DIFFERENTIAL WBC COUNT (INCL RBC MORPHOLOGY & PLATELET ESTIMATION)
85009	BLOOD COUNT;
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT
85014	BLOOD COUNT; OTHER THAN SPUN HEMATOCRIT
85018	BLOOD COUNT; HEMOGLOBIN
85021	BLOOD COUNT;
85022	HEMOGRAM AUTOMATED AND DIFFERENTIAL WBC COUNT (CBC)
85027	HEMOGRAM AUTOMATED WITH PLATELET COUNT
85029	ADD'L AUTOMATED HEMOGRAM INDICES/(ROW) MEAN PLATELET VOLUME (MPV) ONE TO THREE INDI
85030	FOUR OR MORE INDICES
85031	BLOOD COUNT;
85041	BLOOD COUNT; RED BLOOD CELL (RBC) ONLY
85048	BLOOD COUNT;
85651	SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED
86592	SYPHILIS TEST; QUALITATIVE (EG, VDRL, RPR, ART)
86593	SYPHILIS TEST; QUANTITATIVE
86631	ANTIBODY; CHLAMYDIA
86689	ANTIBODY; HTLV OR HIV ANTIBODY, CONFIRMATIORY TEST (EG, WESTERN BLOT)
86694	ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC TYPE TEST
86695	ANTIBODY; HERPES SIMPLEX, TYPE I
86701	ANTIBODY; HIV-1
86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE ASSAY
86781	ANTIBODY; TREPONEMA PALLIDUM, CONFIRMATORY TEST (EG, FTA-ABS)
87015	CONCENTRATION (ANY TYPE), FOR PARASITES, OVA, OR
87040	CULTURE, BACTERIAL, DEFINITIVE; BLOOD (INCLUDES ANAEROBIC SCREEN)
87045	CULTURE, BACTERIAL, DEFINITIVE, AEROBIC;
87060	CULTURE, BACTERIAL, DEFINITIVE, AEROBIC;
87070	CULTURE, BACTERIAL, DEFINITIVE, AEROBIC;
87072	CULTURE, DIRECT BACTER IDENTIF METHOD, EACH ORGANISM, COMMERCIAL KIT, ANY SOURCE EX URIN
87075	CULTURE, BACTERIAL, ANY SOURCE;

Procedure Code	Description
87076	CULTURE, BACTER, ANY SOURCE; DEFINITIVE IDENTIF, EACH ANAEROBIC ORGANISM, GAS CHROMATOGR
87081	CULTURE, BACTERIAL, SCREENING ONLY, FOR SINGLE
87082	CULTURE PRESUMPTIVE PATHOGENIC ORGANISMS SCREENING ONLY BY KIT (SPECIFY TYPE) SINGLE ORGAN
87083	MULTIPLE ORGANISMS
87086	CULTURE, BACTERIAL, URINE;
87087	CULTURE, BACTERIAL, URINE;
87088	CULTURE, BACTERIAL, URINE;
87101	CULTURE, FUNGI, ISOLATION;
87109	CULTURE, MYCOPLASMA, ANY SOURCE
87110	CULTURE, CHLAMYDIA
87181	SENSITIVITY STUDIES/ANTIBIOTIC; AGAR DIFFUSION METHOD/PER ANTIBIOTIC
87184	SENSITIVITY STUDIES/ANTIBIOTIC; DISC METHOD/PER PLATE (12 OR LESS DISCS)
87186	SENSITIVITY STUDIES, ANTIBIOTIC;
87188	SENDITIVITY STUDIES, ANTIBIOTIC; MACROTUBE DILUTION METHOD, EACH ANTIBIOTIC
87190	SENSITIVITY STUDIES, ANTIBIOTIC;
87205	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION;
87206	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION;
87207	SMEAR/PRIMARY SOURCE/WITH INTERPRETATION; SPECIAL STAIN FOR INCLUSION BODIES OR PARASI
87208	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION;
87210	SMEAR/PRIMARY SOURCE/WITH INTERPRETATION; WET MOUNT WITH SIMPLE STAIN/FOR BACTERIA
87211	SMEAR/PRIMARY SOURCE/WITH INTERPRETATION; WET AND DRY MOUNT/FOR OVA AND PARASITES
87220	TISSUE EXAMINATION FOR FUNGI (EG KOH SLIDE)
87250	VIRUS IDENTIFI; INOCULATION OF EMBRYONATED EGGS, SMALL ANIMAL, OBSERVATION, DISSSECTION
87252	VIRUS IDENTIFICATION
87270	INFECTIOUS AGENT ANTIGEN DETECT BY DIRECT FLUORES ANTIBODY TECHN; CHLAMYDIA TRACHOMATIS
87274	INFECTIOUS AGENT ANTIGEN DETECT BY DIRECT FLUORES ANTIBODY TECHN; HERPES SIMPLEX VIRUS
87320	INFECTIOUS AGENT ANTIGEN DETECT BY ENZYME IMMUNOASSAY TECHN; TYPES 40/41 CHLAMYDIA TRACH
87390	INFECTIOUS AGENT ANTIGEN DETECT BY ENZYME IMMUNOASSAY TECHN; TYPES 40/41 HIV-1
87391	INFECTIOUS AGENT ANTIGEN DETECT BY ENZYME IMMUNOASSAY TECHN; TYPES 40/41 HIV-2
87449	INFECTIOUS AGENT ANTIGEN DETECT BY ENZYME IMMUNOASSAY TECHN; MULTIPLE STEP METHOD, NOS

Procedure Code	Description
87485	INFECTIOUS AGENT DETECT BY NUCLEIC ACID; CHLAMYDIA PNEUMONIAE, DIRECT PROBE TECHNIQUE
87486	INFECTIOUS AGENT DETEC BY NUCLEIC ACID; CHLAMYDIA PNEUMONIAE, AMPLIFIED PROBE TECHNIQUE
87487	INFECTIOUS AGENT DETECT BY NUCLEIC ACID; CHLAMYDIA PNEUMONIAE, QUANTIFICATION
87490	INFECTIOUS AGENT DETECT BY NUCLEIC ACID; CHLAMYDIA TRACHOMATIS, DIRECT PROBE TECHIQUE
87491	INFECTIOUS AGENT DETECT BY NUCLEIC ACID; CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQU
87492	INFECTIOUS AGENT DETECT BY NUCLEIC ACID; CHLAMYDIA TRACHOMATIS, QUANTIFICATION
87510	INFECTIOUS AGENT DETECT BY NUCLEIC ACID; GARDNERELLA VAGINALIS, DIRECT PROBE TECHNIQUE
87511	INFECTIOUS AGENT DETECT BY NUCLEIC ACID; GARDNERELLA VAGINALIS, AMPIFIED PROBE TECHNIQUE
87512	INFECTIOUS AGENT DETECT BY NUCLEIC ACID; GARDNERELLA VAGINALIS, QUANTIFICATION
87528	INFECTIOUS AGENT DETECT BY NUCLEIC ACID; HERPES SIMPLEX VIRUS, DIRECT PROBE TECHNIQUE
87530	INFECTIOUS AGENT DETECT BY NUCLEIC ACID; HERPES SIMPLEX VIRUS, QUANTIFICATION
87531	INFECTIOUS AGENT DETECT BY NUCLEIC ACID; HERPES VIRUS-6, DIRECT PROBE TECHNIQUE
87532	INFECTIOUS AGENT DETECT BY NUCLEIC ACID; HERPES VIRUS-6, AMPLIFIED PROBE TECHNIQUE
87533	INFECTIOUS AGENT DETECT BY NUCLEIC ACID; HERPES VIRUS-6, QUANTIFICATION
87534	INFECTIOUS AGENT DETECT BY NUCLEIC ACID; HIV-1, DIRECT PROBE TECHNIQUE
87535	INFECTIOUS AGENT DETECT BY NUCLEIC ACID; HIV-1, AMPLIFIED PROBE TECHNIQUE
87536	INFECTIOUS AGENT DETECT BY NUCLEIC ACID; HIV-1, QUANTIFICATION
87537	INFECTIOUS AGENT DETECT BY NUCLEIC ACID; HIV-2, DIRECT PROBE TECHNIQUE
87538	INFECTIOUS AGENT DETECT BY NUCLEIC ACID; HIV-2, AMPLIFIED PROBE TECHNIQUE
87539	INFECTIOUS AGENT DETECT BY NUCLEIC ACID; HIV-2, QUANTIFICATION
87797	INFECTIOUS AGENT DETECT BY NUCLEIC ACID; NOT OTHERWISE SPECIFIED, DIRECT PROBE TECHNIQUE
87798	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; NOT OTHERWISE SPECIFIED, AMPLIFIED PROBE TEC
87799	INFECTIOUS AGENT DETECT BY NUCLEIC ACID; NOT OTHERWISE SPECIFIED, QUANTIFICATION
88141	CYTOPATHOLOGY, CERVICAL OR VAGINAL; REQ INTERPRETATION BY PHYSICIAN
88142	CYTOPATHOLOGY, CERVICAL/VAGINAL, IN PRESERVATIVE; MANUAL SCREENING UNDER MD SUPERVISION

Procedure Code	Description
88143	CYTOPATHOLOGY, CERVICAL/VAGINAL; W/MANUAL SCREENING/RESCREENING UNDER MD SUPERVISION
88144	CYTOPATHOLOGY, CERVICAL/VAGINAL; W/MANUAL SCREENING/COMPUTER-ASSISTED RESCREEN UNDER MD SUPERVISION
88145	CYTOPATHOLOGY, CERVICAL/VAGINAL; MANUAL SCREEN/COMPUTER RESCREEN, CELL SELECT, MD SUPERVISION
88147	CYTOPATHOLOGY SMEARS, CERVICAL/VAGINAL; SCREENING BY AUTOMATED SYSTEM UNDER MD SUPERVISION
88148	CYTOPATHOLOGY SMEARS, CERVICAL/VAGINAL; SCREEN BY AUTOMATED SYSTEM W/MANUAL RESCREENING
88150	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; MANUAL SCREENING UNDER PHYSICIAN SUPERVISION
88152	CYTOPATHOLOGY, SLIDES, CERVICAL/VAGINAL; MANUAL SCREEN/COMPUTER RESCREEN, UNDER MD SUPERV
88153	CYTOPATHOLOGY, SLIDES, CERVICAL/VAGINAL; MANUAL SCREENING/ RESCREENING UNDER MD SUPERVISION
88154	CYTOPATHOLOGY, SLIDES, CERVICAL/VAGINAL; MANUAL SCREEN/COMP. RESCREEN, CELL SELECT/REVIEW, MD
88155	CYTOPATHOLOGY, SLIDES, CERVICAL/VAGINAL, DEFINITIVE HORMONAL EVALUATION (IN ADD TO OTHER SER.)
88160	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION
88161	PREPARATION/SCREENING AND INTERPRETATION
88162	EXTENDED STUDY INVOLVING OVER 5 SLIDES AND/OR MULTIPLE STAINS
88164	CYTOPATHOLOGY SLIDES, CERVICAL/VAGINAL (BETHESDA SYSTEM); MANUAL SCREEN W/MD SUPERVISION
88165	CYTOPATHOLOGY SLIDES, CERVICAL/VAGINAL (BETHESDA SYSTEM); MANUAL SCREEN/RESCREEN, MD SUPERVISION
88166	CYTOPATHOLOGY SLIDES, CERVICAL/VAGINAL (BETHESDA SYSTEM); MANUAL SCREEN/COMP. RESCREEN, MD SUPR.
88167	CYTOPATHOLOGY SLIDES, CERVICAL/VAGINAL (BETHESDA); MANUAL SCREEN/ COMP. RESCREEN, CELL SELECT/REVIEW
88199	UNLISED CYTOPATHOLOGY PROCEDURE
88346	IMMUNOFLUORESCENT STUDY/EACH ANTIBODY
90782	THERAPEUTIC INJECTION OF MEDICATION;
99000	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FORM OFFICE TO A LAB
99201	OFFICE/OP VISIT-NEW PATIENT: PROB-FOCUSED HIST/EXAM & STRAIGHT MED DECISION (10 MIN)
99202	OFFICE/OP VISIT-NEW PATIENT: EXPAND PROB-FOCUSED HIST/EXAM & STRAIGHT MED DECISION (20MIN)
99203	OFFICE/OP VISIT-NEW PATIENT: DETAILED HISTEXAM & MED DECISION-LOW COMPLEXITY (30 MIN)
99204	OFFICE/OP VISIT-NEW PATIENT: COMPREHENSIVE HIST/EXAM, MED DECISION-MOD COMPLEX 45 MIN

Procedure Code	Description
99205	OFFICE/OP VISIT-NEW PATIENT: COMPREHENSIVE HIST/EXAM, MED DECISION-HIGH-COMPLEXITY (60MIN)
99211	OFFICE/OP VISIT-ESTABLISHED PATIENT: MINIMAL PRESENTING PROBLEM (5 MIN)
99212	OFFICE/OP VISIT-ESTABLISHED PATIENT: PROB-FOCUSED HIST/EXAM, STRAIGHT MED DECISION (10MIN)
99213	OFFICE/OP VISIT-ESTABLISHED PAT: EXPAND PROB-FOCUS HIST/EXAM, MED DECISION-LOW COMP (15MIN)
99214	OFFICE/OP VISIT-ESTBLISHED PATIENT DETAILED HIST/EXAM, MED DECISION MOD COMPLEX-25 MIN
99215	OFFICE/OP VISIT-ESTABLISHED PAT: COMPREHENSIVE HIST/EXAM, MED DECISN HIGH COMPLEXITY-40MIN
99384	INITIAL EVAL/MGMT- ADOLESCENT INDIVIDUAL (AGE 12 THROUGH 17 YEARS)
99385	INITIAL EVAL/MGMT- 18-39 YEAR OLD INDIVIDUALS
99386	INITIAL EVAL/MGMT- 40-64 YEAR OLD INDIVIDUALS
99387	INITIAL EVAL/MGMT-65 YEARS AND OVER INDIVIDUALS
99391	PERIODIC REEVAL/MGMT-ESTABLISHED PAT-/INFANT (UNDER 1YR)
99392	PERIODIC REEVAL/MGMT-EARLY CHILDHOOD INDIVIDUAL (AGE 1 THROUGH 4 YEARS)
99393	PERIODIC REEVAL/MGMT- LATE CHILDHOOD INDIVIDUAL (AGE 5 THROUGH 11 YEARS)
99394	PERIODIC REEVAL/MGMT- ADOLESCENT INDIVIDUAL (AGE 12 THROUGH 17 YEARS)
99395	PERIODIC REEVAL/MGMT- 18 - 39 YEAR OLD INDIVIDUALS
99396	PERIODIC REEVAL/MGMT- 40 - 64 YEAR OLD INDIVIDUAL
J0696	INJECTION, CEFTRIAXONE SODIUM, (ROCEPHIN) PER 250 MG
J7300	INTRAUTERINE COPPER CONTRACEPTIVE

CPT Codes Being Claimed at 59% FFP

Procedure Code	Description
11977	REMOVAL WITH REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES
56350	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)
57452	COLPOSCOPY (VAGINOSCOPY)
57454	COLPOSCOPY (VAGINOSCOPY); WITH BIOPSY(S) OF THE CERVIX AND/OR ENDOCERVICAL CURETTAGE
58100	ENDOMET SAMPLING (BIOP) W/OR W/O ENDOCERV SAMPLING (BIOP), W/O CERVICAL DILAT, ANY METHO
58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC
86580	LAB MANTOUX
86585	SKIN TEST
88300	LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY
88302	LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION
88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION
89350	SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED
90788	INTRAMUSCULAR INJECTION OF ANTIBIOTIC

Local Codes Being Claimed at 59% FFP

Procedure Code	Description
W9053	SMV UNLOADED MILEAGE (20.1 - 30 MILES)
W9054	SMV UNLOADED MILEAGE (30.1 - 45 MILES)
W9055	SMV UNLOADED MILEAGE (45.1 - 60 MILES)
W9056	SMV UNLOADED MILEAGE (60.1 - 75 MILES)
W9057	SMV UNLOADED MILEAGE (75.1 - 90 MILES)
W9058	SMV UNLOADED MILEAGE (90.1 AND GREATER)
W9090#	SMV MILEAGE
W9091#	MULTIPLE CARRY SMV MILEAGE
W9095	SMV WAITING TIME (PER HOUR)
W9096*	SMV BASE RATE (INCLUDING FIRST 5 MILES)
W9097	MULTIPLE CARRY SMV BASE RATE (INCLUDING FIRST 5 MILES)
W9098	SMV SECOND ATTENDANT (PER TRIP)

* To bill a cot/stretcher base rate, use procedure code W9096 with description code A11 or A12.

Requires prior authorization for trips over 40 miles that begin in the following counties: Brown, Dane, Fond du Lac, Kenosha, LaCrosse, Manitowoc, Milwaukee, Outagamie, Sheboygan, Racine, Rock, Winnebago, or over 70 miles in all other Wisconsin counties.

Appendix J

Historical Data on Teen Births in Wisconsin

	Number of Teen Births			
Calendar Year	**15-17**	**18-19**	**Total Births**	**% Change**
1992	2,427	4,622	7,049	
1993	2,481	4,576	7,057	0%
1994	2,497	4,379	6,876	-3%
1995	2,549	4,379	6,928	1%
1996	2,509	4,454	6,963	1%
1997	2,532	4,384	6,916	-1%
	Actual Change from 1992 to 1997			**-2%**

Projection of Wisconsin Teen Births Without the Waiver

The chart below assumes that the Wisconsin Adolescent Pregnancy Committee will be successful in reducing teen pregnancy 15% from the 1995 level.

	Number of Teen Births			
Calendar Year	**15-17**	**18-19**	**Total Births**	**% Change**
1998	2,532	4,378	6,910	0%
1999	2,382	4,243	6,625	-4%
2000	2,230	4,033	6,263	-5%
2001	2,043	3,845	5,888	-6%
2002	2,013	3,816	5,829	-1%
2003	1,985	3,788	5,773	-1%
	Expected Change from 1998 to 2003			**-17%**

Projection of Wisconsin Teen Births With the Waiver

The chart below again assumes that the Wisconsin Adolescent Pregnancy Committee will be successful in reducing teen pregnancy 15% from the 1995 level.

	Number of Teen Births			
Calendar Year	**15-17**	**18-19**	**Total Births**	**% Change**
1998	2,532	4,378	6,910	0%
1999	2,364	4,202	6,565	-5%
2000	2,197	3,906	6,104	-7%
2001	1,953	3,628	5,581	-9%
2002	1,865	3,463	5,327	-5%
2003	1,710	3,319	5,029	-6%
		Expected Change from 1998 to 2003		**-23%**

Appendix K

Organizational charts for Wisconsin's:

1. Department of Health and Family Services (DHFS),
2. Division of Health Care Financing (DHCF), and
3. Division of Public Health (DPH).