Quarterly Statewide Medicaid Managed Care Report

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Executive Summary

Medicaid plays an important role in funding prenatal care for women in Florida. Sixty percent of all Florida births in 2015 were covered by Medicaid. Prenatal care is important for the health of the mother and the child. In order to promote a healthy pregnancy, medical guidelines recommend starting prenatal care early in the pregnancy and getting regular prenatal care throughout the pregnancy.

The Agency for Health Care Administration administers the Statewide Medicaid Managed Care (SMMC) program which requires most Medicaid recipients in Florida to receive services through managed care. The SMMC Managed Medical Assistance (MMA) plans began rolling out in May 2014, and were fully implemented in August 2014.

Most pregnant women eligible for Medicaid are required to enroll in an SMMC MMA plan to receive medical care. Managed care plans provide prenatal health care to pregnant women and are required to enact procedures to promote early prenatal care and report on quality metrics to improve pregnancy outcomes and infant health.

This report focuses on a cohort of pregnant women in order to establish a baseline for assessing the adequacy of women’s access to prenatal care in the MMA program. The report covers the amount and timing of prenatal care received by the women in the cohort throughout their pregnancies, characteristics of the cohort’s deliveries, MMA plan provider networks for facilities and physicians who provide services for pregnant women, and the percentage of each MMA plan’s reported networks which provided a service to cohort members during the review period. A future report will examine the birth outcomes of the cohort.

- There were 169,375 women between the ages of 10 and 60 who were pregnant between August 2014 and July 2015, and who were enrolled in an MMA plan at some point during the same period. These women were selected to analyze pregnant women’s access to prenatal care and birth outcomes.
- The pregnancy cohort is 14.4 percent of women in MMA aged 10 to 60 between August 2014 and July 2015.
- Pregnancy-related services were examined ten months prior to the month of delivery only for women who had a delivery by the end of September 2015. This required using data as early as October 2013 since the earliest month a delivery could occur in the cohort was August 2014.

Sixty-seven percent of the pregnancy cohort had a delivery by September 2015.

This report analyzes the prenatal care and delivery characteristics of the 113,224 cohort members with a delivery.

Cohort members were more concentrated in densely populated regions – Regions 4, 6, 7, and 11.

Regional Concentration of Women in the Pregnancy Cohort, August 2014-July 2015

- Cohort members were more concentrated in densely populated regions – Regions 4, 6, 7, and 11.


Percentage of Pregnancy Cohort with a Delivery, Not Yet Delivered, and with a Non-viable Pregnancy by September 2015

- Sixty-seven percent of the pregnancy cohort had a delivery by September 2015.
- This report analyzes the prenatal care and delivery characteristics of the 113,224 cohort members with a delivery.

The following chart shows all cohort members with a delivery, which Medicaid program they were enrolled in for each pregnancy month, and whether they had a prenatal visit in each month of pregnancy.

### Enrollment and Prenatal Visits in each Month of Pregnancy of Cohort Members Who Delivered, October 2013-September 2015

<table>
<thead>
<tr>
<th>Months Prior to Delivery</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery</td>
<td>0%</td>
<td>20%</td>
<td>40%</td>
<td>60%</td>
<td>80%</td>
<td>100%</td>
</tr>
</tbody>
</table>

- **Not in Medicaid No Visits**
- **Pre-SMMC Plan No Visits**
- **Pre-SMMC FFS No Visits**
- **SMMC No Visits**
- **Pre-SMMC FFS Visits**
- **Pre-SMMC Plan Visits**
- **SMMC Visits**


- As cohort members approached the delivery month, a larger percentage of members received a prenatal visit each month, and a larger percentage of members enrolled in an MMA plan each month.
- Nine months prior to delivery, over half of cohort members had not enrolled in Medicaid. By seven months prior to delivery, only 21 percent of cohort members had not enrolled in Medicaid, and by six months prior the percentage had dropped to 13.
- Seven months prior to delivery, 29 percent of cohort members received a prenatal visit and more of these women - 11 percent - were enrolled in FFS prior to SMMC than any other program. By five months prior to delivery, 60 percent of cohort members received a prenatal visit and more of these women - 30 percent - were enrolled in an MMA plan than in FFS or a pre-SMMC plan.
The following chart shows all cohort members with a delivery and their enrollment in each month of pregnancy.

- Enrollment in FFS prior to SMMC or a managed care plan prior to SMMC declined in each month of pregnancy approaching the delivery month and reached 0 percent by the delivery month. Since the cohort consisted of women who were pregnant between August 2014 and July 2015, the earliest month a delivery could occur was August 2014 when the pre-SMMC programs no longer existed.
- Almost 60 percent of cohort members with a delivery were enrolled in MMA plans by four months prior to delivery.
- By the month prior to delivery, 92 percent of cohort members with a delivery were enrolled in MMA plans, and by the month of delivery, the figure had reached 97 percent.

The following chart shows the 6,680 cohort members with a delivery and no prenatal care during their pregnancy, and their enrollment in each month of pregnancy.

![Enrollment in Each Month of Pregnancy Chart](chart-1.png)

- Two months prior to delivery, 97 percent of women with a delivery and no prenatal care were enrolled in Medicaid and 72 percent were enrolled in MMA plans.

![Type of Delivery Pie Chart](chart-2.png)

- Thirty-eight percent of women with a delivery had a Cesarean section (C-section).

• Hospitals provide services and beds for individuals requiring medical, surgical, psychiatric, testing, diagnosis, treatment, or care for illness, injury, deformity, infirmity, abnormality, disease, or pregnancy. Clinical laboratory services, diagnostic X-ray services, and treatment facilities for surgery, or obstetrical care are also available in hospitals.

• Regions 2 and 5 have larger ratios of hospitals to cohort members than other regions.

• Over three quarters of all hospitals in every region are shared by multiple plans.

• A provider’s availability to enrollees is impacted when a provider contracts with multiple MMA plans.

• A birth center is a Florida licensed facility (not an ambulatory surgical center or a hospital) in which births are planned to occur away from the mother’s usual residence following a normal, uncomplicated, low-risk pregnancy.

• A small number of birth centers contracts with MMA plans in every region.

• Regions 3 and 8 have larger ratios of birth centers to cohort members than other regions.

• Half or more of birth centers in each region are shared by multiple MMA plans.
• Federally qualified health centers and rural health clinics provide primary and preventive care services such as family planning and obstetrical care to medically underserved areas. Both are designed to provide quality care by improving access to primary care practitioners.
• Region 3 has a larger ratio of federally qualified health centers (FQHCs) and rural health clinics (RHCs) to cohort members than other regions.
• Half or more of FQHCs and RHCs contract exclusively with a single MMA plan in Regions 1, 2, 3, 4, 5, and 8.

Gynecologists are physicians whose medical practice focuses on the female reproductive system. Obstetricians focus on pregnancy, childbirth, and postpartum care. Obstetrical/gynecological (OB GYN) physicians focus on the female reproductive system and pregnancy, childbirth and postpartum care. Maternal fetal specialists focus on women with high risk pregnancies and their fetuses.
• Regions 9 and 10 have more gynecologists, obstetricians, OB GYN physicians, and maternal fetal physicians per cohort member than other regions.
• A quarter or more gynecologists, obstetricians, OB GYNs, and maternal fetal physicians contract exclusively with a single MMA plan in every region with the exception of Regions 4 and 5.
A licensed midwife is any person 21 years of age or older, other than a licensed physician or certified nurse midwife, who is licensed in Florida to supervise the birth of a child.

Region 5 has more licensed midwives per cohort member than other regions.

Over a quarter of licensed midwives contract exclusively with a single MMA plan in 9 regions.

Half or more licensed midwives contract exclusively with a single MMA plan in Regions 1, 5, and 7.

A certified nurse midwife is licensed in Florida as an advanced registered nurse practitioner (ARNP) and certified by the American College of Nurse Midwives to supervise a normal labor and childbirth, render prenatal and postpartum care, and advise the parents as to the progress of the childbirth. An OB GYN nurse is an advanced registered nurse practitioner licensed in Florida to practice professional nursing and certified in advanced or specialized nursing practice including obstetrical services.

Regions 4 and 6 have more certified nurse midwives and OB GYN nurses per cohort member than other regions.

Over half of certified nurse midwives and OB GYN nurses contract exclusively with a single MMA plan in every region except Regions 6, 10, and 11.

Over three quarters of certified nurse midwives and OB GYN nurses contract exclusively with a single MMA plan in Regions 1, 2, 3, 4, and 8.
**Key Findings:**

- Seventy percent of women with a delivery had their first prenatal visit later than the recommended 7 months prior to delivery.
- Twenty-one percent of women with a delivery had only late occurring prenatal care (only in the third trimester) or no prenatal care.
- The majority of women with a delivery (85%) received prenatal visits for fewer than the recommended 7 consecutive months prior to delivery.
- Six percent of women with a delivery had no prenatal visits during their pregnancies.
- Lack of prenatal care could NOT be explained by a late identification of the pregnancy by the first pregnancy-related service, late enrollment in Medicaid, or late enrollment in an MMA plan.
- The majority of women with no prenatal care were enrolled in MMA plans, and had a pregnancy-related service early enough to allow for more prenatal care than the women received.
- Among women who delivered by the end of September 2015, there was a total of 563,955 enrollment months in MMA plans between the 7 months prior to delivery and the delivery month. For 152,074 months out of the 563,955 months in MMA plans (27%), there was no prenatal care provided.
Introduction

Medicaid plays a significant role in financing maternal health services nationally and in Florida. The Kaiser Family Foundation reported Medicaid funded almost 45% of all births in the United States and 47.5% of all births in Florida in 2010. By 2015, the percentage of births paid for by Medicaid rose to more than 60% of all births in Florida.

According to the National Institutes of Health, “Having a healthy pregnancy is one of the best ways to promote a healthy birth. Getting early and regular prenatal care improves the chances of a healthy pregnancy.”

Prenatal care is vital to the health of the mother and infant. In the early 1990s, Medicaid coverage expanded to include pregnant women who would not otherwise be eligible for Medicaid by increasing the qualifying income to 185% of the federal poverty level. Since the expansion of coverage for pregnant women to 185%, Medicaid has played a significant role in financing the provision of maternal health services.

Under Statewide Medicaid Managed Care (SMMC) in Florida, the Agency contracts with Managed Medical Assistance (MMA) plans for the provision of prenatal health services for women for the duration of their pregnancy. Most pregnant women who are eligible for Medicaid are required to enroll in an MMA plan to receive pregnancy-related health services. The contract requires MMA plans to establish procedures aimed at promoting early prenatal care and improving pregnancy outcomes and infant health.

Once Medicaid eligibility is established, a pregnant woman, who is not eligible under another eligibility category, remains on Medicaid until the end of the second month after pregnancy. Pregnant women are eligible to receive care related to pregnancy, labor, delivery, complications that may occur during pregnancy, and perinatal care for 60 days post-partum as well as other Medicaid covered services. Infants born to pregnant women who are Medicaid eligible for the date of delivery become eligible at birth and may remain on Medicaid until their first birthday, at which time they might be able to continue enrollment under another eligibility category.

Because of its importance for the health of the infant and mother, prenatal care has been the subject of much research and public policy. This report examines the prenatal care of a cohort of women from the


beginning of the MMA program to establish a baseline for assessing the adequacy of prenatal care in the SMMC program.

This report is the sixth in a series that provides information about the SMMC plans and the enrollees in SMMC. A cohort of pregnant women is the subject of review which includes an evaluation of access to care, patterns of prenatal care, and characteristics of deliveries under SMMC. Report features include the percentage of the cohort with a delivery, the percentage of women with a prenatal visit in each month of pregnancy for women with a delivery, the percentage of C-sections for women with a delivery, and the provider networks available for prenatal care and delivery by MMA plan and region. A future report will examine birth outcomes for the cohort.

Data Sources
The results in this report are based on analyses of data from several different sources. Data sources are detailed in the table below and cited with relevant tables and figures.

<table>
<thead>
<tr>
<th>Data</th>
<th>Period</th>
<th>Source</th>
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<tbody>
<tr>
<td>Enrollment Information</td>
<td>October 2013-September 2015 as of April 14, 2016</td>
<td>Florida Medicaid Managed Information System (FLMMIS) Eligibility Information</td>
</tr>
<tr>
<td>MMA Encounter and Claims Information</td>
<td>October 2013-September 2015 as of April 14, 2016</td>
<td>Florida Medicaid Managed Information System (FLMMIS) Eligibility Information</td>
</tr>
<tr>
<td>MMA Provider Information</td>
<td>August 2014-September 2015 as of December 30, 2015</td>
<td>Provider Network Verification System</td>
</tr>
</tbody>
</table>

To examine pregnant women’s access to health services in Medicaid, a cohort of pregnant women between the ages of 10 and 60 with a pregnancy or delivery-related service was selected to analyze and follow over time. Women who were enrolled in an MMA plan at any time between August 1, 2014 and July 31, 2015, and who were pregnant at some point during the same period, were identified as the pregnancy cohort. To assess prenatal care, pregnancy-related services were examined for the ten months prior to the month of delivery only for the women who had a delivery by the end of September 2015. This required examining services from the pre-SMMC period for women with a delivery in the first 9 months of the cohort window. Information about prenatal services for women when they are not enrolled in Medicaid is not available in our data.

CPT-4 (Current Procedural Terminology, 4th Edition) procedure codes and ICD-9 (International Classification of Diseases, Ninth Revision) diagnosis and procedure codes from claims and encounters were used to identify women with pregnancy-related services. Examples of pregnancy-related services are practitioner visits (such as obstetricians or certified nurse midwives), birth center and laboratory services, and deliveries.

Prenatal care visits were identified using CPT-4 codes from H1000 to H1005 on professional claims or encounters. Prenatal care visits typically include a physical exam, blood tests, and discussions about lifestyle as it relates to prenatal care.
ICD-9 diagnosis and procedure codes and Diagnosis Related Groups (DRGs) were used to identify if and when the delivery occurred or if the pregnancy resulted in a non-viable birth. The diagnosis codes used to identify a pregnancy or delivery related service are 630-679.1, V22-V24.2, 792.3, and 796.5. The ICD-9 procedure codes used range from 72 to 74.99. Delivery or pregnancy-related DRGs are 540, 541, 542, and 560.

Gestational age of the pregnancy was not available in the data. Therefore, the first month of pregnancy was estimated to have occurred nine months prior to the delivery month.

Networks of providers specializing in the care of women during pregnancy, delivery or post-partum were examined. Networks of hospitals, birth centers, rural health clinics (RHC) and federally qualified health centers (FQHC) were analyzed since these facilities provide pregnancy and delivery services to Medicaid enrollees. Networks of certified nurse midwives and advanced registered nurse practitioners who specialize in obstetrics and gynecology, licensed midwives, and physicians who specialize in obstetrics and/or gynecology and maternal fetal health physicians were also analyzed since they provide pregnancy and delivery services to Medicaid enrollees. Provider Network Verification (PNV) data reported by MMA plans from August 2014 through December 2015 was used to examine provider networks for the period from August 2014 to September 2015.

Pregnancy Cohort

The pregnancy cohort consists of 169,375 women aged 10 to 60 who were enrolled in an MMA plan at some point between August 1, 2014 and July 31, 2015, and who received a pregnancy-related service during the same period. The cohort represents 14.4 percent of all women aged 10 to 60 and enrolled in MMA plans for the same period.

The majority of the cohort was between the ages of 19 and 32. The average age of the cohort was 25.5 years. Pregnant women who are less than 17 or over 35 years of age are considered high-risk.

The cohort consisted predominately of women who identified as White, Black, or Hispanic. Less than 6 percent of the cohort fell outside of these three categories.
Hispanic women are a larger percentage of the cohort in regions in southern Florida as compared to northern Florida. Over half of the cohort’s population in Region 11 is Hispanic. Regions 1, 2, 3, 5 and 8 had larger percentages of White women than other regions. Region 10 had a larger percentage of Black women than other regions.
The cohort was more concentrated in the densely populated regions 4, 6, 7, and 11.


To assess prenatal care, pregnancy-related services were examined for the ten months prior to the month of delivery for the 113,224 women who had delivered by the end of September 2015. By then, 67 percent of the cohort had delivered, 6.5 percent had a non-viable pregnancy (when the pregnancy ended without a live birth such as a still birth), and 27 percent had not yet delivered.

A portion of the pregnancy of women who delivered within the first 9 months of the cohort period was covered by Medicaid prior to the SMMC program’s implementation. Twelve percent of the cohort was...
in a pre-SMMC managed care plan 9 months prior to delivery, and by delivery the percentage was 0 as the SMMC program was fully implemented. Twenty-eight percent of the cohort was in the pre-SMMC FFS program 7 months prior to delivery, and by delivery the percentage was also 0. Over half of the cohort was not enrolled in Medicaid 9 months prior to delivery. By 6 months prior to delivery, all but 13 percent of the cohort was enrolled in Medicaid. Fifteen percent of women in the cohort were enrolled in an MMA plan 9 months prior to delivery. By 3 months prior to delivery, the percentage of the cohort enrolled in an MMA plan had increased to 73 percent, and by the month of delivery the percentage was 97 percent.

Figure 9: Enrollment in the Delivery Month of Women with a Delivery, August 2014-September 2015*

Over 80% of women with a delivery were enrolled in one of 6 MMA plans in the month of delivery. Seventeen percent were enrolled in the remaining 13 MMA plans. Three percent of the women were not enrolled in an MMA plan during their delivery month due to eligibility changes.

* A small percentage of the cohort enrolled in an MMA plan after the month of delivery and was not enrolled in an MMA plan during pregnancy.

Most women with a delivery (74%) were enrolled in MMA plans for 4 or more months of their pregnancy. Twenty-nine percent of women with a delivery were enrolled in MMA plans for 7 or more months of their pregnancy.

**Prenatal Care**

Prenatal care is recognized as beneficial to the health of mothers and their infants. Routine prenatal guidelines recommend beginning care with the first visit occurring 6-8 weeks following conception and continuing regularly throughout the pregnancy\(^4\). The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists recommends that a woman with an uncomplicated pregnancy be examined every 4 weeks for the first 28 weeks of pregnancy, every 2 to 3 weeks until 36 weeks of gestation, and weekly thereafter.\(^5\) Since gestational age is not available in the data, prenatal care is measured in the months preceding delivery. Pregnancy months are calculated by subtracting 9 months from the delivery month. Prenatal care is assessed by determining whether any prenatal visits occurred in the delivery month and each of the 9 months prior to delivery.

MMA plans are required to provide a pregnancy test, nursing assessment, care coordination, and any necessary referrals and follow-ups in their prenatal care coverage. (See Statewide Medicaid Managed Care Program Model Agreement, Attachment II, Exhibit II-A – Managed Medical Assistance (MMA)

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MMA plans are also required to schedule prenatal visits at least every 4 weeks until week 32, every 2 weeks until week 36, and every week until delivery after week 36, unless the enrollee’s condition requires more frequent visits.

**Figure 11: Women with a Delivery Who Had At Least One Prenatal Visit during Their Pregnancy, October 2013-September 2015**

Ninety-four percent of women in the cohort with a delivery had at least one prenatal care visit during their pregnancy. A little over 6 percent of women with a delivery did not have any prenatal care visits prior to giving birth.

The percentage of women with a delivery receiving a prenatal visit increased in each month of pregnancy nearing the delivery month. Less than 29% of the cohort had a prenatal visit each month 7 or more months prior to delivery. Four to six months prior to delivery, between 48 and 66 percent of the cohort had a prenatal visit each month. In the delivery month and the three months prior to delivery, between 70 and 85 percent of the cohort had a prenatal visit each month.

**Figure 12: Women with a Delivery Who Had a Prenatal Visit by Month of Pregnancy, October 2013-September 2015**

The percentage of women with a delivery who did not have a prenatal visit in each month of pregnancy ranged from a low of 15 percent in the month prior to delivery to 71 percent 7 months prior to delivery. While 6 percent of the cohort had no prenatal visits in any month during their pregnancy, some women received prenatal visits but did not receive them in every month of their pregnancy. Six months prior to delivery, half of the cohort did not receive a prenatal care visit.

Of the women that received a prenatal visit, 30% had their first visit 7 to 9 months prior to delivery, 49% had their first visit 4 to 6 months prior to delivery, and 14% had their first visit 1 to 3 months prior to delivery. Guidelines recommend that women begin prenatal visits 7 months prior to delivery. Seventy percent of the cohort had their first prenatal care visit later than the recommended 7 months prior to delivery.
The first pregnancy-related service is an indication of how early the pregnancy was identified. Examples of pregnancy-related services are visits with practitioners like obstetricians or certified nurse midwives, birth center services, lab tests, ultrasound and other diagnostic procedures, and deliveries.

Calculating the time between the first pregnancy-related service and the first prenatal visit allows us to analyze how quickly women received a prenatal visit once the pregnancy was identified. Seventy-six percent had their first prenatal visit in the same month or the month following their first pregnancy-related service. Among women who received at least one prenatal visit, only 8 percent waited longer than two months past their first pregnancy-related service to receive their first prenatal visit.

**Figure 15: Number of Months between First Pregnancy-Related Service and First Prenatal Visit, October 2013-September 2015**


**Continuity of Prenatal Care**

While 94 percent of the cohort received a prenatal visit at some point during their pregnancy, not every woman with a prenatal visit received a visit in every month of their pregnancy. Among women who received prenatal visits, the number of months with a prenatal visit ranged from 1 to 10 months.
Figure 16: Women with a Delivery with at Least One Prenatal Visit in Each Trimester of Pregnancy, October 2013-September 2015

By the third trimester of pregnancy, over 90 percent of the cohort received a prenatal visit. Only 30 percent of the cohort began prenatal care in the first trimester.

Figure 17: Women with a Delivery with at Least One Prenatal Visit in Every Trimester, with at Least One Prenatal Visit in the Third Trimester Only, and with No Prenatal Care or at Least One Prenatal Visit in the Third Trimester Only, October 2013-September 2015

Less than 30 percent of the cohort had at least one prenatal visit in all three trimesters of pregnancy. Fifteen percent of the cohort had one or more visits only in the third trimester. Twenty-one percent of the cohort had only late occurring prenatal care (only in the third trimester) or no prenatal care.
The majority of the cohort (85%) received a prenatal visit for less than the recommended 7 consecutive months prior to delivery. Conversely, 15 percent of the cohort received prenatal care visits for 7 or more consecutive months prior to delivery.

The majority of the cohort (71%) had no more than two months without a prenatal visit between their first pregnancy-related service and the month of delivery.
The majority of the cohort missed no more than 1 month of prenatal visits after their first prenatal visit. Once they had received their first prenatal visit, 44 percent of the cohort received a prenatal visit in every month until delivery.

Seven of the cohort members with a delivery were 12 or younger. This group started prenatal care later than women in the other age groups, and had lower rates of prenatal visits in every month of pregnancy than women in the other age groups. Thirteen- to twenty-year-olds had similar rates of prenatal care to
21- to 39-year-olds and women aged 40 and over in all months except the very early months of pregnancy.

Figure 22: Women with a Delivery Who Had a Prenatal Visit by Month of Pregnancy and Race/Ethnicity, October 2013-September 2015

Hispanic women were more likely than women in other race/ethnic groups to receive a prenatal visit in every month of pregnancy until 1 month prior to delivery when Asian women had the highest rate of prenatal visits.

*Results for women who identified as their race/ethnicity as ‘Other’ or ‘Not Determined’ are not shown.

Figure 23: Women with a Delivery Who Had a Prenatal Visit by MMA Plan and Pregnancy Months 7 to 4, October 2013-September 2015

Figure 24: Women with a Delivery Who Had a Prenatal Visit by MMA Plan and Pregnancy Months 3 to Delivery, October 2013-September 2015

*First Coast, Preferred, and Integral were no longer operating in Florida Medicaid in December 2015.


In every month of pregnancy, cohort members with a delivery who were enrolled in Preferred (which no longer participates in SMMC), and the specialty plans Clear Health, Magellan, and Positive had the lowest rates of prenatal visits as compared to women enrolled in other plans.
Women with No Prenatal Visits

Guidelines recommend early and regular prenatal care. However 6.1 percent of women in our cohort with a delivery received no prenatal visits at any point during their pregnancy. The first pregnancy-related service and the enrollment of the 6,880 women with no prenatal visits during their pregnancy are analyzed to determine whether these women failed to have a pregnancy-related service until late in their pregnancies, or enrolled in Medicaid too late in their pregnancies to receive a prenatal visit.

Figure 25: Month of First Pregnancy-Related Service for Women with a Delivery and No Prenatal Visits, October 2013-September 2015

Sixty-eight percent of women with no prenatal visits had a pregnancy-related service early enough in their pregnancy to allow for 1 or more months of prenatal visits.

Figure 26: Earliest Month of Medicaid Enrollment during Pregnancy for Women with a Delivery and No Prenatal Visits, October 2013-September 2015

Less than 1 percent of women with no prenatal visits enrolled in Medicaid during the month they delivered. Over 97 percent of women with no prenatal visits were enrolled in Medicaid early enough to allow for 1 or more months of prenatal visits.

Only 10 percent of women with no prenatal visits enrolled in MMA plans in the month of delivery. Seventy-five percent of women with no prenatal visits were enrolled in MMA plans early enough to allow for 1 or more months of prenatal visits.

Six months prior to delivery, over 20 percent of women without a prenatal care visit were enrolled in MMA plans and 40 percent were in the fee-for-service program. Three months prior to delivery month, 60 percent were enrolled MMA plans, 30 percent were in the fee-for-service program, and less than 10 percent had yet to enroll in Medicaid.
The percentage of women with no prenatal visits was larger than the statewide percentage of 6.1 in five regions – Regions 4, 5, 6, 7, and 10.

Late-Beginning and Discontinuous Prenatal Visits

Guidelines for prenatal care recommend beginning prenatal visits by the seventh month prior to delivery, continuing prenatal visits at least monthly thereafter, and more often during the latter stages of pregnancy. In the Medicaid pregnancy cohort, 70 percent of women with a delivery began prenatal visits later than the recommended seventh month prior to delivery, and 85 percent had fewer than 7 consecutive months of prenatal visits prior to delivery. The first pregnancy-related service and enrollment of all women with a delivery is analyzed to ascertain whether late-beginning or
discontinuous prenatal care may have been impacted by the timing of the first service or enrollment in Medicaid.

Figure 30: Month of First Pregnancy-Related Service for Women with a Delivery, October 2013-September 2015

Six months prior to delivery or before, 72 percent of the cohort had received a service identifying their pregnancy. Less than 11 percent of the cohort had their first pregnancy-related service in the delivery month or 3 months prior to delivery. Over half of women with a delivery had a pregnancy-related service early enough in their pregnancy to allow prenatal visits to begin 7 months prior to delivery and continue in each month through delivery, yet only 15 percent achieved this recommendation.

Figure 31: Earliest Month of Medicaid Enrollment during Pregnancy for Women with a Delivery, October 2013 - September 2015

The majority of the cohort was enrolled in Medicaid well before the delivery month. Eighty-nine percent of the cohort was enrolled 6 or more months before delivery. Less than 4 percent of the cohort enrolled in Medicaid in the delivery month or within the 3 months prior to delivery. Sixty-two percent of
women with a delivery were enrolled in Medicaid early enough to begin prenatal care 7 months prior to delivery, and continue in each month through delivery.

Figure 32: Earliest Month of MMA Plan Enrollment during Pregnancy for Women with a Delivery, October 2013- September 2015

Thirty-seven percent of the cohort enrolled in MMA plans during the delivery month or 3 months prior to delivery. A little over 61 percent of the cohort enrolled in MMA plans 4 months or more prior to delivery. Twenty-two percent of women with a delivery were enrolled in MMA plans early enough for plans to cover 7 months of prenatal visits prior to delivery.

Figure 33: Impact of Timing of SMMC Implementation on Earliest Month of MMA Plan Enrollment during Pregnancy for Women with a Delivery, October 2013-September 2015

Because women were in various stages of pregnancy before MMA plans became available with the implementation of the SMMC program, the timing of enrollment in MMA plans could be affected by the implementation schedule of the MMA program, which took place from May 2014 through August 2014.
Seven months prior to delivery, more than half of women who received prenatal visits were covered by the FFS program rather than by MMA plans. Four months prior to delivery, over 60 percent of women who received prenatal visits were covered by MMA plans rather than by the FFS program.

Between 1 and 7 months prior to delivery, 12 to 18 percent of women with a delivery were enrolled in MMA plans and did not receive prenatal visits.
The majority of the cohort (63%) were either already enrolled in MMA plans by the time they had their first pregnancy-related service or enrolled within 2 months of the service.

**Delivery Characteristics**

Thirty-seven percent of women with a delivery had a C-section. Medicaid’s rate is somewhat lower than Florida’s overall C-section rate of 38.8% as reported by Florida hospitals to the Agency for Health Care Administration.


Over half of the youngest and oldest age groups had a C-section. Fifty-seven percent of the 7 girls who were 12 and under, and 55 percent of women 40 and older, delivered with a C-section.

Hispanic women had the highest rate of C-sections at 44 percent.

The percentage of the cohort in each region with a C-section is larger in regions in south Florida. These are the same regions where a larger percentage of Hispanic women in the cohort reside. In Region 11, over half of all deliveries were by C-section. Region 2 had the lowest C-section rate of any region in the state at 30 percent.
Among Standard plans, those located solely in Region 11 – Coventry, Preferred, and Simply - had the highest rates of C-section.

Among Specialty plans, the two HIV/AIDS plans – Clear Health and Positive – had the highest rates of C-section. C-section deliveries are recommended for women with a high or unknown HIV viral load near the time of delivery to reduce the risk of mother-to-child transmission.\(^6\)

A slightly larger percentage of women who had a C-section than women who had vaginal deliveries had a prenatal visit in most months leading up to delivery.
Both women who had a vaginal delivery and women who had a C-section had rates of prenatal visits under 30 percent 7 months prior to delivery, and rates over 84 percent 1 month prior to delivery.

The length of time women stayed in a hospital for a delivery was greater for women with a C-section than vaginal delivery.
Sixty-five percent of women with a vaginal delivery stayed in the hospital 2 days or less. Sixty-three percent of women with a C-section stayed in the hospital for three days or more. Only 5% of women who delivered vaginally stayed longer than 3 days, while 21% of women who delivered by C-section stayed more than 3 days.

Forty-nine percent of C-section deliveries were elective admissions wherein the patient’s condition permits adequate time to schedule care and treatment. In contrast, more vaginal deliveries were urgent admissions in which the patient requires immediate attention for the care and treatment of a physical condition than any other admission type. A smaller percentage of C-section than vaginal deliveries were emergency admissions in which the patient requires immediate medical intervention due to severe, life-threatening, or potentially disabling conditions.
Average length of stay was similar for vaginal deliveries regardless of admission type. Average length of stay for C-sections was longer for emergency and urgent admissions than elective admissions.

*Less than 1 percent of admissions were classified as newborn or trauma center admissions and are not shown in the chart.

Provider Networks of Facilities and Practitioners Who Provide Services to Pregnant Women

MMA plans’ provider networks are reviewed to determine the number of providers available for prenatal care and deliveries by MMA plan and by region. Evaluating the network of providers for prenatal care and deliveries is part of evaluating access to care.

Each MMA plan must maintain a region wide network of providers that is sufficient to meet the access needs for covered medical services for all enrollees in the plan. Networks include hospitals, birthing centers, obstetricians (OB GYNs), certified nurse midwives, federally qualified health centers, rural health clinics, and maternal fetal physicians. Providers must be enrolled or registered with Florida Medicaid.

Some providers contract exclusively with one MMA plan in a region while others may contract with more than one MMA plan. Providers who contract with more than one MMA plan in the region are counted only once in the region total. To the degree that providers are shared by multiple MMA plans, MMA plans’ provider networks overlap with one another in each region and the total number of unduplicated providers in a region’s network will be less than the sum total of providers across all MMA plans. The percentage of each MMA plan’s and region’s network that is shared by multiple MMA plans versus exclusive to one of the MMA plans is reported because a provider’s availability to enrollees is impacted when a provider contracts with multiple MMA plans. In the following section, provider networks are displayed as a series of related pie charts.

The center pie shows the number of unduplicated providers in the region’s network. The region pie charts also show the percentage of the region network of providers which is exclusive to one plan versus shared with multiple plans.

The pies surrounding the center pie show the number of providers contracted with each health plan in the region. The size of each plan’s pie is proportionally sized relative to the region’s pie in the center. The plans are listed in order from the one with the greatest number of providers to the least.
Network of Birth Centers by Region

A birth center is a Florida licensed facility (not an ambulatory surgical center or hospital) in which births are planned to occur away from the mother’s usual residence following a normal, uncomplicated, low-risk pregnancy. One percent of cohort members received a service from a birth center during their pregnancy.

The birth center in Region 1 that contracts with Humana and Sunshine Specialty did not provide services to cohort members enrolled in either plan during the review period.

Number of Cohort Members, Birth Centers Reported in Each Plan’s Network, Birth Centers that Provided a Service to Cohort Members, and Birth Centers that Provided 80 Percent of Services to Cohort Members by Plan in Region 1, August 2014-September 2015

Only cohort members enrolled in Prestige and Staywell received services from the birth center in Region 2.

Since only 1 birth center provided services for both Prestige and Staywell, 1 birth center provided 100 percent of the services for each plan.

Region 2 has 1 birth center which contracts with 4 plans.

The birth centers contracted with Sunshine Specialty, Clear Health, and CMS Network did not provide services to cohort members enrolled in the plans.

One of the 2 birth centers contracted with Staywell, and one of the 3 birth centers contracted with Sunshine, provided all of the services to each plan's cohort members in Region 1. One of the 2 birth centers contracted with Prestige in Region 1 provided 80 percent of birth center services to cohort members.

Six birth centers contract with 6 plans in Region 3. Two of the birth centers contract exclusively with a single plan. The other 4 birth centers are shared by multiple plans.


Figure 54: Region 3 Network of Birth Centers, August 2014-September 2015

Figure 55: Number of Cohort Members, Birth Centers Reported in Each Plan’s Network, Birth Centers that Provided a Service to Cohort Members, and Birth Centers that Provided 80 Percent of Services to Cohort Members by Plan in Region 3, August 2014-September 2015

The birth centers contracted with Sunshine Specialty in Region 4 did not provide services to cohort members enrolled in the plan.

One birth center provided 100 percent of services to cohort members for each of United, Sunshine, and Molina. One of Staywell’s birth centers provided 80 percent of birth center services to cohort members in Region 4.
Region 5’s 4 birth centers contract with 6 plans. One of the 4 birth centers contracts exclusively with Clear Health.

Birth centers contracted with 3 plans – Clear Health, Sunshine Specialty, and Magellan – provided no services to cohort members enrolled in the plans.

One of the 3 birth centers contracted with Staywell provided 80 percent of birth center services to Staywell’s cohort members in the region. Only 1 birth center provided services to each of Sunshine and Amerigroup’s cohort members.

Figure 58: Region 5 Network of Birth Centers, August 2014-September 2015

Figure 59: Number of Cohort Members, Birth Centers Reported in Each Plan’s Network, Birth Centers that Provided a Service to Cohort Members, and Birth Centers that Provided 80 Percent of Services to Cohort Members by Plan in Region 5, August 2014-September 2015

Three birth centers contract with 7 plans in Region 6.

Only birth centers contracted with Better Health, Sunshine, and Staywell provided services to cohort members in Region 6.


Figure 61: Number of Cohort Members, Birth Centers Reported in Each Plan’s Network, Birth Centers that Provided a Service to Cohort Members, and Birth Centers that Provided 80 Percent of Services to Cohort Members by Plan in Region 6, August 2014-September 2015

Three of the four birth centers in Region 7 contract with multiple plans in the region. One birth center contracts exclusively with Staywell.

Clear Health, Sunshine Specialty, and CMS Networks’ birth centers provided no services to cohort members enrolled in the plans.

One birth center provided 80 percent of birth center services to cohort members in Amerigroup, Prestige, and Magellan.

Figure 63: Number of Cohort Members, Birth Centers Reported in Each Plan’s Network, Birth Centers that Provided a Service to Cohort Members, and Birth Centers that Provided 80 Percent of Services to Cohort Members by Plan in Region 7, August 2014-September 2015

One of the five birth centers in Region 8 contracts exclusively with Molina. The other 4 birth centers are shared by two or more of the 8 plans in the region.

All birth centers contracted with Staywell, Sunshine, Prestige, and Integral provided services to cohort members in each plan.

Two of Staywell’s 4 birth centers and two of Sunshine’s 4 birth centers provided 80 percent of birth center services to cohort members in each plan in Region 8.
Two birth centers are shared by two or more of the 5 plans in Region 9.

Only cohort members enrolled in Humana and Sunshine received services from a birth center in Region 9.

Humana and Sunshine each had only 1 birth center which provided services to its enrollees.

One of the 2 birth centers in Region 10 contracts exclusively with Magellan. The other birth center is shared by Better Health and Clear Health. Neither of the 2 birth centers in Region 10 provided services to cohort members.

Figure 68: Region 10 Network of Birth Centers, August 2014-September 2015


Figure 69: Number of Cohort Members, Birth Centers Reported in Each Plan’s Network, Birth Centers that Provided a Service to Cohort Members, and Birth Centers that Provided 80 Percent of Services to Cohort Members by Plan in Region 10, August 2014-September 2015

Nine plans in Region 11 contract with 1 or more of the 3 birth centers in the region.

Cohort members enrolled in 6 of the 9 plans in Region 11 received services from one of the region’s birth centers.

Network of Hospitals by Region

Figure 72: Region 1 Network of Hospitals, August 2014-September 2015

Hospitals provide services and beds for individuals requiring medical, surgical, psychiatric, testing, diagnosis, treatment, or care for illness, injury, deformity, infirmity, abnormality, disease, or pregnancy. Obstetrical services are also available in hospitals. Seventy-eight percent of cohort members received pregnancy or delivery services in a hospital.

Every hospital in Humana’s and Integral’s network provided services to enrollees in the pregnancy cohort.

Eighty percent of Humana’s hospital services for cohort members in Region 1 were provided by 5 hospitals.


Figure 73: Number of Cohort Members, Hospitals Reported in Each Plan’s Network, Hospitals that Provided a Service to Cohort Members, and Hospitals that Provided 80 Percent of Services to Cohort Members by Plan in Region 1, August 2014-September 2015

Over half of Staywell’s, Magellan’s, and Prestige’s reported network of hospitals provided services to enrollees in the pregnancy cohort.

Four hospitals provided 80 percent of hospital services for cohort members enrolled in Staywell and Magellan in Region 2.

Thirty hospitals contract with 7 plans in Region 3.

Over half of the reported network of hospitals of 5 plans provided services to enrollees in the pregnancy cohort.

In Region 3, 80 percent of hospital services were provided by 5 or more hospitals for 5 of the 7 plans.

Two plans—Magellan and CMS Network—contract exclusively with hospitals in Region 4.

Over half of all plans’ network of hospitals in Region 4 provided services to enrollees in the pregnancy cohort.

Between 2 and 9 hospitals provided 80 percent of hospital services for each plan in the region.


Over half of every plan’s reported network of hospitals provided services to enrollees in the pregnancy cohort with the exception of Clear Health.

Between 2 and 6 hospitals provided 80 percent of hospital services for each plan in the region.

Figure 81: Number of Cohort Members, Hospitals Reported in Each Plan’s Network, Hospitals that Provided a Service to Cohort Members, and Hospitals that Provided 80 Percent of Services to Cohort Members by Plan in Region 5, August 2014-September 2015

The majority of the reported network of hospitals for 9 of the 12 plans in the region provided services to enrollees in the pregnancy cohort. Between 3 and 9 hospitals provided 80 percent of hospital services for each plan in the region.

Figure 82: Region 6 Network of Hospitals, August 2014-September 2015

All of the hospitals in Region 6 are shared by two or more plans.

Figure 83: Number of Cohort Members, Hospitals Reported in Each Plan’s Network, Hospitals that Provided a Service to Cohort Members, and Hospitals that Provided 80 Percent of Services to Cohort Members by Plan in Region 6, August 2014-September 2015


Over half of every plan’s reported network of hospitals except for CMS Network provided services to enrollees in the pregnancy cohort.

Between 1 and 6 hospitals provided 80 percent of hospital services for each plan in the region.

All of the hospitals contracted with Prestige, Integral, and Sunshine provided services to cohort members enrolled in each plan.

Between 3 and 5 hospitals provided 80 percent of hospital services for each plan in the region.

Staywell and CMS Network have the only two exclusive contracts among the 21 hospitals in Region 8.

Figure 86: Region 8 Network of Hospitals, August 2014-September 2015

Figure 87: Number of Cohort Members, Hospitals Reported in Each Plan’s Network, Hospitals that Provided a Service to Cohort Members, and Hospitals that Provided 80 Percent of Services to Cohort Members by Plan in Region 8, August 2014-September 2015

Over half of every plan’s reported network of hospitals with the exception of Sunshine Specialty provided services to enrollees in the pregnancy cohort. Between 3 and 9 hospitals provided 80 percent of hospital services for each plan in the region.

CMS Network has the only exclusive contract with hospitals in Region 9.


Figure 89: Number of Cohort Members, Hospitals Reported in Each Plan’s Network, Hospitals that Provided a Service to Cohort Members, and Hospitals that Provided 80 Percent of Services to Cohort Members by Plan in Region 9, August 2014-September 2015

Magellan and CMS Network are the only plans that contract exclusively with hospitals in Region 10.

All of Better Health’s and SFCCN’s reported network of hospitals provided services to enrollees in the pregnancy cohort.

Between 1 and 6 hospitals provided 80 percent of hospital services for each plan in the region.

Figure 90: Region 10 Network of Hospitals, August 2014-September 2015

Figure 91: Number of Cohort Members, Hospitals Reported in Each Plan’s Network, Hospitals that Provided a Service to Cohort Members, and Hospitals that Provided 80 Percent of Services to Cohort Members by Plan in Region 10, August 2014-September 2015


Over half of the reported network of hospitals for every Standard plan provided services to enrollees in the pregnancy cohort. Less than half for 4 of the 5 Specialty plans provided services to enrollees in the pregnancy cohort. Between 1 and 7 hospitals provided 80 percent of hospital services for each plan in the region.

Source: Provider Network Verification System, August 2014-September 2015
Network of Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) by Region

FQHCs and RHCs provide primary and preventive care services to medically underserved areas. Both are designed to provide quality care by improving access to primary care practitioners. Three percent of cohort members received pregnancy services from a FQHC or RHC.

Figure 94: Region 1 Network of FQHCs and RHCs, August 2014-September 2015

Fourteen FQHCs and RHCs contract with 4 plans in Region 1. Almost three quarters of FQHCs and RHCs contract exclusively with a single plan.

Only 1 FQHC or RHC in Region 1 provided services to cohort members enrolled in Integral.

Figure 95: Number of Cohort Members, FQHCs and RHCs Reported in Each Plan’s Network, FQHCs and RHCs that Provided a Service to Cohort Members, and FQHCs and RHCs that Provided 80 Percent of Services to Cohort Members by Plan in Region 1, August 2014-September 2015

Over half of FQHCs and RHCs in Region 2 contract exclusively with a single plan.

Half or more of Magellan’s and Prestige’s FQHCs and RHCs provided services to enrollees in the pregnancy cohort.


Over three quarters of United’s FQHCs and RHCs contract exclusively with United. Just under three quarters of CMS Network’s FQHCs and RHCs contract exclusively with CMS Network.

Less than 30 percent of every plan’s network provided services to cohort members.

Over 80 percent of Sunshine and United’s FQHC and RHC services were provided by one FQHC or RHC.


Figure 99: Number of Cohort Members, FQHCs and RHCs Reported in Each Plan’s Network, FQHCs and RHCs that Provided a Service to Cohort Members, and FQHCs and RHCs that Provided 80 Percent of Services to Cohort Members by Plan in Region 3, August 2014-September 2015

Figure 100: Region 4 Network of FQHCs and RHCs, August 2014-September 2015

Over half of Molina’s network of FQHCs and RHCs contract exclusively with Molina. Over half of United’s network contracts exclusively with United. Sunshine and Magellan were the only 2 plans with over half of their network providing services to cohort members. Magellan’s enrollees and United’s enrollees received all of their FQHC and RHC services from 1 FQHC or RHC in each plan.


Figure 101: Number of Cohort Members, FQHCs and RHCs Reported in Each Plan’s Network, FQHCs and RHCs that Provided a Service to Cohort Members, and FQHCs and RHCs that Provided 80 Percent of Services to Cohort Members by Plan in Region 4, August 2014-September 2015

Nearly all of the FQHCs and RHCS in Prestige’s network contract exclusively with Prestige.

Half or less of the FQHCs and RHCS in every plan’s network provided FQHC and RHC services to cohort members.

Nearly half of all FQHCs and RHCs in Region 6 contract exclusively with a single plan in the region.

Only 3 plans have networks in which over half of FQHCs and RHCs provided services to cohort members. Better Health is the only plan in which 1 FQHC or RHC provided 100 percent of FQHC and RHC services to enrollees.


Figure 105: Number of Cohort Members, FQHCs and RHCs Reported in Each Plan’s Network, FQHCs and RHCs that Provided a Service to Cohort Members, and FQHCs and RHCs that Provided 80 Percent of Services to Cohort Members by Plan in Region 6, August 2014-September 2015

Figure 106: Region 7 Network of FQHCs and RHCs, August 2014-September 2015

Over three quarters of United’s FQHCs and RHCs contract exclusively with United.

Only 3 plans had networks in which over half of FQHCs and RHCs provided services to cohort members.

Figure 107: Number of Cohort Members, FQHCs and RHCs Reported in Each Plan’s Network, FQHCs and RHCs that Provided a Service to Cohort Members, and FQHCs and RHCs that Provided 80 Percent of Services to Cohort Members by Plan in Region 7, August 2014-September 2015

Over half of FQHCs and RHCs in Region 8 contract exclusively with a single plan in the region. Only 2 plans had networks in which over half of FQHCs and RHCs provided services to cohort members.


Only 3 plans had networks in which over half of FQHCs and RHCs provided services to cohort members.

Figure 110: Region 9 Network of FQHCs and RHCs, August 2014-September 2015

Half of Prestige’s network of FQHCs and RHCs contract exclusively with Prestige.

Figure 111: Number of Cohort Members, FQHCs and RHCs Reported in Each Plan’s Network, FQHCs and RHCs that Provided a Service to Cohort Members, and FQHCs and RHCs that Provided 80 Percent of Services to Cohort Members by Plan in Region 9, August 2014-September 2015


All of the 8 FQHCs and RHCs in Region 10 are shared by multiple plans.

Only 2 plans had networks in which over half of FQHCs and RHCs provided services to cohort members.


Figure 113: Number of Cohort Members, FQHCs and RHCs Reported in Each Plan’s Network, FQHCs and RHCs that Provided a Service to Cohort Members, and FQHCs and RHCs that Provided 80 Percent of Services to Cohort Members by Plan in Region 10, August 2014-September 2015

Fifty FQHCs and RHCs contract with 13 plans in Region 11. Almost half of the regional network contracts exclusively with a single plan.

Only 2 of the 13 plans in Region 11 had networks in which over half of FQHCs and RHCs provided services to enrollees.

Network of Licensed Midwives by Region

A licensed midwife is any person not less than 21 years of age, other than a licensed physician or certified nurse midwife, who is licensed in Florida to supervise the birth of a child. Seven percent of cohort members received pregnancy or delivery services from licensed midwives.

Figure 116: Region 1 Network of Licensed Midwives, August 2014-September 2015

Five licensed midwives contract with 2 plans in Region 1.

One of Humana’s licensed midwives was the only midwife who provided services to cohort members in Region 1.


Figure 117: Number of Cohort Members, Licensed Midwives Reported in Each Plan’s Network, Licensed Midwives that Provided a Service to Cohort Members, and Licensed Midwives that Provided 80 Percent of Services to Cohort Members by Plan in Region 1, August 2014-September 2015

Thirteen licensed midwives contracted with 4 plans in Region 2.

Half of Prestige’s, three-quarters of Staywell’s, and one-third of Magellan’s licensed midwives provided services to each plan’s cohort members.

Eighty percent of the licensed midwife services in Staywell and in Prestige were provided by 2 licensed midwives contracted with each plan.

The Region 3 network of midwives consists of 57 licensed midwives who contract with 6 plans.

Over half of every plan’s network of licensed midwives with the exception of Sunshine Specialty and CMS Network, provided services to cohort members enrolled in each plan.

Fewer midwives provided 80 percent of services for United, Sunshine Specialty, and Prestige than for Staywell and Sunshine.

Figure 121: Number of Cohort Members, Licensed Midwives Reported in Each Plan’s Network, Licensed Midwives that Provided a Service to Cohort Members, and Licensed Midwives that Provided 80 Percent of Services to Cohort Members by Plan in Region 3, August 2014-September 2015

Half or more of the licensed midwives provided services to cohort members for 6 of the 8 plans in Region 4.

Compared to other plans, Sunshine’s licensed midwife services are less concentrated among fewer licensed midwives.


Less than half of Amerigroup’s, Sunshine’s, and Sunshine Specialty’s licensed midwives provided services to cohort members in each plan in the region.

Licensed midwife services are provided by a larger number of midwives in Sunshine, Amerigroup, and Staywell than in the other MMA plans.

Half of the 63 licensed midwives in Region 5 contract exclusively with 1 of the 6 plans in the region.

With the exception of Sunshine Specialty, over half of licensed midwives in each MMA plan’s network provided services to cohort members.

Licensed midwife services are provided by a larger number of midwives in Amerigroup, Staywell, Sunshine, and Magellan than other plans.

Figure 126: Region 6 Network of Licensed Midwives, August 2014-September 2015

Over half of licensed midwives in Region 6 are shared by multiple plans.


Figure 127: Number of Cohort Members, Licensed Midwives Reported in Each Plan’s Network, Licensed Midwives that Provided a Service to Cohort Members, and Licensed Midwives that Provided 80 Percent of Services to Cohort Members by Plan in Region 6, August 2014-September 2015

Less than half of licensed midwives in Region 7 are shared by multiple plans.

With the exception of Sunshine Specialty, over 60 percent of each MMA plan’s licensed midwives provided services to each plan’s cohort members in the region.

Eighty percent of Amerigroup’s licensed midwife services were provided by 6 of its 17 licensed midwives.


Six plans contract with 47 licensed midwives in Region 8.

**Figure 130: Region 8 Network of Licensed Midwives, August 2014-September 2015**

Over half of 4 of the 6 plans’ licensed midwives provided services to cohort members enrolled in each plan.

Eighty percent of Staywell’s licensed midwife services were provided by 11 licensed midwives – just under half of the total in Staywell’s Region 8 network.

**Figure 131: Number of Cohort Members, Licensed Midwives Reported in Each Plan’s Network, Licensed Midwives that Provided a Service to Cohort Members, and Licensed Midwives that Provided 80 Percent of Services to Cohort Members by Plan in Region 8, August 2014-September 2015**

Three quarters of licensed midwives in Region 9 are shared by multiple plans.

Less than 75 percent of each MMA plan’s network of licensed midwives provided services to cohort members.

Eighty percent of each plan’s licensed midwife services were provided by 4 or less licensed midwives.


Three quarters of licensed midwives in Region 10 are shared by multiple plans.

Less than 75 percent of each plan’s network of licensed midwives provided services to cohort members.

Eighty percent of each MMA plan’s licensed midwife services were provided by 1 or 2 licensed midwives.


Sunshine utilized a greater number of licensed midwives for cohort members in Region 11 than the other plans.

Half of the licensed midwives who provided services to Sunshine enrollees provided 80 percent of Sunshine’s licensed midwife services.

Network of Physicians by Region

Physicians in this report are gynecologists, obstetricians, or OB GYNs who focus on the female reproductive system or pregnancy and delivery services, or maternal fetal specialists who focus on women with high risk pregnancies. Seventy-six percent of cohort members received pregnancy or delivery services from these physicians.

Three-quarters of gynecologists, obstetrics, OB GYN, and maternal fetal physicians in Region 1 are shared by multiple plans.

Less than half of the reported network of gynecologists, obstetricians, OB GYN, and maternal fetal physicians in 4 of the 6 plans in Region 1 provided services to cohort members enrolled in each plan.

Twenty-three physicians who contract with Integral provided 80 percent of physician services to cohort members in the plan.

There are 101 gynecologists, obstetricians, OB GYN, and maternal fetal physicians serving plans in Region 2. More than half are shared by multiple plans.

Over half of the reported network of gynecologists, obstetricians, OB GYN, and maternal fetal physicians in 3 of the 6 plans in Region 2 provided services to plans’ cohort members.

Twenty of Staywell’s and 27 of Prestige’s physicians provided 80 percent of physician services to cohort members in each plan.

Figure 142: Region 3 Network of Gynecologists, Obstetricians, OB GYN, and Maternal Fetal Physicians, August 2014-September 2015

Over half of the reported network of gynecologists, obstetricians, OB GYN, and maternal fetal physicians in 4 of the 7 plans in Region 3 provided services to cohort members in each plan.

Eighty percent of physician services for cohort members in Staywell, United, Prestige, and Sunshine were provided by less than a third of physicians who provided services for each plan.


Figure 143: Number of Cohort Members, Physicians Reported in Each Plan’s Network, Physicians that Provided a Service to Cohort Members, and Physicians that Provided 80 Percent of Services to Cohort Members by Plan in Region 3, August 2014-September 2015

One third of the 200 gynecologists, obstetricians, OB GYN, and maternal fetal physicians in Region 3 contract with 1 plan exclusively.

Over half of the reported network of gynecologists, obstetricians, OB GYN, and maternal fetal physicians in 6 of the 8 plans in Region 4 provided services to plans’ cohort members.

Less than a third of physicians who provided services for each plan provided 80 percent of physician’s services.

Over half of the reported network of gynecologists, obstetricians, OB GYN, and maternal fetal physicians in 5 of the 8 plans in Region 5 provided services to plans’ cohort members.

Less than a third of physicians who provided services for cohort members in Amerigroup, Staywell, and Sunshine provided 80 percent of each plans’ physician services.

Less than a quarter of the 176 gynecologists, obstetricians, OB GYN, and maternal fetal physicians in Region 5 contract with one plan exclusively.


Figure 148: Region 6 Network of Gynecologists, Obstetricians, OB GYN, and Maternal Fetal Physicians, August 2014-September 2015

Over half of the reported network of gynecologists, obstetricians, OB GYN, and maternal fetal physicians in 8 of the 12 plans in Region 6 provided services to plans’ cohort members.

Figure 149: Number of Cohort Members, Physicians Reported in Each Plan’s Network, Physicians that Provided a Service to Cohort Members, and Physicians that Provided 80 Percent of Services to Cohort Members by Plan in Region 6, August 2014-September 2015

Ten plans contract with 355 gynecologists, obstetricians, OB GYN, and maternal fetal physicians in Region 7.

Over half of the reported network of gynecologists, obstetricians, OB GYN, and maternal fetal physicians in 7 of the 10 plans in Region 7 provided services to cohort members in each plan. Molina was the only Standard plan in which less than 35 physicians provided 80 percent of physician services to cohort members.

### Figure 151: Number of Cohort Members, Physicians Reported in Each Plan’s Network, Physicians that Provided a Service to Cohort Members, and Physicians that Provided 80 Percent of Services to Cohort Members by Plan in Region 7, August 2014-September 2015

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Less than half of the 216 gynecologists, obstetricians, OB GYN, and maternal fetal physicians in Region 8 contract with a single plan in the region.


Figure 153: Number of Cohort Members, Physicians Reported in Each Plan’s Network, Physicians that Provided a Service to Cohort Members, and Physicians that Provided 80 Percent of Services to Cohort Members by Plan in Region 8, August 2014-September 2015

Figure 154: Region 9 Network of Gynecologists, Obstetricians, OB GYN, and Maternal Fetal Physicians, August 2014-September 2015

Over a quarter of the 320 gynecologists, obstetricians, OB GYN, and maternal fetal physicians in Region 9 contract with a single plan in the region.

Figure 155: Number of Cohort Members, Physicians Reported in Each Plan’s Network, Physicians that Provided a Service to Cohort Members, and Physicians that Provided 80 Percent of Services to Cohort Members by Plan in Region 9, August 2014-September 2015

Over half of the reported network of gynecologists, obstetricians, OB GYN, and maternal fetal physicians in 5 of the 8 plans in Region 9 provided services to cohort members in each plan.

Humana was the only Standard plan in which less than 30 physicians provided 80 percent of physician services to cohort members.

Over a quarter of the 307 gynecologists, obstetricians, OB/GYN, and maternal fetal physicians in Region 10 contract with a single plan in the region.

More than half of the reported network of gynecologists, obstetricians, OB/GYN, and maternal fetal physicians in 5 of the 9 plans in Region 10 provided services to cohort members in each plan.

A smaller percentage of physicians provided 80 percent of physician services for Humana as compared to other Standard plans.

Over half of the reported network of gynecologists, obstetricians, OB GYN, and maternal fetal physicians in 11 of the 15 plans in Region 11 provided services to cohort members in each plan.

United was the only Standard plan in which less than 10 physicians provided 80 percent of physician services to cohort members in the plan.

Figure 158: Region 11 Network of Gynecologists, Obstetricians, OB GYN, and Maternal Fetal Physicians, August 2014-September 2015

Figure 159: Number of Cohort Members, Physicians Reported in Each Plan’s Network, Physicians that Provided a Service to Cohort Members, and Physicians that Provided 80 Percent of Services to Cohort Members by Plan in Region 11, August 2014-September 2015


A certified nurse midwife (CNM) is licensed in Florida as an advanced registered nurse practitioner (ARNP) and certified by the American College of Nurse Midwives to supervise a normal labor and childbirth, render prenatal and postpartum care, and advise the parents as to the progress of the childbirth. An OB GYN nurse is an ARNP licensed in Florida to practice professional nursing and certified in advanced or specialized nursing practice including obstetrical services.

Five percent of cohort members received pregnancy or delivery services from these nurses. Seven CNMs and OB GYN nurses contract with 2 plans in Region 1. Four nurses contract exclusively with CMS Network and 3 contract exclusively with Clear Health.

Only 1 nurse in Region 1, who contracted with Clear Health, provided services to cohort members.

Over three quarters of CNMs and OB GYN nurses in Region 2 contracted exclusively with a single plan in the region.

Less than half of nurses contracted with every plan in the region with the exception of Prestige provided services to cohort members.

Eighty percent of Staywell’s and CMS Network’s nurse services were provided by one nurse.

Over three quarters of CNMs and OB GYN nurses in Region 3 contracted exclusively with a single plan in the region.


Less than half of nurses contracted with every plan in the region with the exception of Prestige provided services to cohort members.

Between 3 and 7 nurses provided 80 percent of nurse services for plans in Region 3.

Over three quarters of CNMs and OB GYN nurses in Region 4 contracted exclusively with a single plan in the region. Less than half of nurses contracted with every plan in the region provided services to cohort members. Between 2 and 8 nurses provided 80 percent of nurse services for plans in Region 4.

Over three quarters of Magellan’s CNMs and OB GYN nurses in Region 5 contracted exclusively with Magellan.

None of the nurses in Prestige’s or CMS Network’s network of nurses provided services to cohort members enrolled in the plan.

Between 1 and 5 nurses provided 80 percent of nurse services for plans in Region 5.


Almost half of Staywell’s CNMs and OB GYN nurses in Region 6 contracted exclusively with Staywell.

Less than half of the network of nurses for 6 plans provided services to cohort members in each plan.

Between 1 and 10 nurses in each plan provided 80 percent of nurse services to cohort members.


Half or more of each Standard plan’s network of nurses with the exception of Molina provided services to cohort members in the region.

Between 2 and 8 nurses provided 80 percent of nurse services for plans in Region 7.

Figure 172: Region 7 Network of Certified Nurse Midwives and OB GYN Nurses, August 2014-September 2015

A little less than three quarters of CNMs and OB GYN nurses in Region 7 contracted exclusively with a single plan in the region.


Figure 173: Number of Cohort Members, CNM and OB GYN Nurses Reported in Each Plan’s Network, CNM and OB GYN Nurses that Provided a Service to Cohort Members, and CNM and OB GYN Nurses that Provided 80 Percent of Services to Cohort Members by Plan in Region 7, August 2014-September 2015

Over three quarters of CNMs and OB GYN nurses in Region 8 contracted exclusively with a single plan in the region.

Only one plan had a network in which more than half of its network of nurses provided services to cohort members in the region.

Between 2 and 3 nurses provided 80 percent of nurse services for plans in Region 8.

Over three quarters of Molina’s CNMs and OB GYN nurses in Region 9 contracted exclusively with Molina.

Over half of each Standard plan’s network of nurses provided services to cohort members in the region.

Between 1 and 6 nurses provided 80 percent of nurse services for plans in Region 9.

Less than a quarter of CNMs and OB GYN nurses in Region 10 contracted exclusively with a single plan in the region.

Over half of each Standard plan’s network of nurses provided services to cohort members in the region.

Between 1 and 7 nurses in each plan provided 80 percent of CNM and OB GYN nurse services to cohort members in the plan.


Fifty-two CNMs and OB GYN nurses contract with 10 plans in Region 11.

Over half of nurses in 6 of the 10 plans provided services to cohort members in each plan.

Between 1 and 5 nurses in each plan provided 80 percent of nurse services to cohort members.


Conclusion

The Agency contracts with Managed Medical Assistance (MMA) plans to manage the prenatal care of women enrolled in the MMA plans. The MMA plans are required to ensure timely prenatal visits which are based on the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists recommendations and Florida requirements. Experts recommend timely and regular prenatal care to achieve healthy birth outcomes and healthy babies. This report focuses on a cohort of pregnant women whose care and deliveries were analyzed to establish a baseline for assessing prenatal care in the MMA program for future comparison.

Fourteen percent of women aged 10 to 60 in the MMA program between August 2014 and July 2015 were pregnant at some point during the period. Prenatal care and delivery characteristics were assessed for women in this pregnancy cohort who had a delivery. Seventy percent of women with a delivery had their first prenatal visit later than the recommended 7 months prior to delivery. Twenty-one percent of women with a delivery had only late occurring prenatal care (only in the third trimester) or no prenatal care. The majority of women with a delivery (85%) received a prenatal visit for less than the recommended 7 consecutive months prior to delivery. Six percent of women with a delivery had no prenatal visits during their pregnancy. Lack of prenatal care could NOT be explained by late identification of pregnancy, late enrollment in Medicaid, or late enrollment in an MMA plan. The majority of women with no prenatal care or discontinuous prenatal care were enrolled in Medicaid, an MMA plan, and had a pregnancy-related service early enough to allow for more prenatal care than the women received. Thirty-eight percent of women with a delivery had a C-section. C-section rates were greater among children 12 and under and women 40 and over, Hispanic and Native American women, and women residing in counties in southern Florida. MMA plans located solely in Region 11 and the 2 HIV/AIDS plans had the highest rates of C-sections.

Fewer licensed midwives, and CNMs and OB GYN nurses than gynecologists, Obstetricians, OB GYN, and maternal fetal physicians contract with MMA plans in every region. Therefore, a larger number of MMA plans’ gynecologists, obstetricians, OB GYN, and maternal fetal physicians than MMA plans’ midwives and certified nurse midwives and OB GYN nurses provided services to cohort members in most regions. A larger percentage of certified nurse midwives and OB GYN nurses than licensed midwives and gynecologists, obstetricians, OB GYN, and maternal fetal physicians contract exclusively with a single MMA plan in most regions. A small number of birth centers contract with MMA plans in every region. Over half of birth centers and three quarters of hospitals are shared by multiple MMA plans in every region. Over half of FQHCs and RHCS in the majority of regions contract exclusively with a single MMA plan. A larger number of MMA plans’ hospitals than MMA plans’ birth centers or FQHCs and RHCS provided services to cohort members enrolled in the MMA plan.

Key findings noted in this report include numbers of months of pregnancy with no prenatal care. Among women who delivered by the end of September 2015, there was a total of 563,955 enrollment months in MMA plans between the 7 months prior to delivery and the delivery month. However, for 152,074 months out of the 563,955 months in MMA plans (27%), there was no prenatal care provided. This indicates significant room for improvement.