



# Quarterly Statewide Medicaid Managed Care Report

Business Intelligence Unit  
Medicaid Data Analytics



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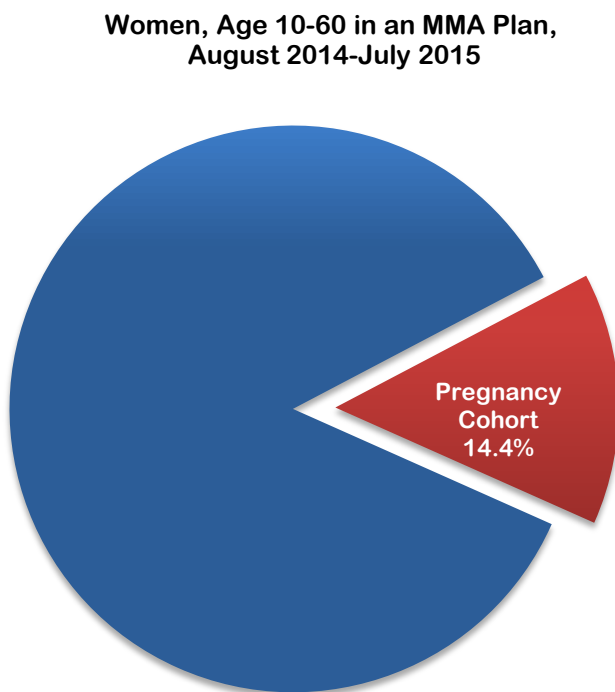
## Executive Summary

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.

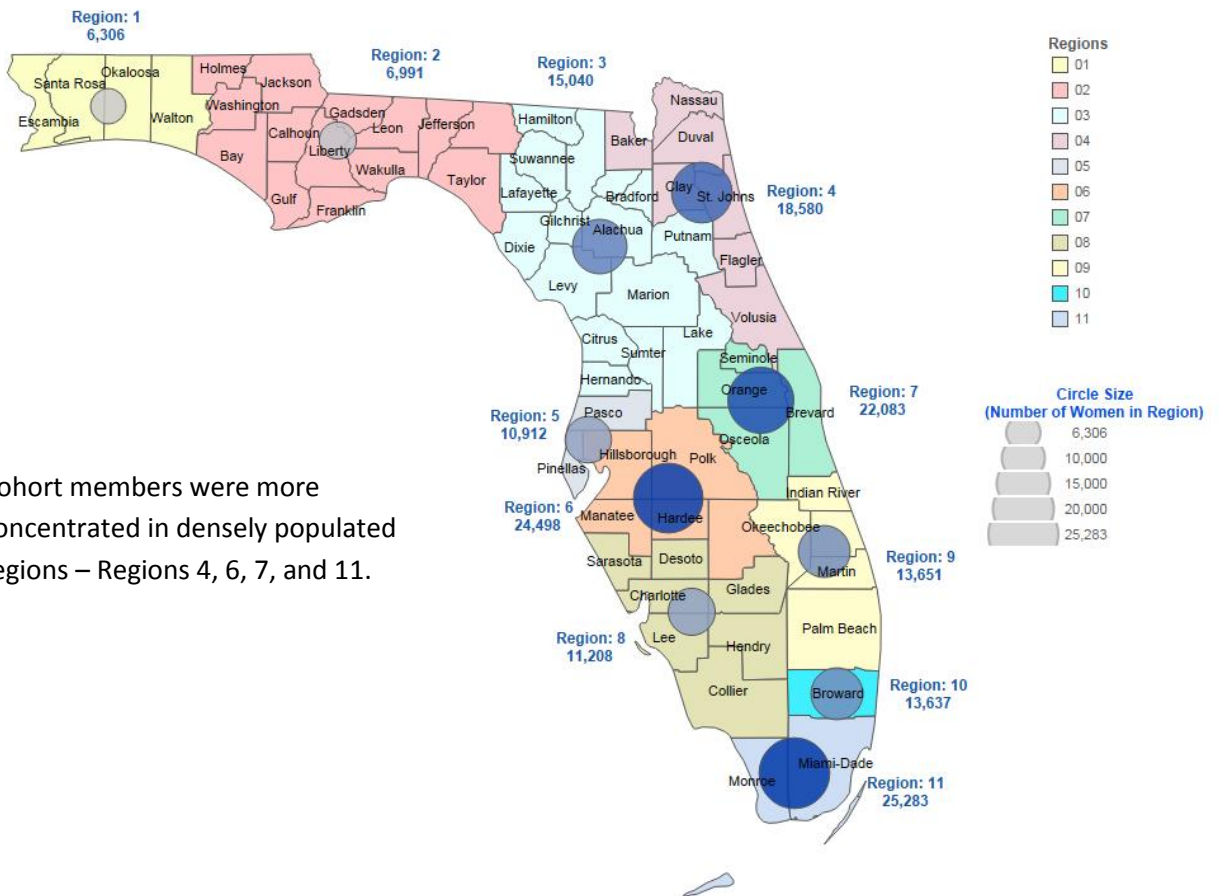
This report focuses on a cohort of pregnant women in order to establish a baseline for assessing the adequacy of women's access to prenatal care in the MMA program. The report covers the amount and timing of prenatal care received by the women in the cohort throughout their pregnancies, characteristics 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.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

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

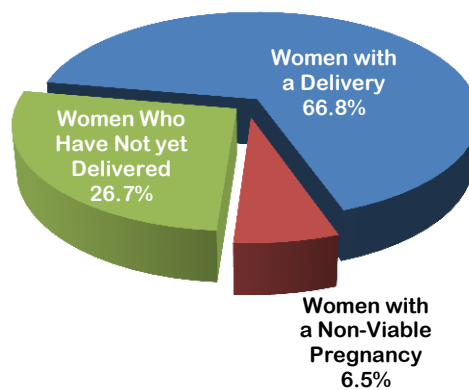


- Cohort members were more concentrated in densely populated regions – Regions 4, 6, 7, and 11.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility and Encounter Information, August 2014-July 2015.

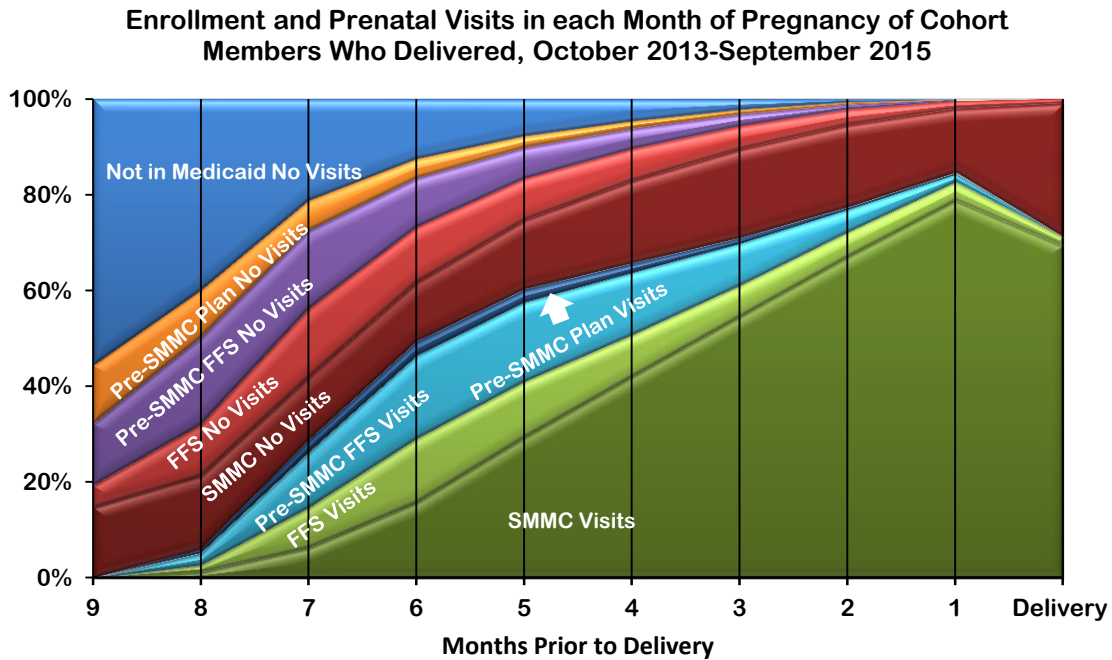
**Percentage of Pregnancy Cohort with a Delivery, Not Yet Delivered, and with a Non-viable Pregnancy by September 2015**

- 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.



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

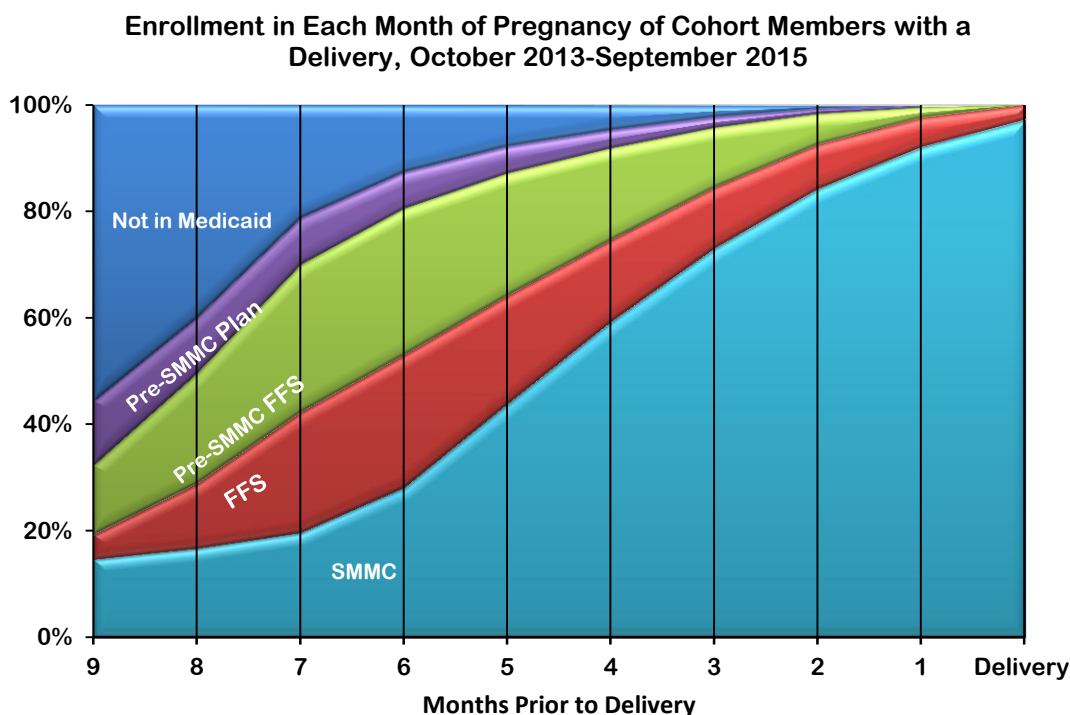
The following chart shows all cohort members with a delivery, which Medicaid program they were enrolled in for each pregnancy month, and whether they had a prenatal visit in each month of pregnancy.



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013 - September 2015.

- 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.

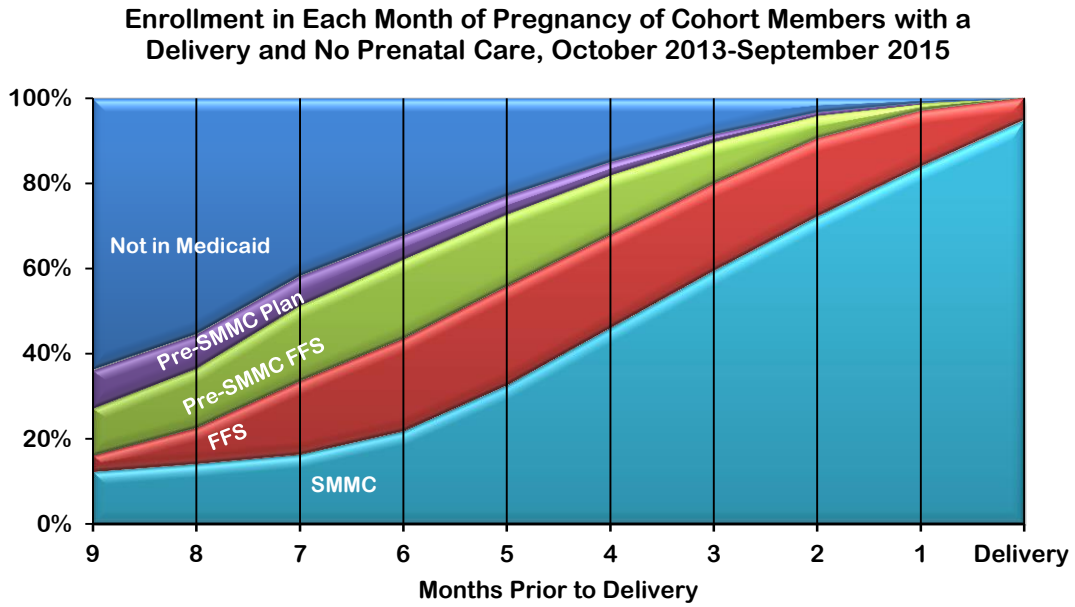


Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013 - September 2015.

- 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.



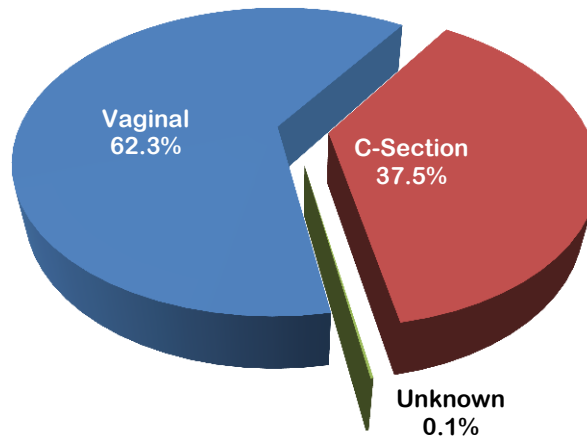
The following chart shows the 6,680 cohort members with a delivery and no prenatal care during their pregnancy, and their enrollment in each month of pregnancy.



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

- 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.

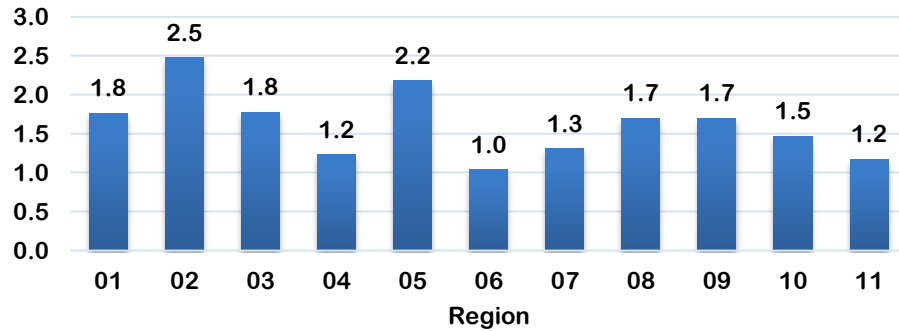
### Type of Delivery of Women in the Pregnancy Cohort, August 2014-September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

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

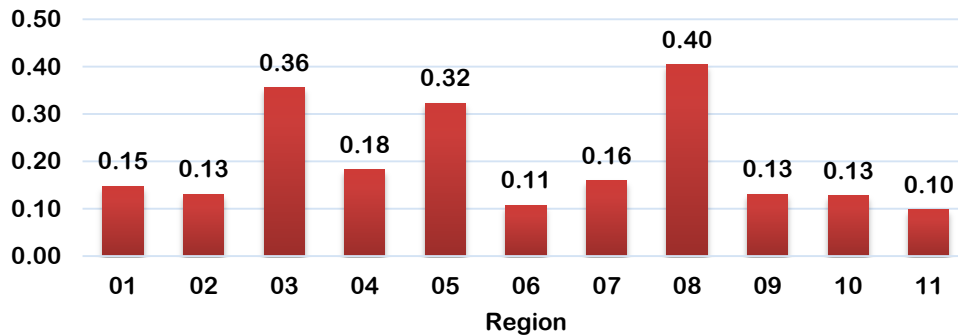
**Number of Hospitals Per 1,000 Cohort Members by Region**



Source: Provider Network Verification System, 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. 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.

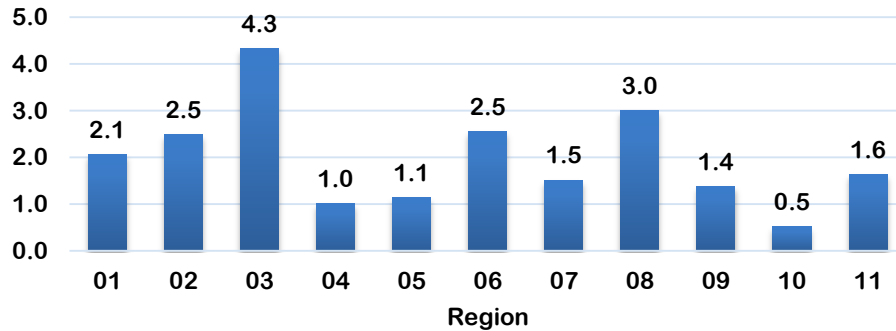
**Number of Birth Centers Per 1,000 Cohort Members by Region**



Source: Provider Network Verification System, August 2014-September 2015.

- 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.

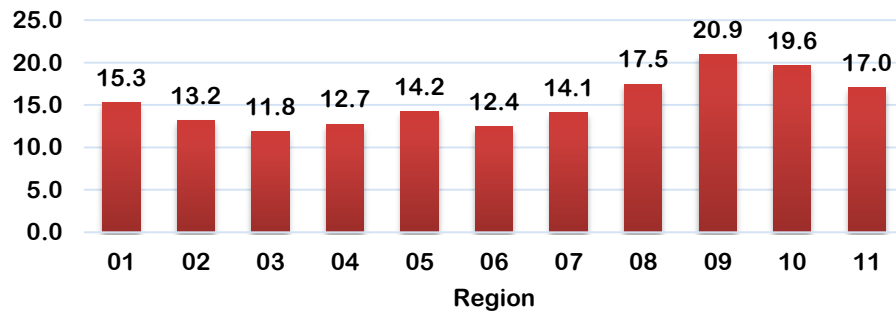
**Number of FQHCs and RHCs per 1,000 Cohort Members by Region**



Source: Provider Network Verification System, August 2014-September 2015.

- 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.

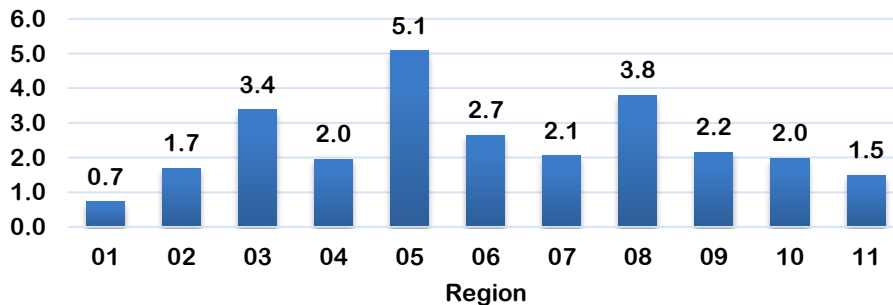
**Number of Gynecologists, Obstetricians, OB GYN Physicians, and Maternal Fetal Physicians per 1,000 Cohort Members by Region**



Source: Provider Network Verification System, August 2014-September 2015.

- 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.

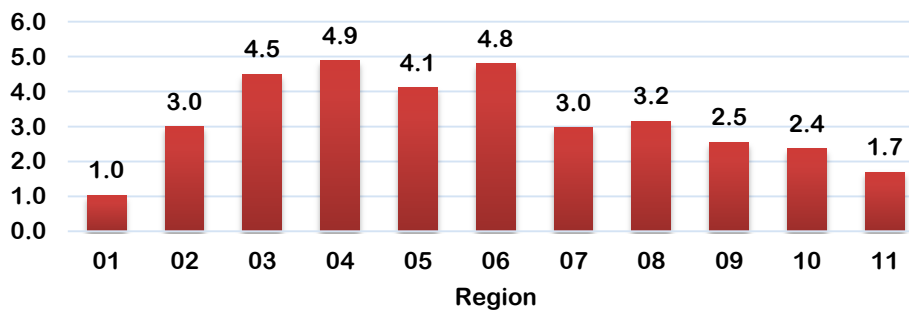
**Number of Licensed Midwives per 1,000 Cohort Members by Region**



Source: Provider Network Verification System, August 2014-September 2015.

- 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.

**Number of Certified Nurse Midwives and OB GYN Nurses per 1,000 Cohort Members by Region**



Source: Provider Network Verification System, August 2014-September 2015.

- 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.<sup>1</sup> By 2015, the percentage of births paid for by Medicaid rose to more than 60% of all births in Florida.<sup>2</sup>

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.”<sup>3</sup>

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

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<sup>1</sup> *Births Financed by Medicaid 2008-2010*. (n.d.). Retrieved from Henry J. Kaiser Foundation: <http://kff.org/medicaid/state-indicator/births-financed-by-medicaid/>

<sup>2</sup> Office of Demographic and Economic Research. (2016, June 7). *Demographic Estimating Conference*. Retrieved from Florida Demographic Forecast: <http://edr.state.fl.us/Content/conferences/population/index.cfm>

<sup>3</sup> National Institutes of Health. (2016, June 6). *What is prenatal care and why is it important?* Retrieved from NIH, National Institute of Child Health and Human Development: <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/Pages/prenatal-care.aspx>

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.

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

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.

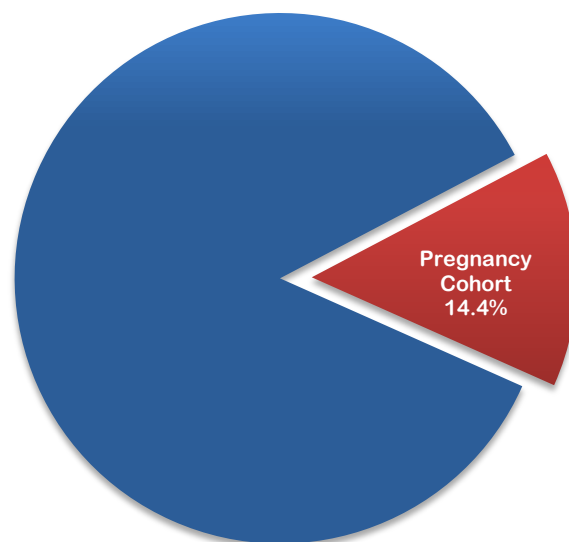
Gestational age of the pregnancy was not available in the data. Therefore, the first month of pregnancy was estimated to have occurred nine months prior to the delivery month.

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.

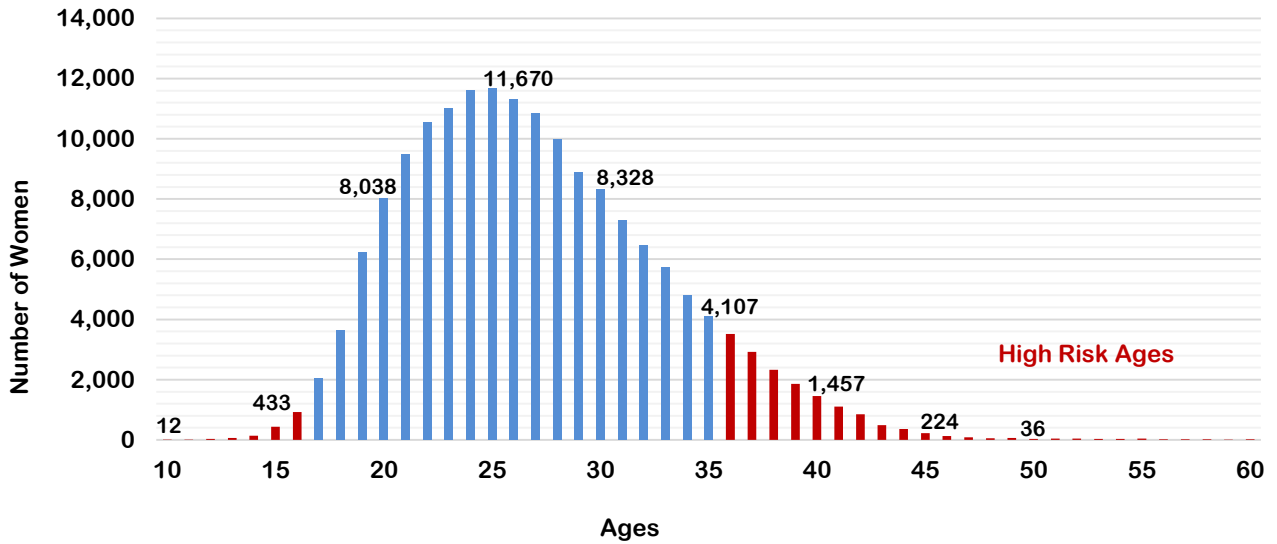
Figure 1: Percentage of Women in MMA Aged 10 to 60 in the Pregnancy Cohort, August 2014-July 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility and Encounter Information, August 2014-July 2015.



Figure 2: Age of Women in the Pregnancy Cohort, August 2014-July 2015

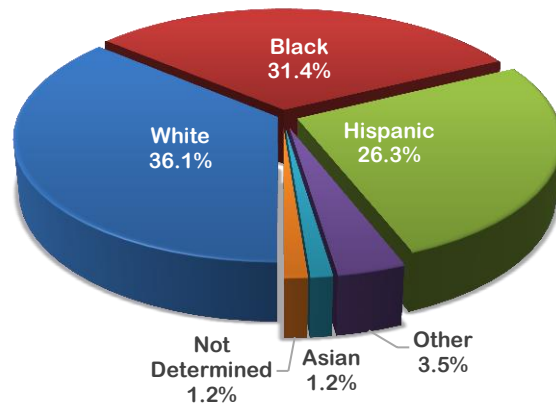


Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility and Encounter Information, August 2014-July 2015.

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.

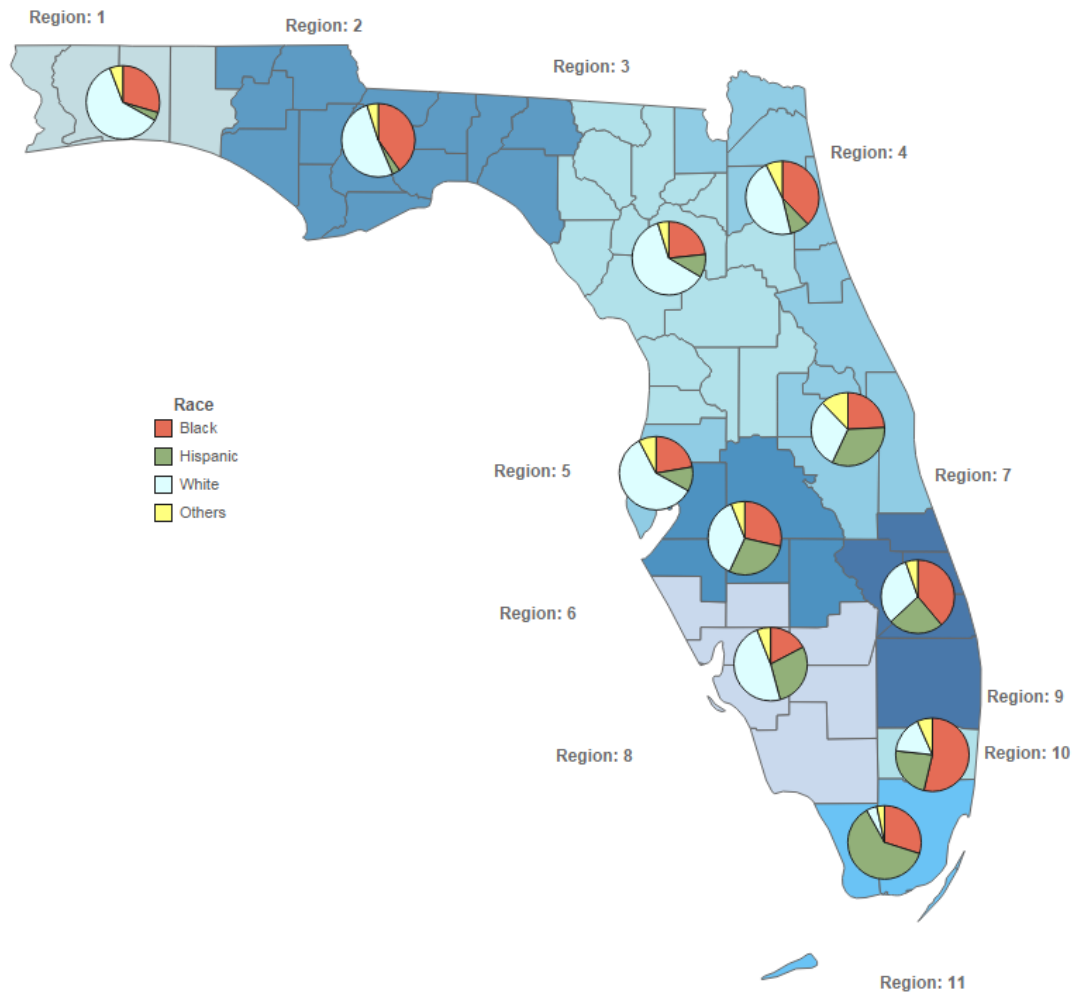
The cohort consisted predominately of women who identified as White, Black, or Hispanic. Less than 6 percent of the cohort fell outside of these three categories.

Figure 3: Race/Ethnicity of Women in the Pregnancy Cohort, August 2014-July 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility and Encounter Information, August 2014-July 2015.

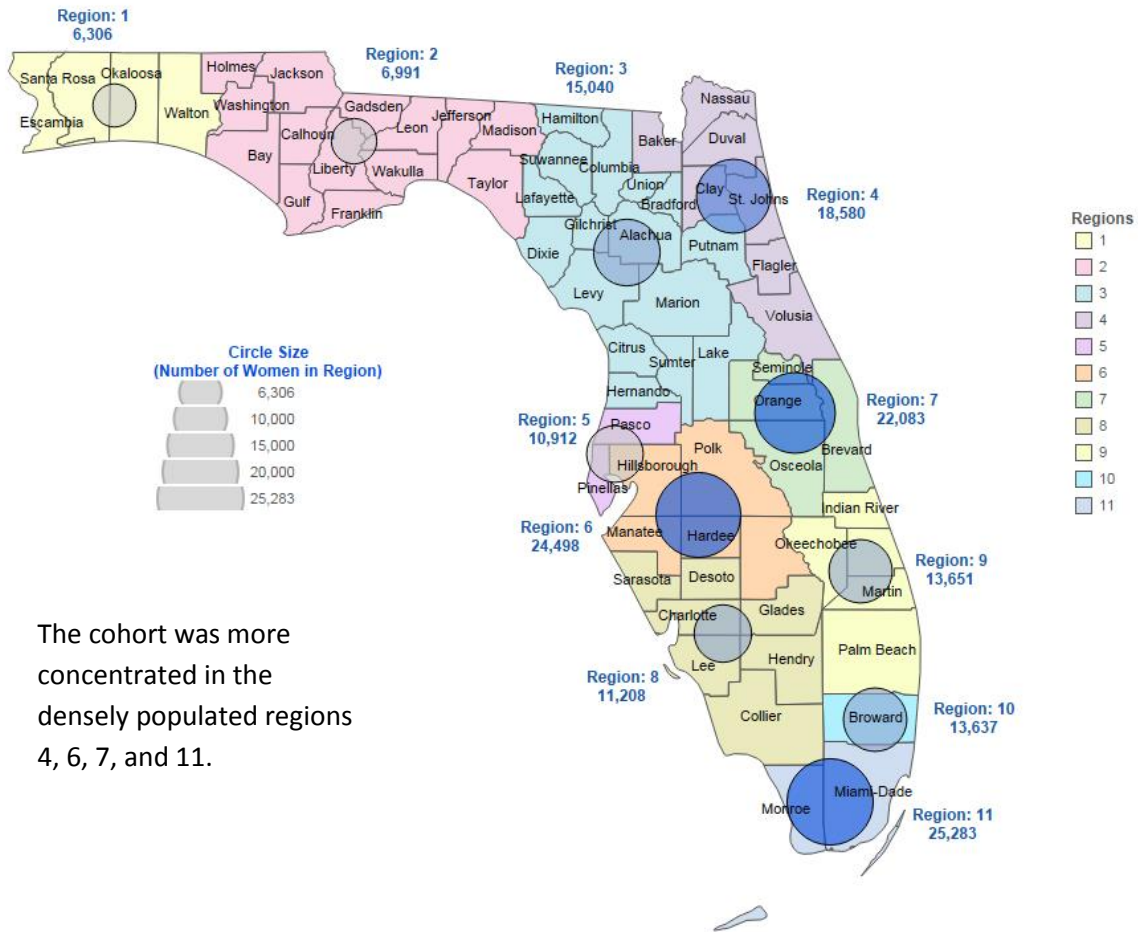
Figure 4: Race/Ethnic Distribution by Region, August 2014-July 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility and Encounter Information, August 2014-July 2015.

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.

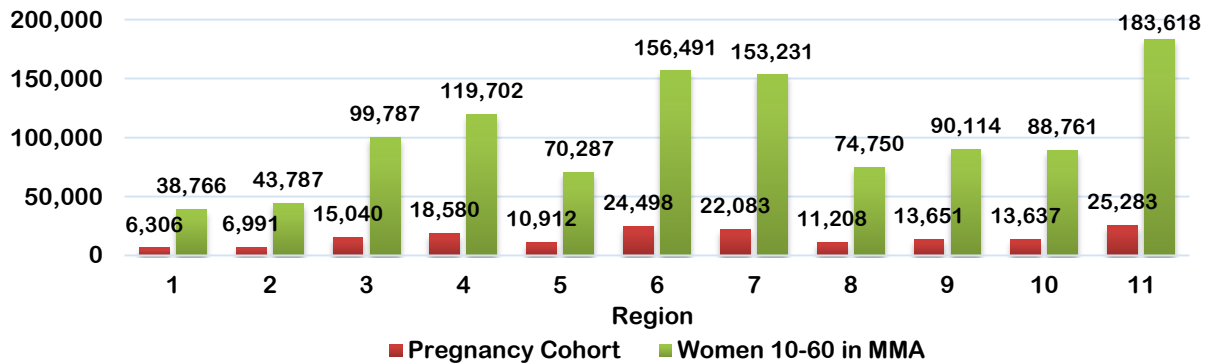
Figure 5: Regional Concentration of Women in the Pregnancy Cohort, August 2014-July 2015



The cohort was more concentrated in the densely populated regions 4, 6, 7, and 11.

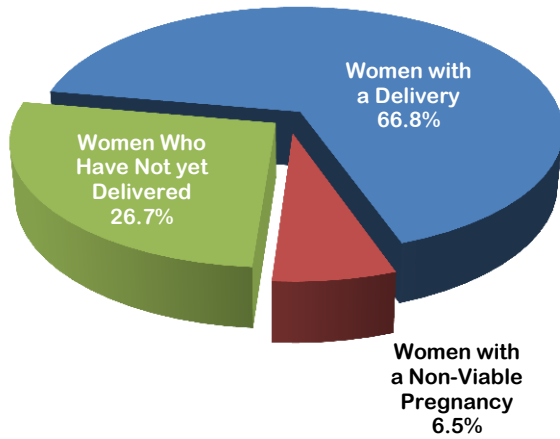
Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility and Encounter Information, August 2014-July 2015.

Figure 6: Number of Cohort Members Compared to Women, Aged 10-60, in an MMA Plan by Region, Augst 2014-July 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility and Encounter Information, August 2014-July 2015.

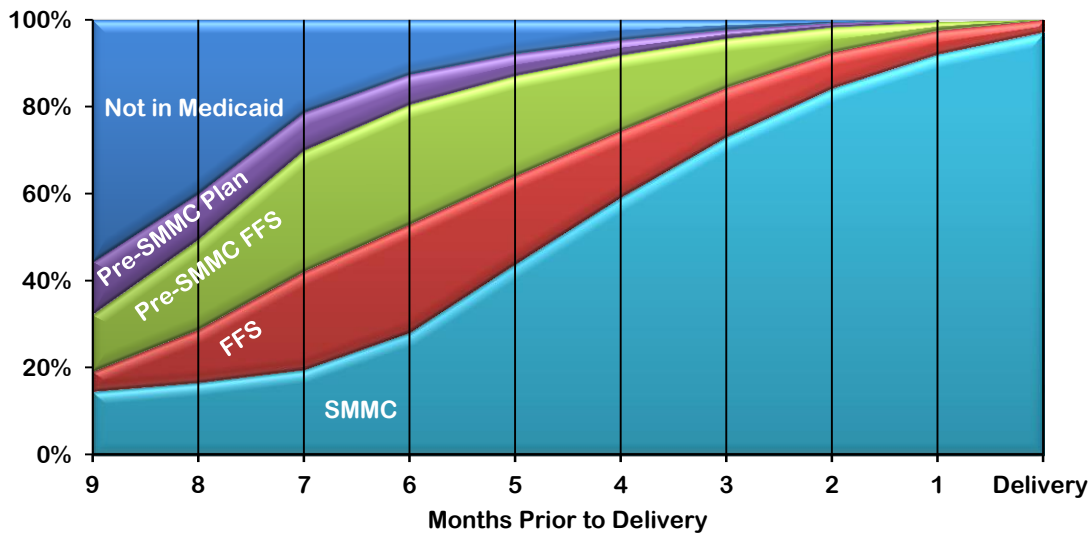
Figure 7: Pregnancy Status of Pregnancy Cohort, September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility and Encounter Information, August 2014-September 2015.

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.

Figure 8: Enrollment in Each Month of Pregnancy of Women with a Delivery, October 2013-September 2015\*



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

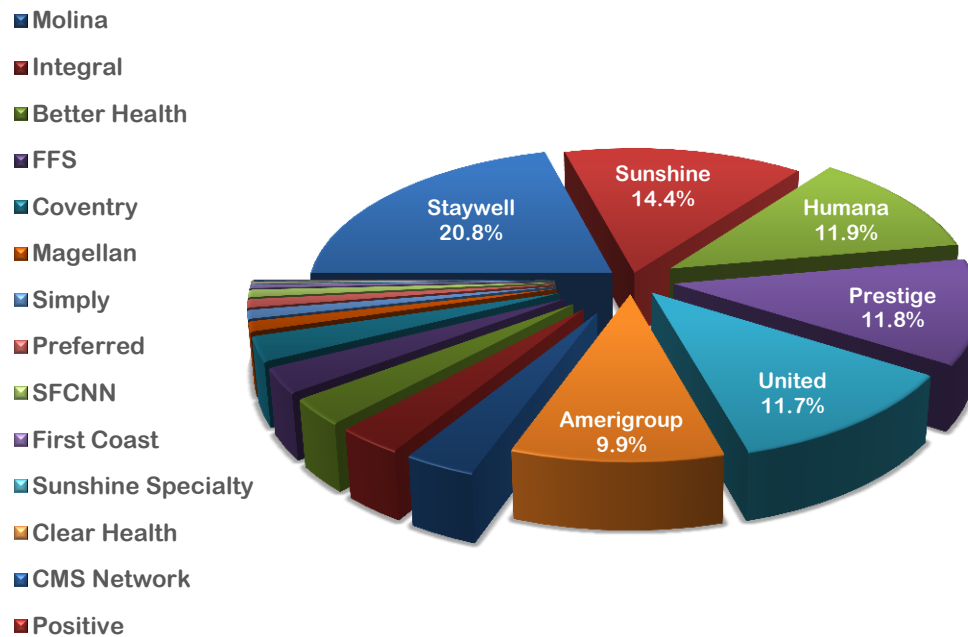
\*In January 2016, the Agency implemented express enrollment for recipients mandatory for the MMA program. Under express enrollment, recipients are enrolled in a health plan on the day Medicaid eligibility is determined. The study period is prior to the implementation of express enrollment and is not an accurate reflection of the current process and timing for plan enrollment.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

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\*

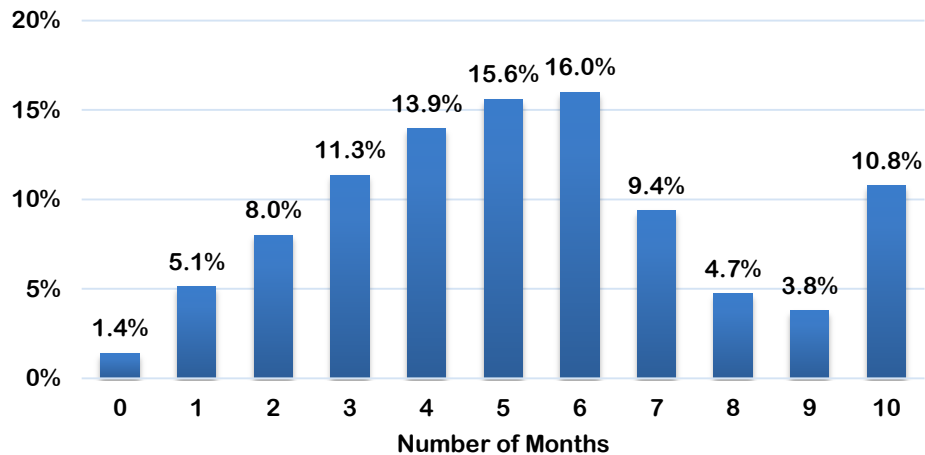


\* A small percentage of the cohort enrolled in an MMA plan after the month of delivery and was not enrolled in an MMA plan during pregnancy.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility and Encounter Information, 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.

Figure 10: Number of Months Enrolled in an MMA plan during Pregnancy for Women with a Delivery, October 2013-September 2015\*



\* 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.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

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<sup>4</sup>. 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.<sup>5</sup> 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.

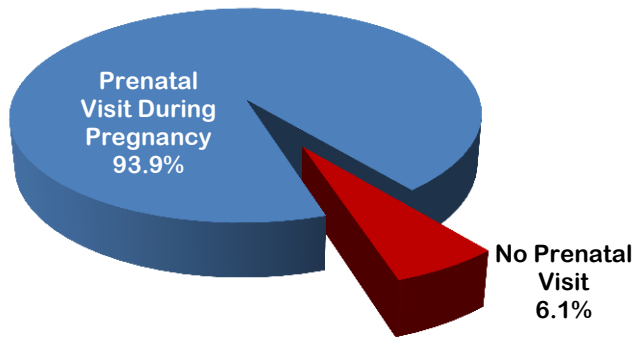
MMA plans are required to provide a pregnancy test, nursing assessment, care coordination, and any necessary referrals and follow-ups in their prenatal care coverage. (See Statewide Medicaid Managed Care Program Model Agreement, Attachment II, Exhibit II-A – Managed Medical Assistance (MMA)

<sup>4</sup> Akkerman D, C. L. (2012, July). *Routine prenatal care*. Retrieved from Institute for Clinical Systems Improvement: [https://www.icsi.org/\\_asset/13n9y4/Prenatal.pdf](https://www.icsi.org/_asset/13n9y4/Prenatal.pdf)

<sup>5</sup> American College of Obstetricians and Gynecologists. (2016, June 19). *Guidelines for Prenatal Care*. Retrieved from Evidence Based Practice: <https://evidencebasedpractice.osumc.edu/Documents/Guidelines/GuidelinesforPerinatalCare.pdf>

Program, Section V. Covered Services.) 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**

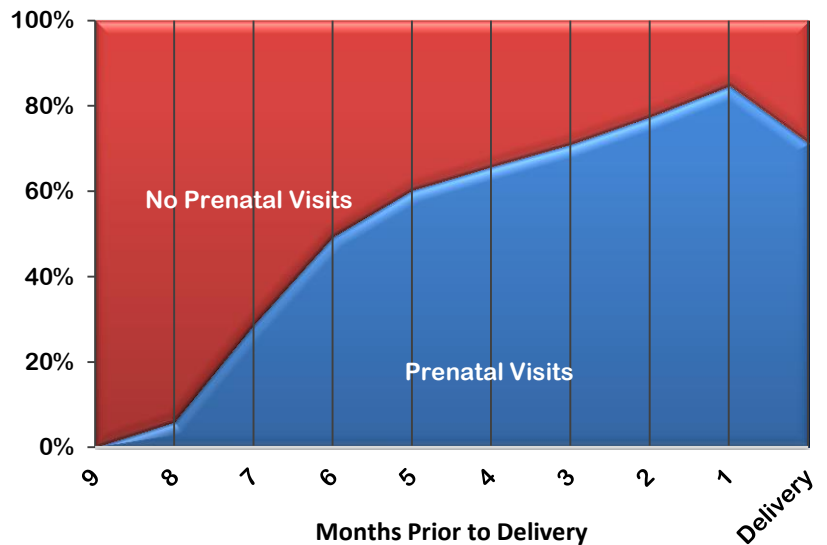


Ninety-four percent of women in the cohort with a delivery had at least one prenatal care visit during their pregnancy. A little over 6 percent of women with a delivery did not have any prenatal care visits prior to giving birth.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

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.

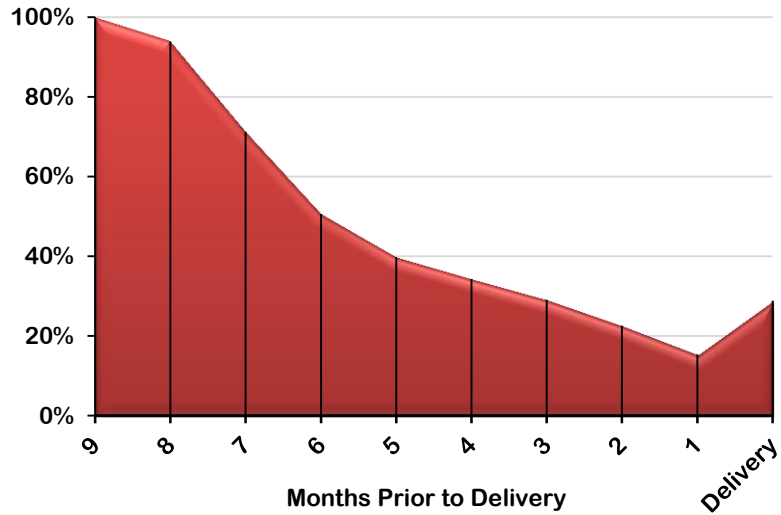
**Figure 12: Women with a Delivery Who Had a Prenatal Visit by Month of Pregnancy, October 2013-September 2015**



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

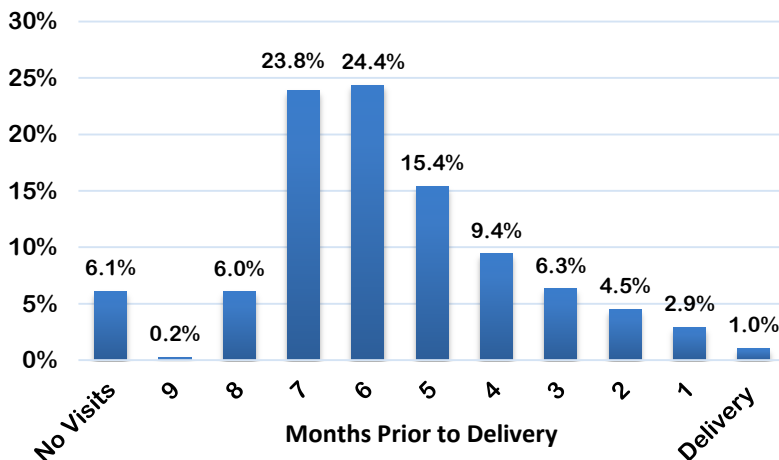
**Figure 13: Women with a Delivery Who Lacked Prenatal Care in Each Month of Pregnancy, October 2013-September 2015**

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.



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

**Figure 14: Earliest Month during Pregnancy with a Prenatal Visit, October 2013-September 2015**



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

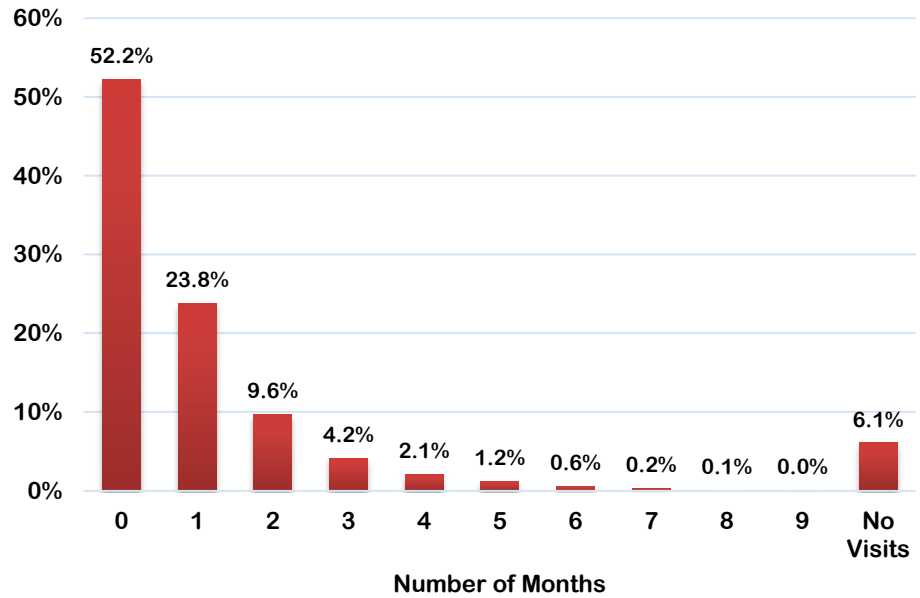
Of the women that received a prenatal visit, 30% had their first visit 7 to 9 months prior to delivery, 49% had their first visit 4 to 6 months prior to delivery, and 14% had their first visit 1 to 3 months prior to delivery. Guidelines recommend that women begin prenatal visits 7 months prior to delivery. 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

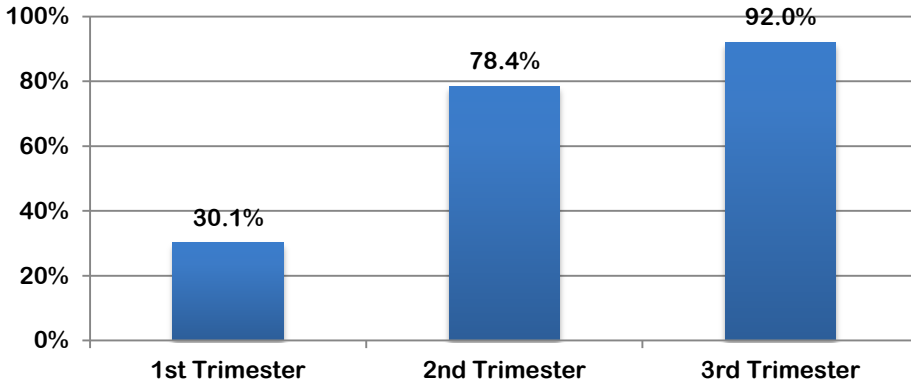


Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

### 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.

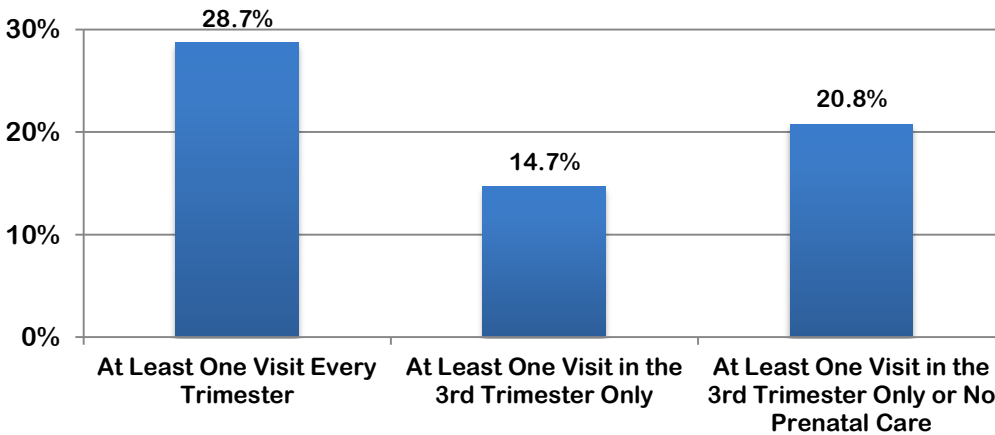
**Figure 16: Women with a Delivery with at Least One Prenatal Visit in Each Trimester of Pregnancy, October 2013-September 2015**



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, 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.

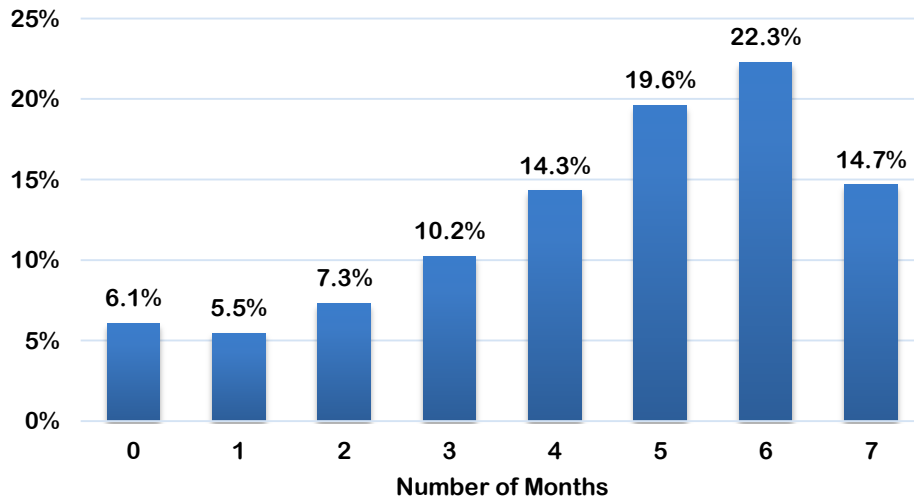
**Figure 17: Women with a Delivery with at Least One Prenatal Visit in Every Trimester, with at Least One Prenatal Visit in the Third Trimester Only, and with No Prenatal Care or at Least One Prenatal Visit in the Third Trimester Only, October 2013-September 2015**



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, 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.

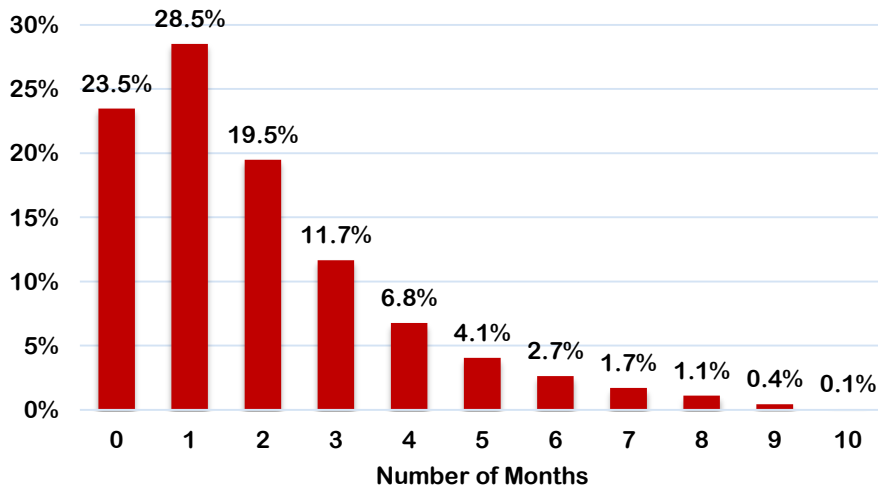
Figure 18: Number of Consecutive Months with at Least One Prenatal Visit in the Seven Months Prior to Delivery, October 2013-September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

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.

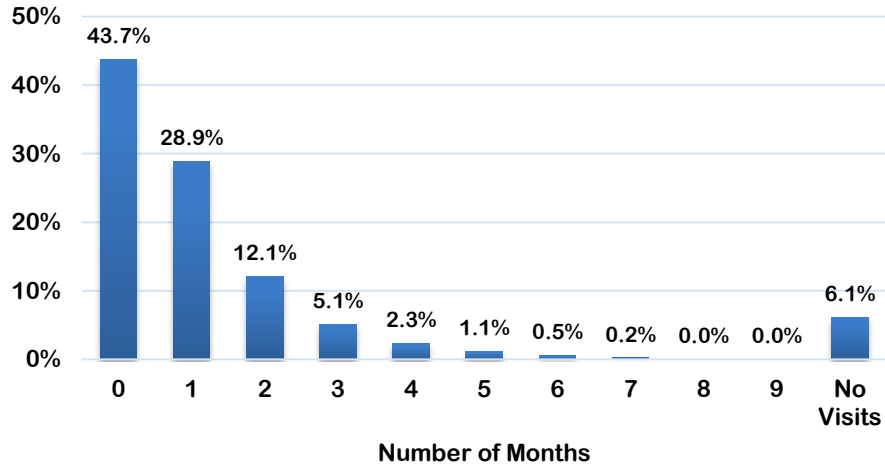
Figure 19: Number of Months without a Prenatal Visit between First Pregnancy-Related Service and Delivery Month, October 2013-September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

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.

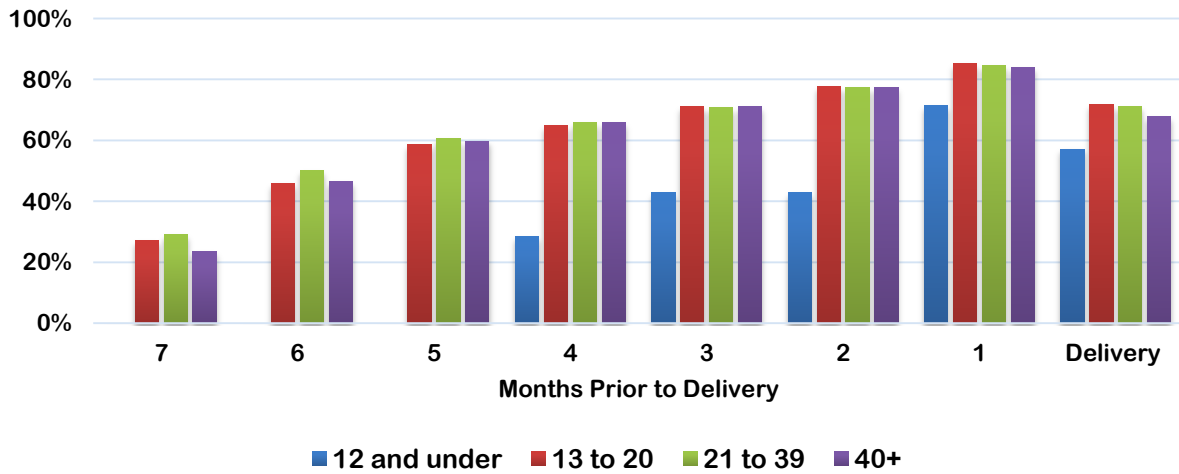
Figure 20: Number of Months without a Prenatal Visit between First Prenatal Visit and Delivery Month, October 2013-September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

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.

Figure 21: Women with a Delivery Who Had Prenatal Care by Month of Pregnancy and Age, October 2013-September 2015

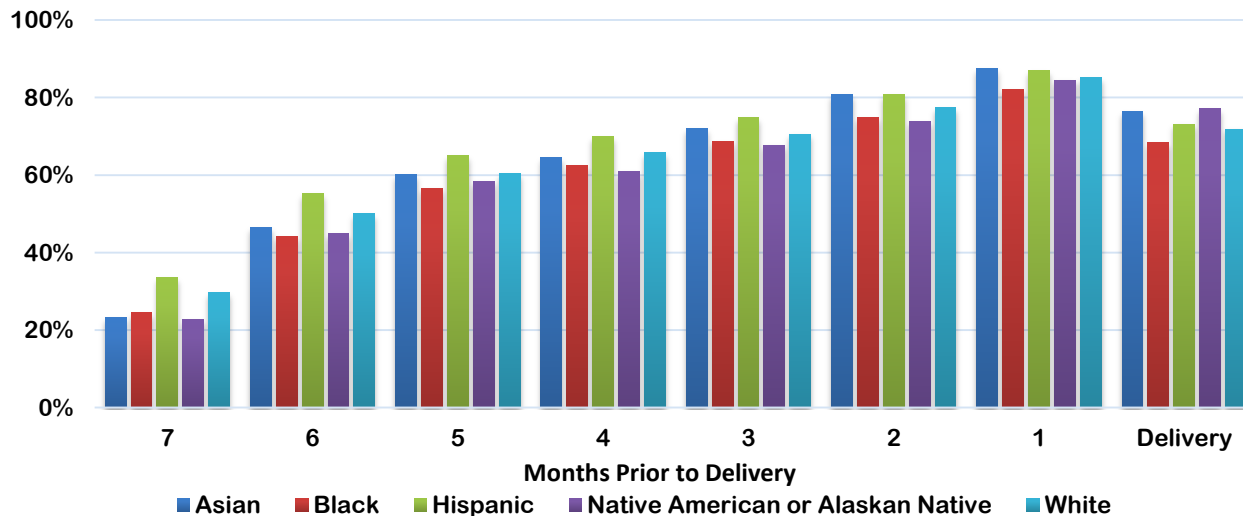


Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

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\*

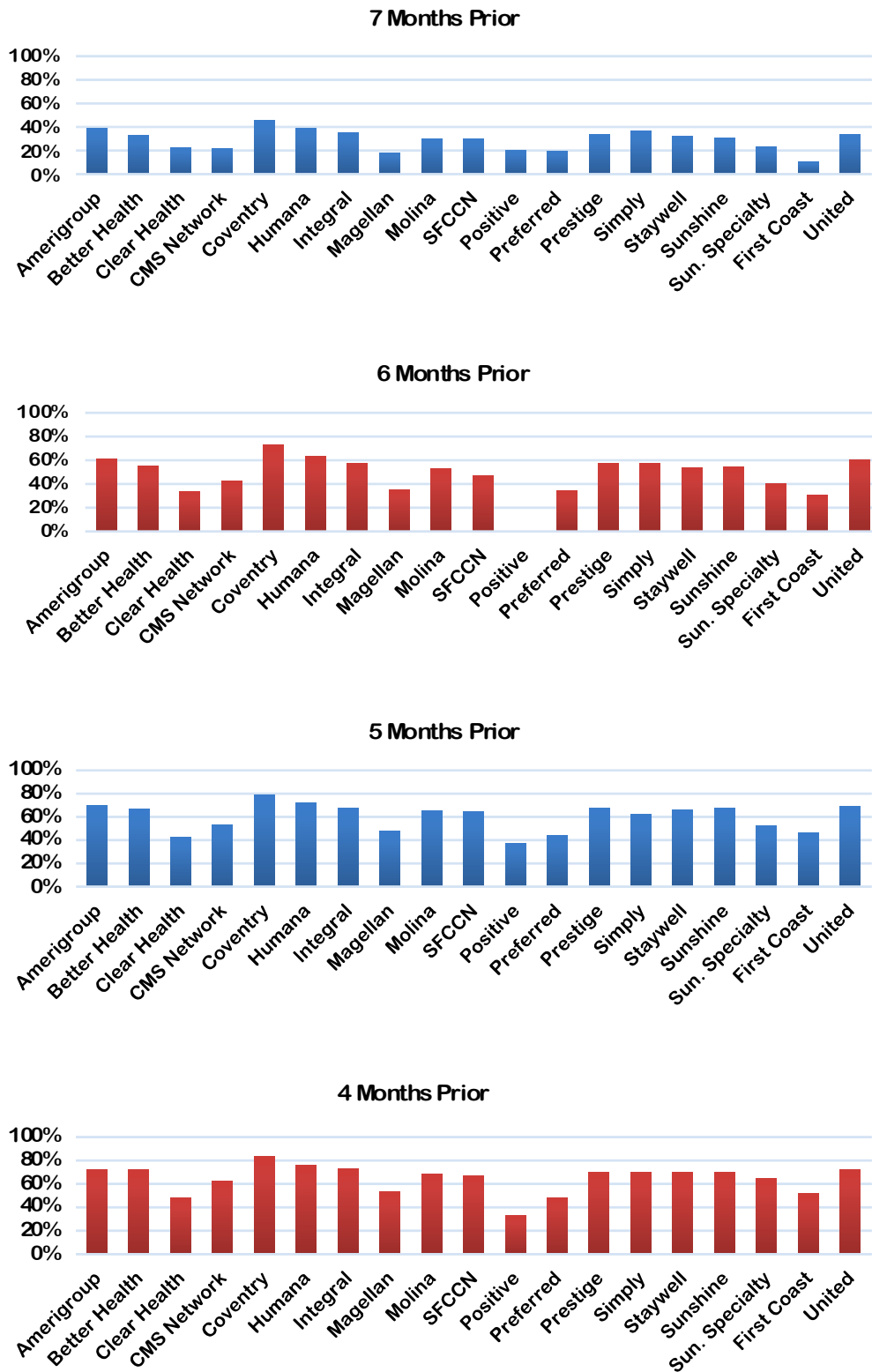


\*Results for women who identified as their race/ethnicity as 'Other' or 'Not Determined' are not shown.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

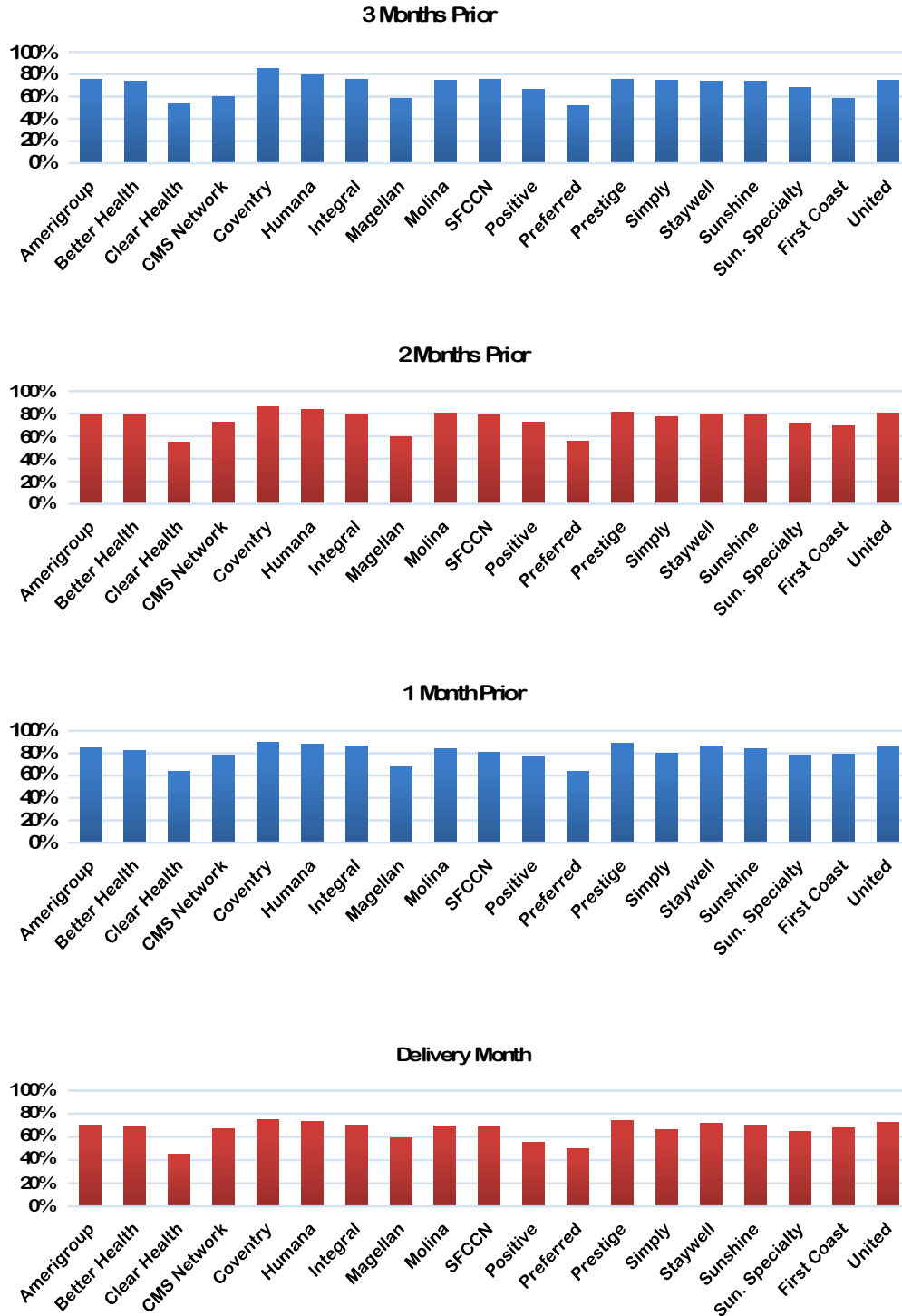
Hispanic women were more likely than women in other race/ethnic groups to receive a prenatal visit in every month of pregnancy until 1 month prior to delivery when Asian women had the highest rate of prenatal visits.

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



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, 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.

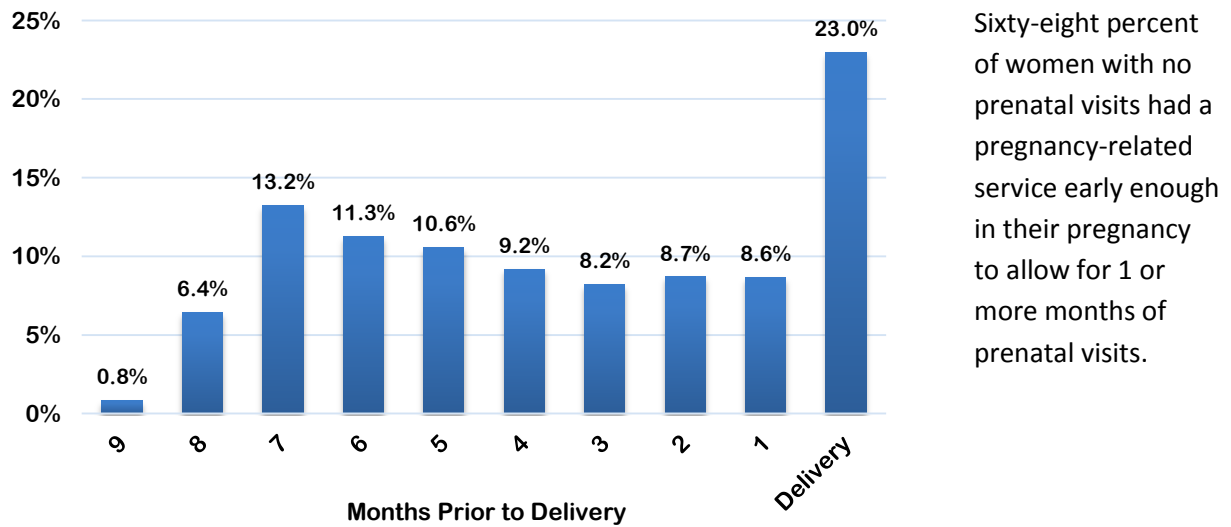
Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

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.

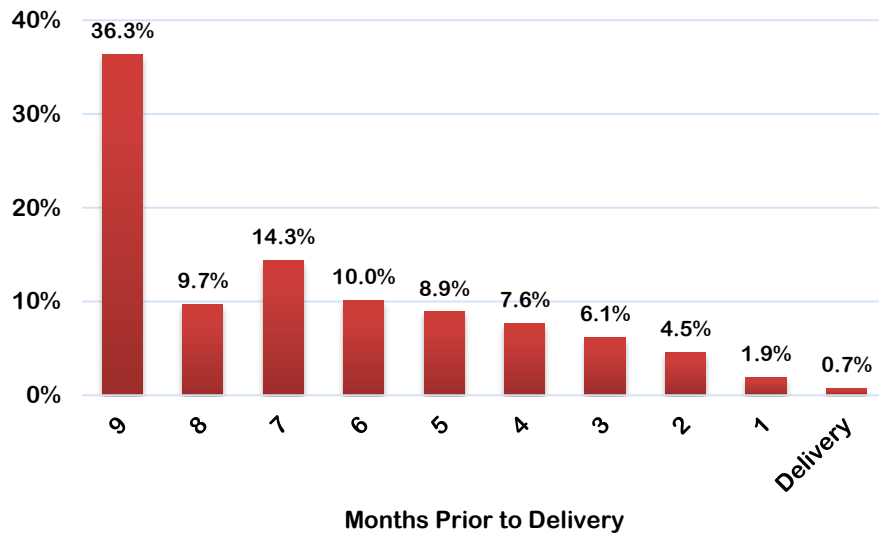
**Figure 25: Month of First Pregnancy-Related Service for Women with a Delivery and No Prenatal Visits, October 2013-September 2015**



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

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

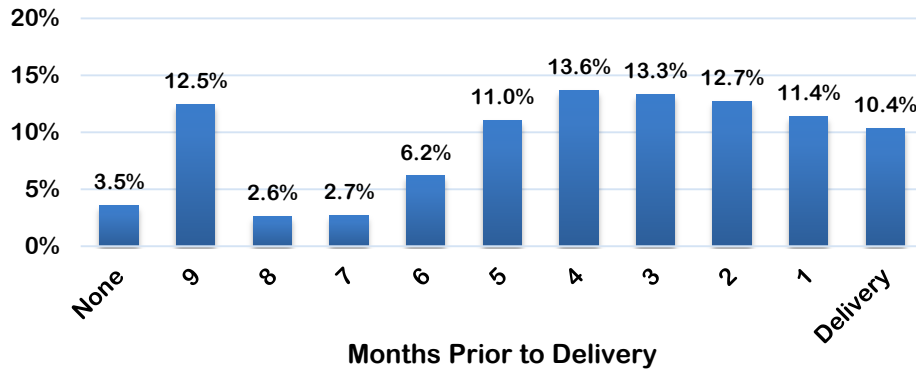
Less than 1 percent of women with no prenatal visits enrolled in Medicaid during the month they delivered. Over 97 percent of women with no prenatal visits were enrolled in Medicaid early enough to allow for 1 or more months of prenatal visits.



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.



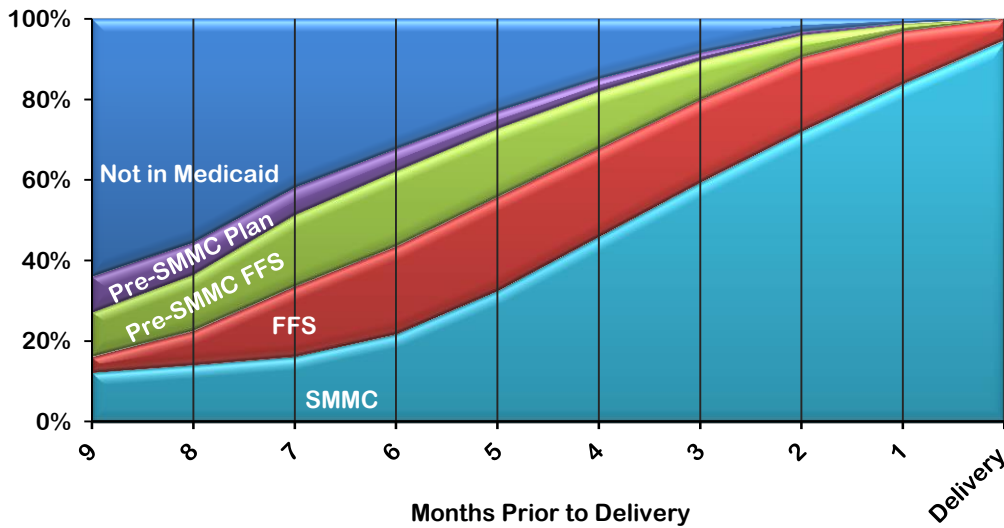
**Figure 27: Earliest Month of MMA Plan Enrollment during Pregnancy for Women with a Delivery and No Prenatal Visits, October 2013-September 2015**



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

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.

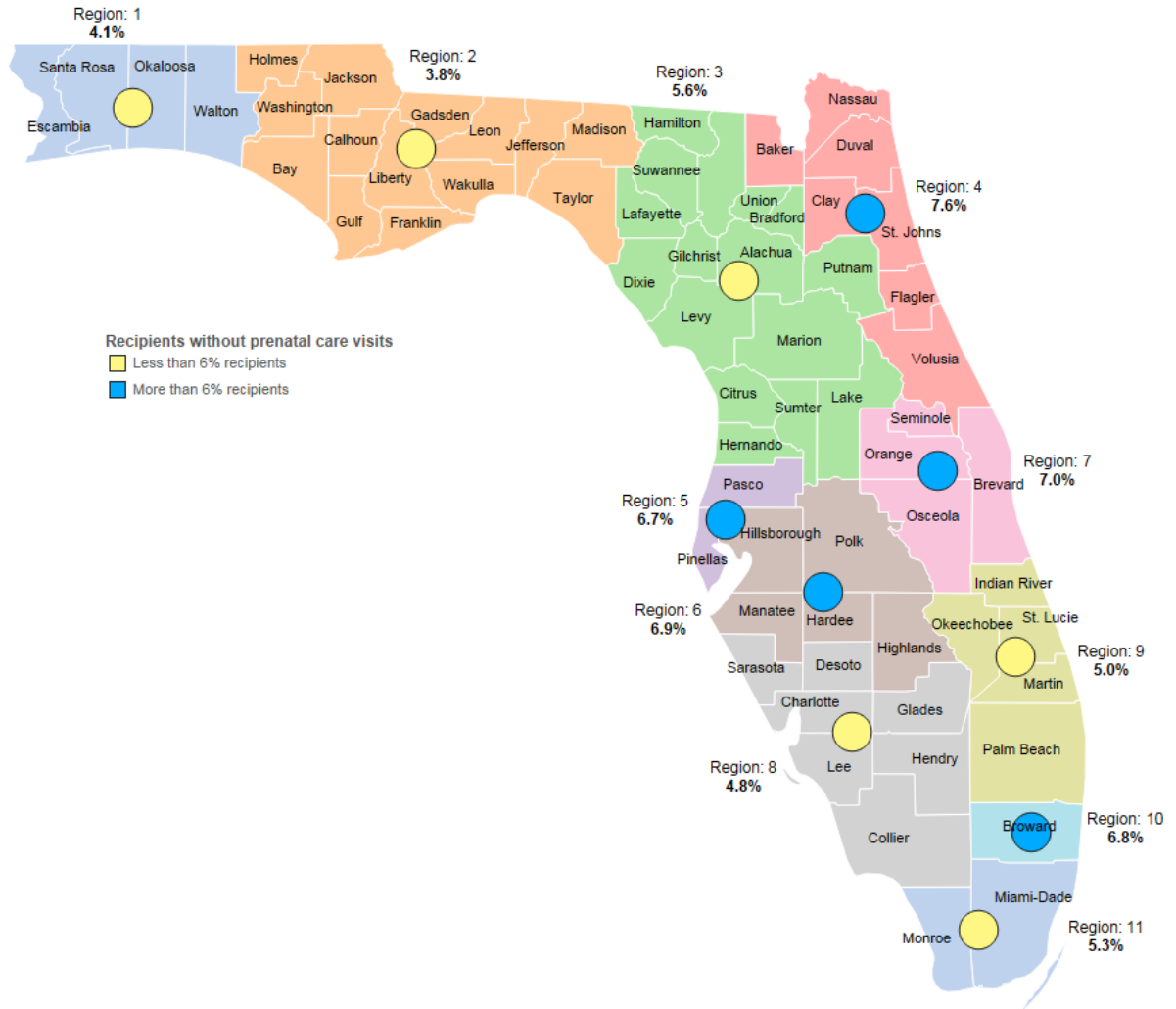
**Figure 28: Enrollment in each Month of Pregnancy of Women with a Delivery and No Prenatal Visits, October 2013-September 2015**



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

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.

Figure 29: Women with a Delivery in Each Region Who Have No Prenatal Visits, October 2013-September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

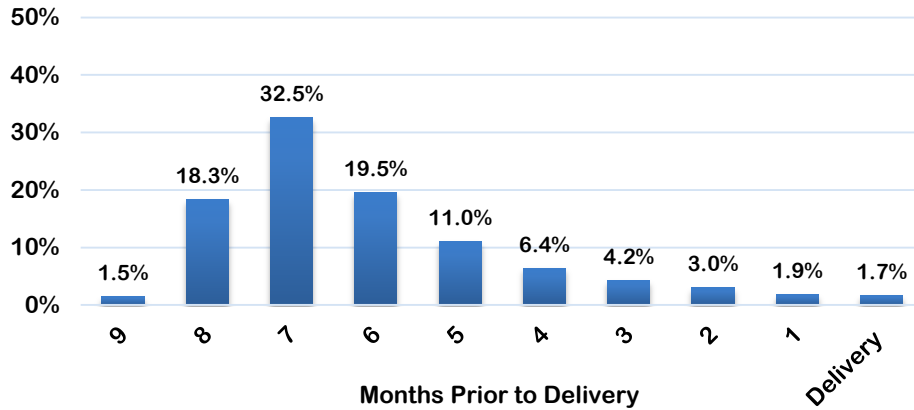
The percentage of women with no prenatal visits was larger than the statewide percentage of 6.1 in five regions – Regions 4, 5, 6, 7, and 10.

### 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.

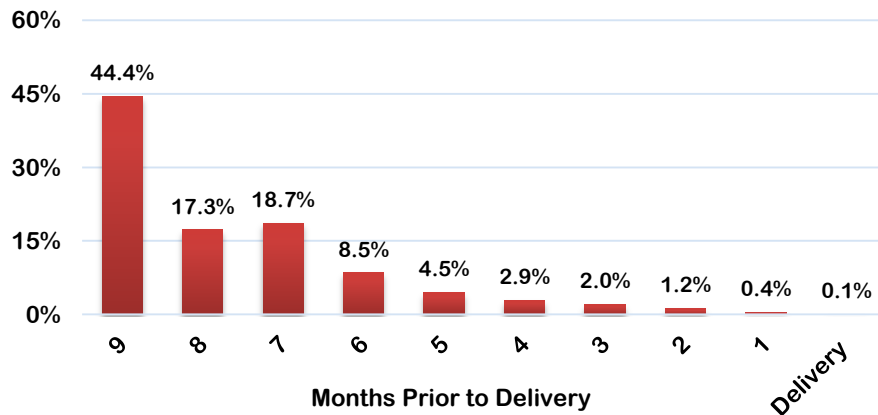
Figure 30: Month of First Pregnancy-Related Service for Women with a Delivery, October 2013-September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, 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

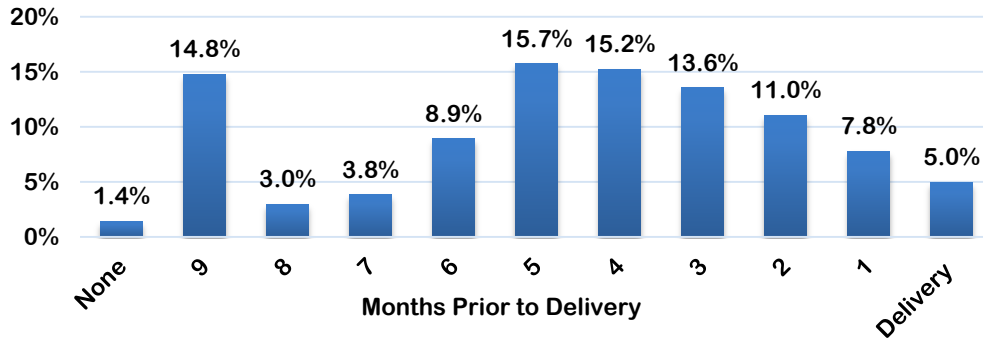


Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

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\***

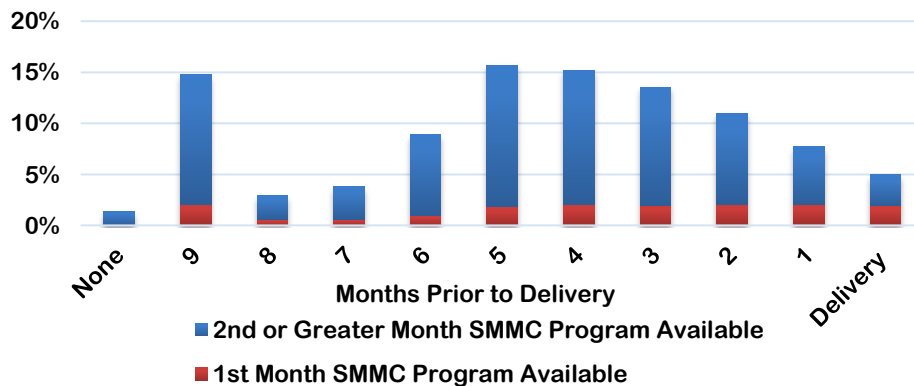


\* A small percentage of the cohort enrolled in an SMMC plan after their month of delivery and was not enrolled in a plan during their pregnancy.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, 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.

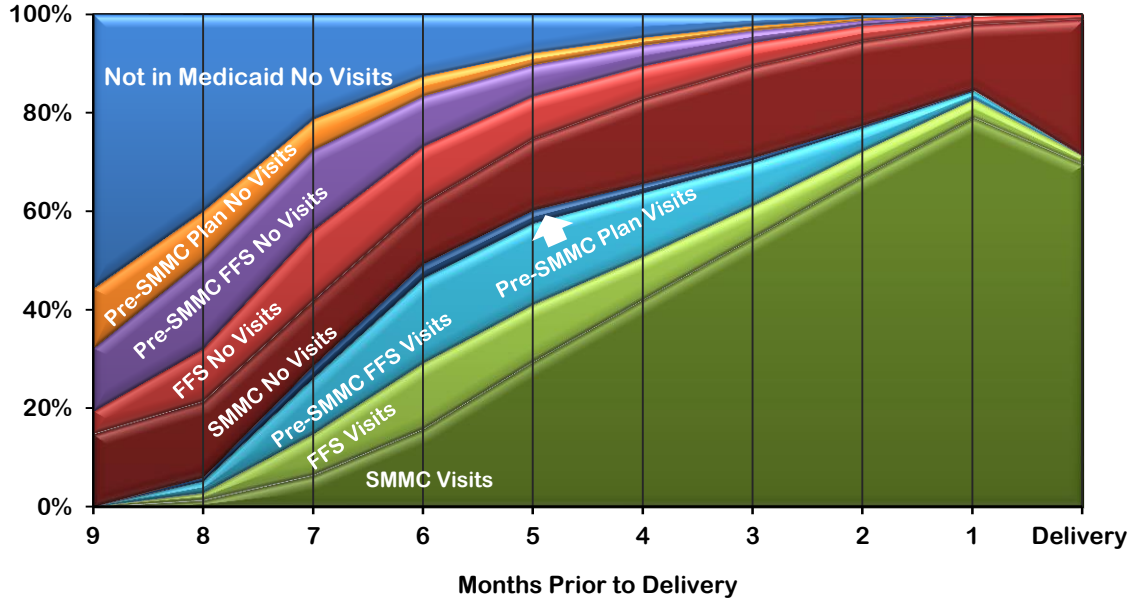
**Figure 33: Impact of Timing of SMMC Implementation on Earliest Month of MMA Plan Enrollment during Pregnancy for Women with a Delivery, October 2013-September 2015**



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, 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.

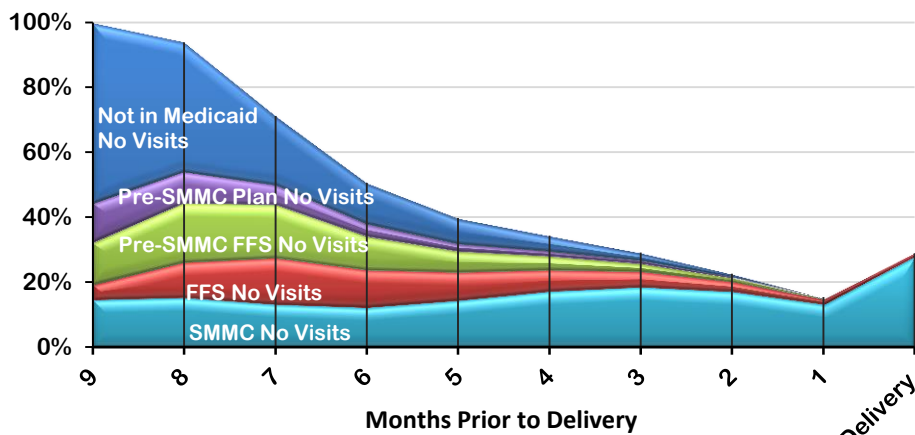
Figure 34: Enrollment and Prenatal Visits of Women with a Delivery by Month of Pregnancy, October 2013-September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

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.

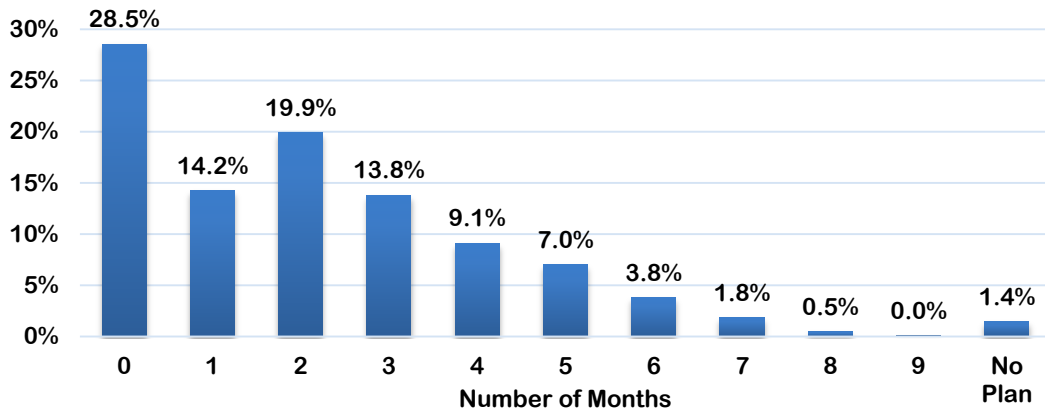
Figure 35: Enrollment of Women with a Delivery and No Prenatal Visits for the Pregnancy Month by Month of Pregnancy, October 2013-September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

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.

Figure 36: Number of Months between First Pregnancy-Related Service and MMA Plan Enrollment for Women with a Delivery, October 2013-September 2015



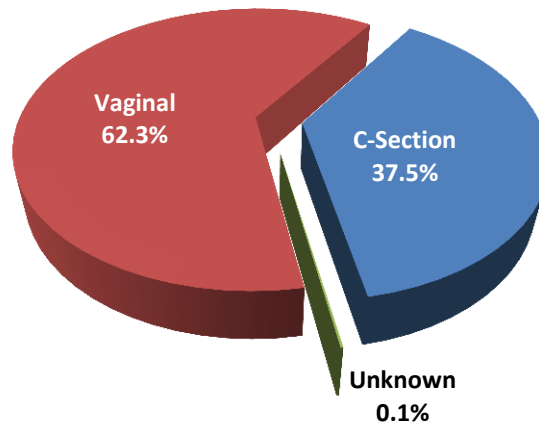
Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

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

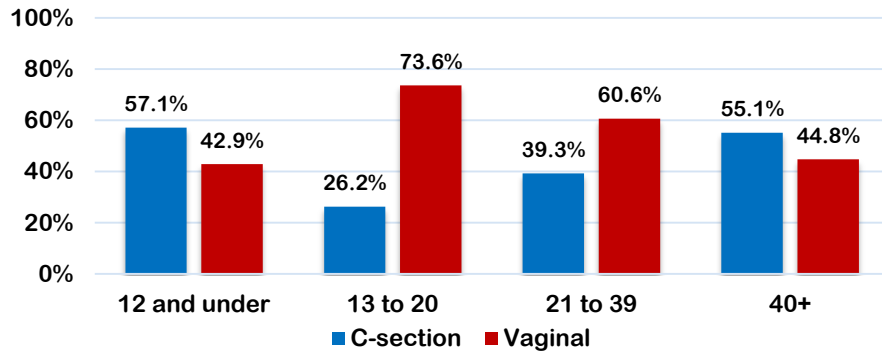
Thirty-seven percent of women with a delivery had a C-section. Medicaid’s rate is somewhat lower than Florida’s overall C-section rate of 38.8% as reported by Florida hospitals to the Agency for Health Care Administration.

Figure 37: Delivery Type, August 2014-September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility and Encounter Information, August 2014-September 2015.

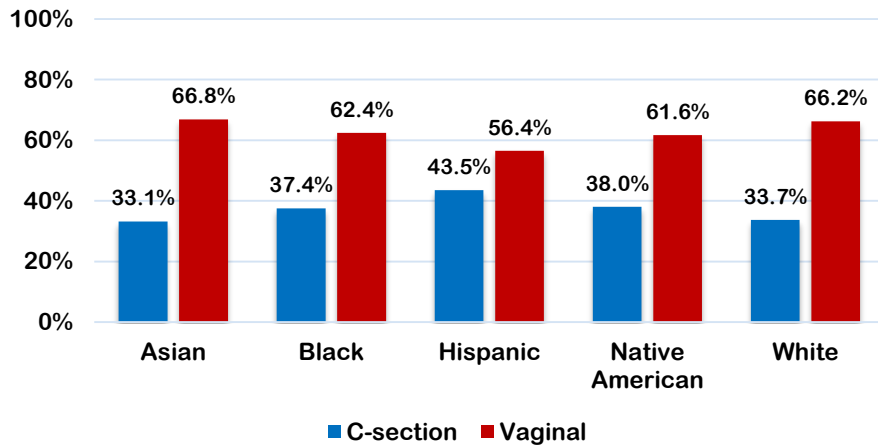
Figure 38: Delivery Type by Age, August 2014-September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility and Encounter Information, August 2014-September 2015.

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.

Figure 39: Delivery Type by Race/Ethnicity, August 2014-September 2015

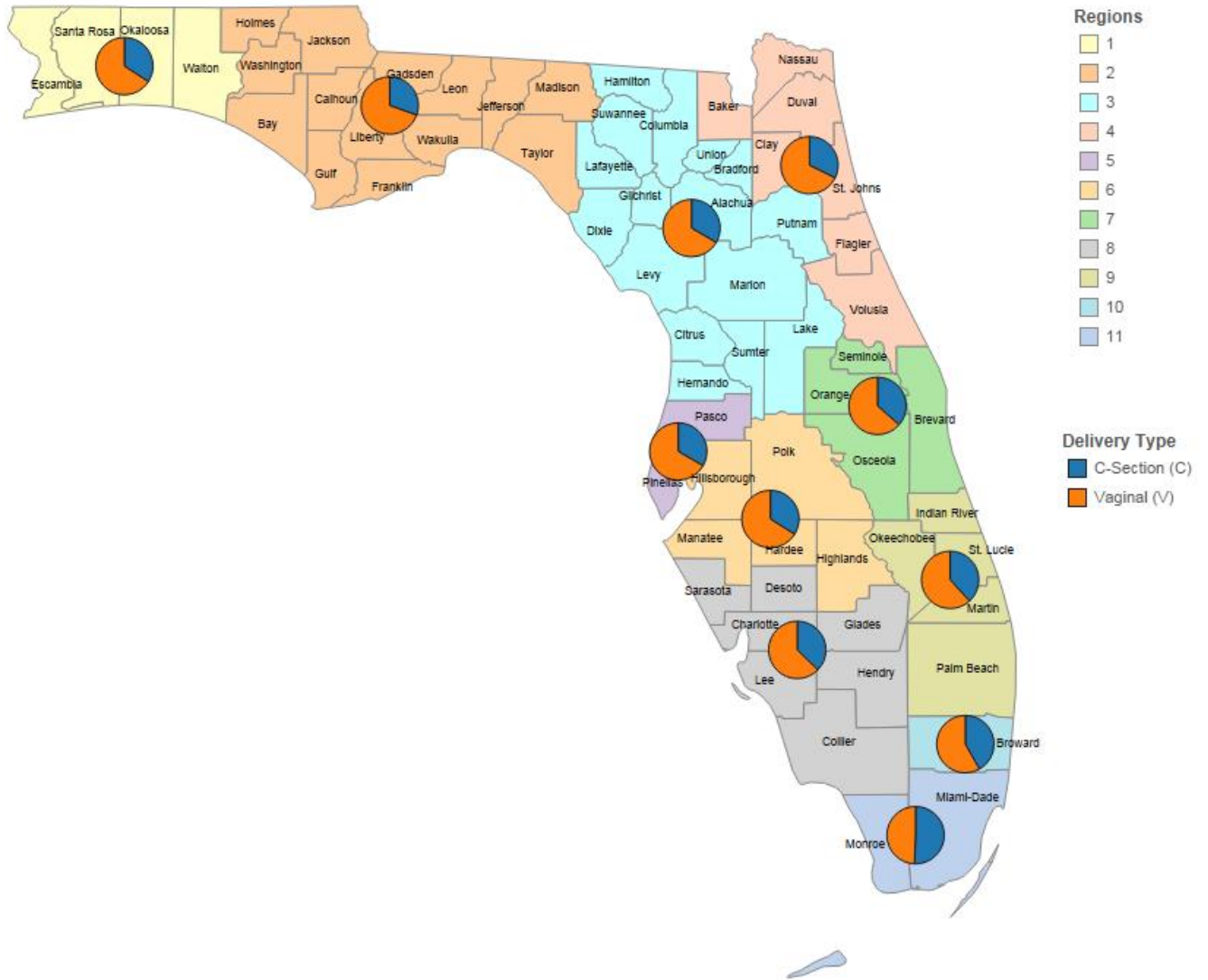


\*Results for women who identified as their race/ethnicity as 'Other' or 'Not Determined' are not shown.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility and Encounter Information, August 2014-September 2015.

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

Figure 40: Delivery Type by Region, August 2014-September 2015

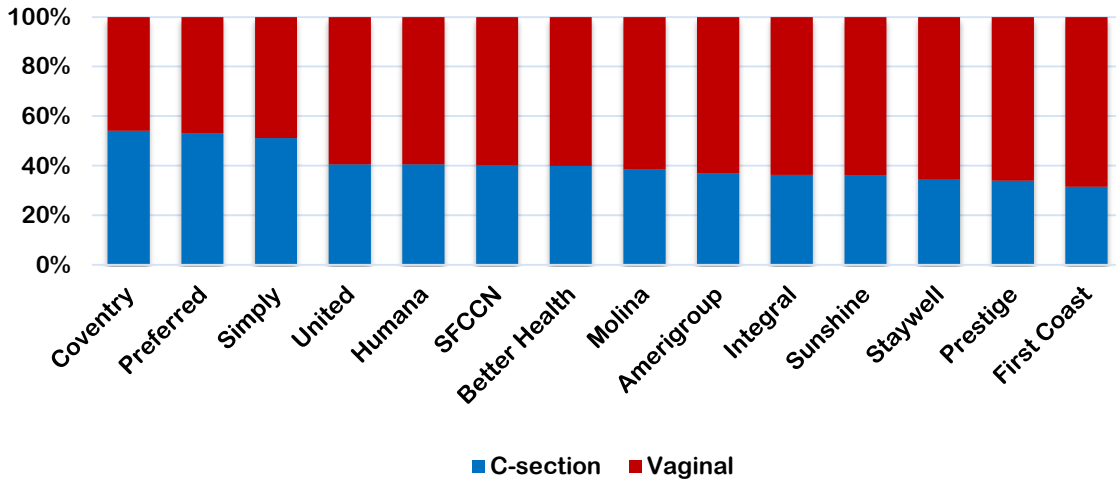


Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility and Encounter Information, August 2014-September 2015.

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.



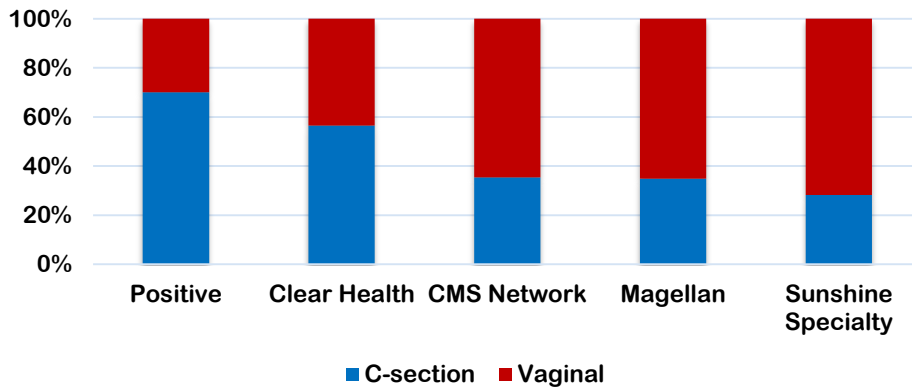
Figure 41: Delivery Type by Plan for Standard Plans, August 2014-September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility and Encounter Information, August 2014-September 2015.

Among Standard plans, those located solely in Region 11 – Coventry, Preferred, and Simply - had the highest rates of C-section.

Figure 42: Delivery Type by Plan for Specialty Plans, August 2014-September 2015

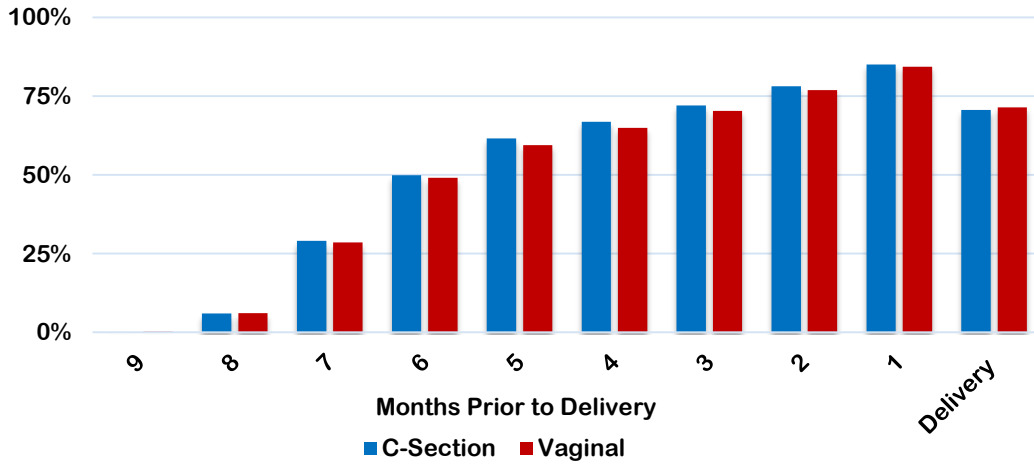


Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility and Encounter Information, August 2014-September 2015.

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.<sup>6</sup>

<sup>6</sup> AIDS.gov. *HIV/AIDS Basics/Prevention: Reduce Your Risk: Pregnancy & Childbirth*. Retrieved from AIDS.gov: <https://www.aids.gov/hiv-aids-basics/prevention/reduce-your-risk/pregnancy-and-childbirth/index.html>

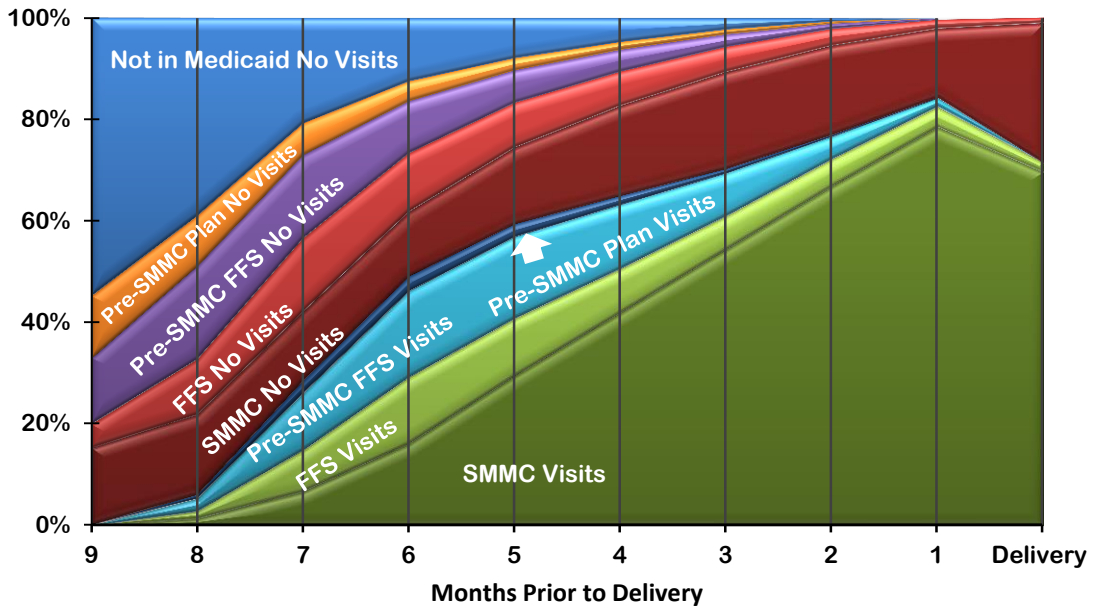
Figure 43: Women with a Prenatal Visit during Pregnancy by Delivery Type, October 2013-September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

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.

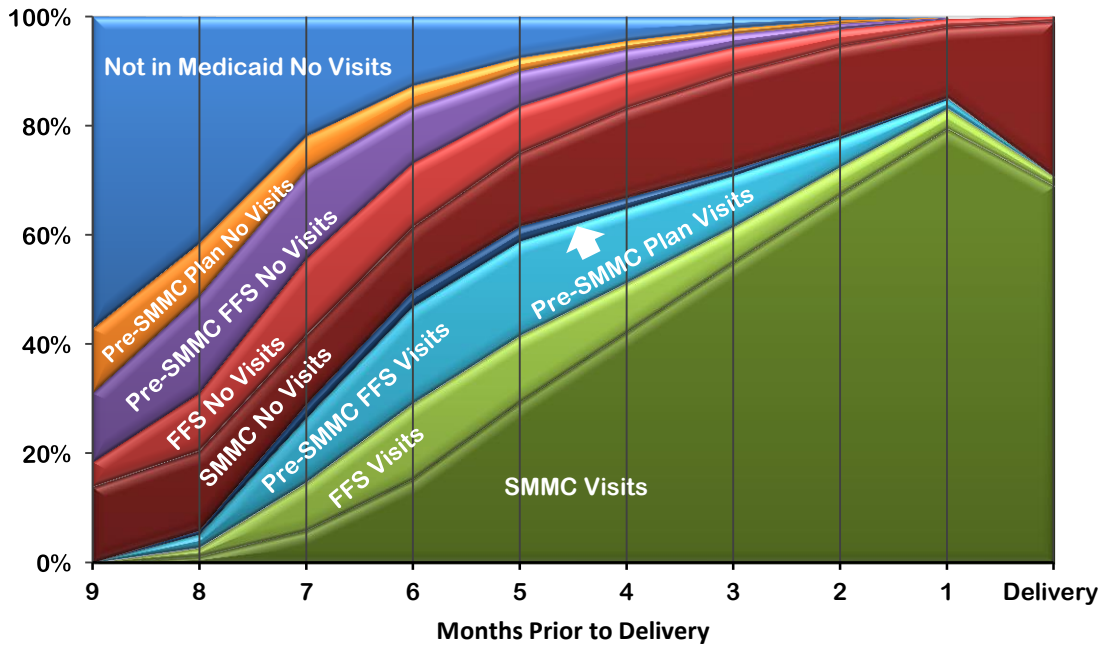
Figure 44: Enrollment and Prenatal Visits for Women with Vaginal Deliveries by Month of Pregnancy, October 2013-September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

Women who had a vaginal delivery differed very little from women who had a C-section in prenatal visits and enrollment in each month of pregnancy.

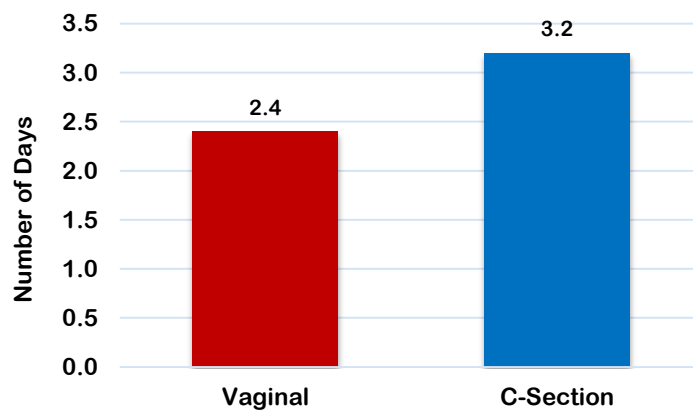
Figure 45: Enrollment and Prenatal Visits for Women with C-section Deliveries by Month of Pregnancy, October 2013-September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, October 2013-September 2015.

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.

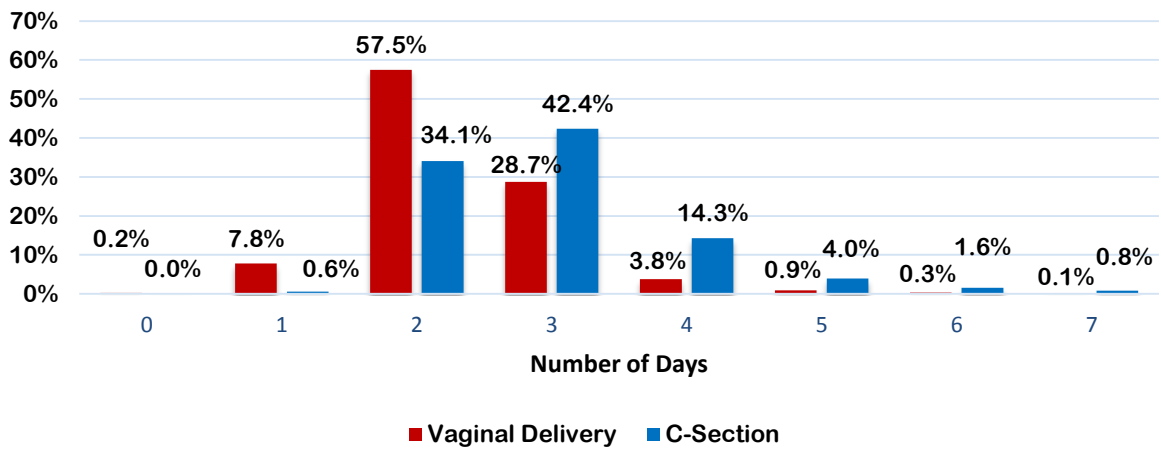
Figure 46: Average Length of Hospital Stay by Delivery Type, August 2014-September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility and Encounter Information, August 2014-September 2015.

The length of time women stayed in a hospital for a delivery was greater for women with a C-section than vaginal delivery.

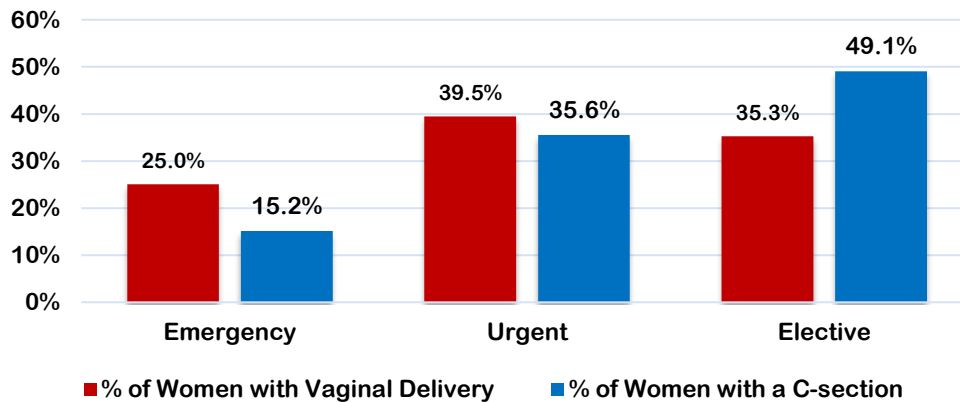
Figure 47: Length of Hospital Stay by Delivery Type, August 2014-September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility and Encounter Information, August 2014-September 2015.

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.

Figure 48: Type of Admission by Delivery Type, August 2014-September 2015\*

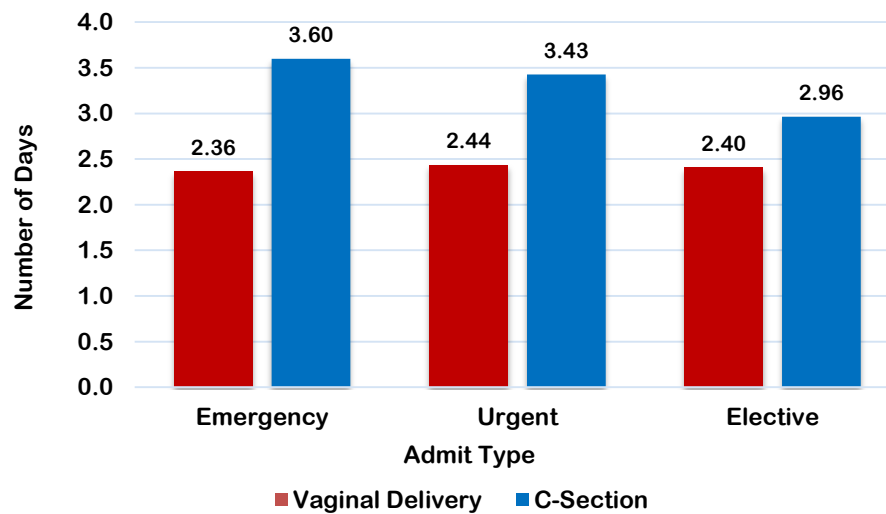


\*Less than 1 percent of admissions were classified as newborn or trauma center admissions and are not shown in the chart.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility and Encounter Information, August 2014-September 2015.

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.

Figure 49: Average Length of Hospital Stay by Type of Admission and Delivery Type, August 2014-September 2015\*



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

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility and Encounter Information, August 2014-September 2015.

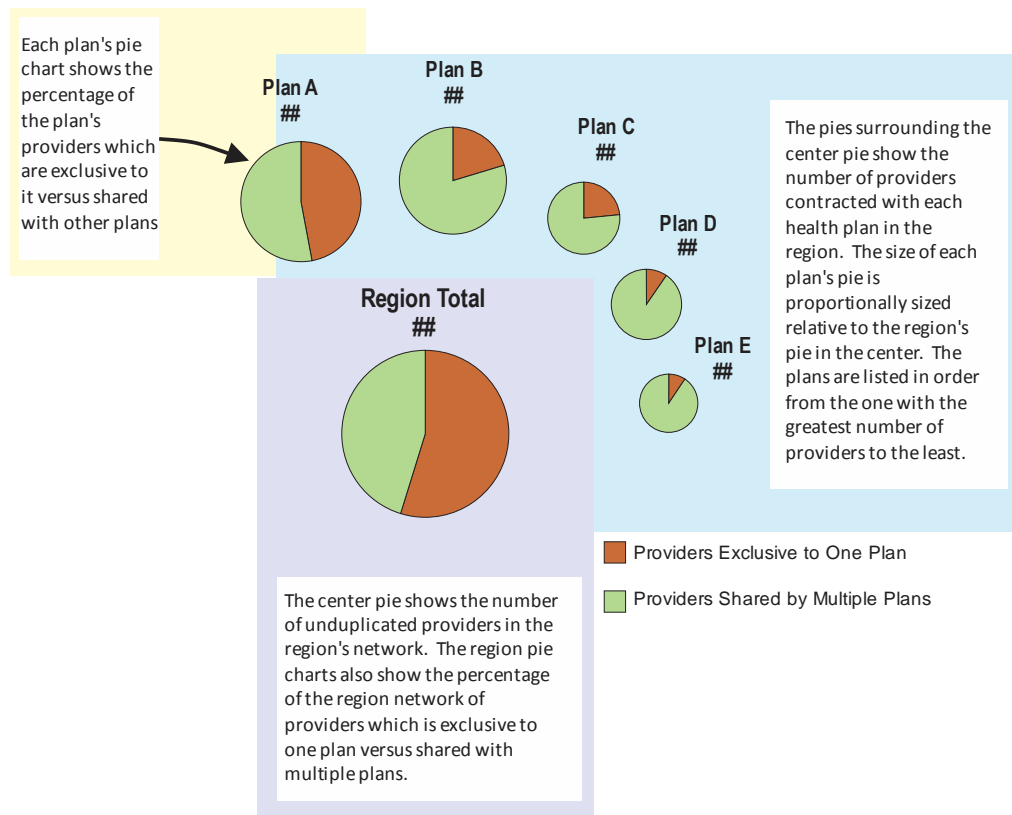
Average length of stay was similar for vaginal deliveries regardless of admission type. Average length of stay for C-sections was longer for emergency and urgent admissions than elective admissions.

## 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.

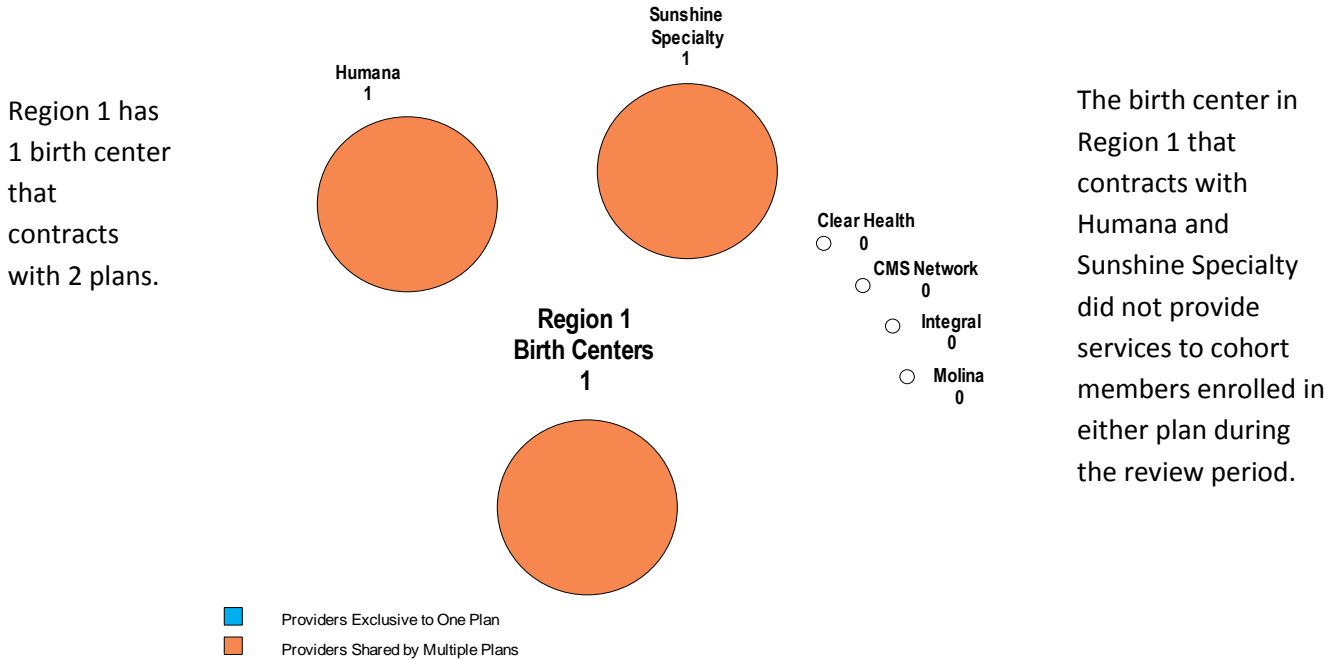
Some providers contract exclusively with one MMA plan in a region while others may contract with more than one MMA plan. Providers who contract with more than one MMA plan in the region are counted only once in the region total. To the degree that providers are shared by multiple MMA plans, MMA plans’ 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.



## Network of Birth Centers by Region

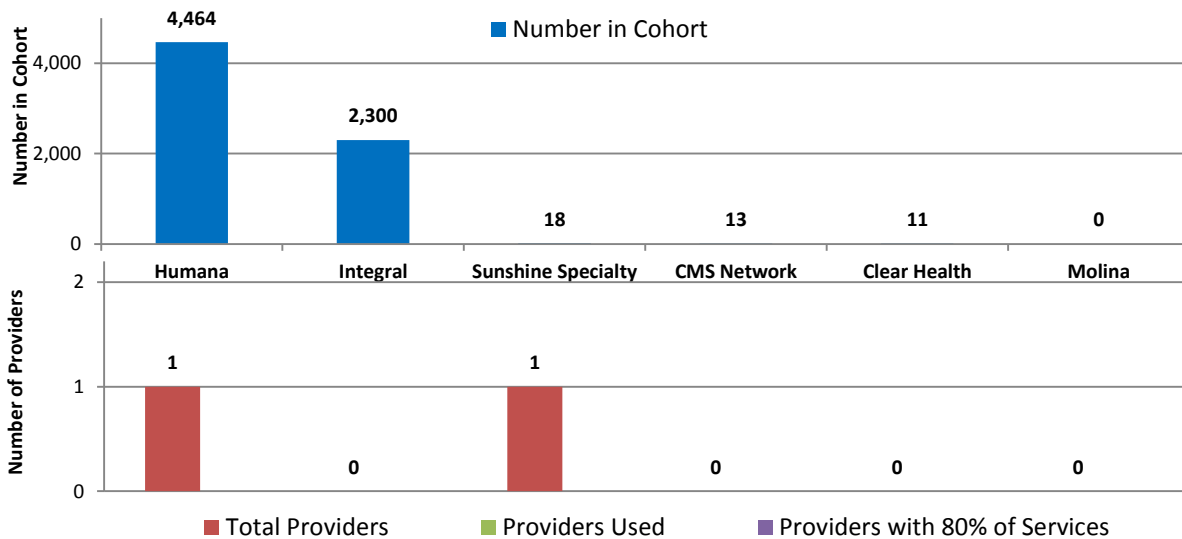
A birth center is a Florida licensed facility (not an ambulatory surgical center or hospital) in which births are planned to occur away from the mother’s usual residence following a normal, uncomplicated, low-risk pregnancy. One percent of cohort members received a service from a birth center during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

Figure 50: Region 1 Network of Birth Centers, August 2014-September 2015



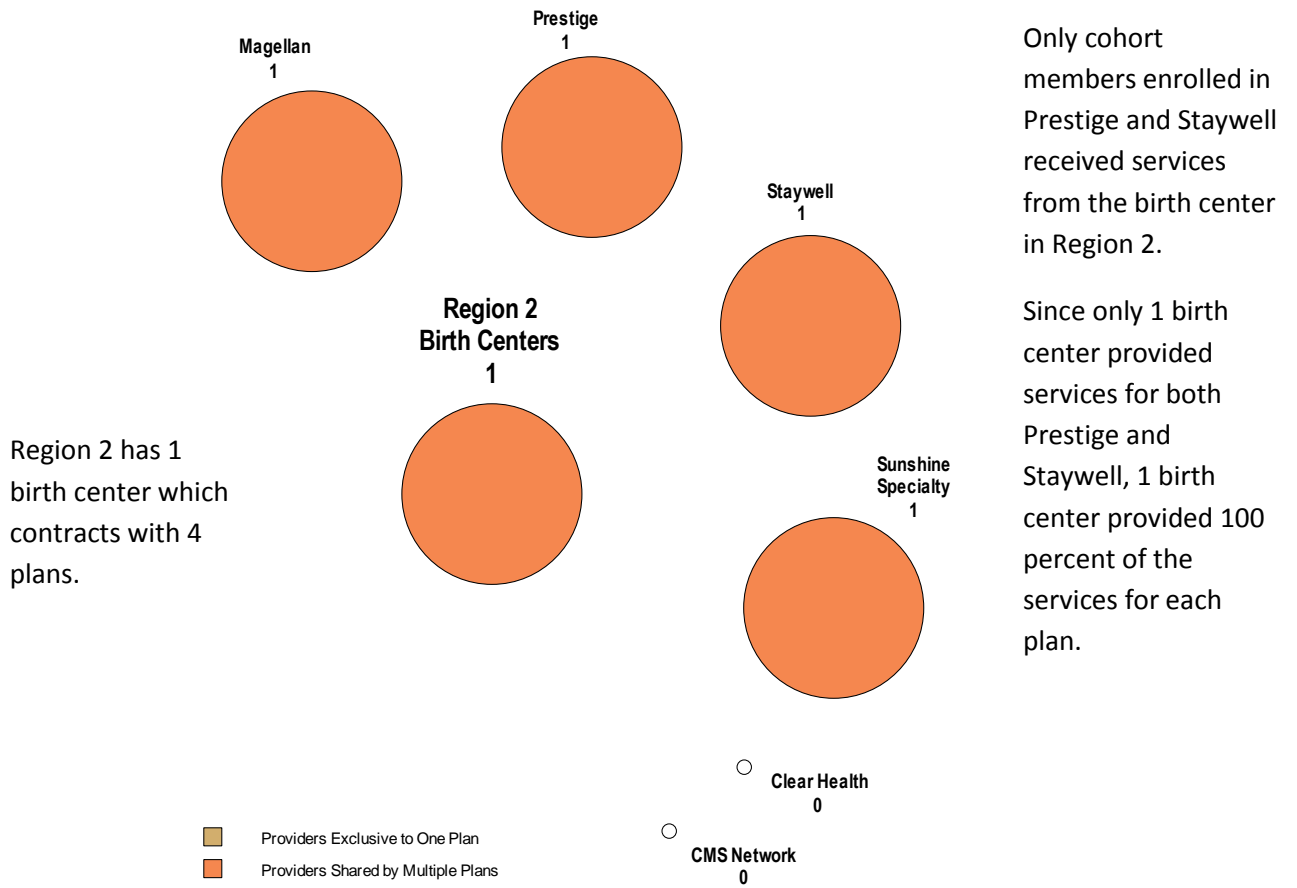
Source: Provider Network Verification System, August 2014-September 2015.

Figure 51: 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



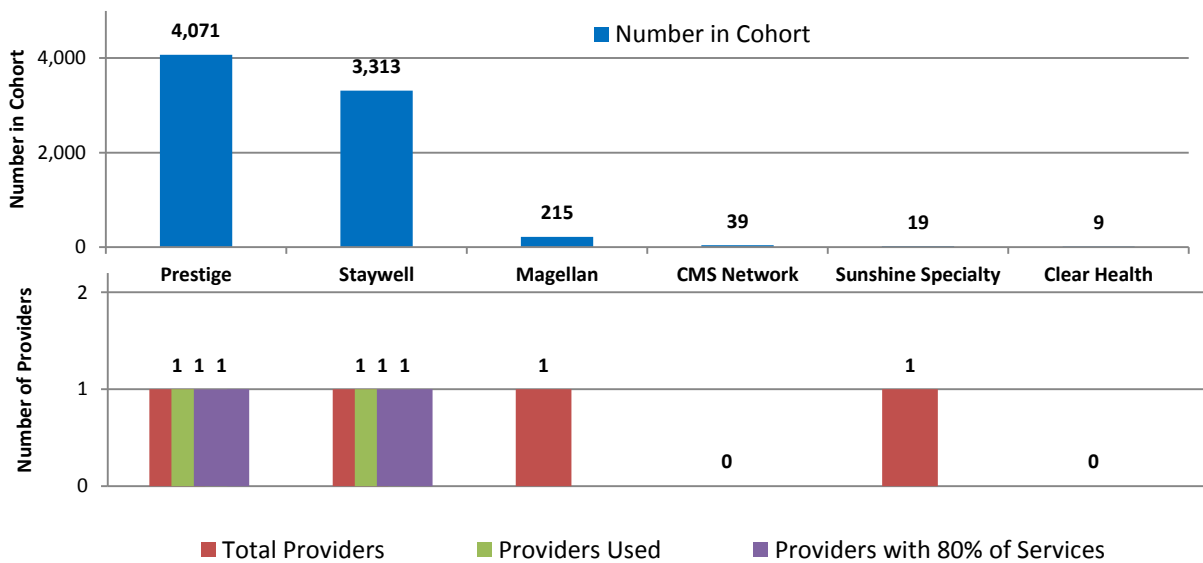
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 52: Region 2 Network of Birth Centers, August 2014-September 2015



Source: Provider Network Verification System, August 2014-September 2015.

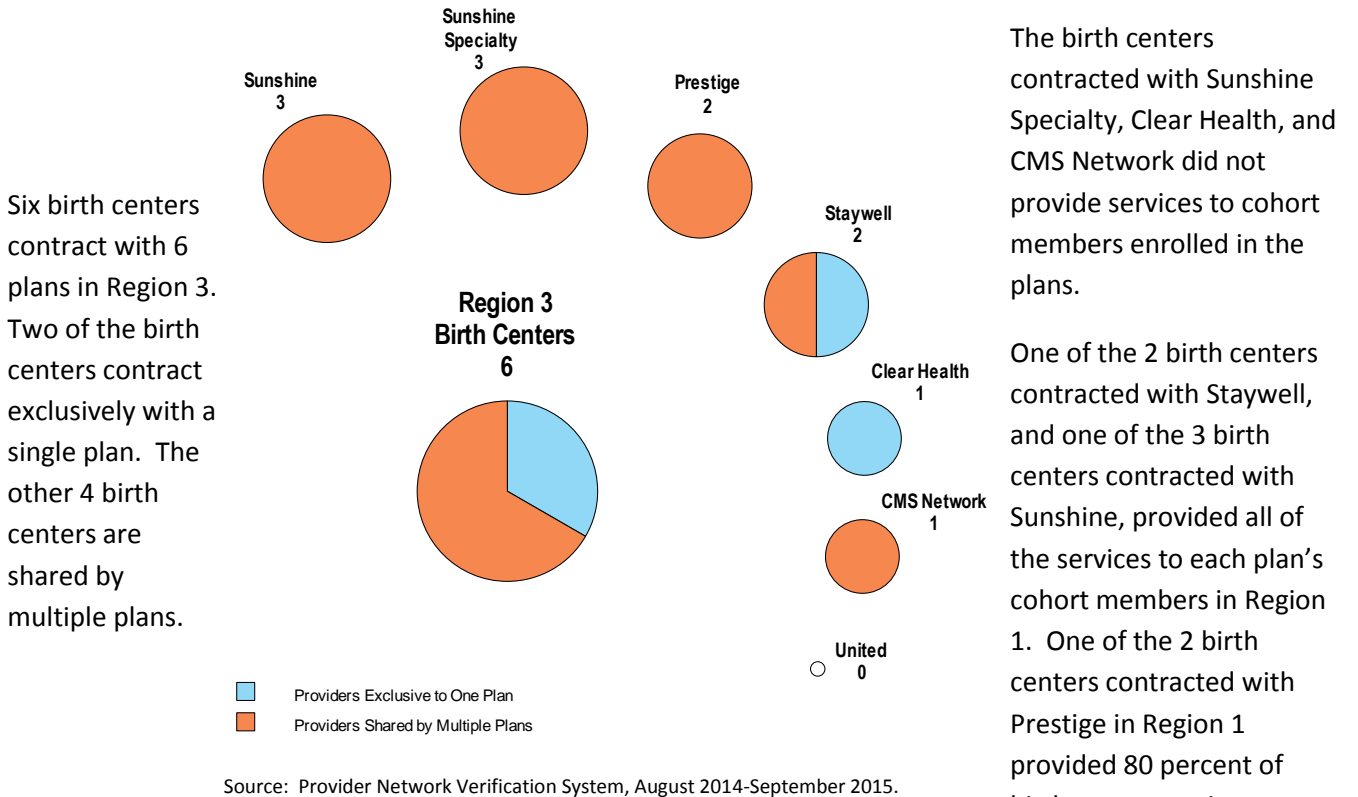
Figure 53: Number of Cohort Members, Birth Centers Reported in Each Plan’s Network, Birth Centers that Provided a Service to Cohort Members, and Birth Centers that Provided 80 Percent of Services to Cohort Members by Plan in Region 2, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.



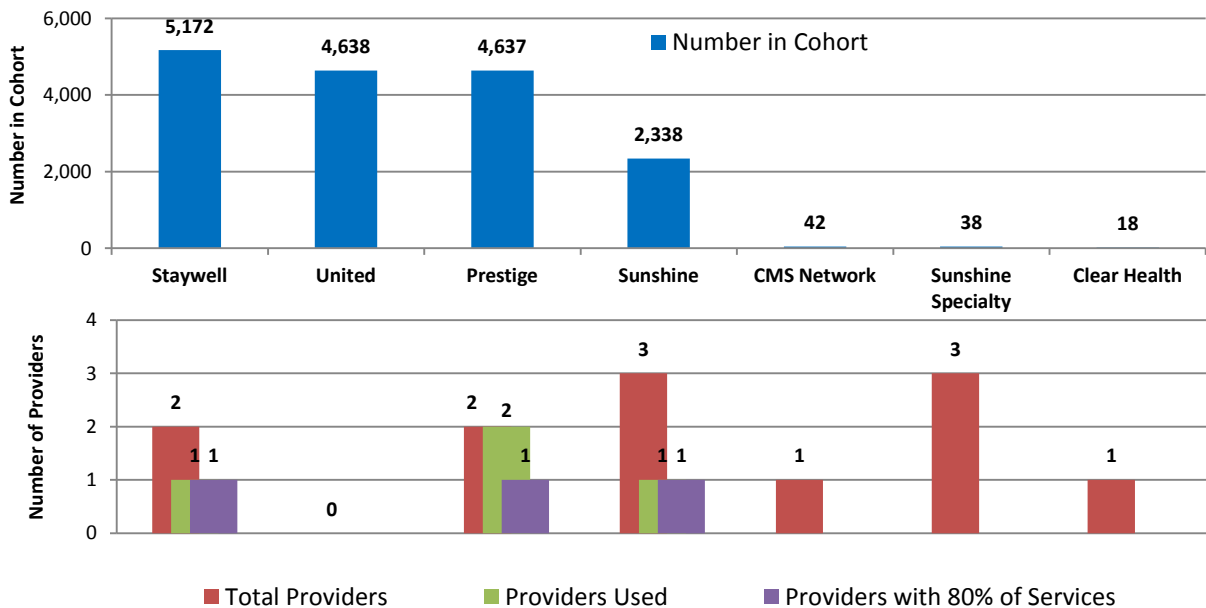
Figure 54: Region 3 Network of Birth Centers, August 2014-September 2015



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

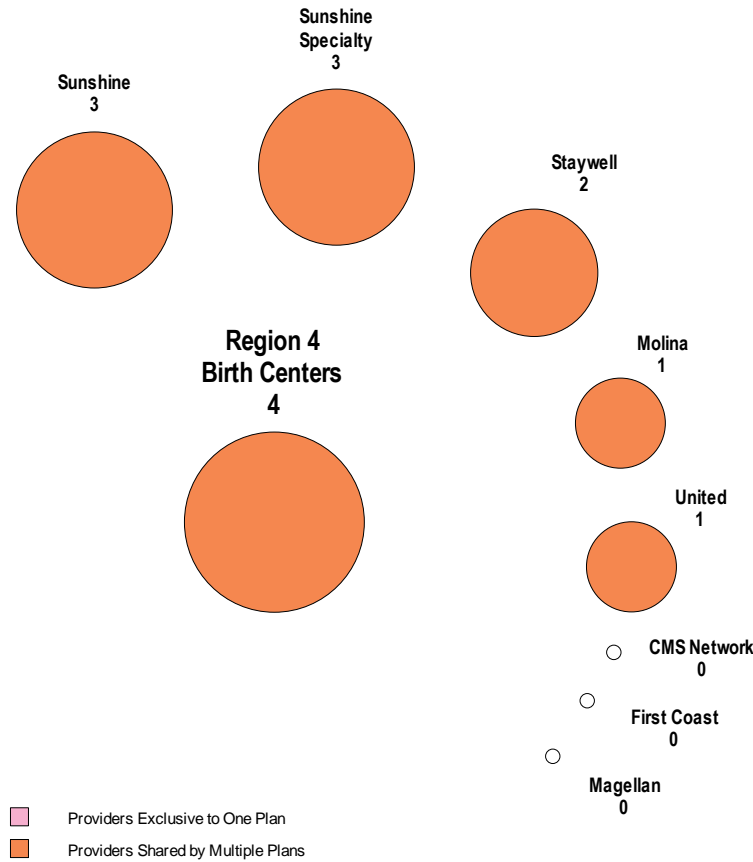
One of the 2 birth centers contracted with Staywell, and one of the 3 birth centers contracted with Sunshine, provided all of the services to each plan's cohort members in Region 1. One of the 2 birth centers contracted with Prestige in Region 1 provided 80 percent of birth center services to cohort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

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



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 56: Region 4 Network of Birth Centers, August 2014-September 2015

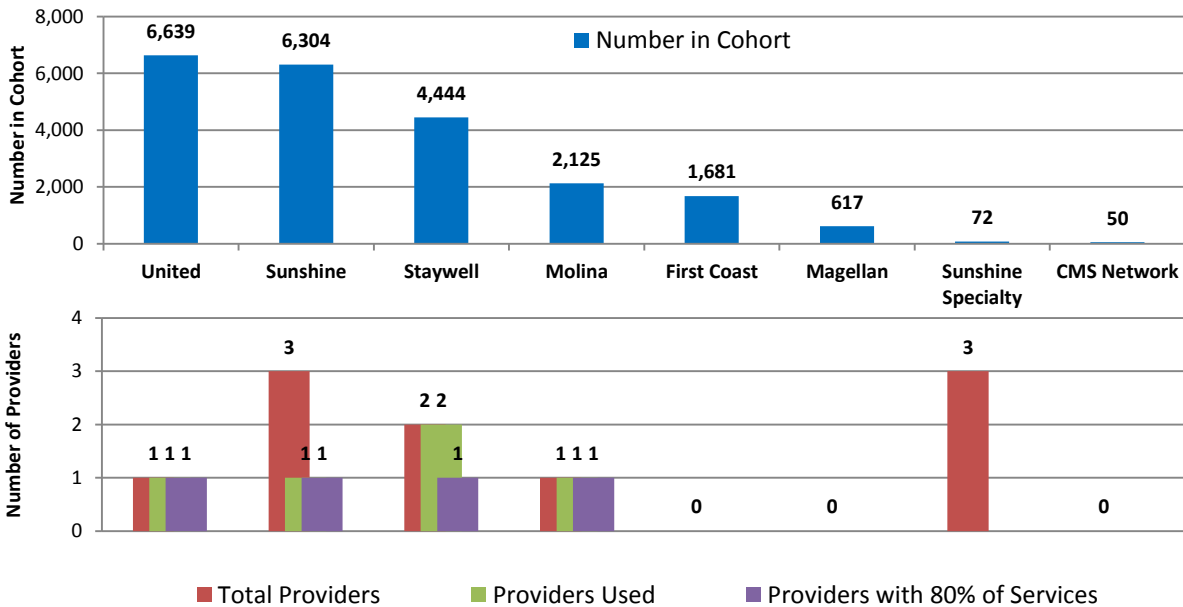


The birth centers contracted with Sunshine Specialty in Region 4 did not provide services to cohort members enrolled in the plan.

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.

Source: Provider Network Verification System, August 2014-September 2015.

Figure 57: 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 4, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

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

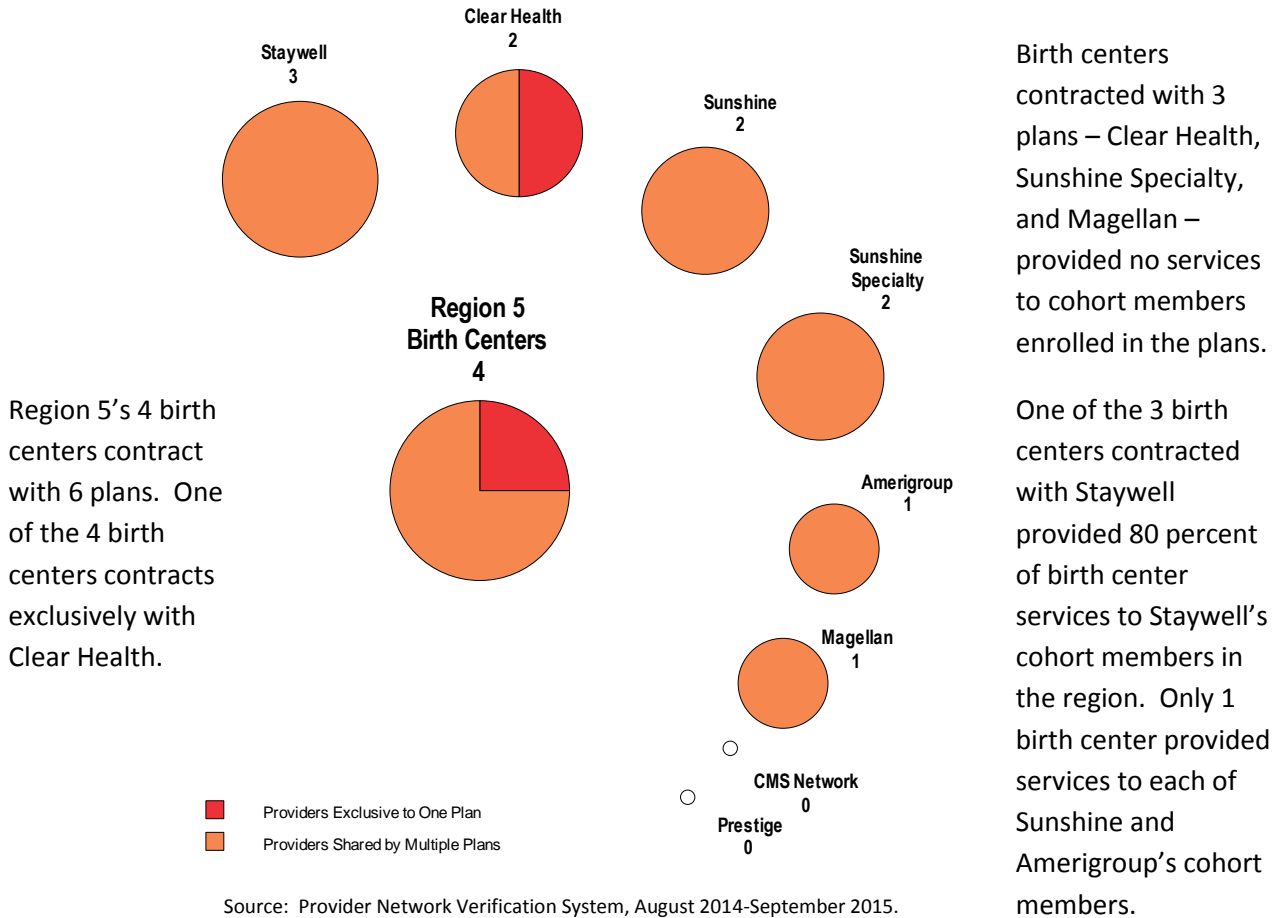
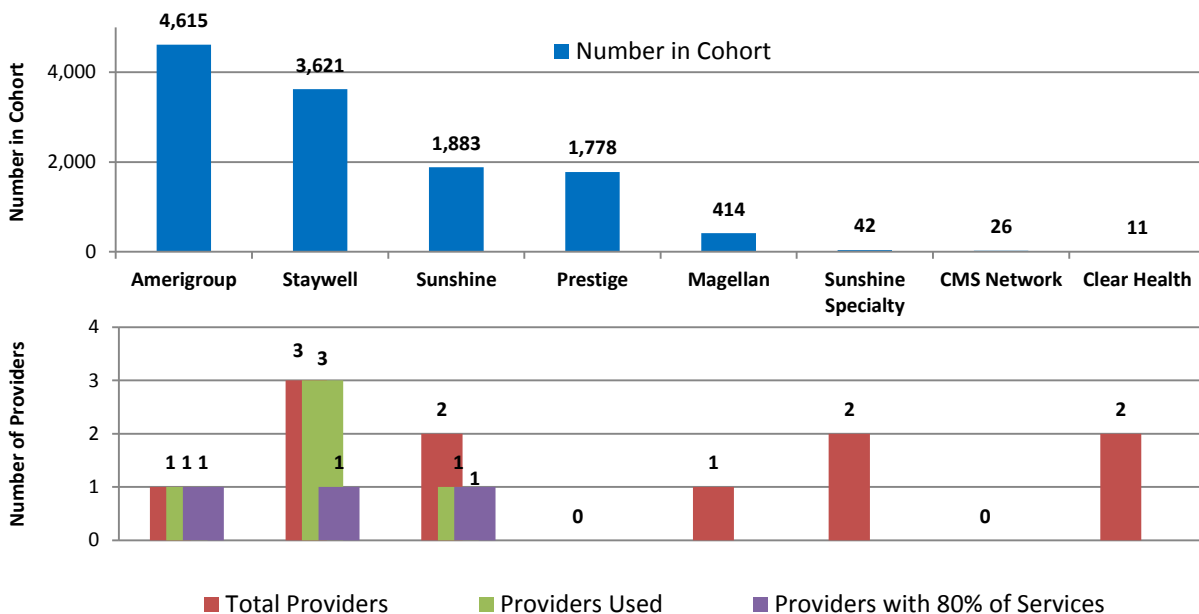
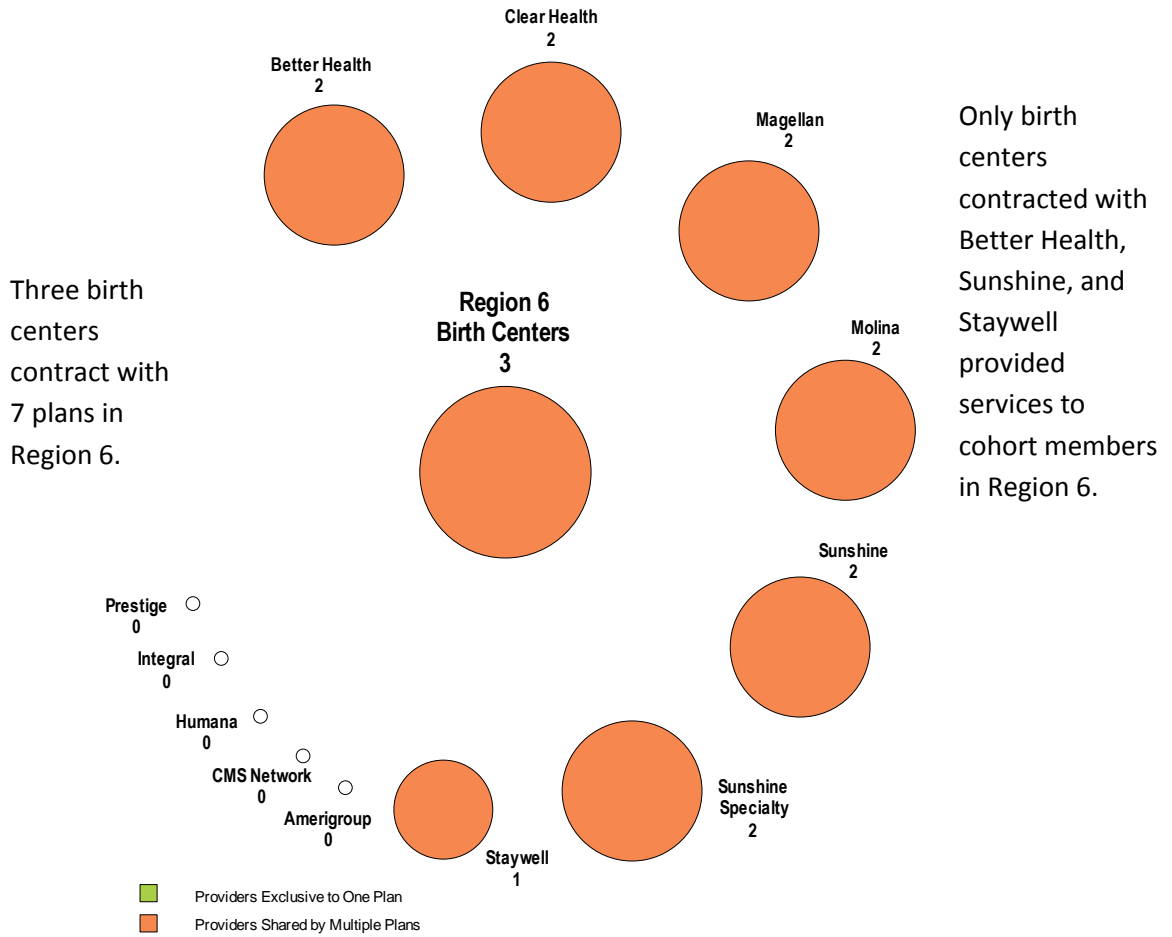


Figure 59: Number of Cohort Members, Birth Centers Reported in Each Plan's Network, Birth Centers that Provided a Service to Cohort Members, and Birth Centers that Provided 80 Percent of Services to Cohort Members by Plan in Region 5, August 2014-September 2015



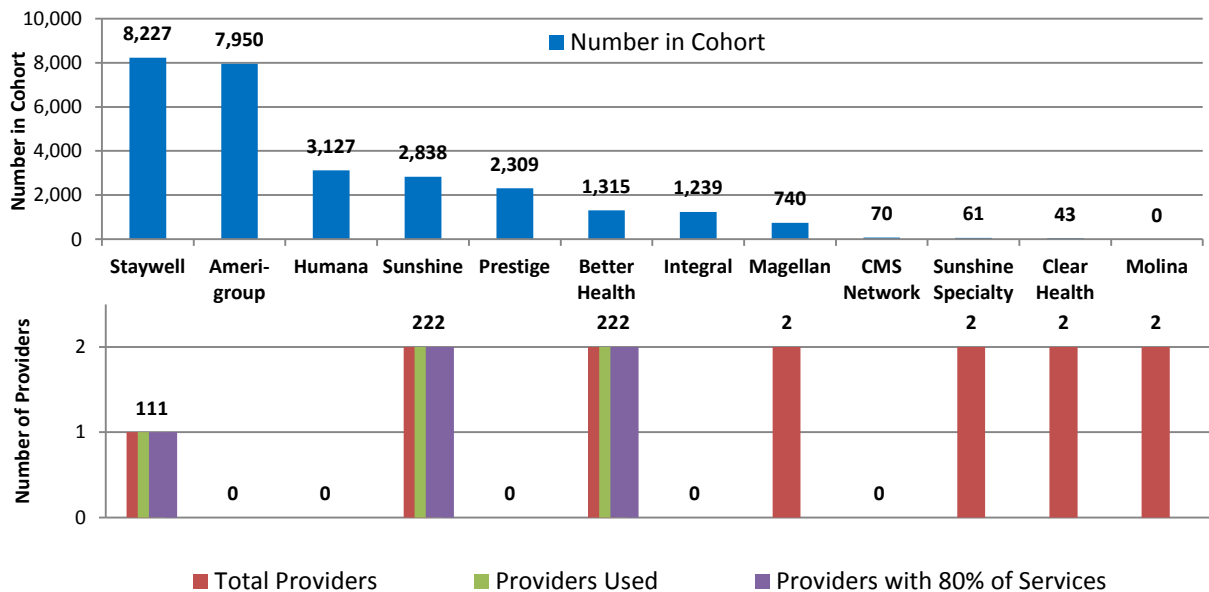
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 60: Region 6 Network of Birth Centers, August 2014-September 2015



Source: Provider Network Verification System, August 2014-September 2015.

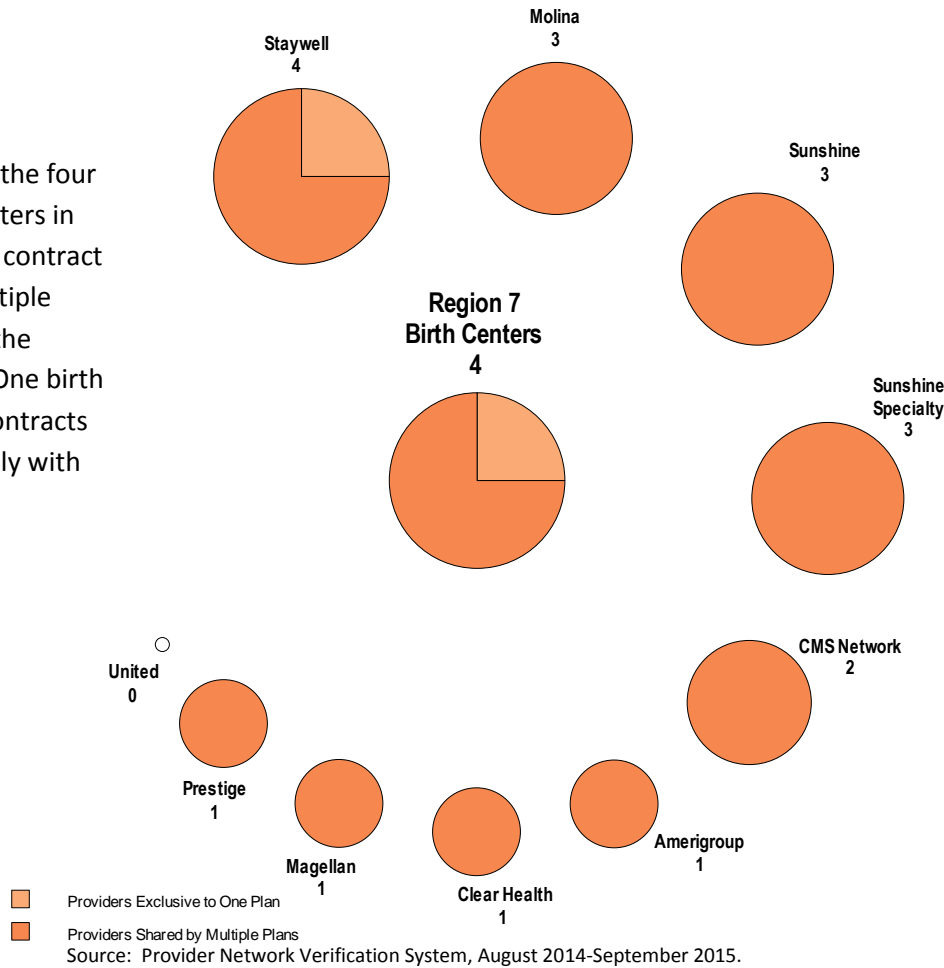
Figure 61: Number of Cohort Members, Birth Centers Reported in Each Plan's Network, Birth Centers that Provided a Service to Cohort Members, and Birth Centers that Provided 80 Percent of Services to Cohort Members by Plan in Region 6, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 62: Region 7 Network of Birth Centers, August 2014-September 2015

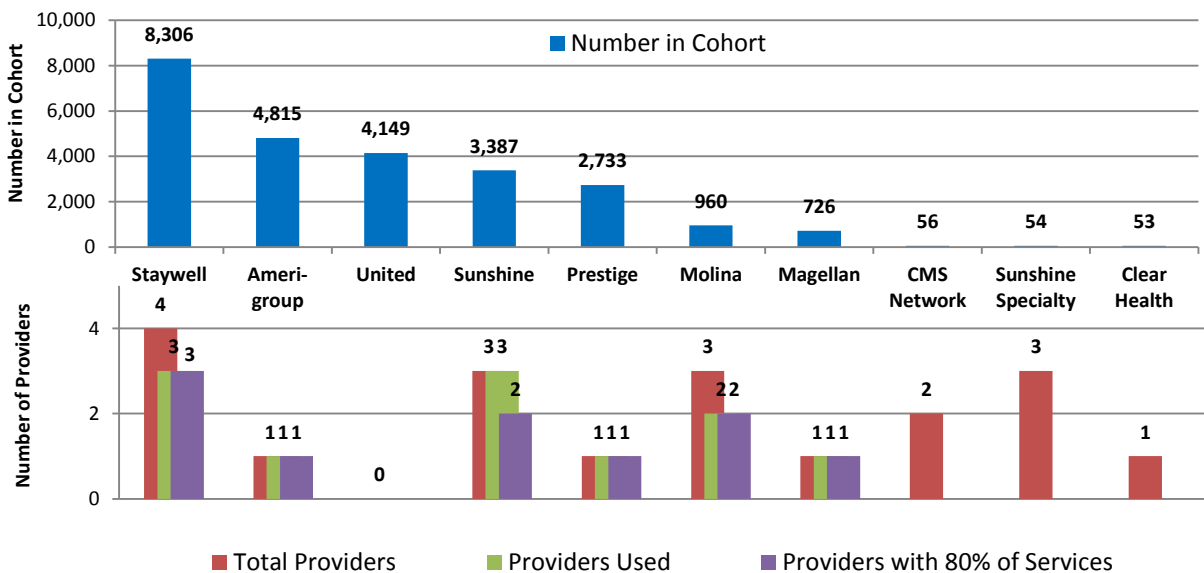
Three of the four birth centers in Region 7 contract with multiple plans in the region. One birth center contracts exclusively with Staywell.



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

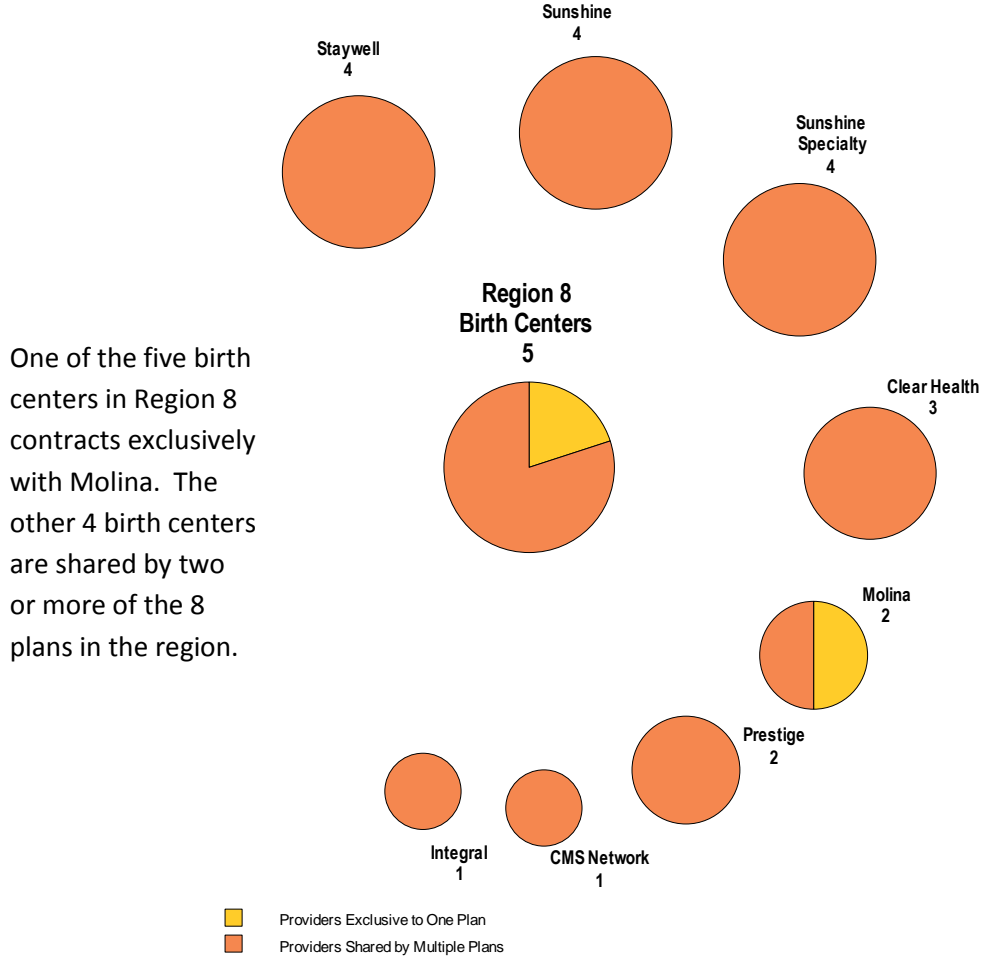
One birth center provided 80 percent of birth center services to cohort members in Amerigroup, Prestige, and Magellan.

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



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 64: Region 8 Network of Birth Centers, August 2014-September 2015



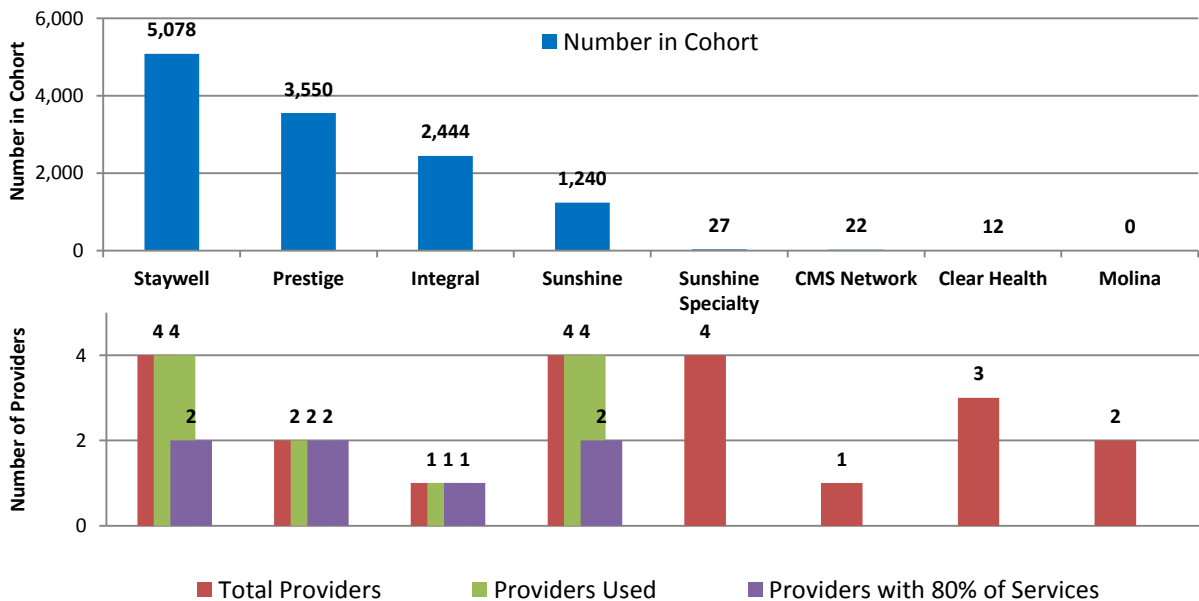
One of the five birth centers in Region 8 contracts exclusively with Molina. The other 4 birth centers are shared by two or more of the 8 plans in the region.

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.

Source: Provider Network Verification System, August 2014-September 2015.

Figure 65: 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 8, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 66: Region 9 Network of Birth Centers, August 2014-September 2015

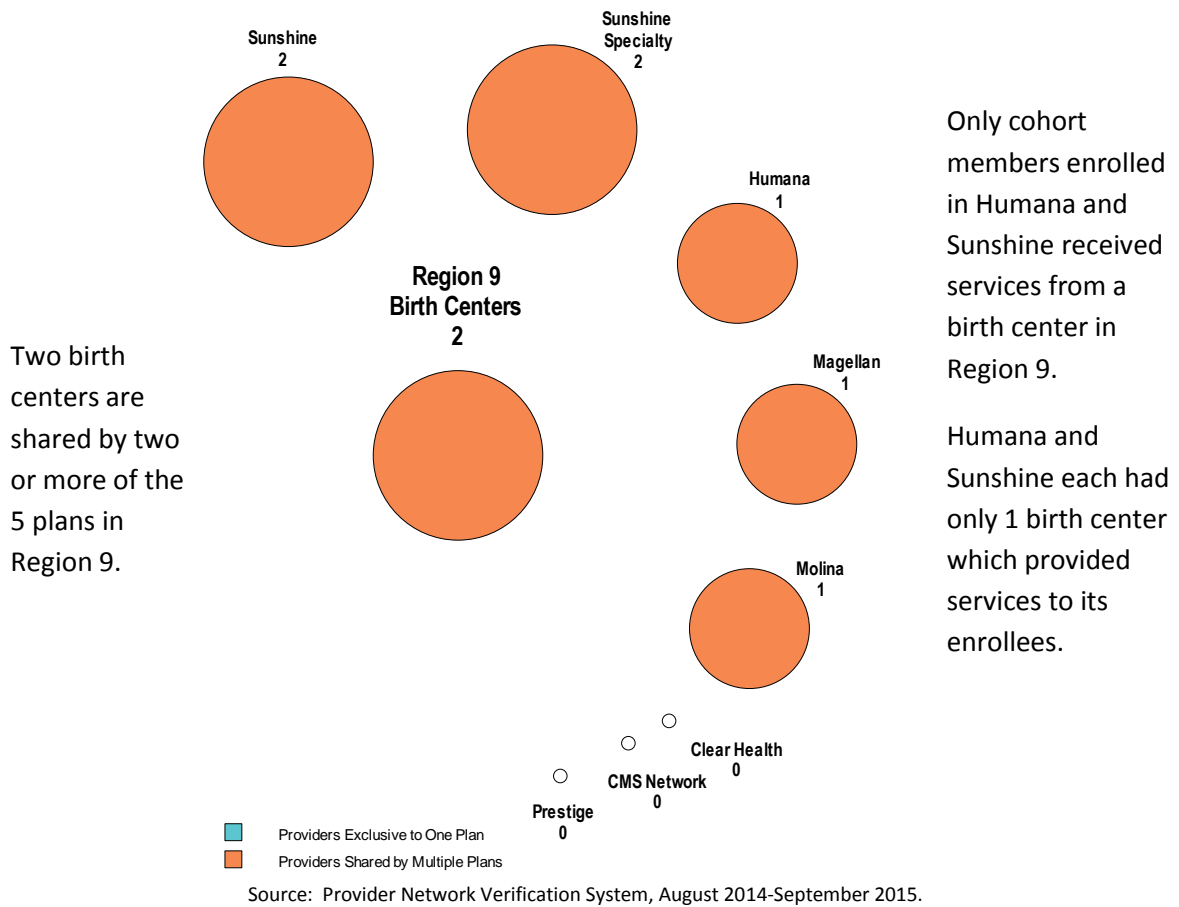
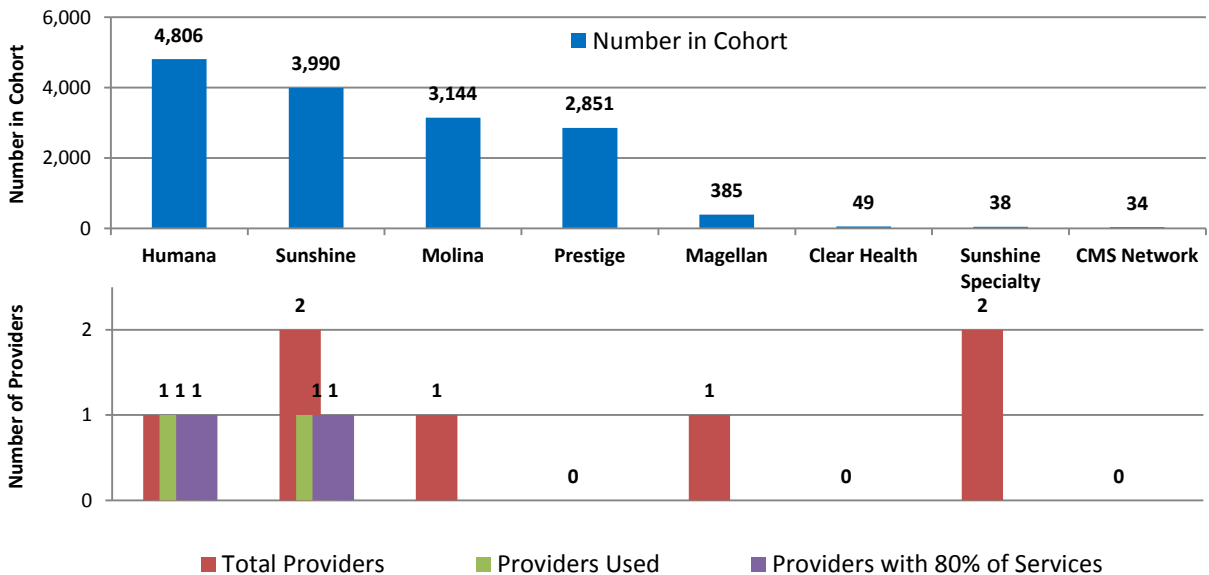
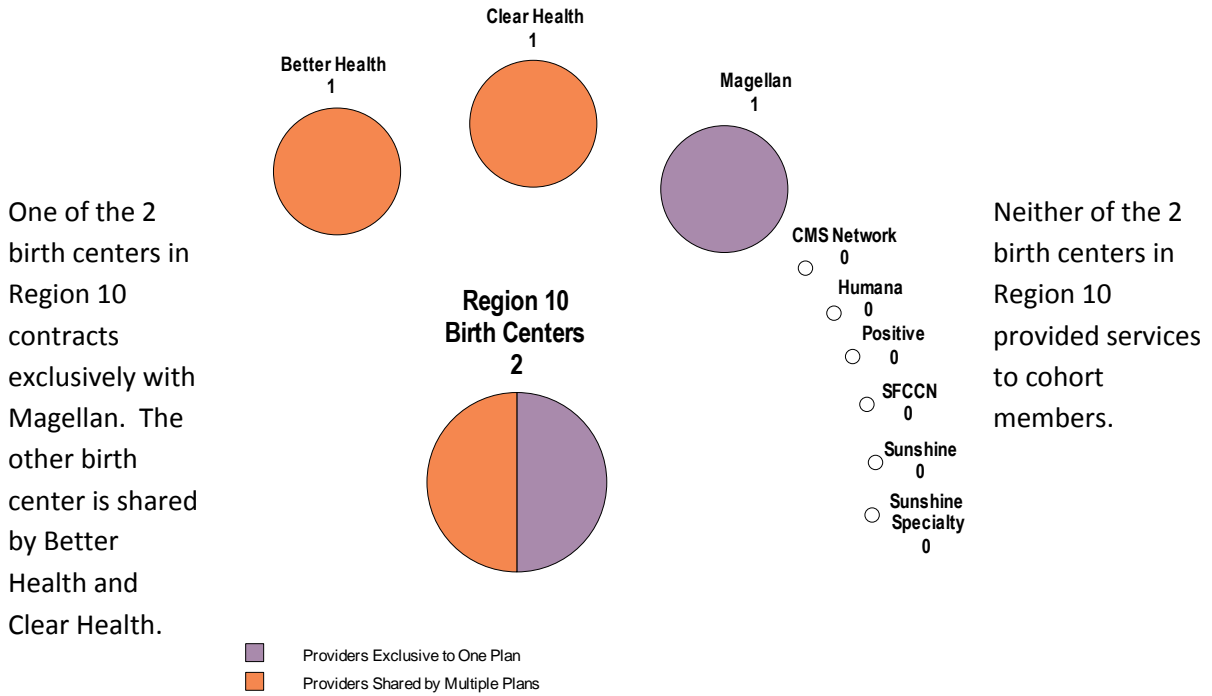


Figure 67: Number of Cohort Members, Birth Centers Reported in Each Plan's Network, Birth Centers that Provided a Service to Cohort Members, and Birth Centers that Provided 80 Percent of Services to Cohort Members by Plan in Region 9, August 2014-September 2015



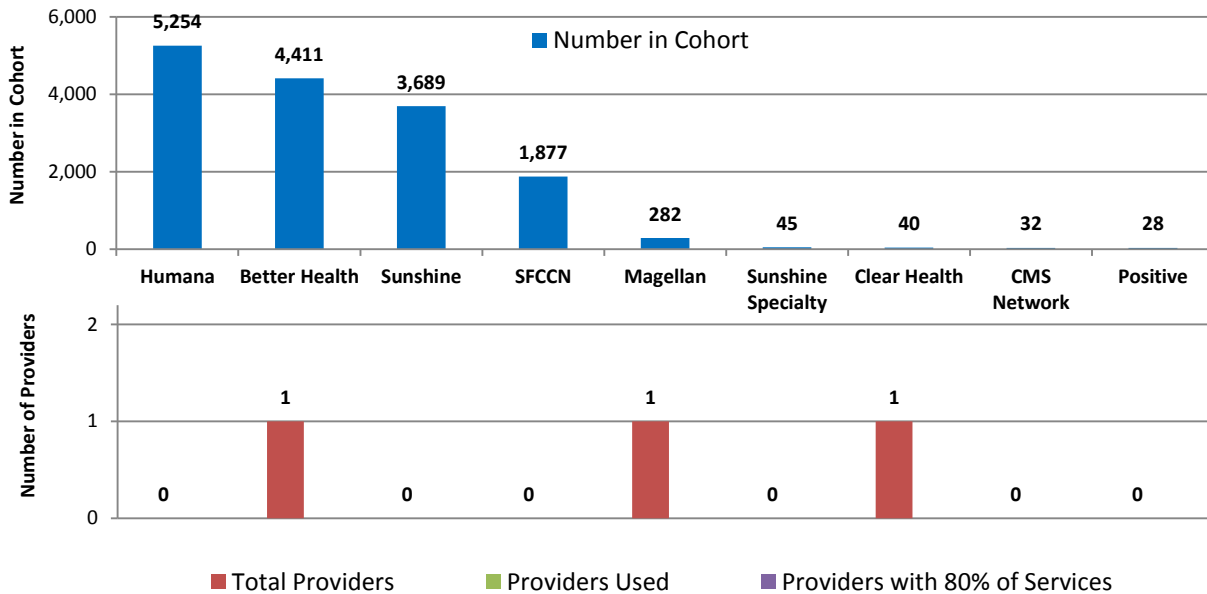
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

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



Source: Provider Network Verification System, August 2014-September 2015.

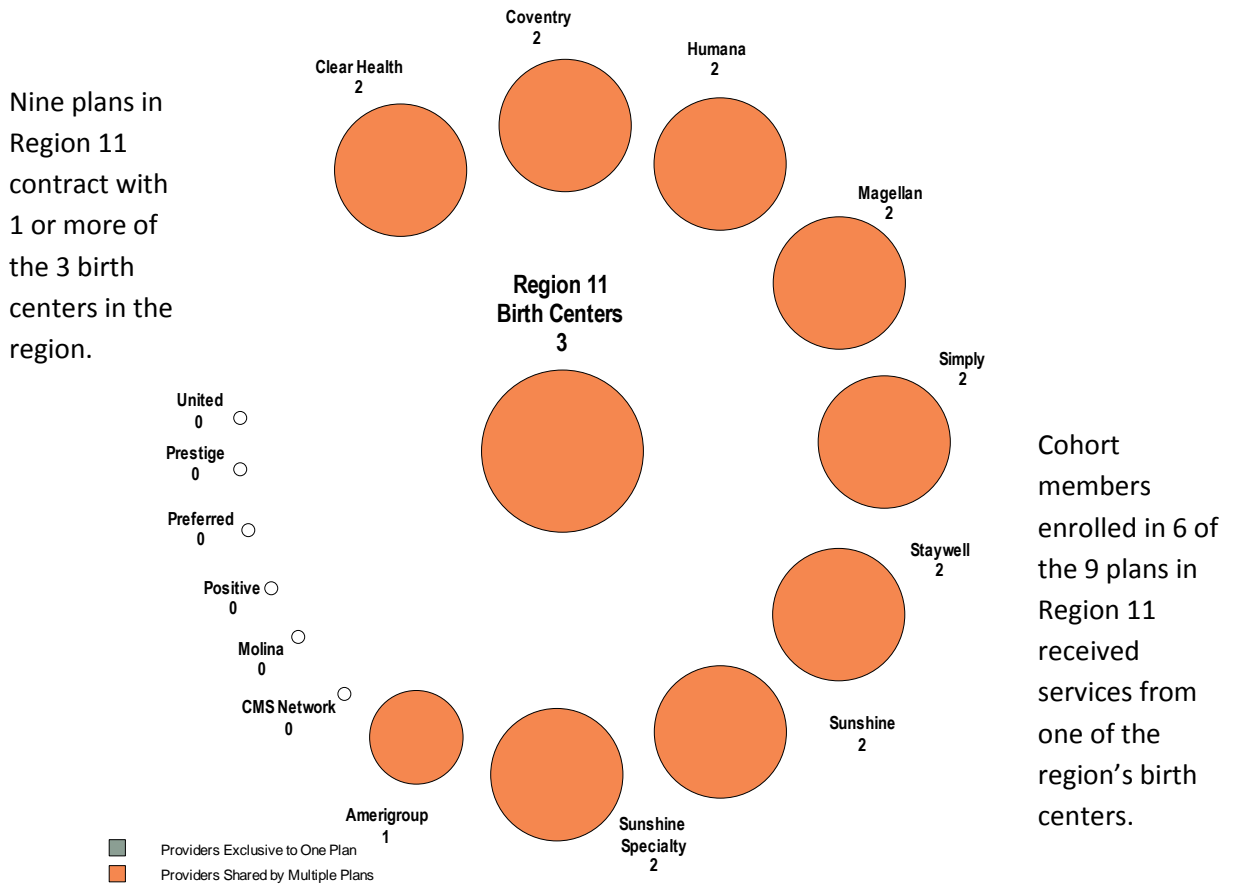
Figure 69: Number of Cohort Members, Birth Centers Reported in Each Plan's Network, Birth Centers that Provided a Service to Cohort Members, and Birth Centers that Provided 80 Percent of Services to Cohort Members by Plan in Region 10, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

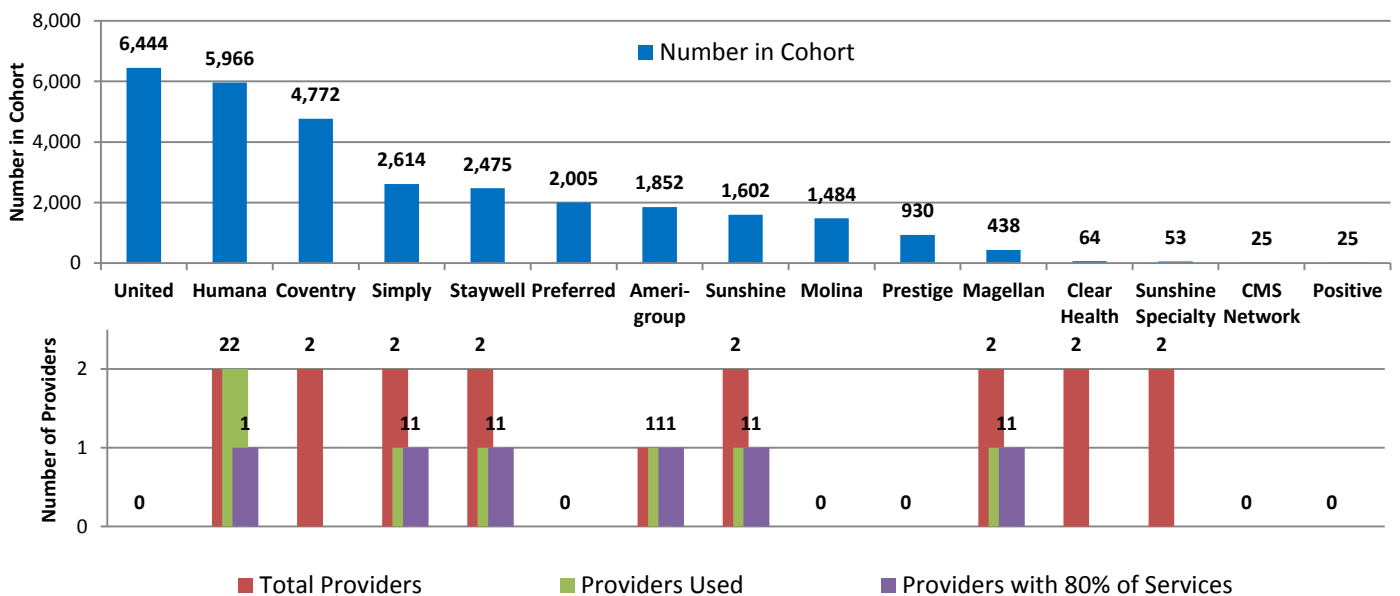


Figure 70: Region 11 Network of Birth Centers, August 2014-September 2015



Source: Provider Network Verification System, August 2014-September 2015.

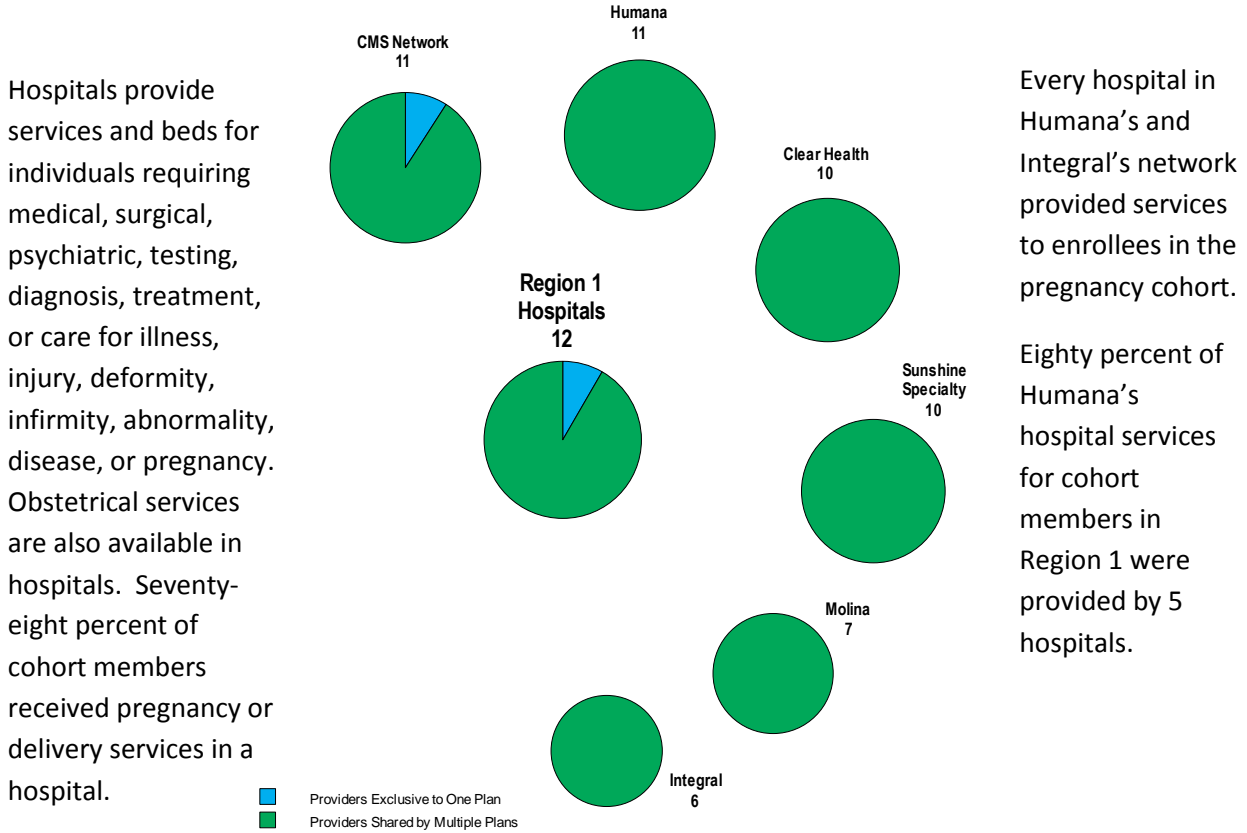
Figure 71: Number of Cohort Members, Birth Centers Reported in Each Plan's Network, Birth Centers that Provided a Service to Cohort Members, and Birth Centers that Provided 80 Percent of Services to Cohort Members by Plan in Region 11, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

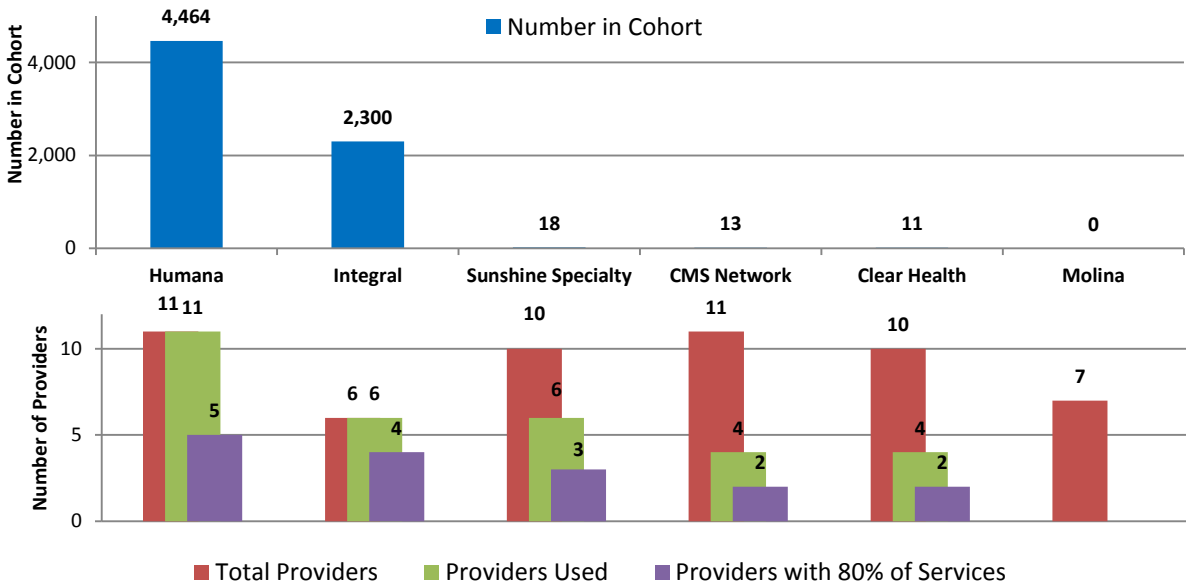
## Network of Hospitals by Region

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



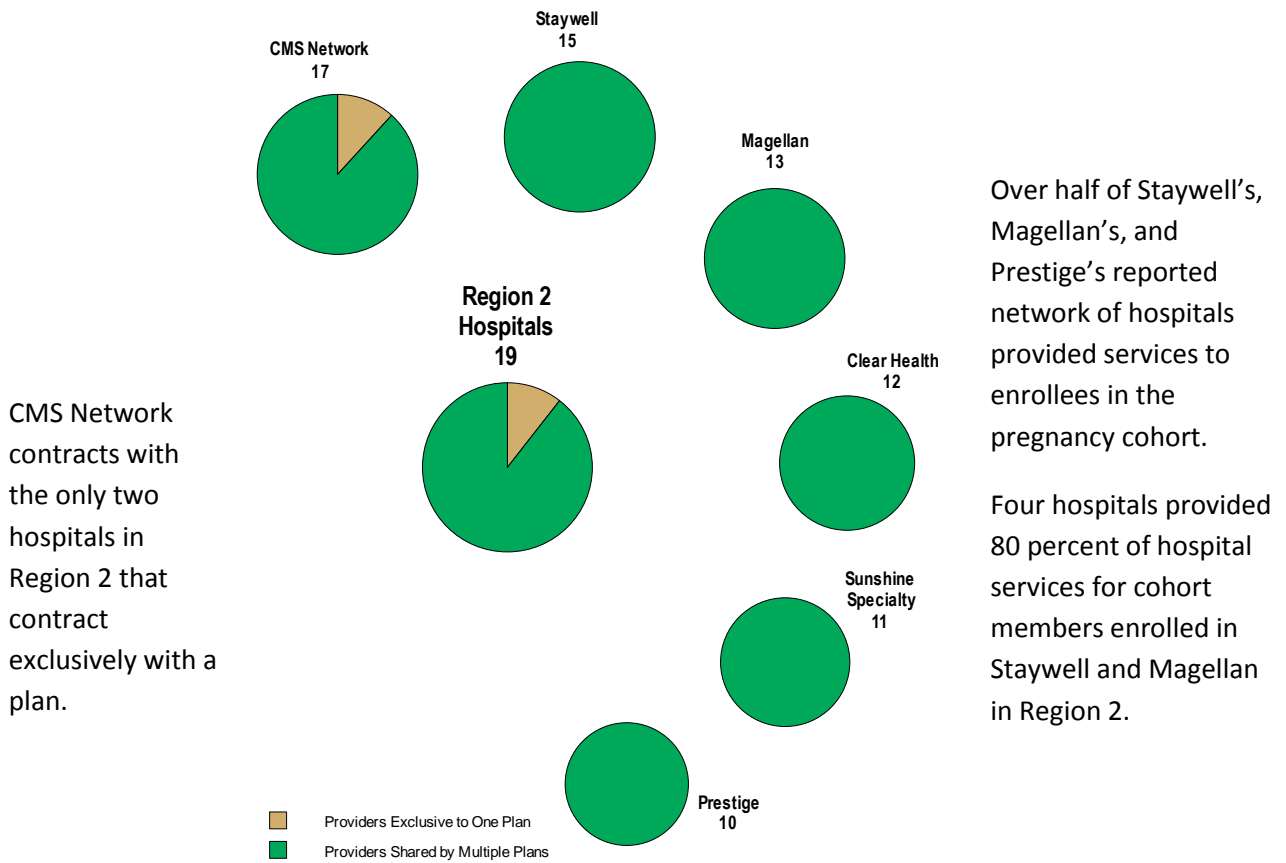
Source: Provider Network Verification System, August 2014-September 2015.

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



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015

Figure 74: Region 2 Network of Hospitals, August 2014-September 2015



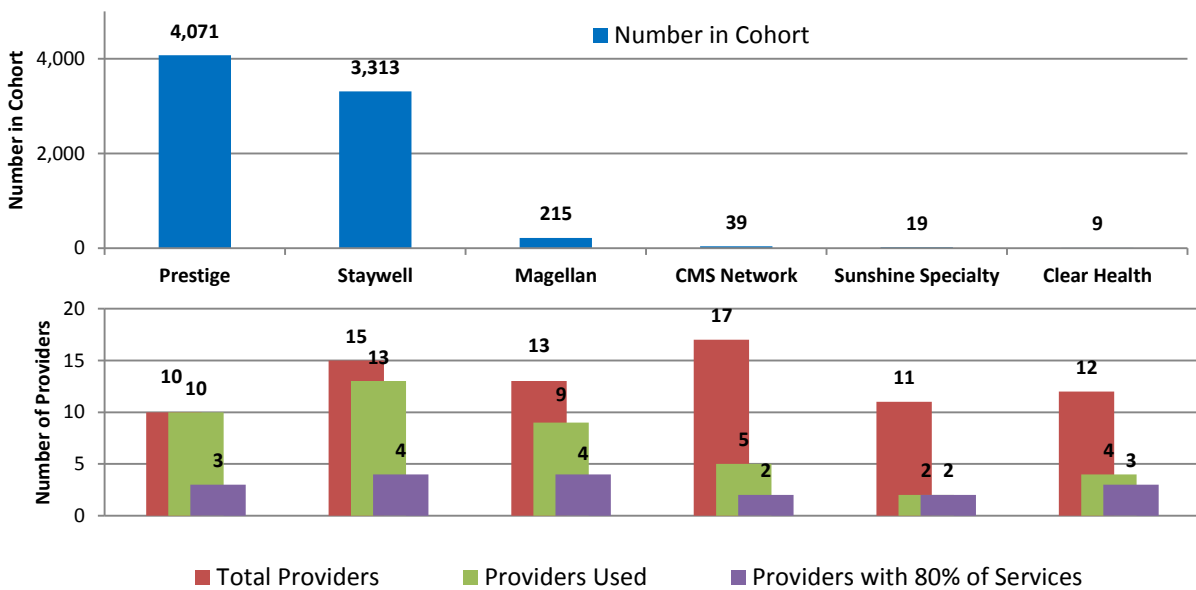
CMS Network contracts with the only two hospitals in Region 2 that contract exclusively with a plan.

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.

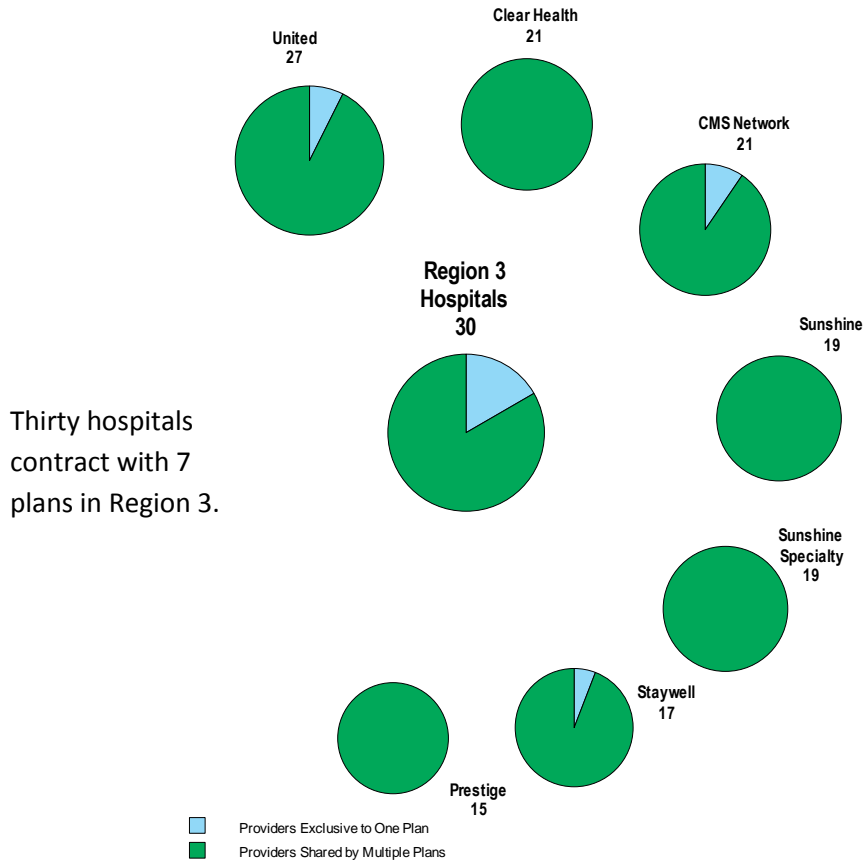
Source: Provider Network Verification System, August 2014-September 2015.

Figure 75: 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 2, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 76: Region 3 Network of Hospitals, August 2014-September 2015

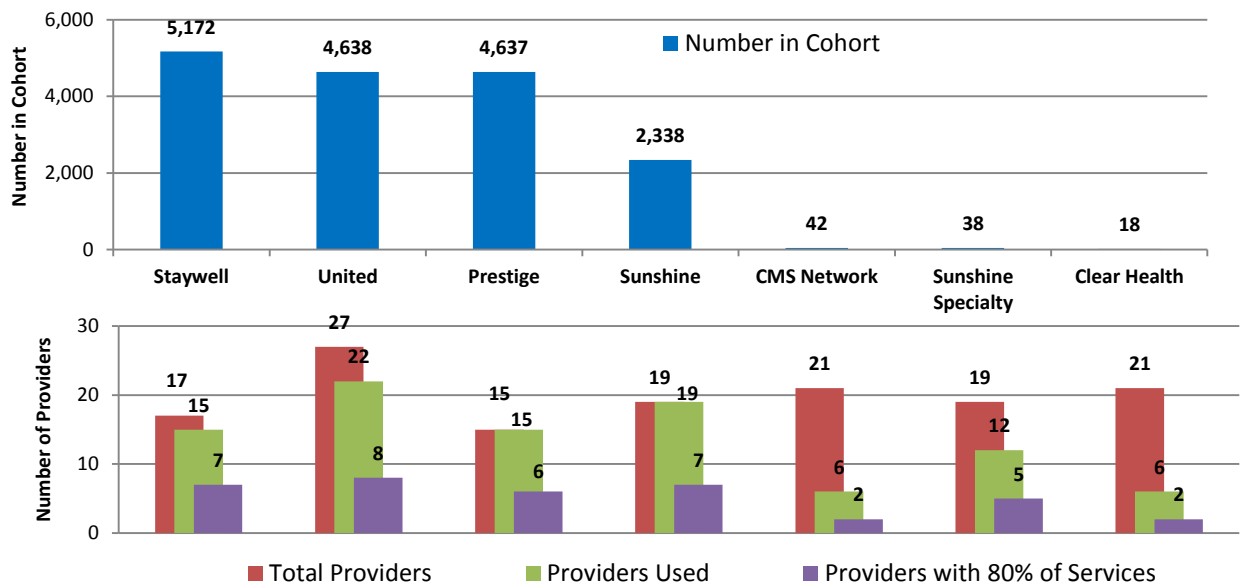


Over half of the reported network of hospitals of 5 plans provided services to enrollees in the pregnancy cohort.

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

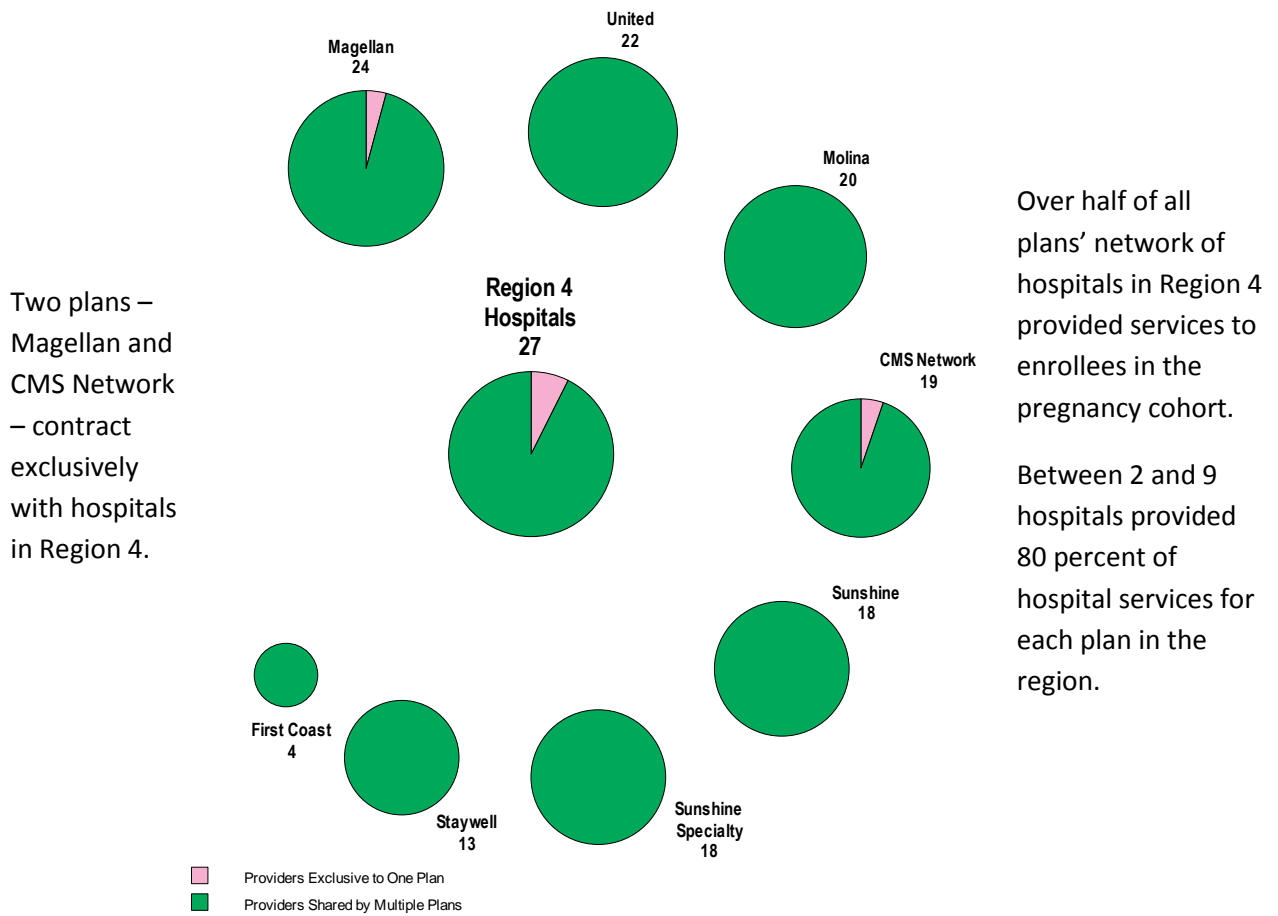
Source: Provider Network Verification System, August 2014-September 2015.

Figure 77: 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 3, August 2014-September 2015



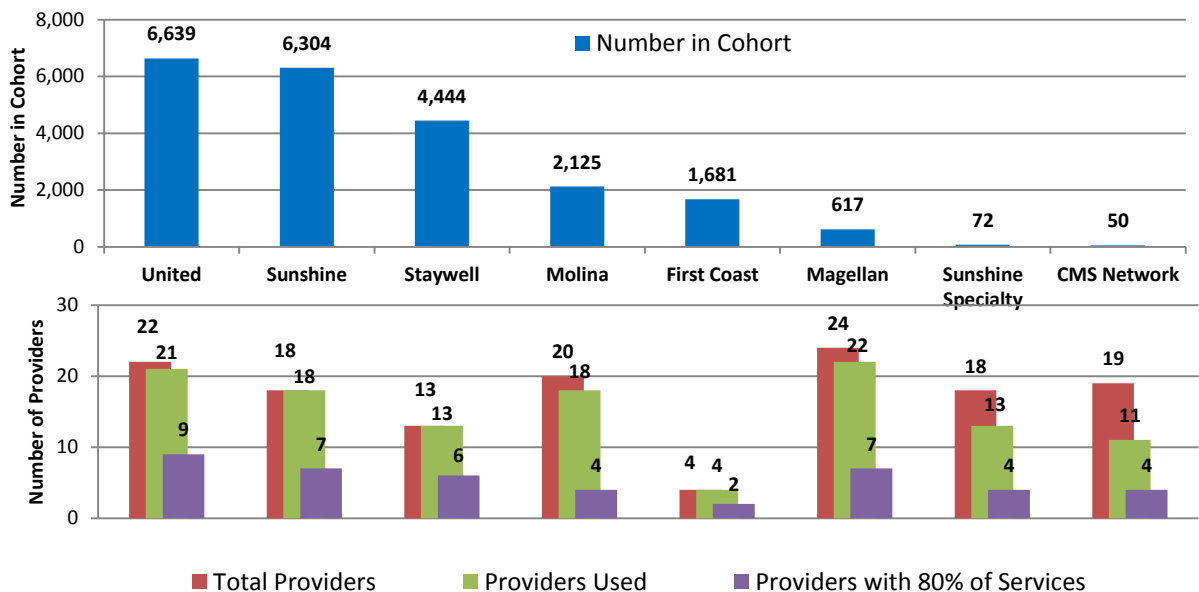
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 78: Region 4 Network of Hospitals, August 2014-September 2015



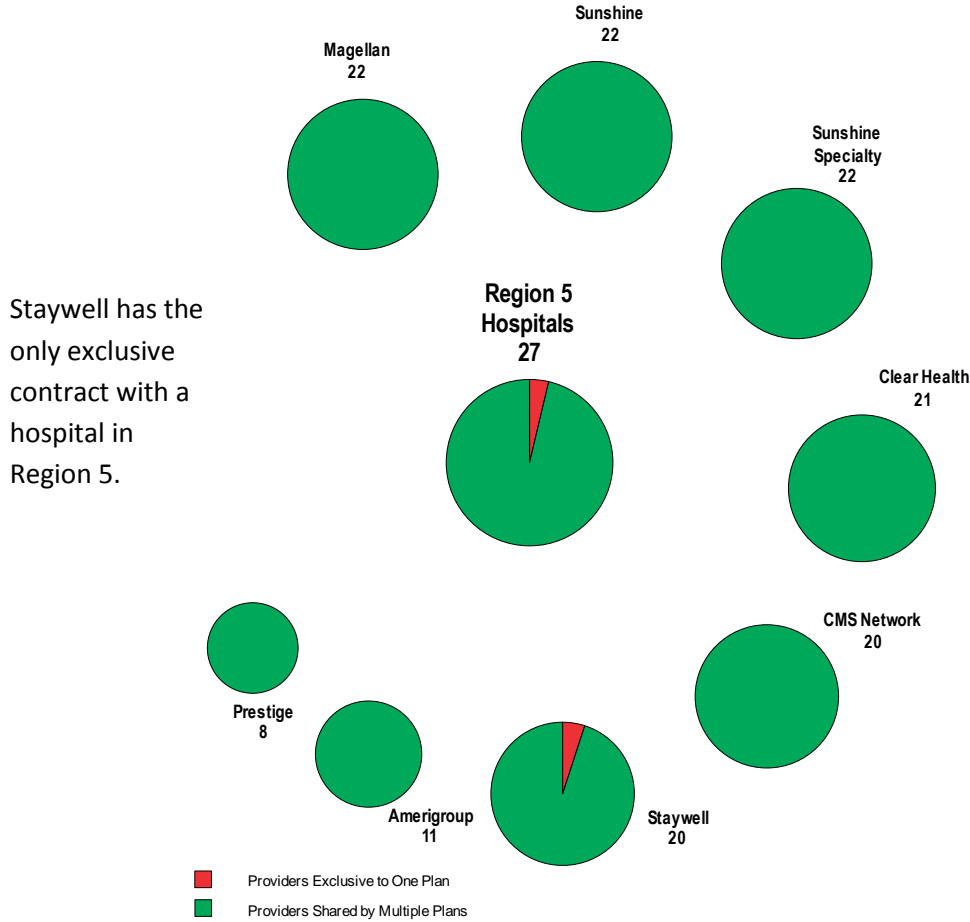
Source: Provider Network Verification System, August 2014-September 2015.

Figure 79: 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 4, August 2014-September 2015



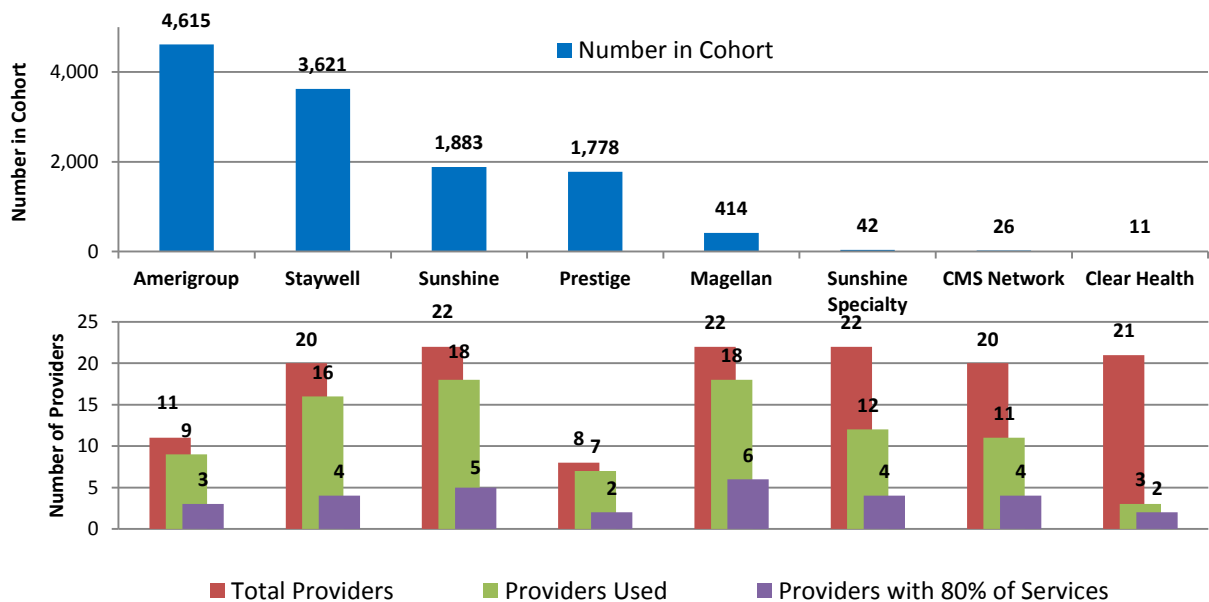
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 80: Region 5 Network of Hospitals, August 2014-September 2015



Source: Provider Network Verification System, August 2014-September 2015.

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



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

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

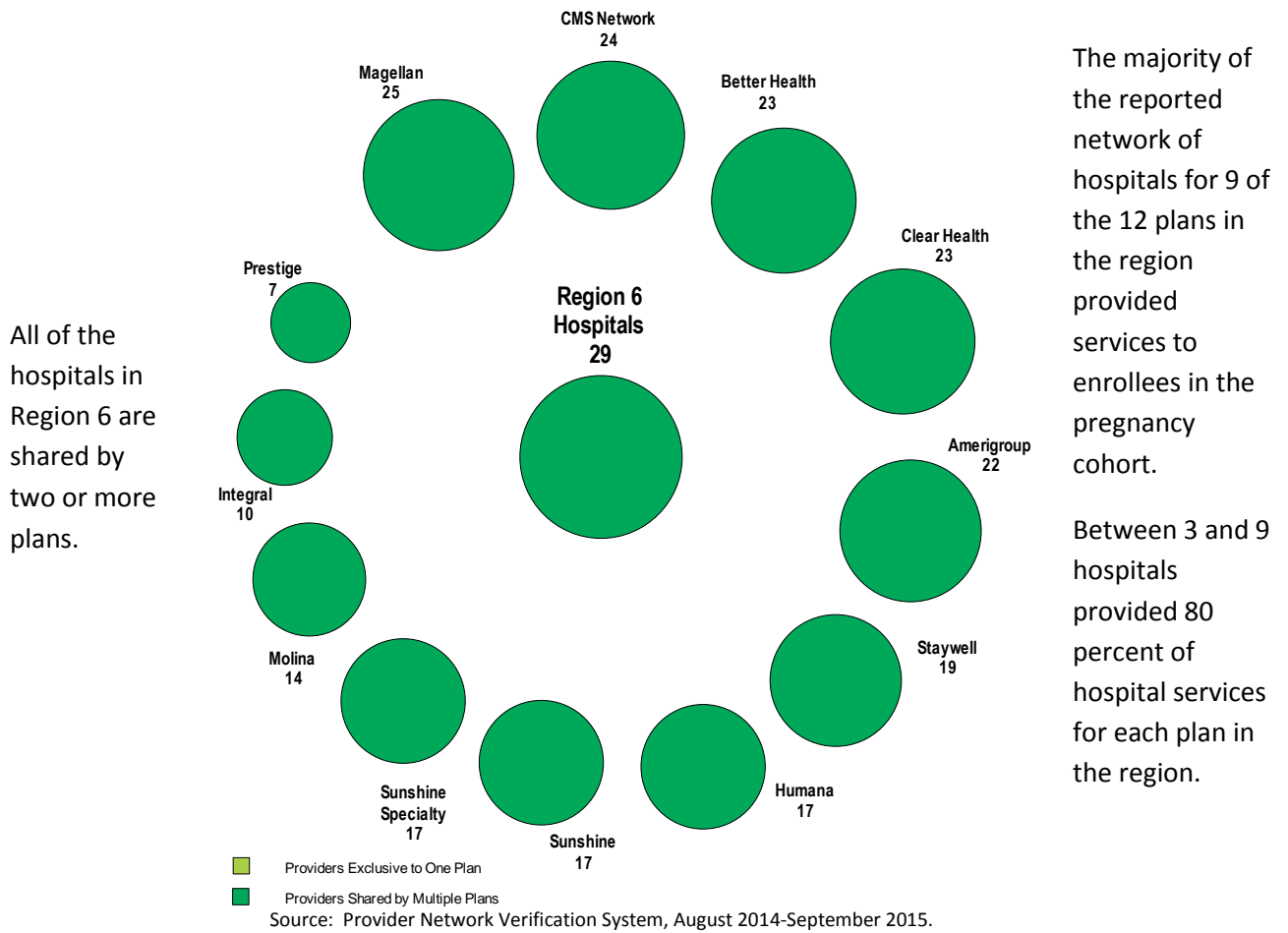
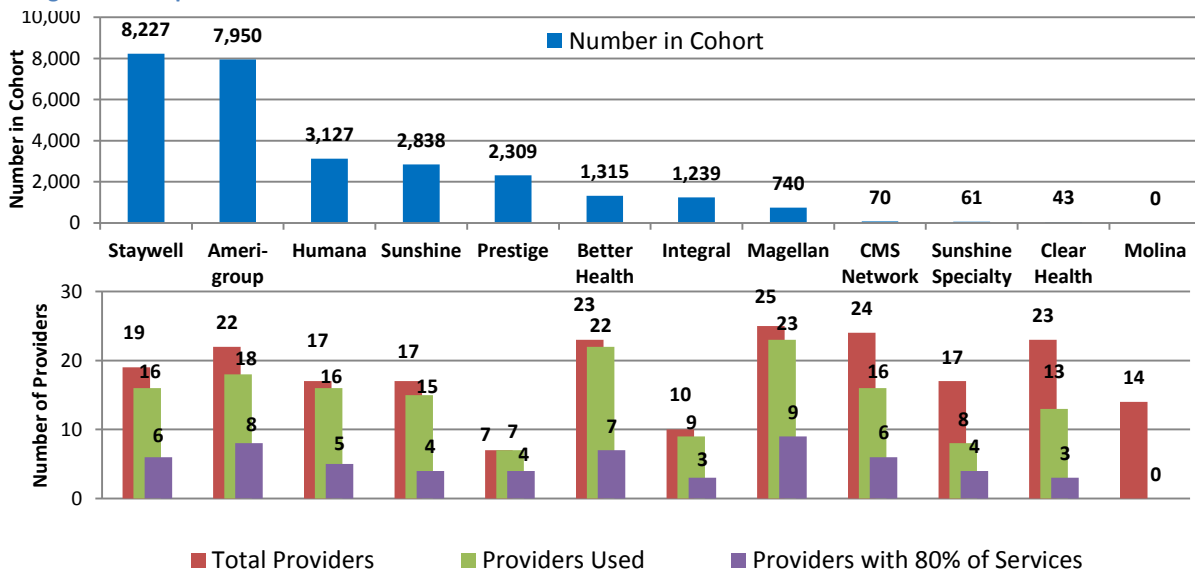
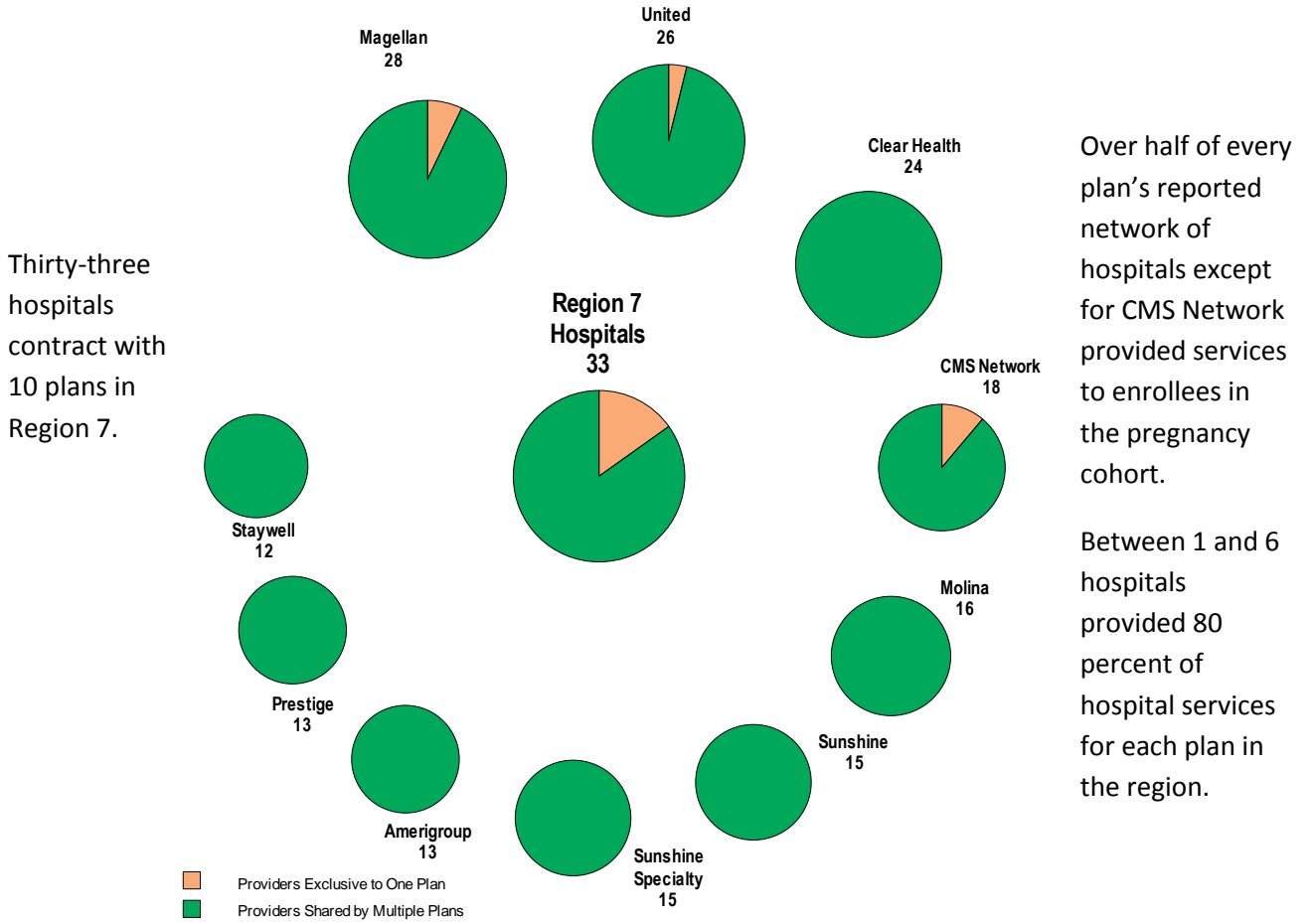


Figure 83: Number of Cohort Members, Hospitals Reported in Each Plan's Network, Hospitals that Provided a Service to Cohort Members, and Hospitals that Provided 80 Percent of Services to Cohort Members by Plan in Region 6, August 2014-September 2015



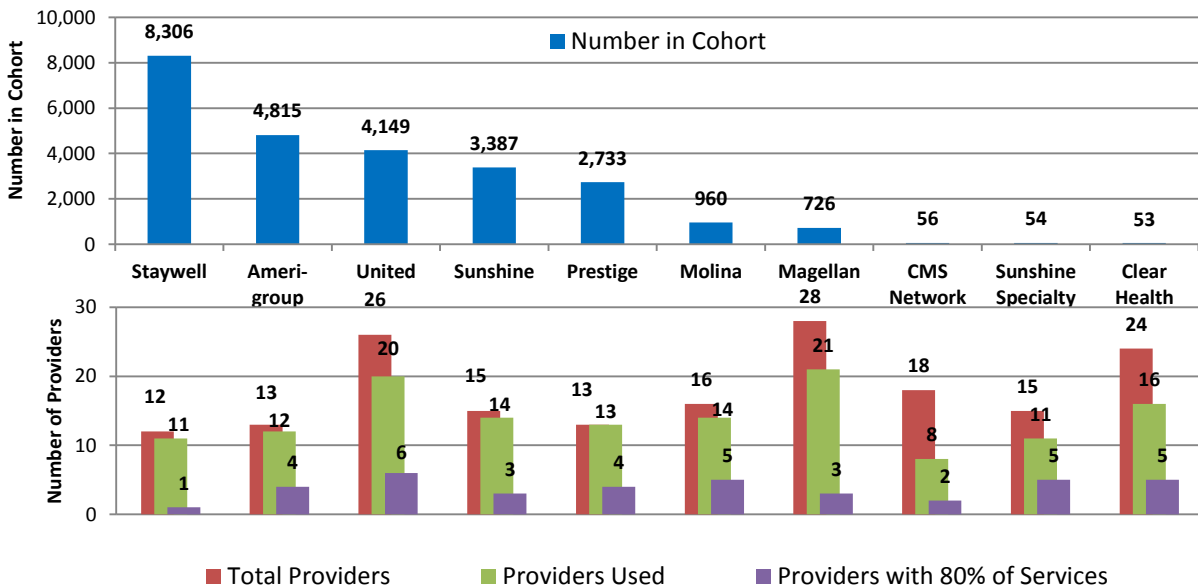
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 84: Region 7 Network of Hospitals, August 2014-September 2015



Source: Provider Network Verification System, August 2014-September 2015.

Figure 85: 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 7, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015



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

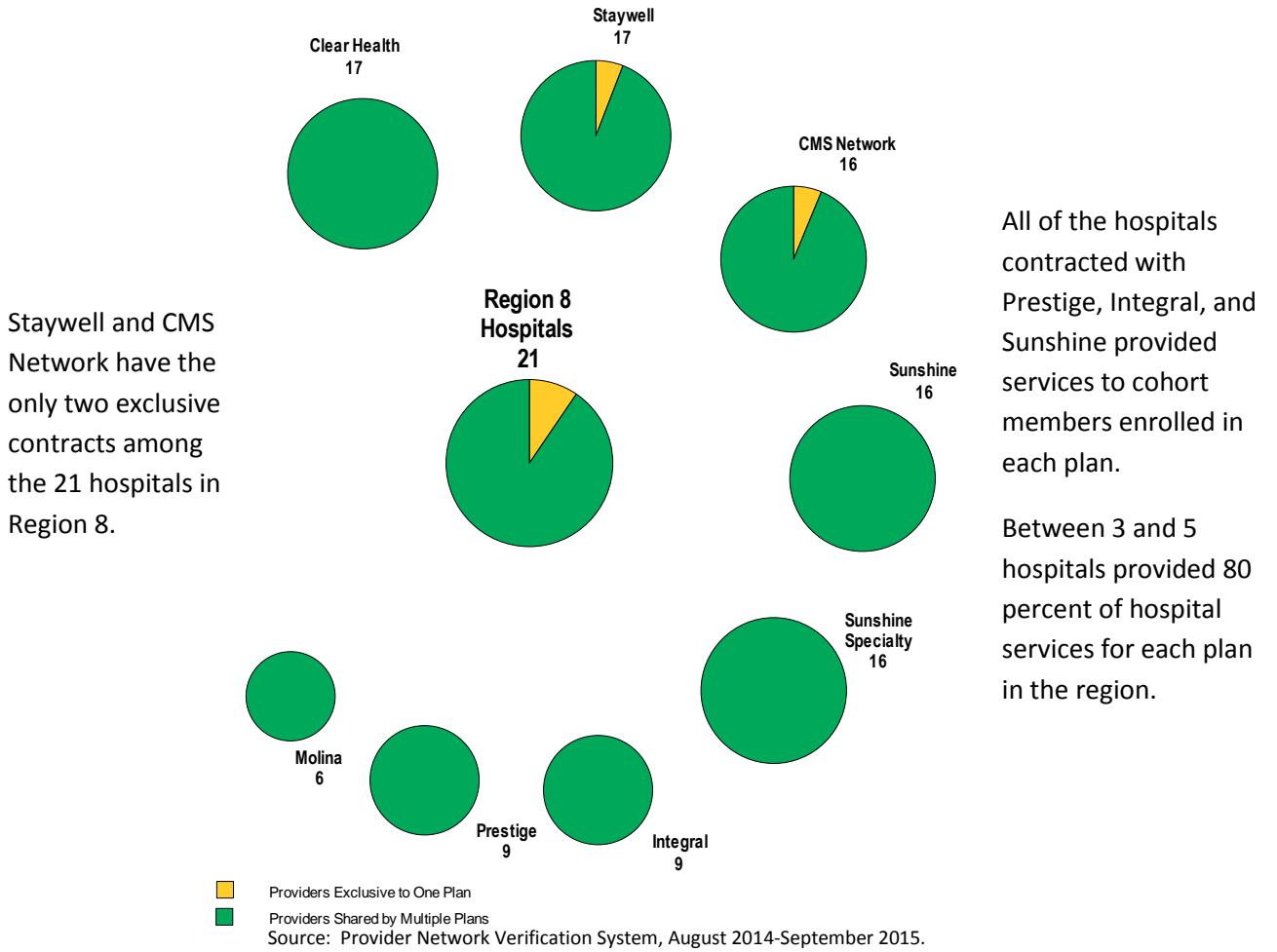


Figure 87: Number of Cohort Members, Hospitals Reported in Each Plan's Network, Hospitals that Provided a Service to Cohort Members, and Hospitals that Provided 80 Percent of Services to Cohort Members by Plan in Region 8, August 2014-September 2015

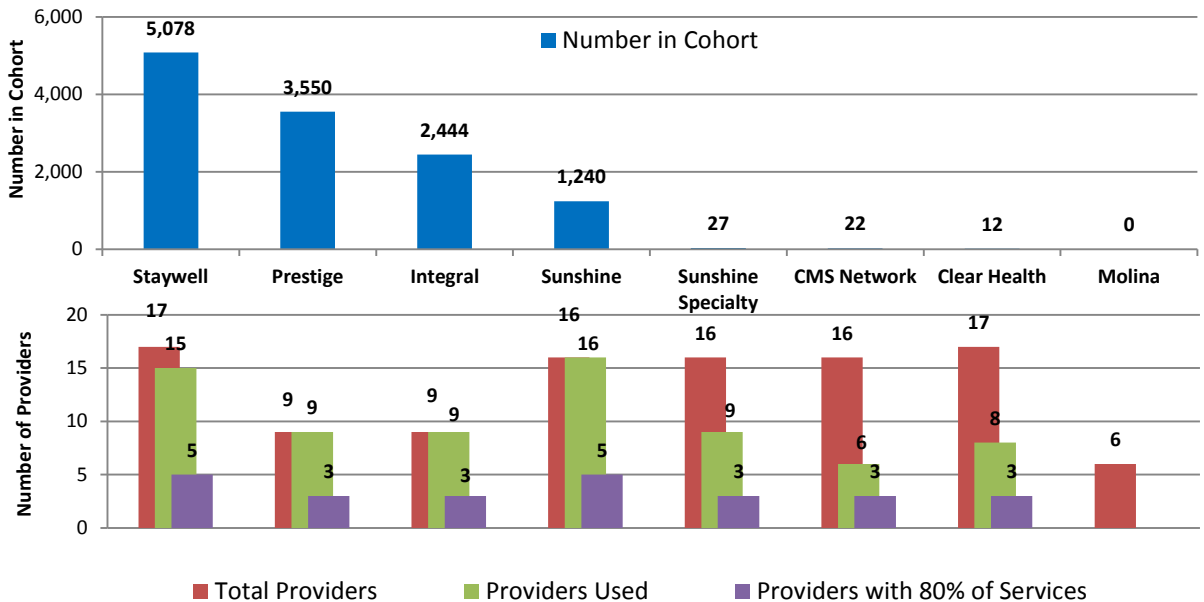
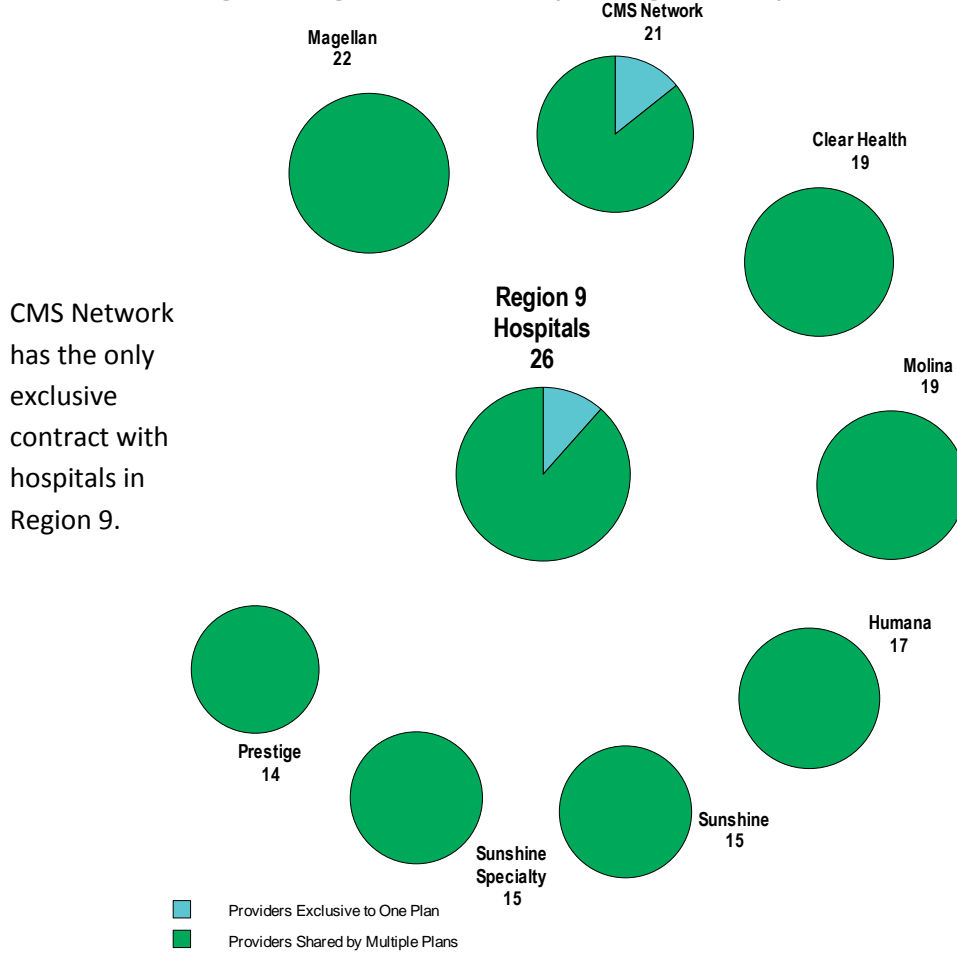


Figure 88: Region 9 Network of Hospitals, August 2014-September 2015



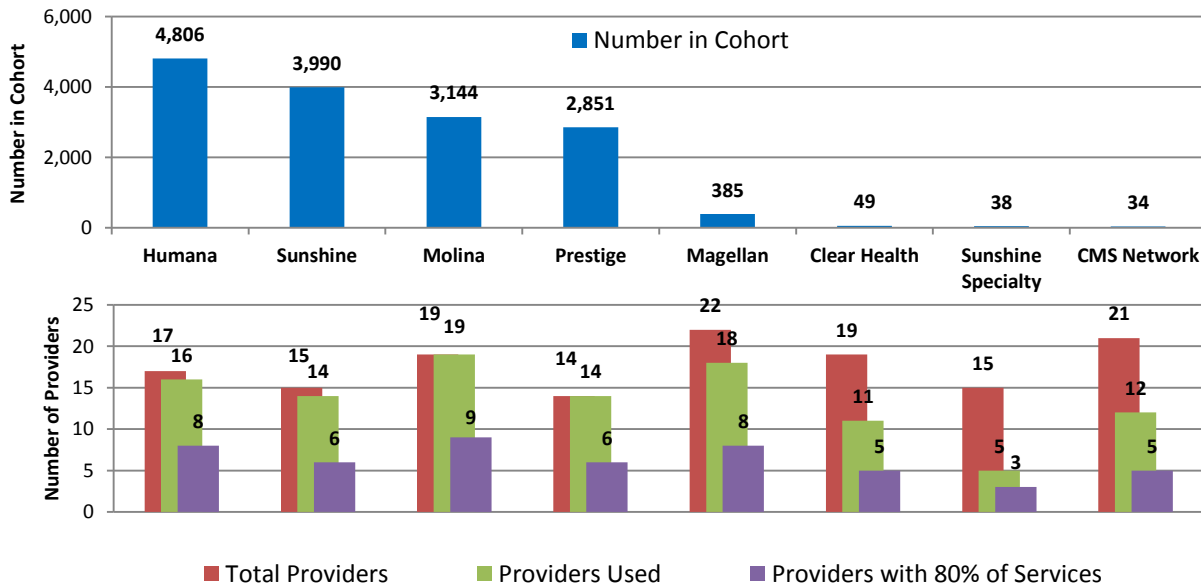
CMS Network has the only exclusive contract with hospitals in Region 9.

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.

Source: Provider Network Verification System, August 2014-September 2015.

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



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

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

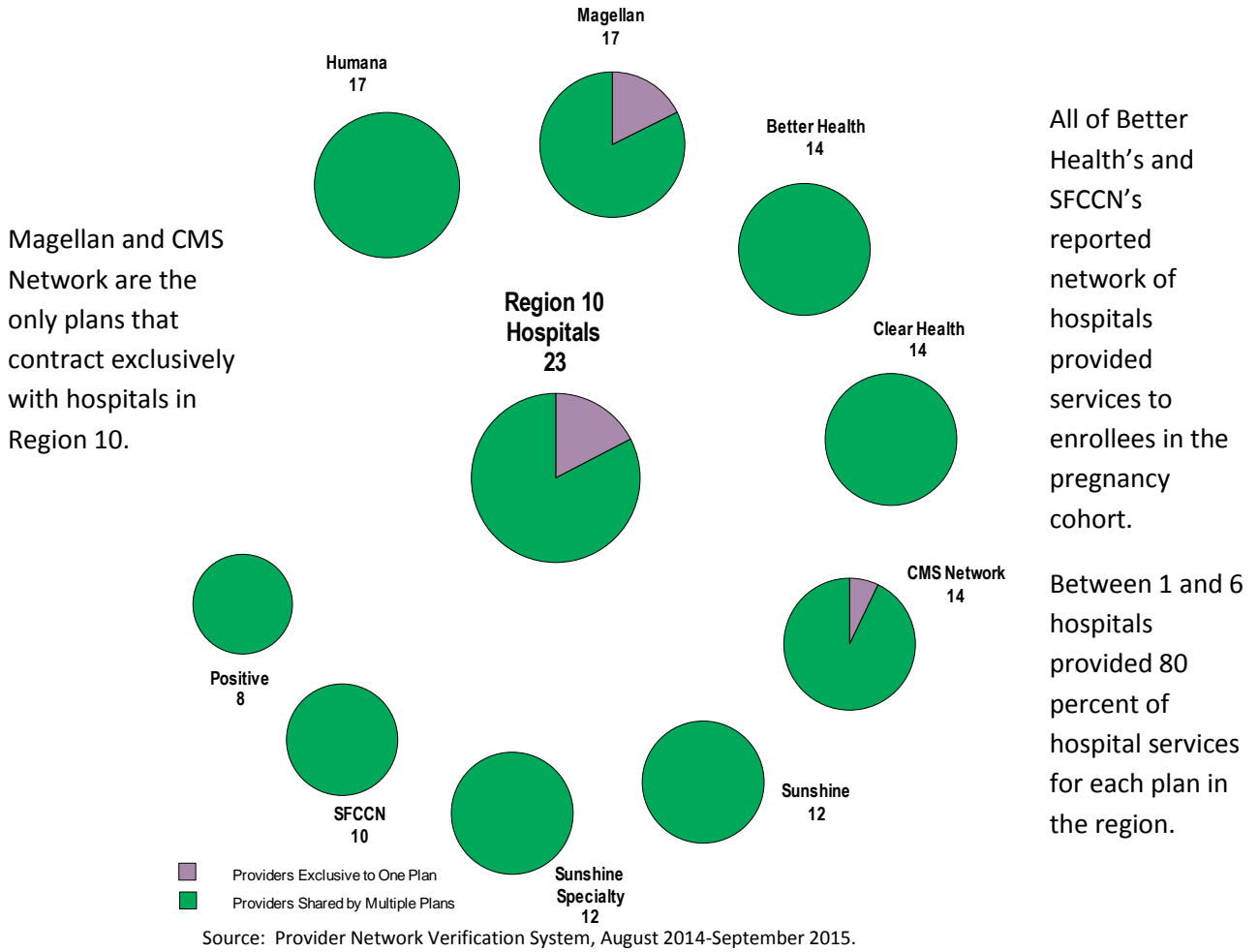
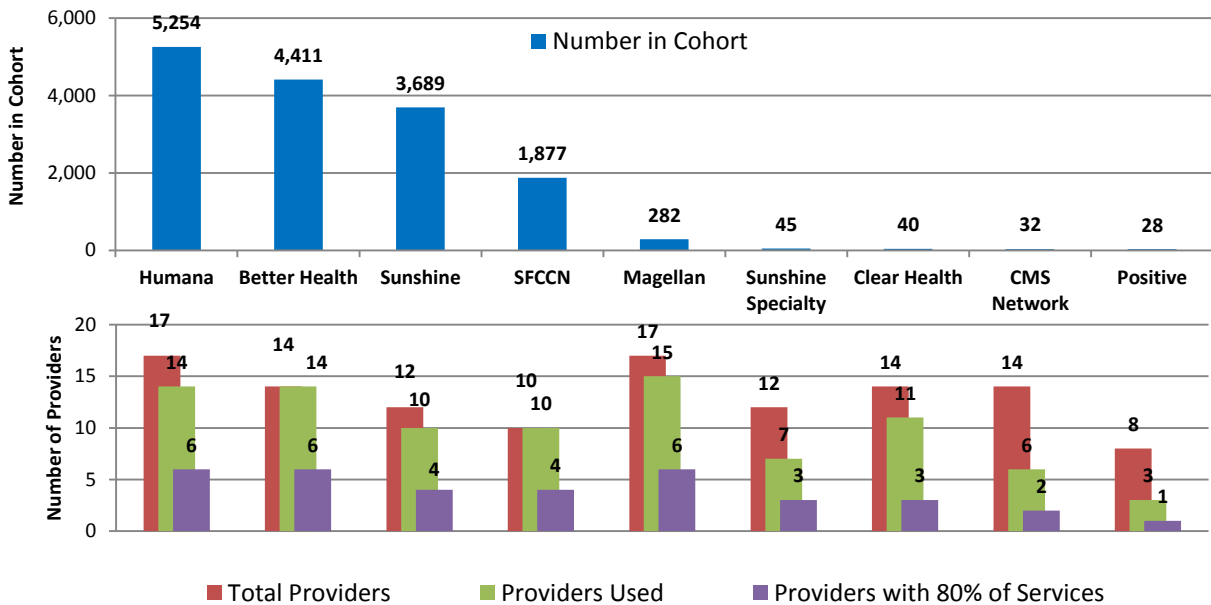


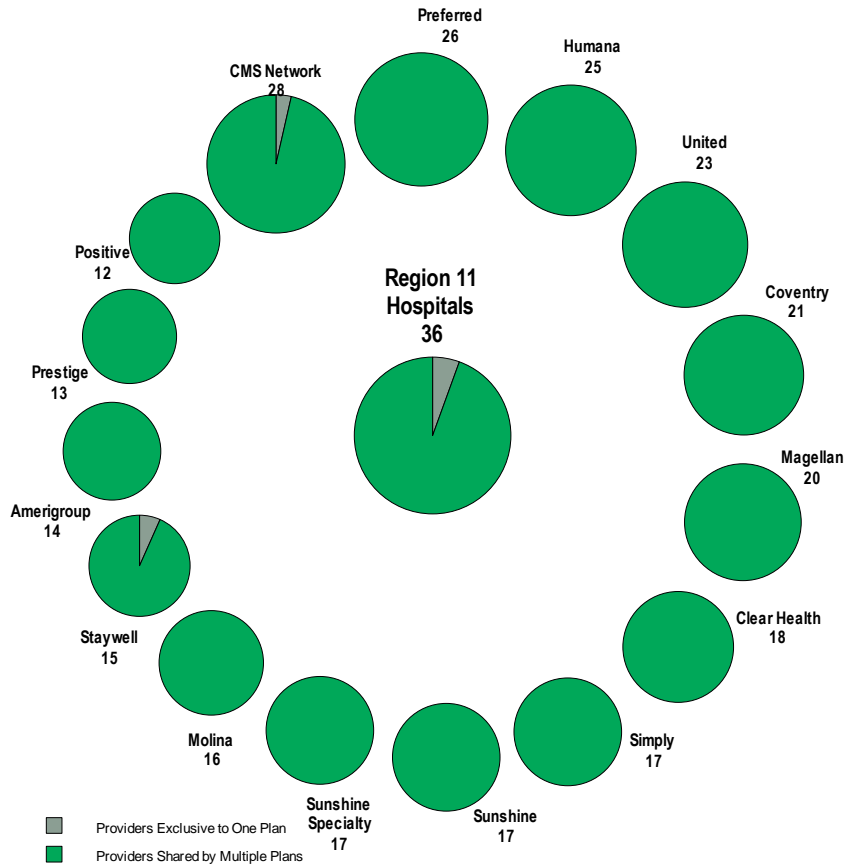
Figure 91: Number of Cohort Members, Hospitals Reported in Each Plan's Network, Hospitals that Provided a Service to Cohort Members, and Hospitals that Provided 80 Percent of Services to Cohort Members by Plan in Region 10, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015

Figure 92: Region 11 Network of Hospitals, August 2014-September 2015

Thirty-six hospitals contract with 15 plans in the Region 11 network of hospitals. Most hospitals were shared by multiple plans in the region.

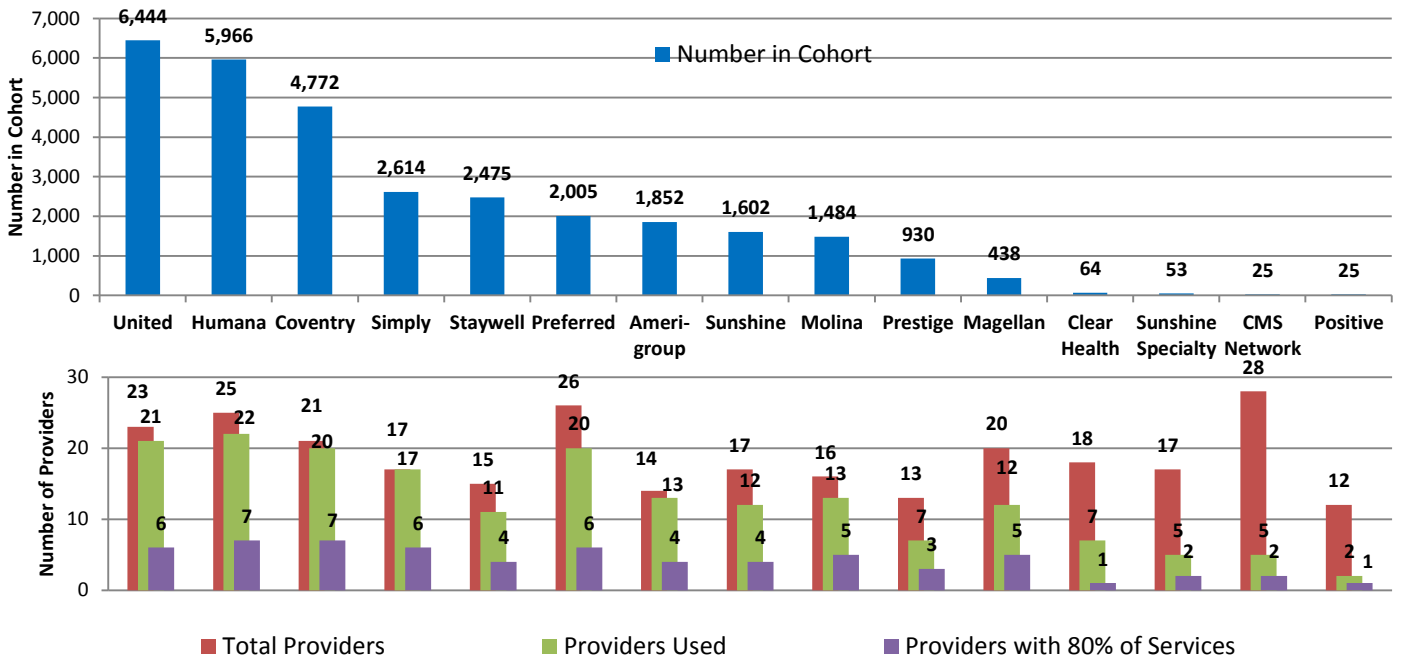


Over half of the reported network of hospitals for every Standard plan provided services to enrollees in the pregnancy cohort. Less than half for 4 of the 5 Specialty plans provided services to enrollees in the pregnancy cohort.

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

Figure 93: 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 in Region 11, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-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

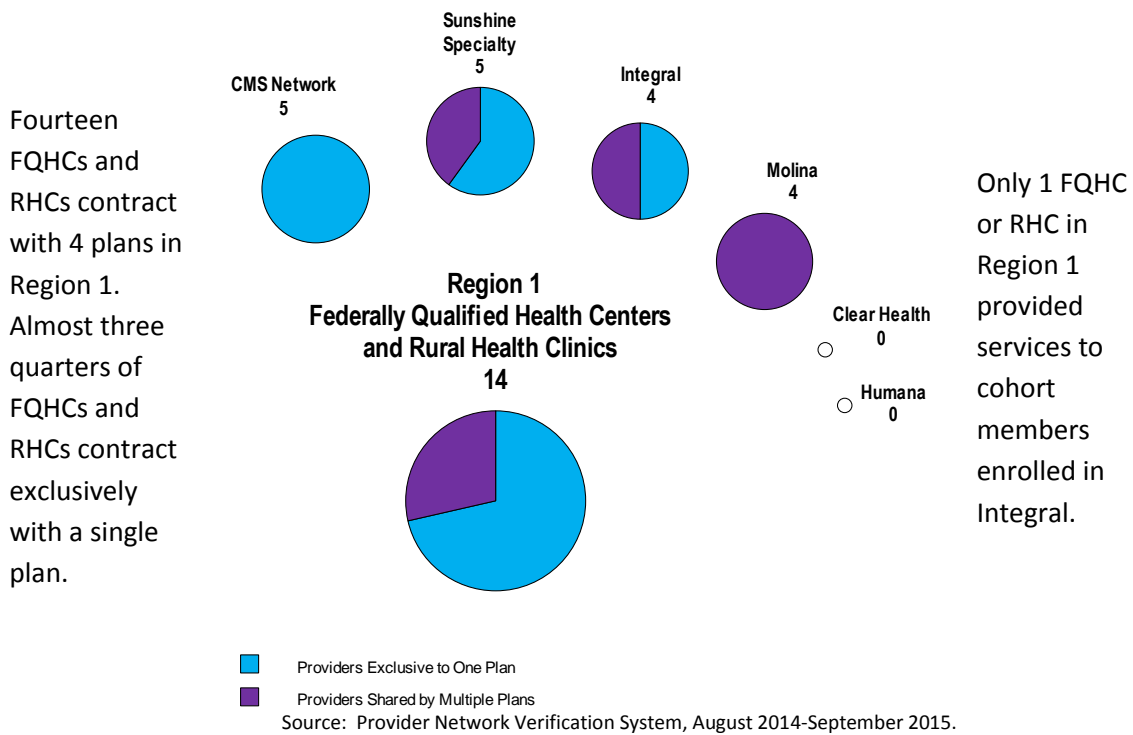
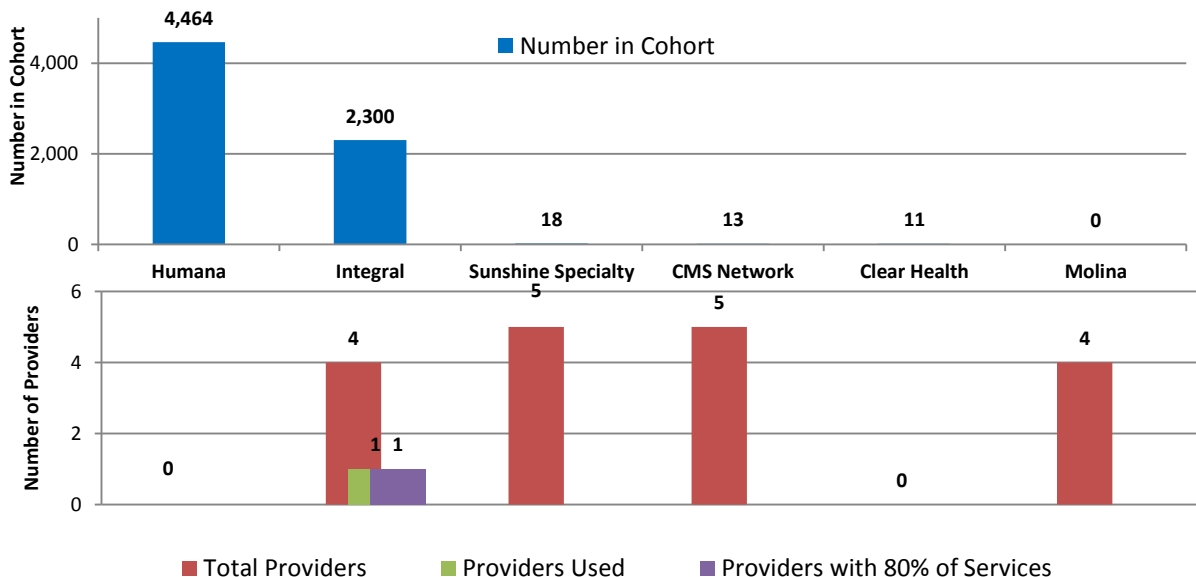
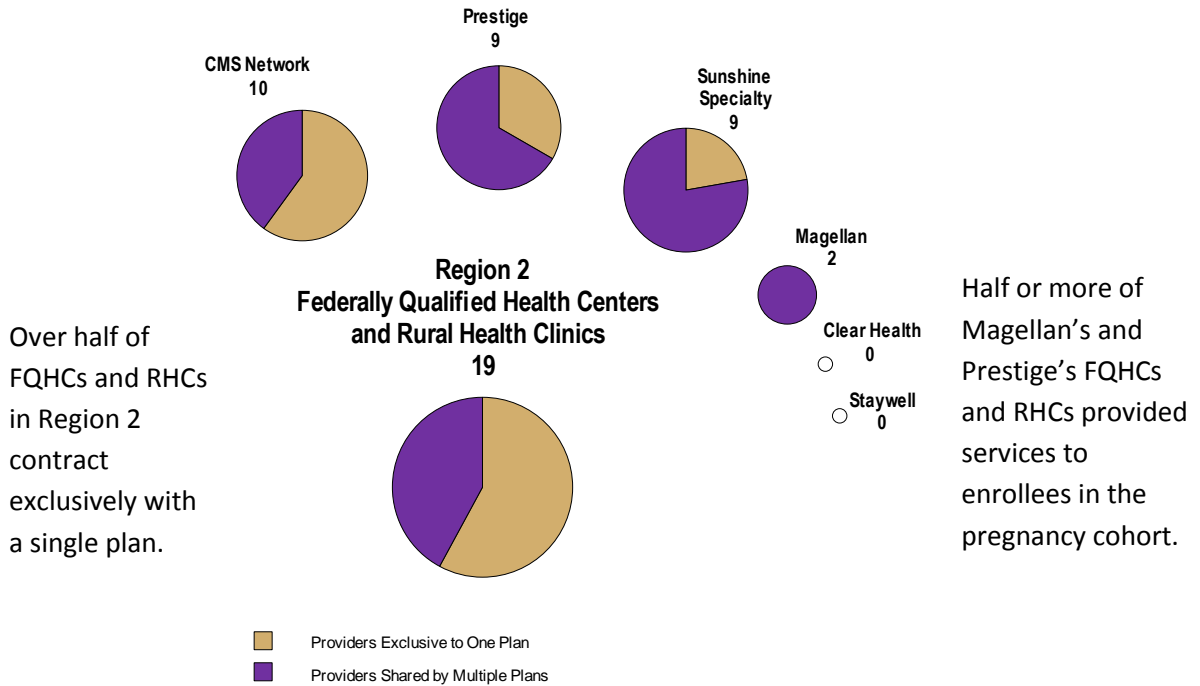


Figure 95: Number of Cohort Members, FQHCs and RHCs Reported in Each Plan's Network, FQHCs and RHCs that Provided a Service to Cohort Members, and FQHCs and RHCs that Provided 80 Percent of Services to Cohort Members by Plan in Region 1, August 2014-September 2015



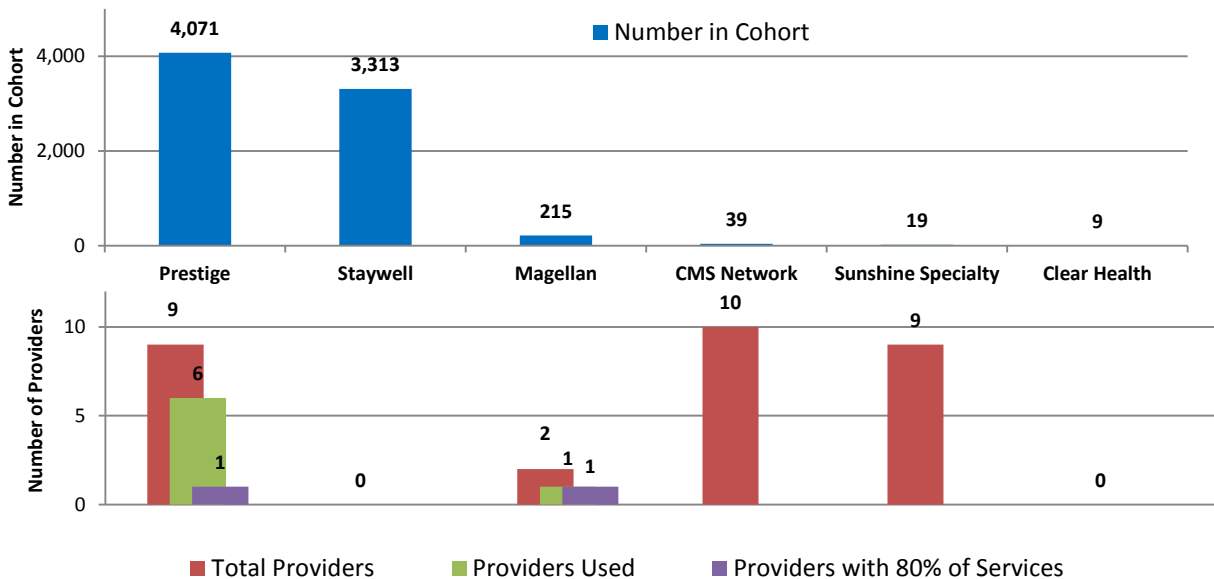
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 96: Region 2 Network of FQHCs and RHCs, August 2014-September 2015



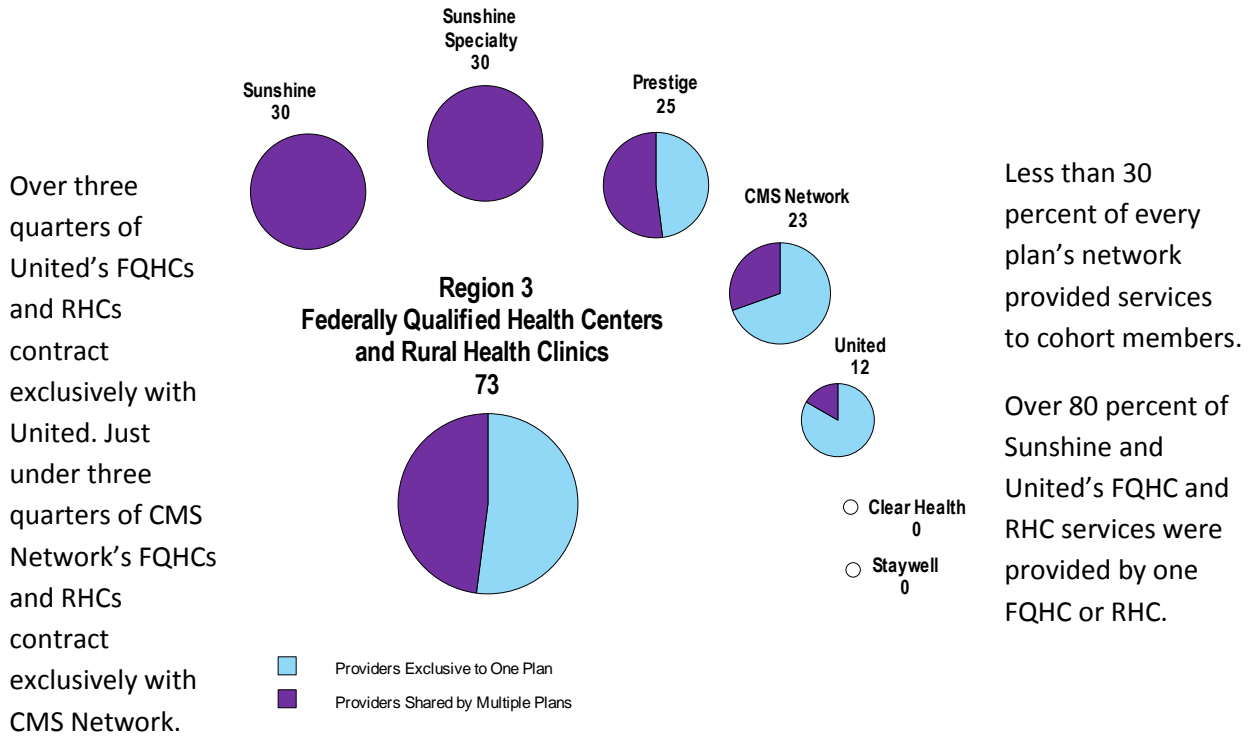
Source: Provider Network Verification System, August 2014-September 2015.

Figure 97: 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 2, August 2014-September 2015



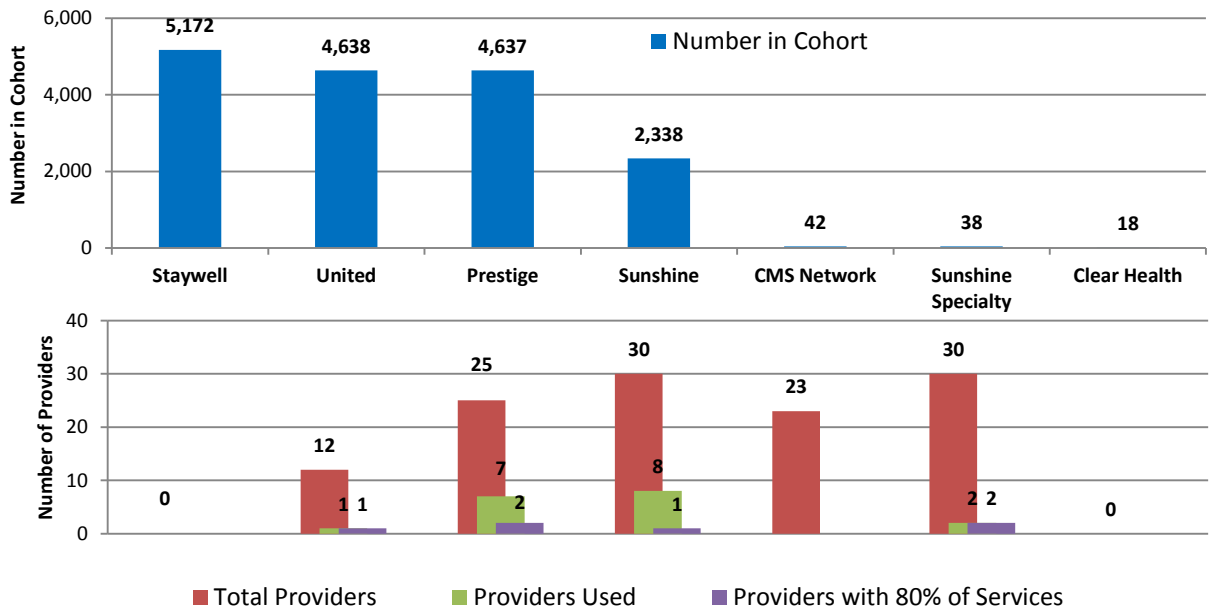
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 98: Region 3 Network of FQHCs and RHCs, August 2014-September 2015



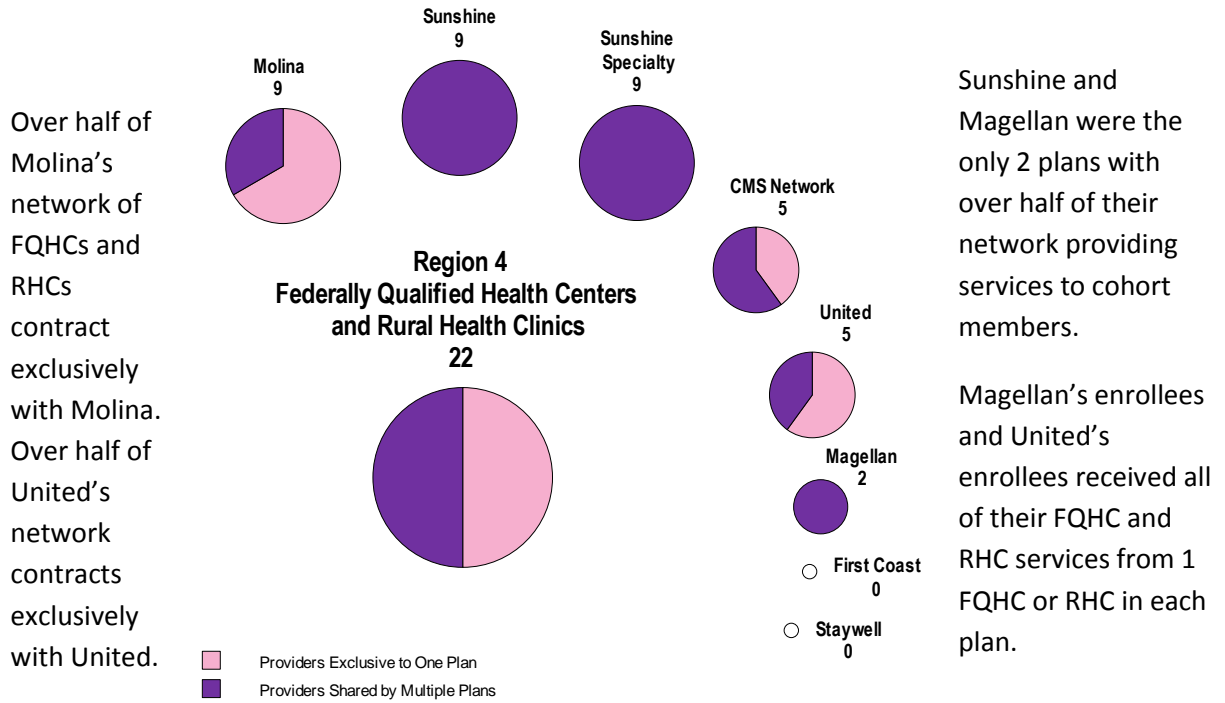
Source: Provider Network Verification System, August 2014-September 2015.

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



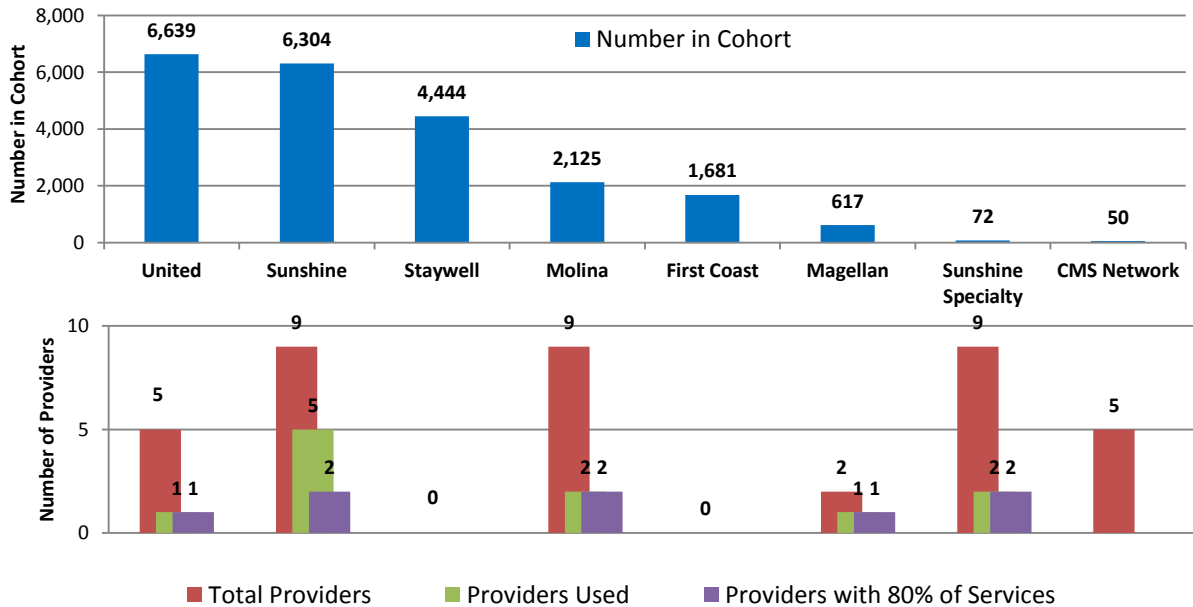
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

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



Source: Provider Network Verification System, August 2014-September 2015.

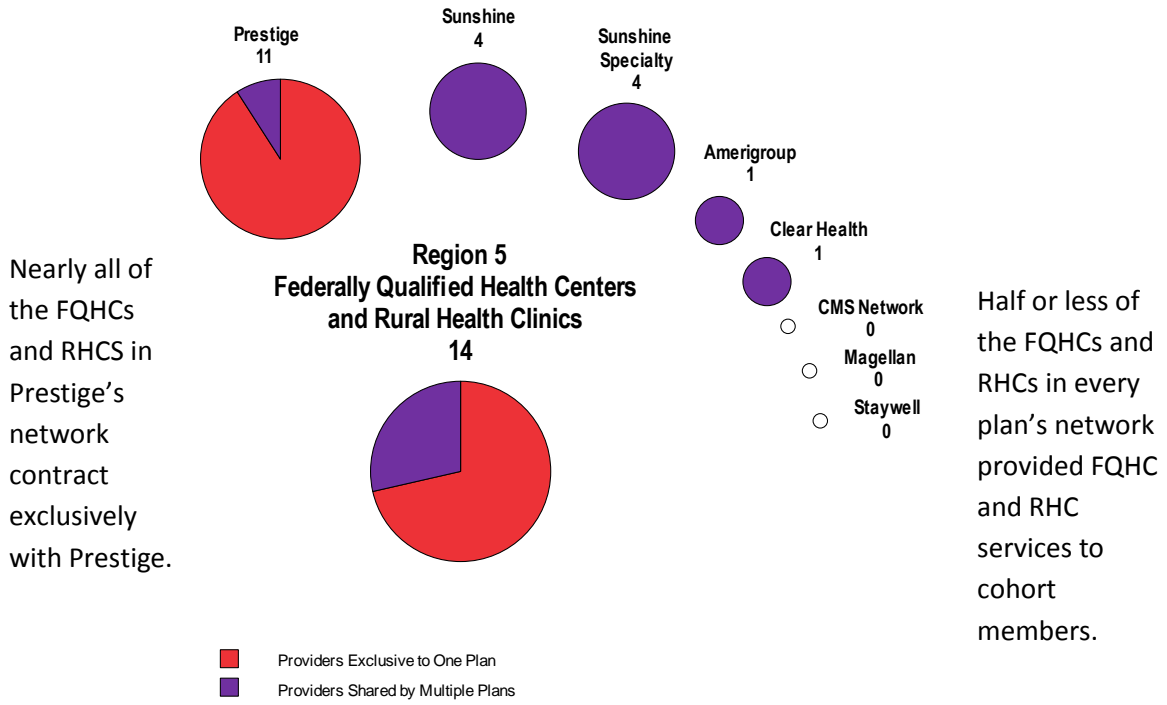
Figure 101: Number of Cohort Members, FQHCs and RHCs Reported in Each Plan's Network, FQHCs and RHCs that Provided a Service to Cohort Members, and FQHCs and RHCs that Provided 80 Percent of Services to Cohort Members by Plan in Region 4, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

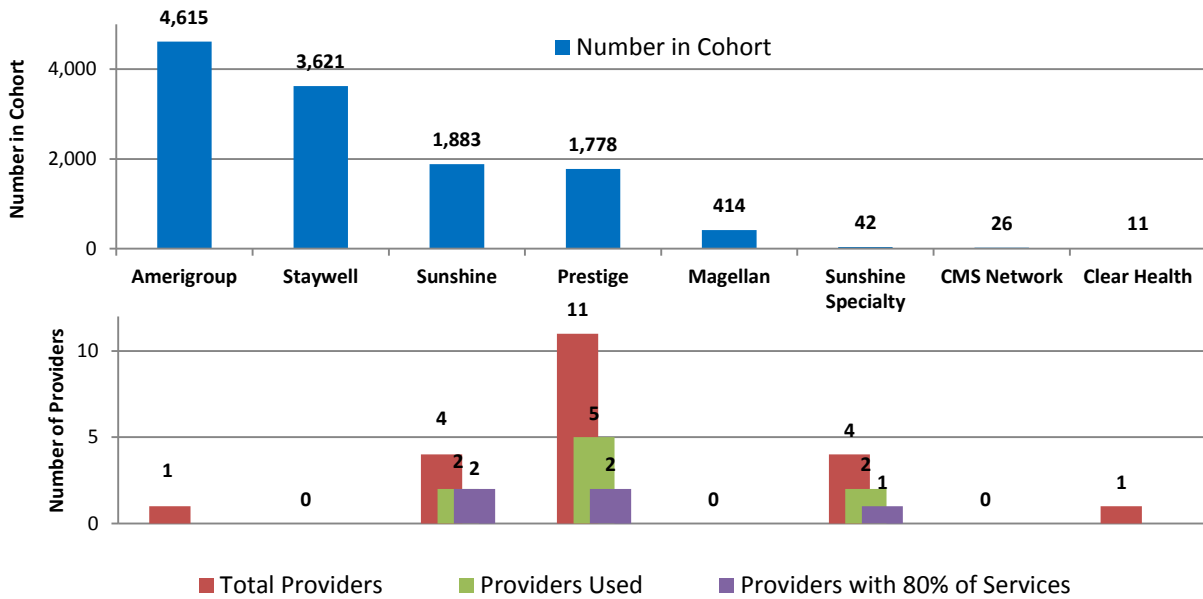


Figure 102: Region 5 Network of FQHCs and RHCs, August 2014-September 2015

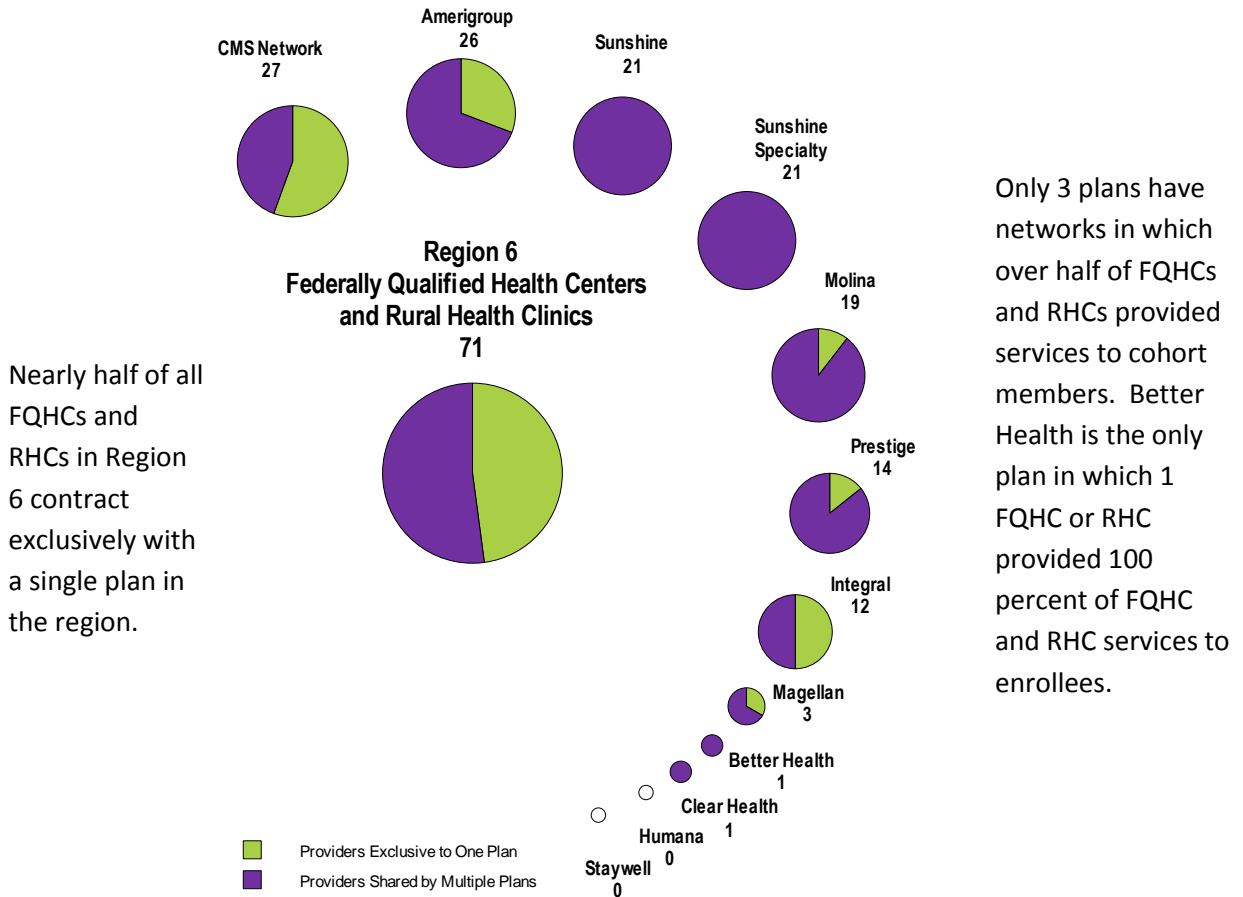


Source: Provider Network Verification System, August 2014-September 2015.

Figure 103: 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 5, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

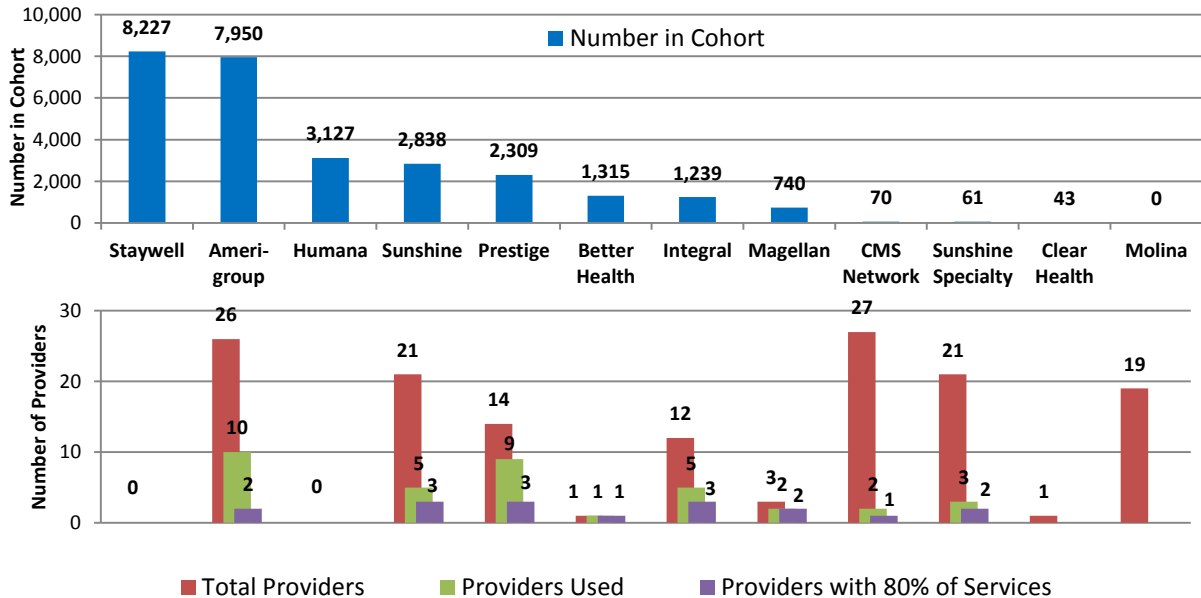


Nearly half of all FQHCs and RHCs in Region 6 contract exclusively with a single plan in the region.

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.

Source: Provider Network Verification System, August 2014-September 2015.

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



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

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

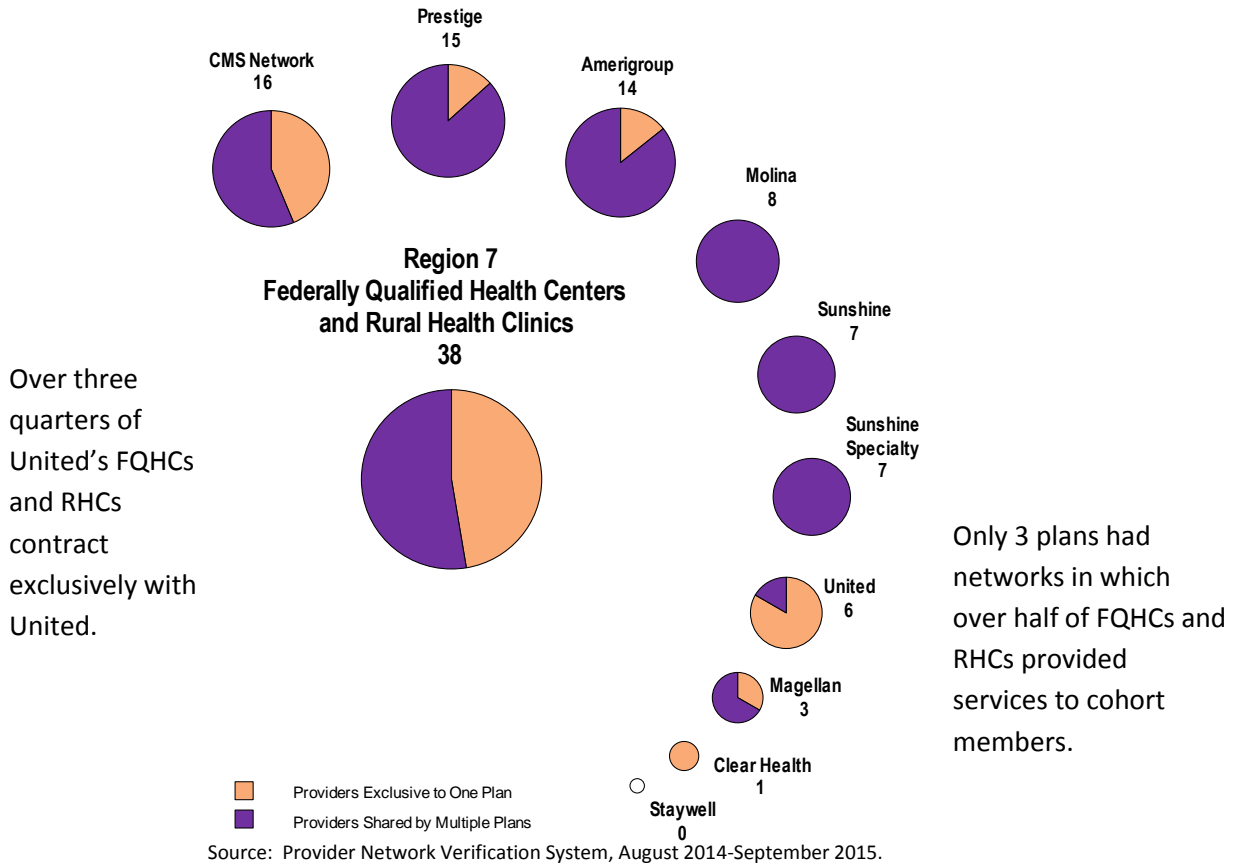
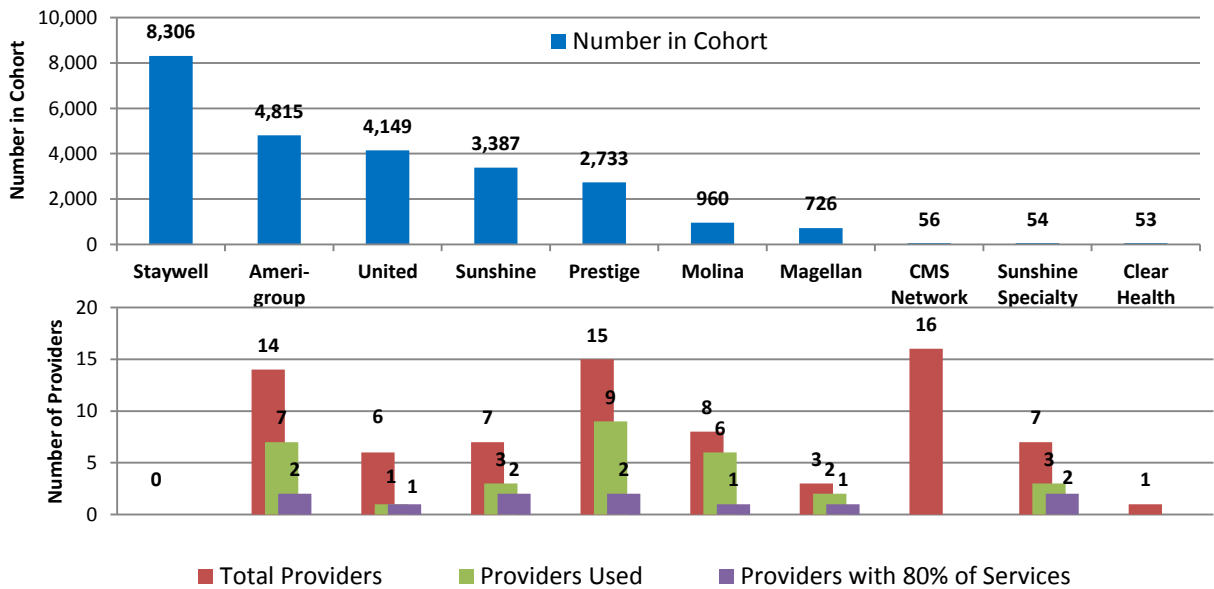
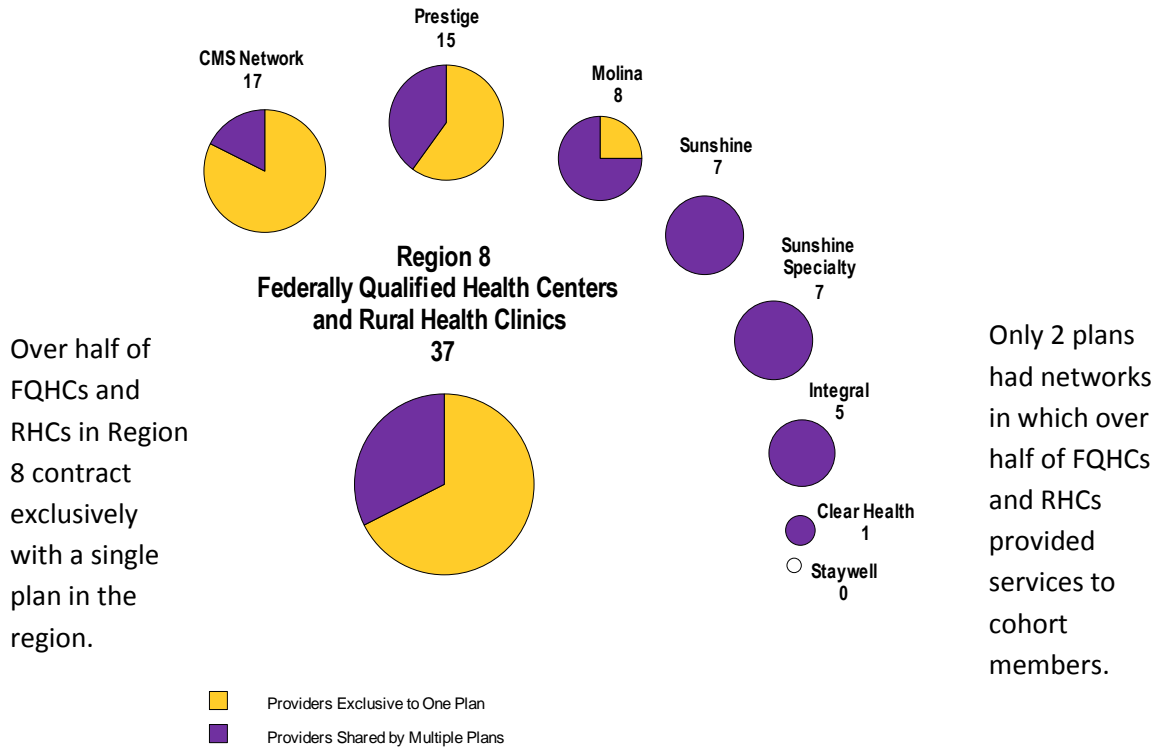


Figure 107: Number of Cohort Members, FQHCs and RHCs Reported in Each Plan's Network, FQHCs and RHCs that Provided a Service to Cohort Members, and FQHCs and RHCs that Provided 80 Percent of Services to Cohort Members by Plan in Region 7, August 2014-September 2015



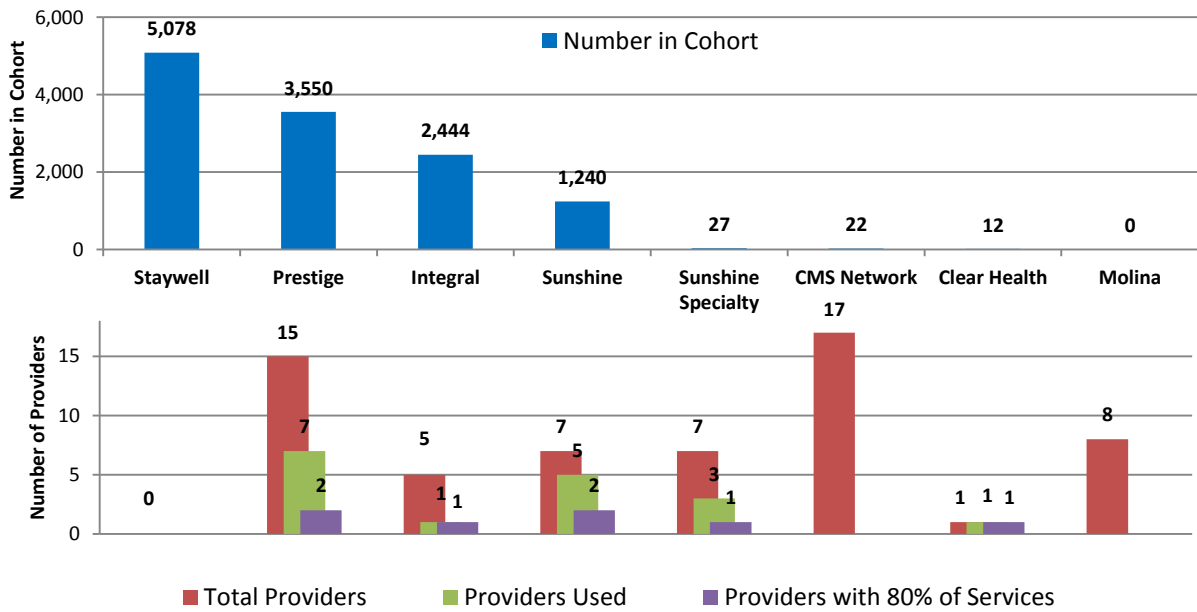
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2014-September 2015.

Figure 108: Region 8 Network of FQHCs and RHCs, August 2014-September 2015



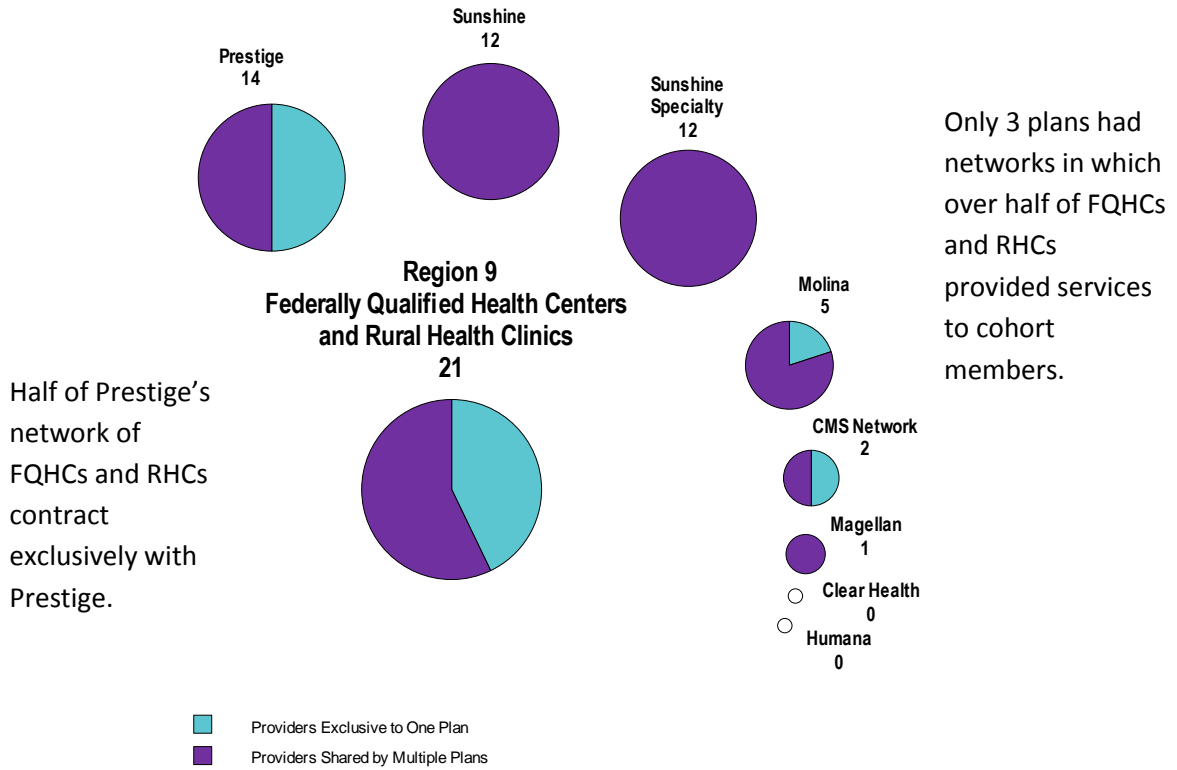
Source: Provider Network Verification System, August 2014-September 2015.

Figure 109: 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 8, August 2014-September 2015



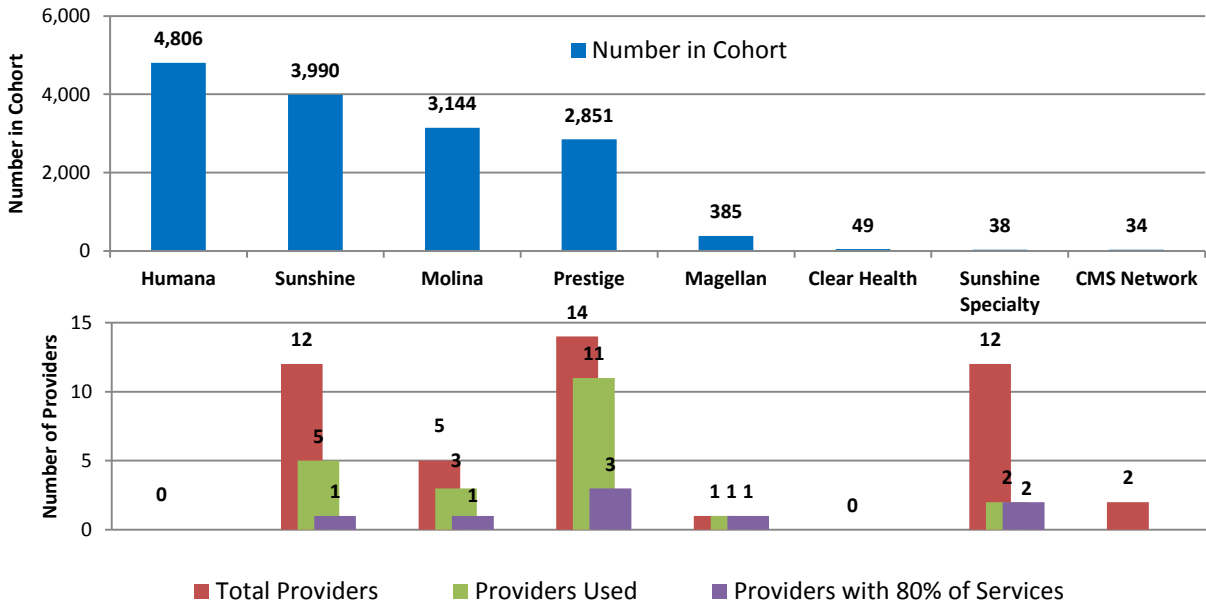
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

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



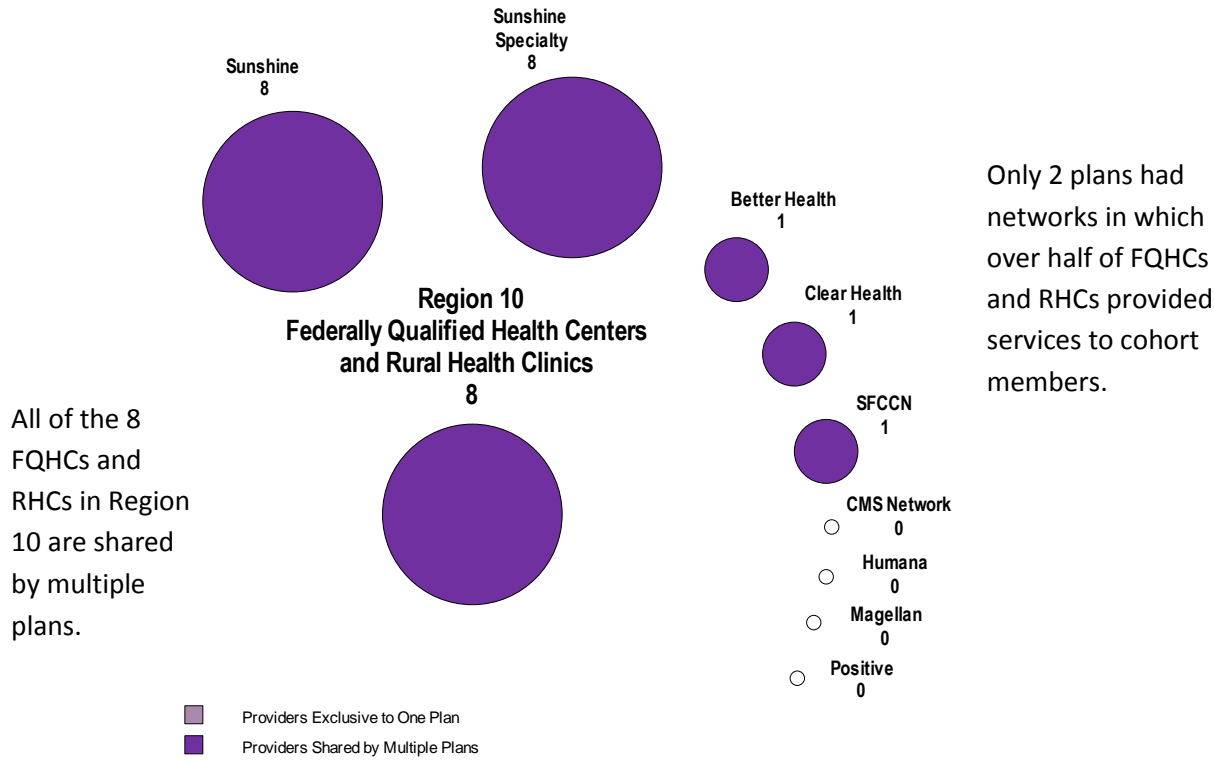
Source: Provider Network Verification System, August 2014-September 2015.

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



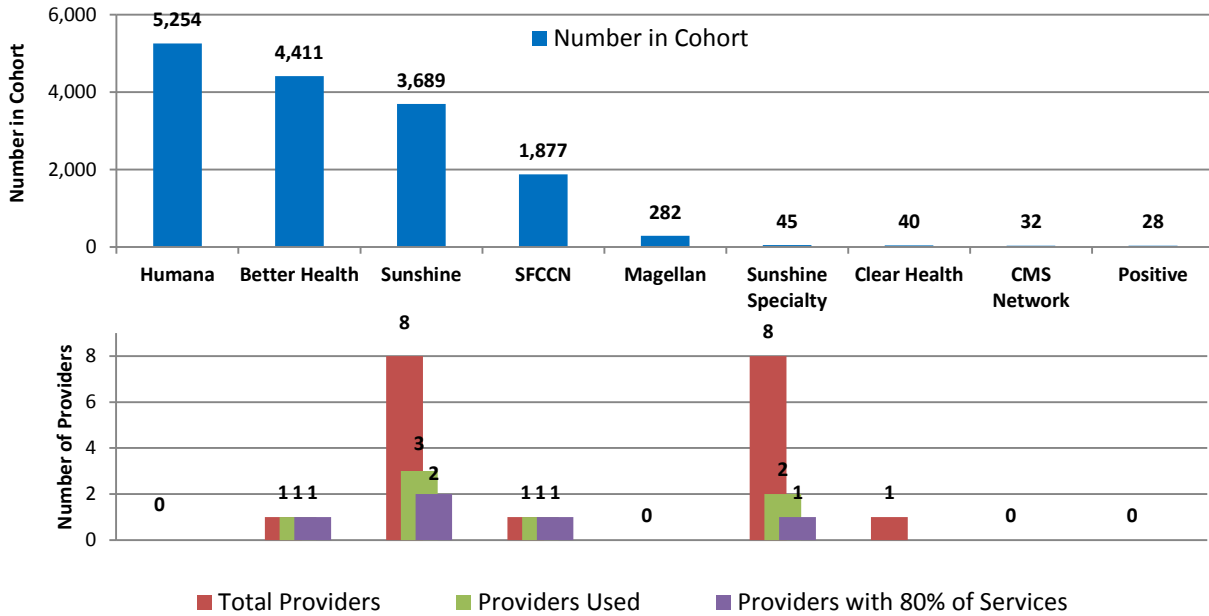
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 112: Region 10 Network of FQHCs and RHCs, August 2014-September 2015



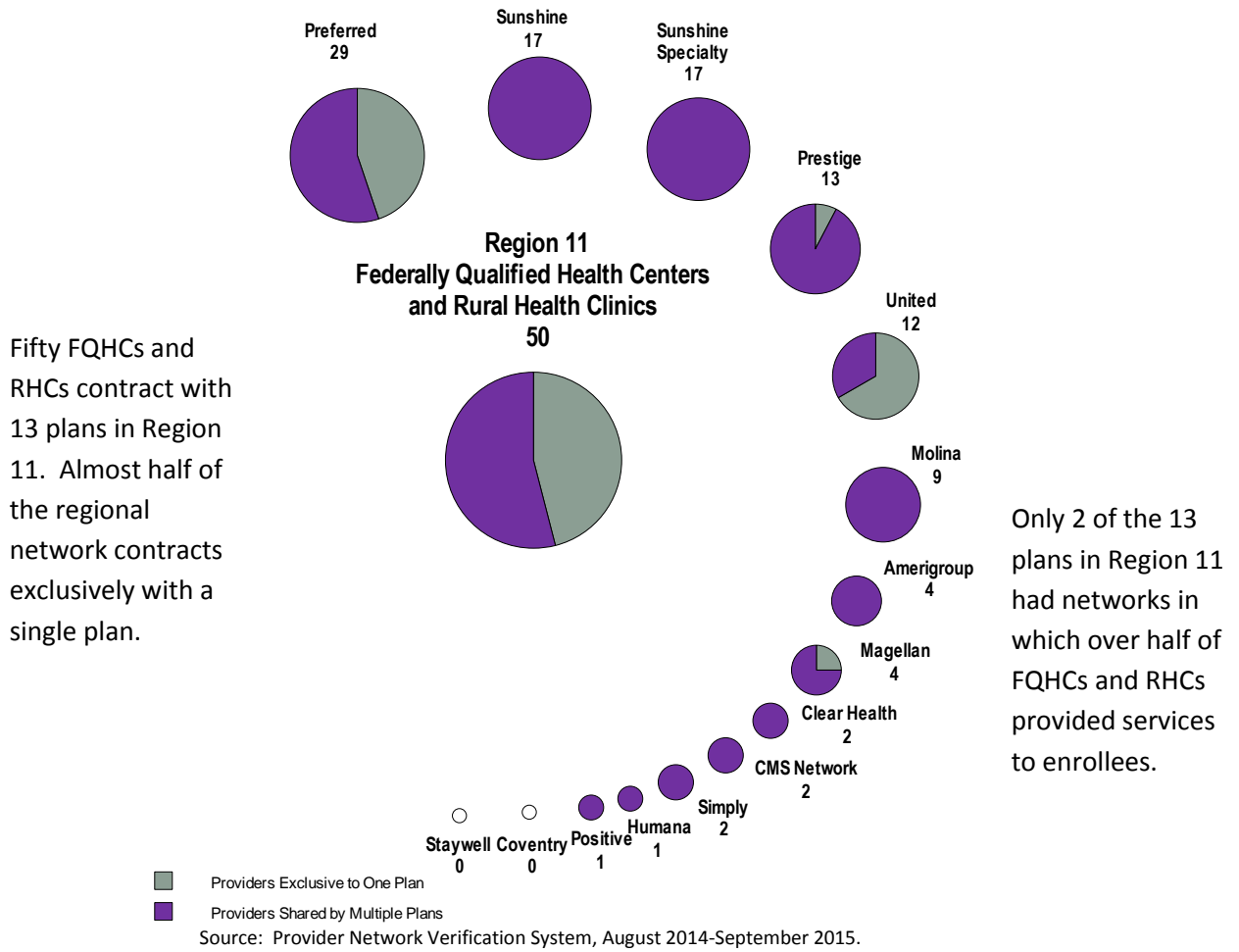
Source: Provider Network Verification System, August 2014-September 2015.

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



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

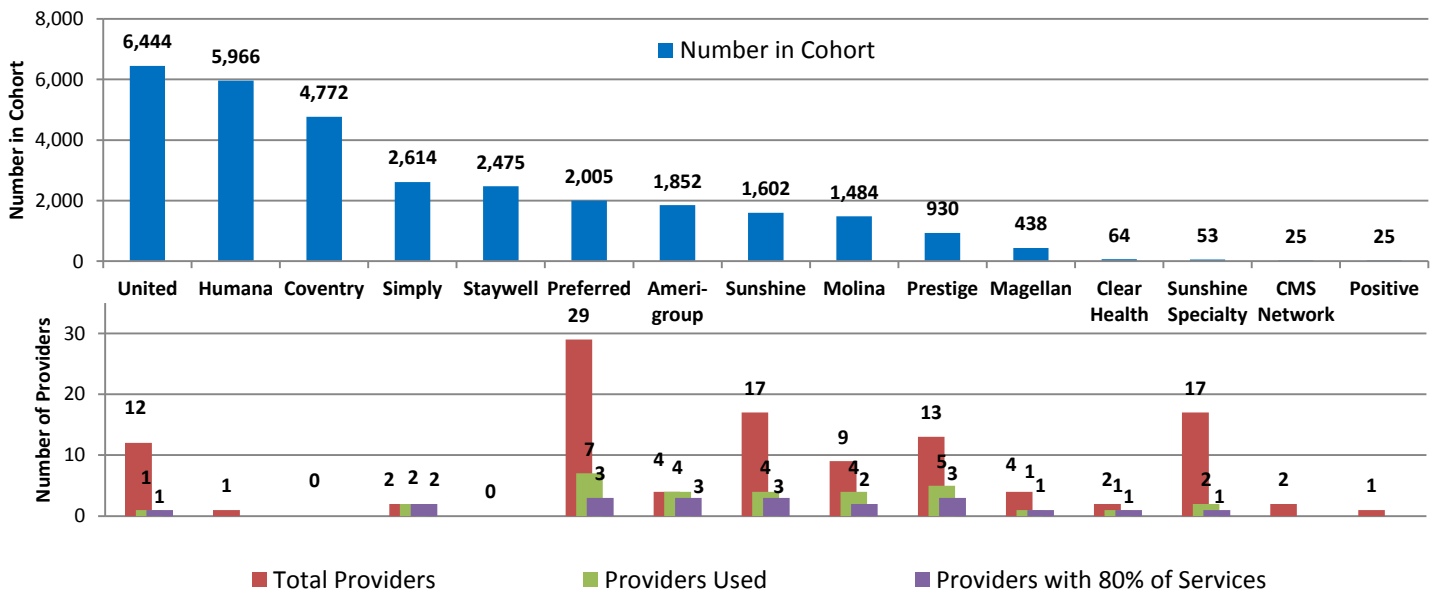
Figure 114: Region 11 Network of FQHCs and RHCs, August 2014-September 2015



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.

Figure 115: 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 11, August 2014-September 2015

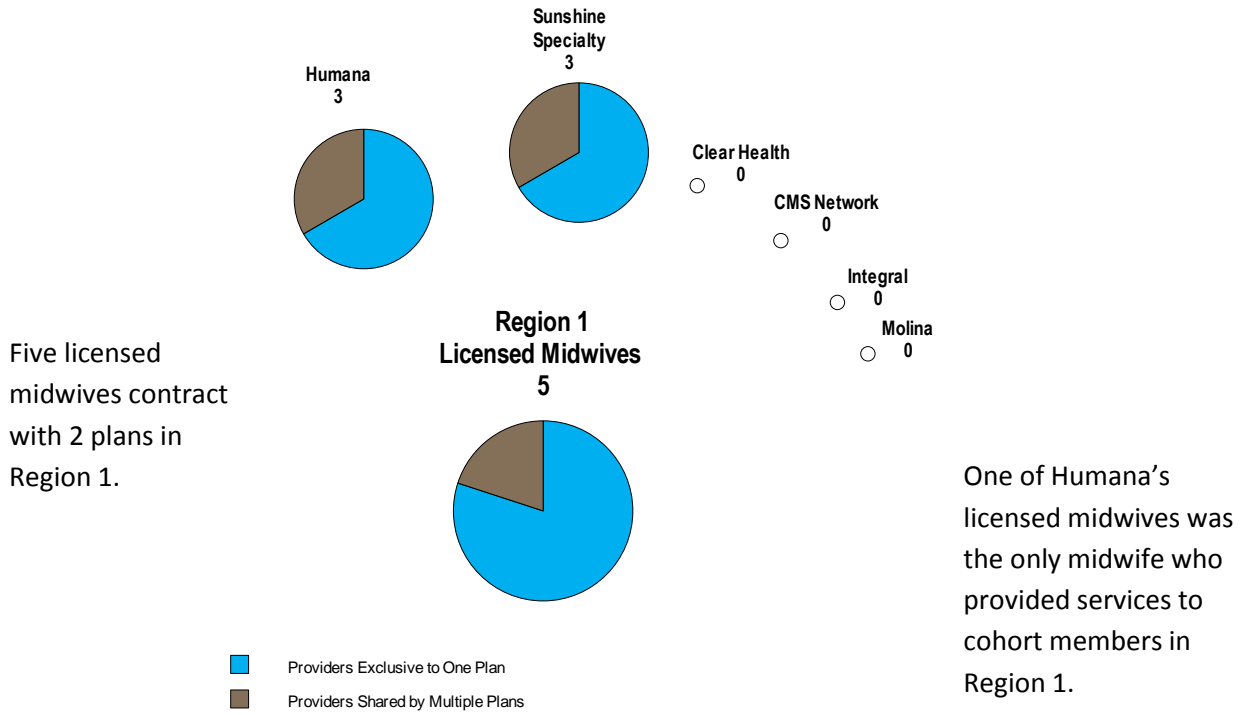


Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2014-September 2015.

## Network of Licensed Midwives by Region

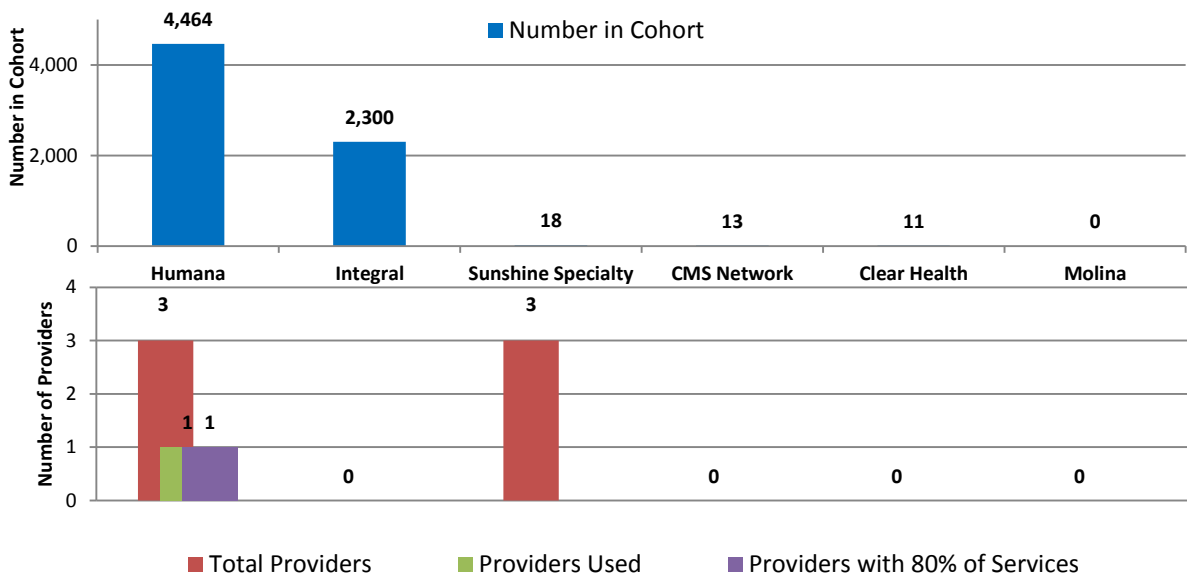
A licensed midwife is any person not less than 21 years of age, other than a licensed physician or certified nurse midwife, who is licensed in Florida to supervise the birth of a child. Seven percent of cohort members received pregnancy or delivery services from licensed midwives.

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



Source: Provider Network Verification System, August 2014-September 2015.

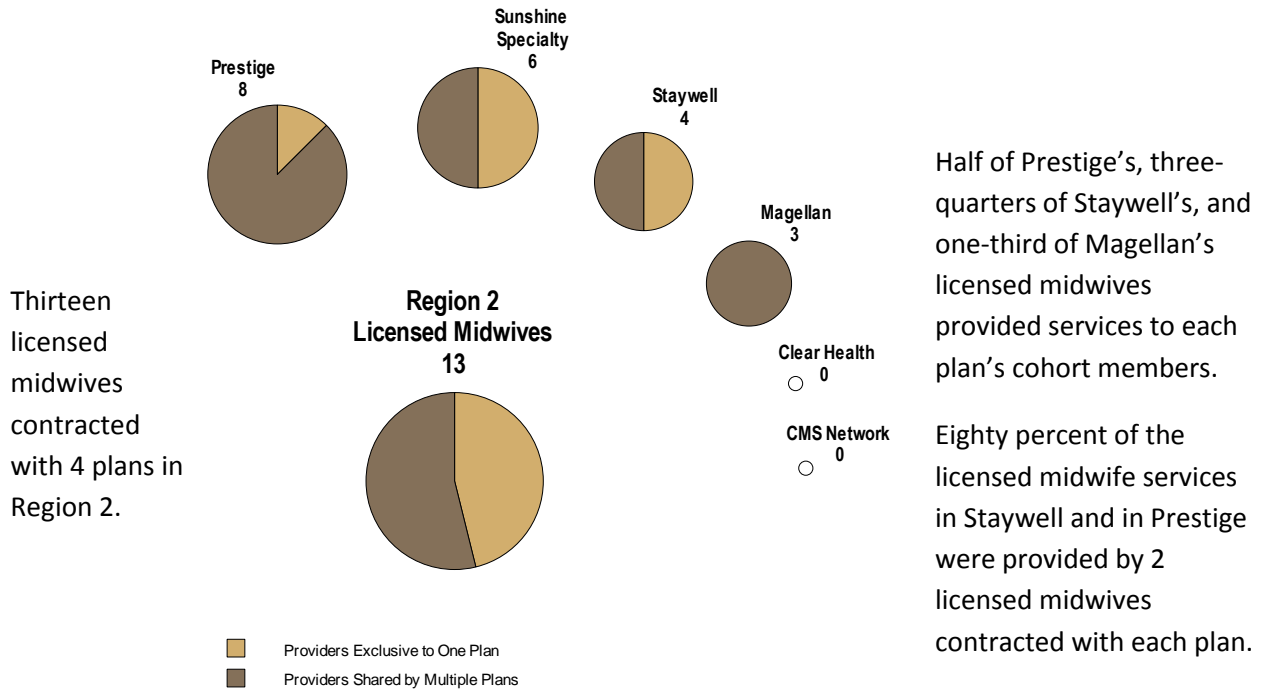
Figure 117: Number of Cohort Members, Licensed Midwives Reported in Each Plan's Network, Licensed Midwives that Provided a Service to Cohort Members, and Licensed Midwives that Provided 80 Percent of Services to Cohort Members by Plan in Region 1, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2014-September 2015.

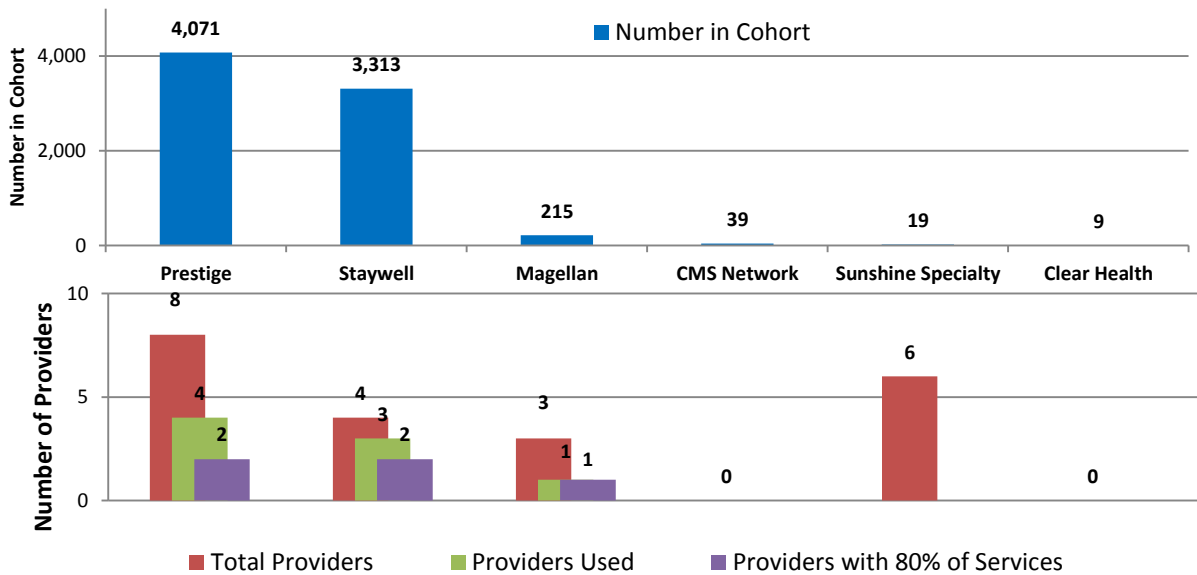


Figure 118: Region 2 Network of Licensed Midwives, August 2014-September 2015

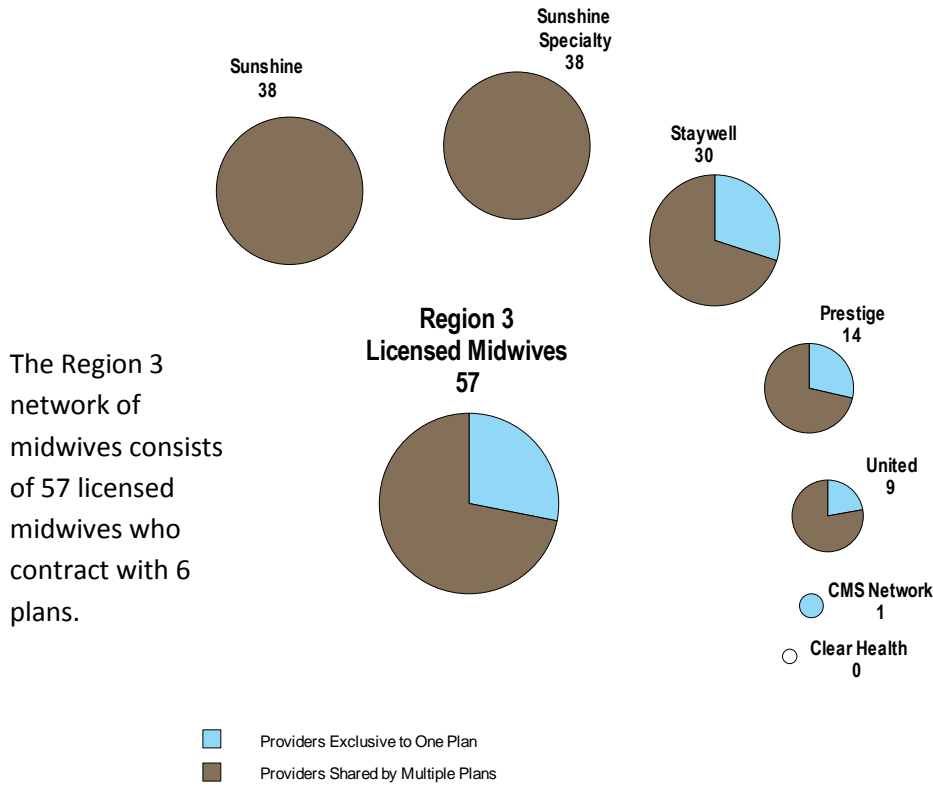


Source: Provider Network Verification System, August 2014-September 2015.

Figure 119: 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 2, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

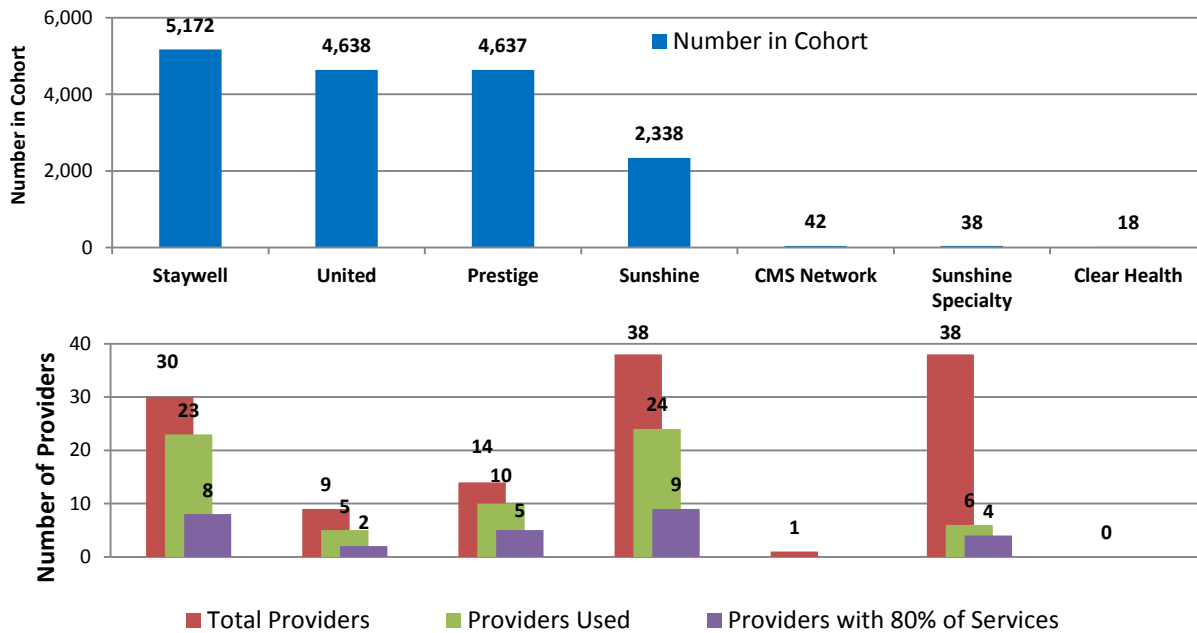


Over half of every plan's network of licensed midwives with the exception of Sunshine Specialty and CMS Network, provided services to cohort members enrolled in each plan.

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

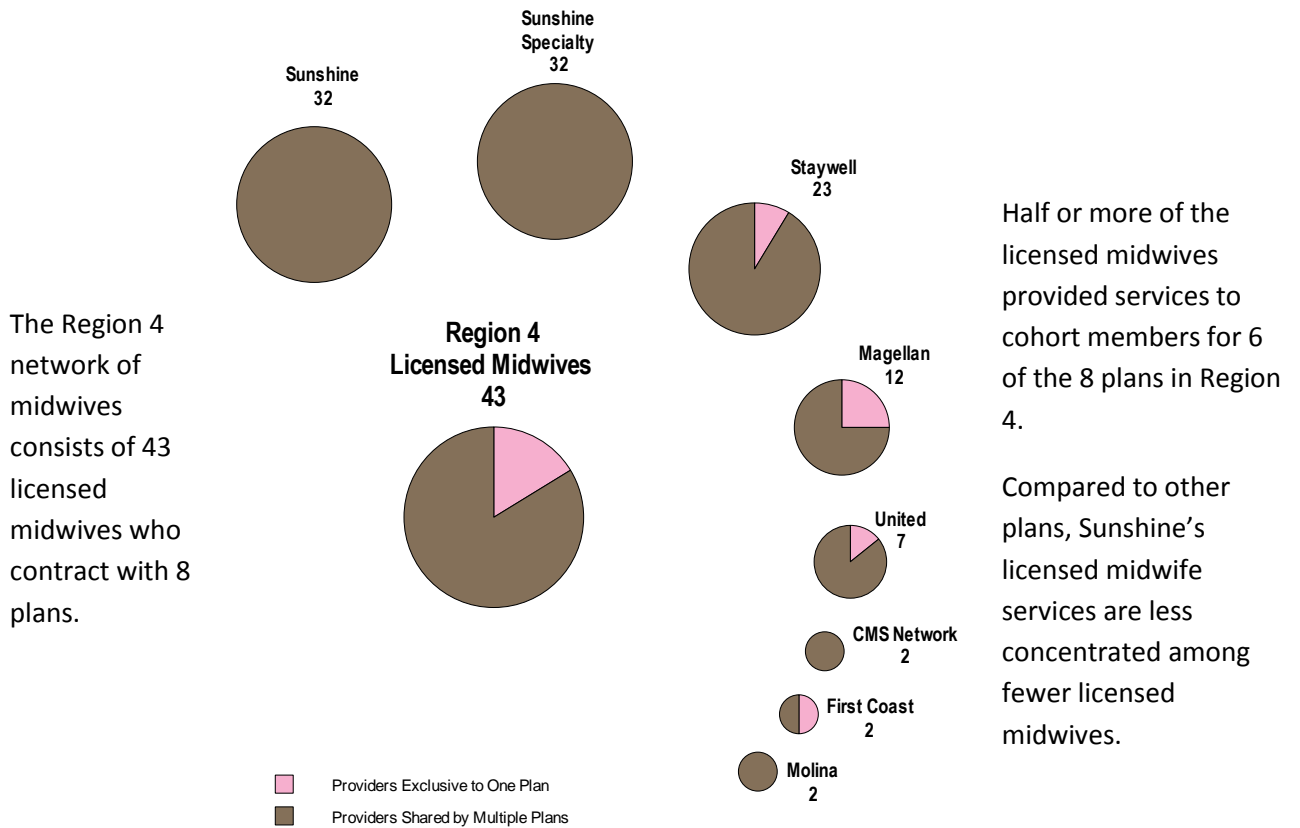
Source: Provider Network Verification System, August 2014-September 2015.

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



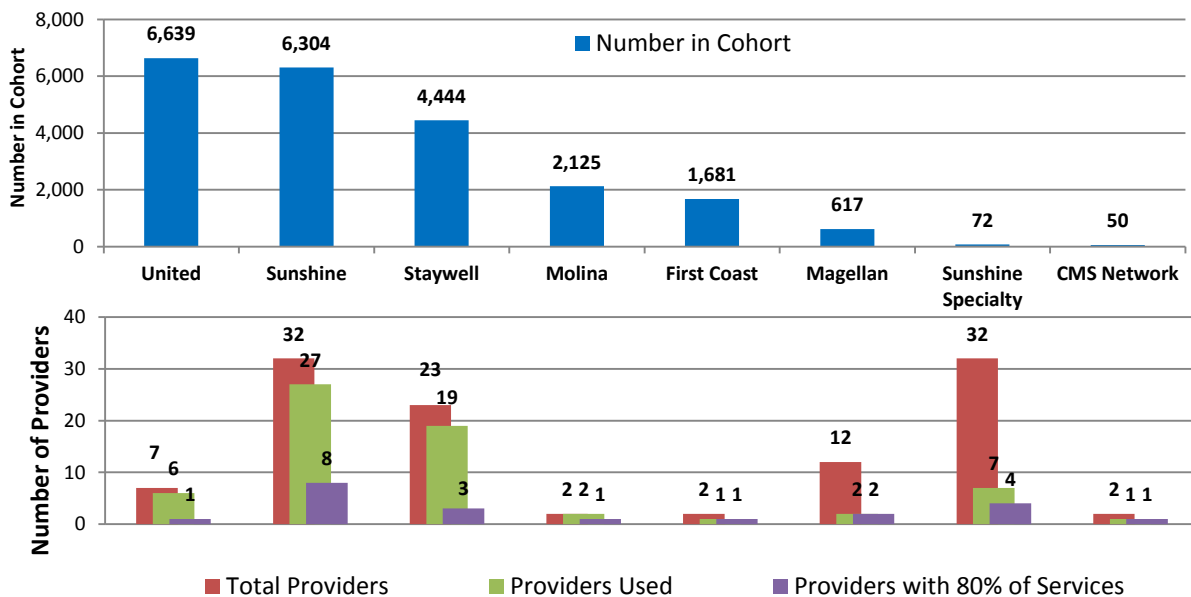
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 122: Region 4 Network of Licensed Midwives, August 2014-September 2015



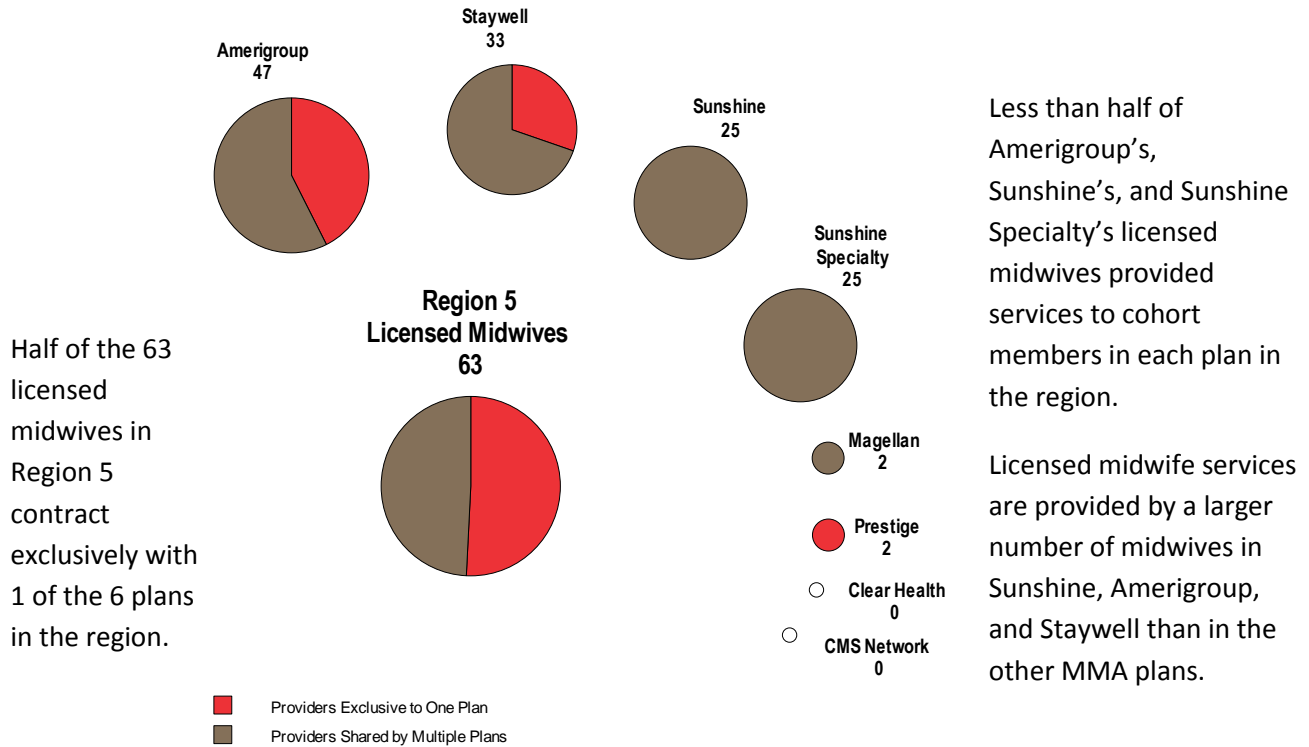
Source: Provider Network Verification System, August 2014-September 2015.

Figure 123: 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 4, August 2014-September 2015



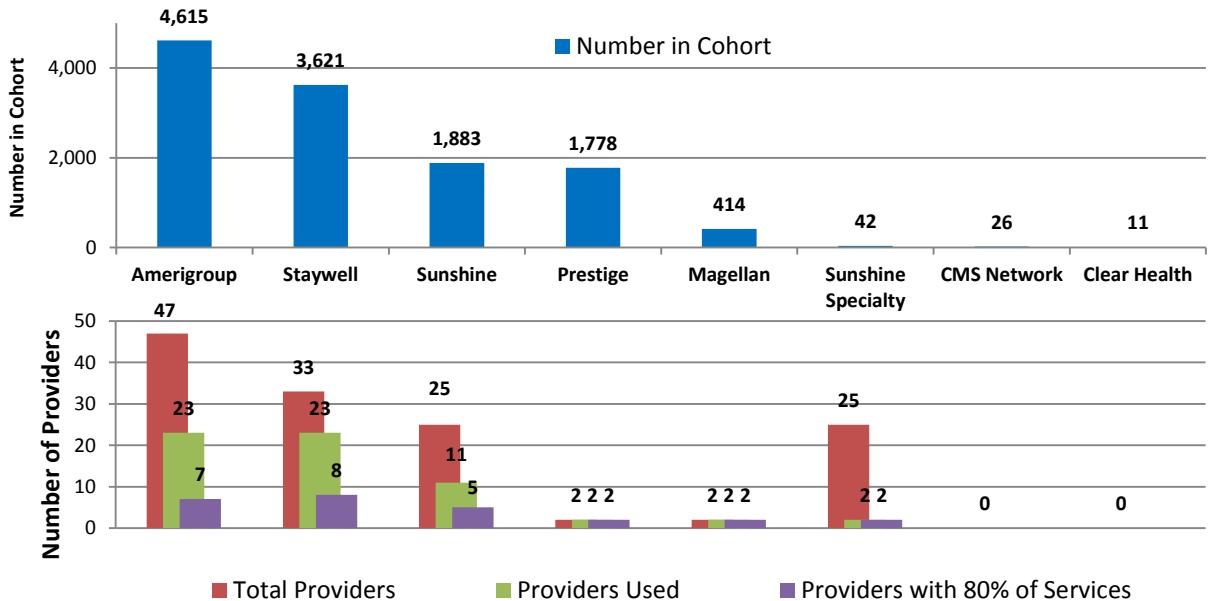
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 124: Region 5 Network of Licensed Midwives, August 2014-September 2015



Source: Provider Network Verification System, August 2014-September 2015.

Figure 125: 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 5, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

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

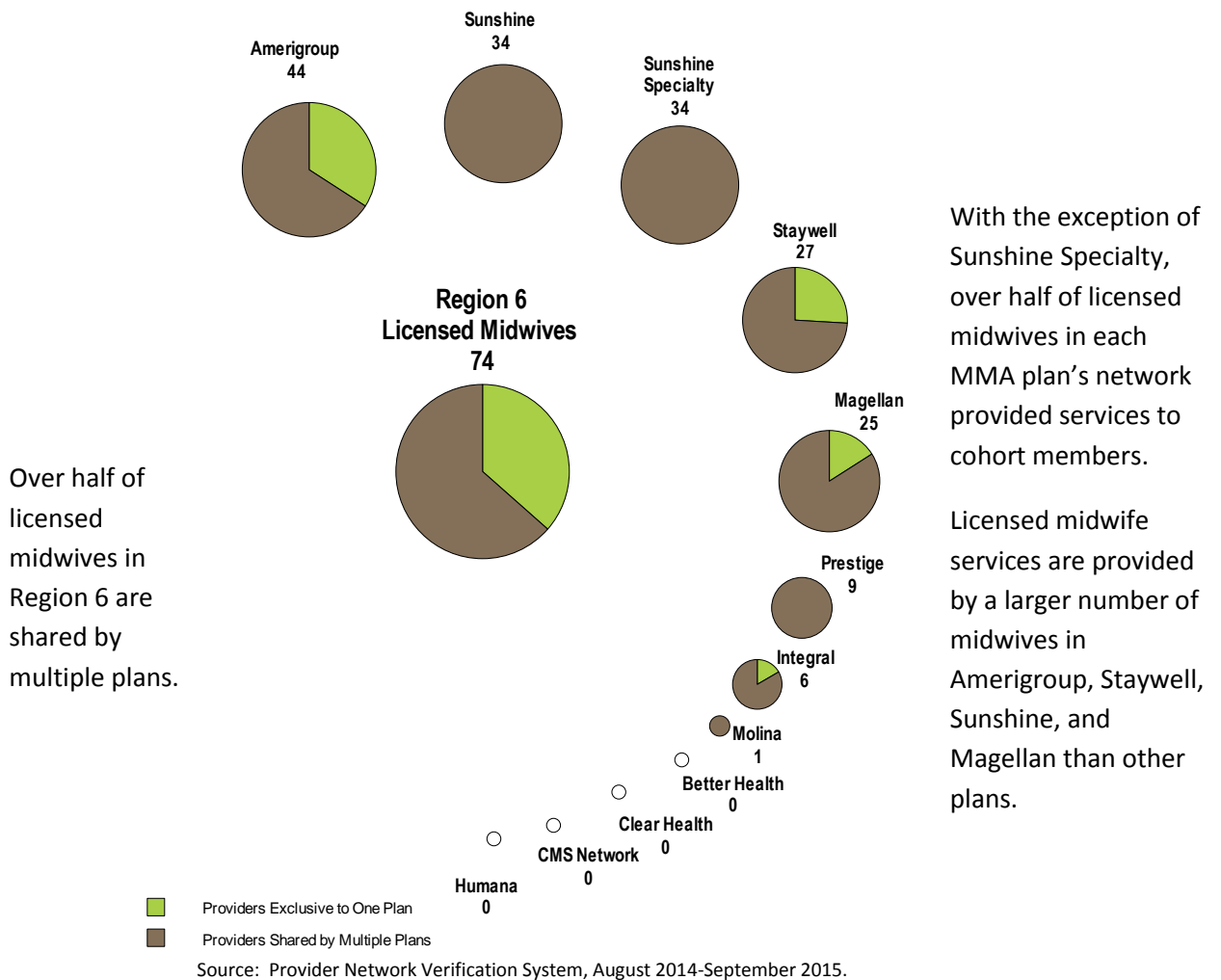
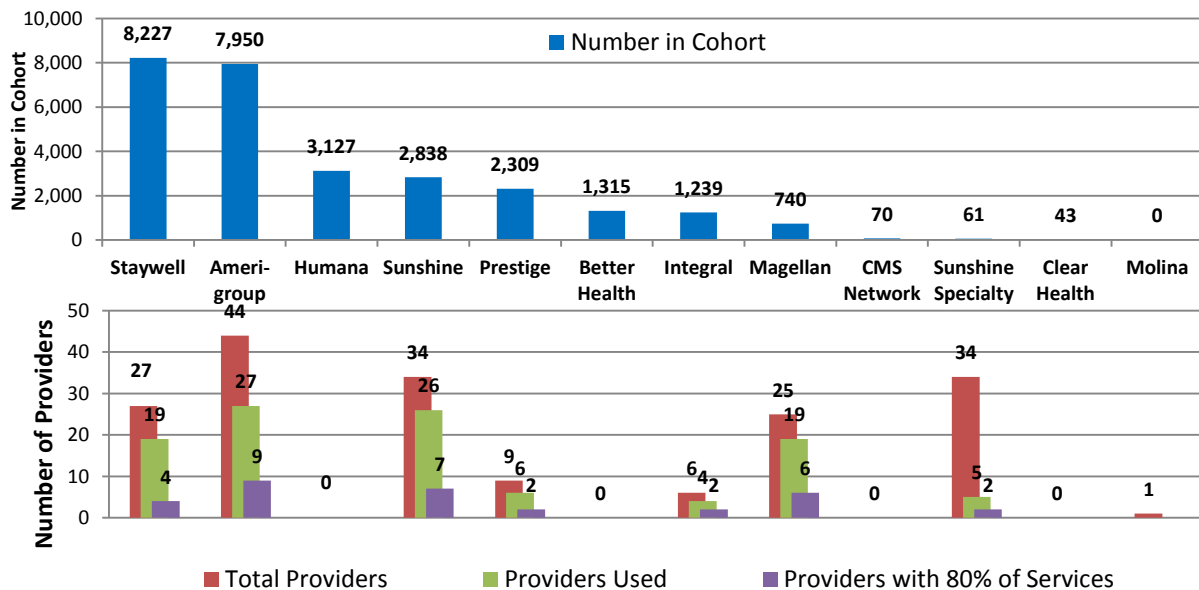
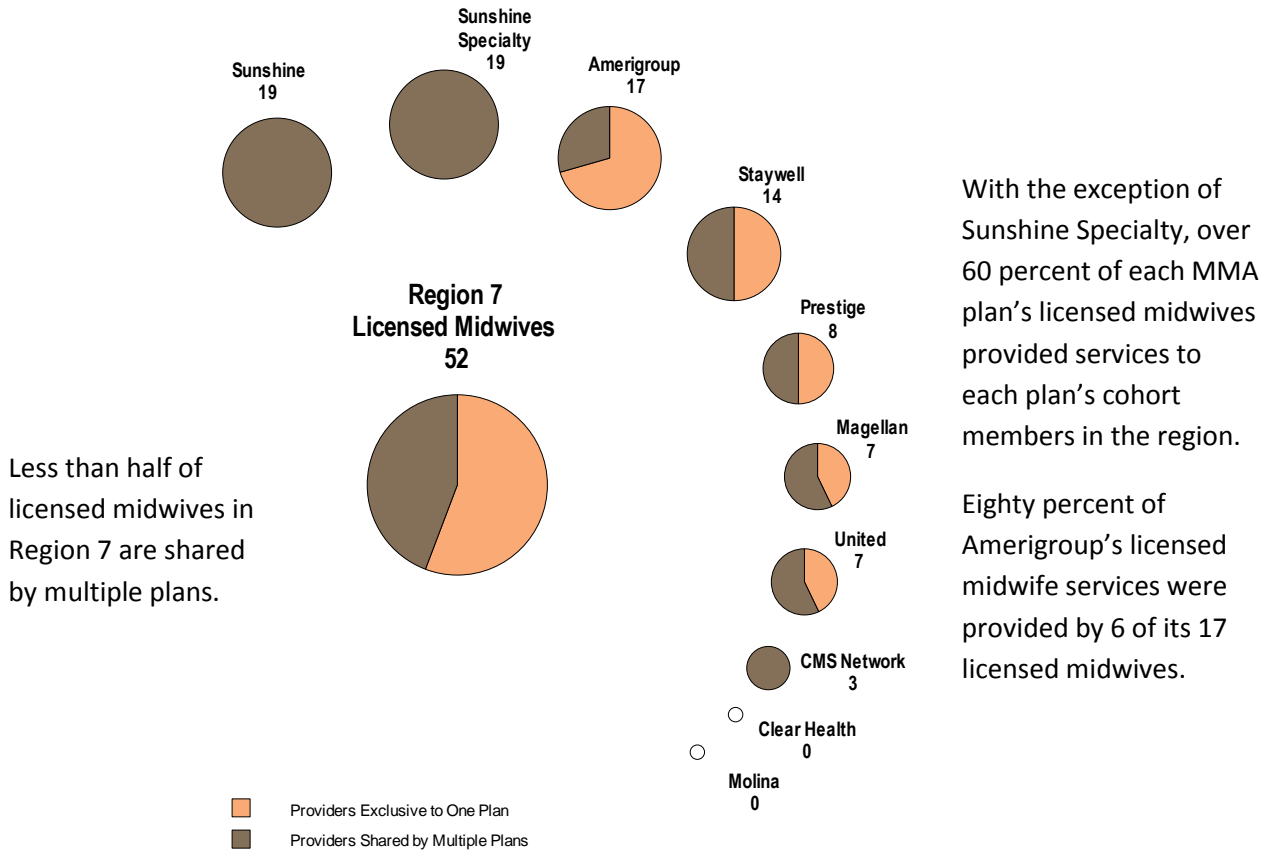


Figure 127: Number of Cohort Members, Licensed Midwives Reported in Each Plan's Network, Licensed Midwives that Provided a Service to Cohort Members, and Licensed Midwives that Provided 80 Percent of Services to Cohort Members by Plan in Region 6, August 2014-September 2015



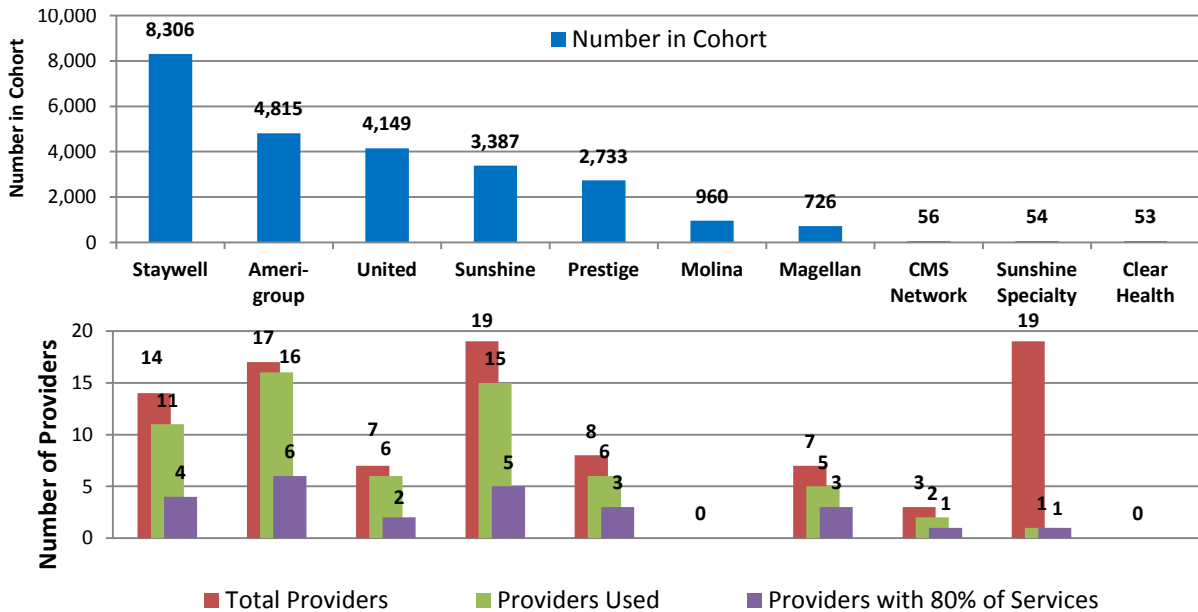
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 128: Region 7 Network of Licensed Midwives, August 2014-September 2015



Source: Provider Network Verification System, August 2014-September 2015.

Figure 129: 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 7, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

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

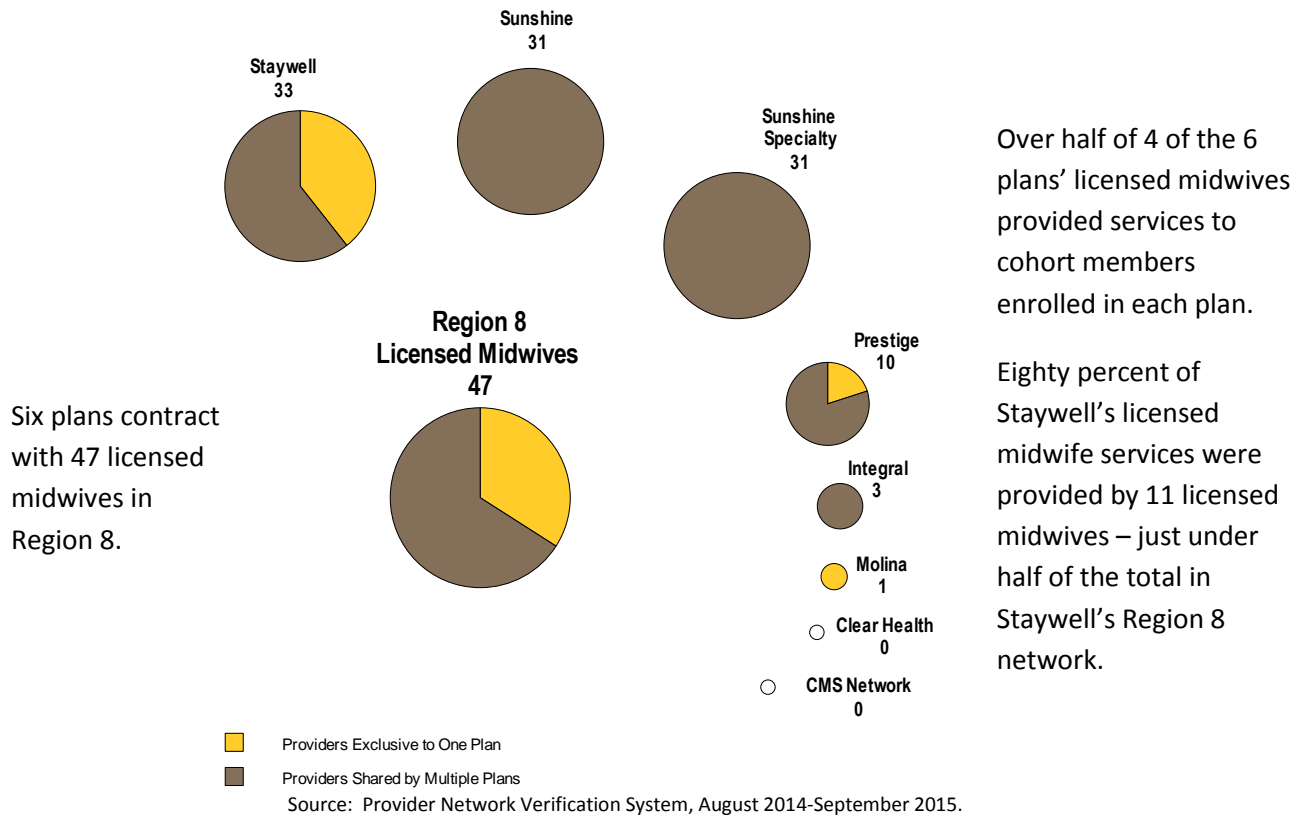
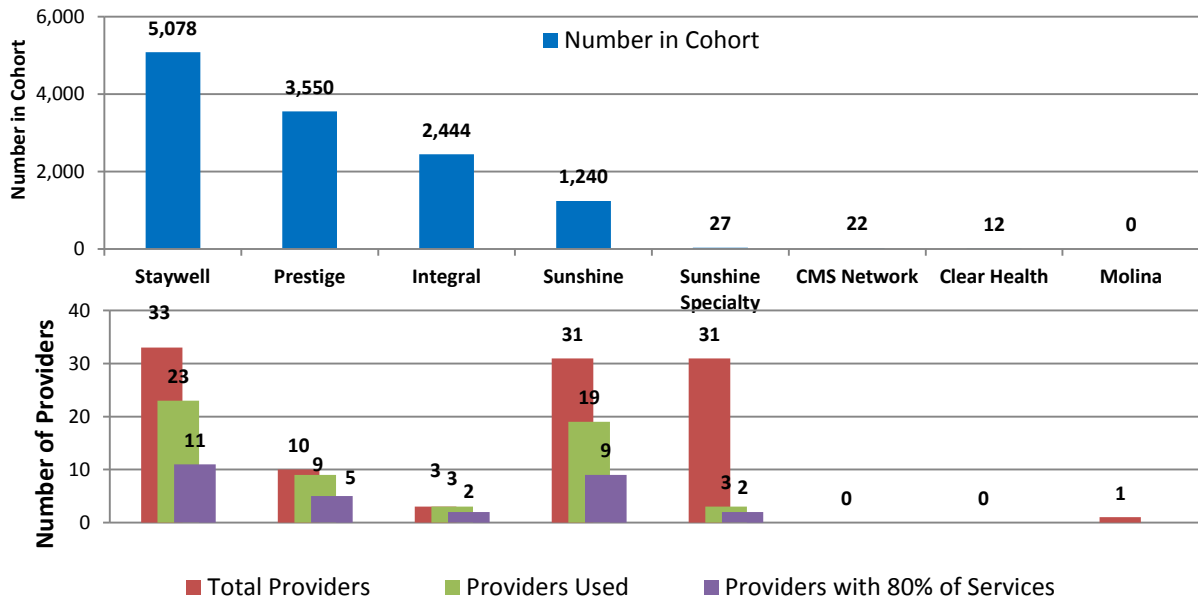
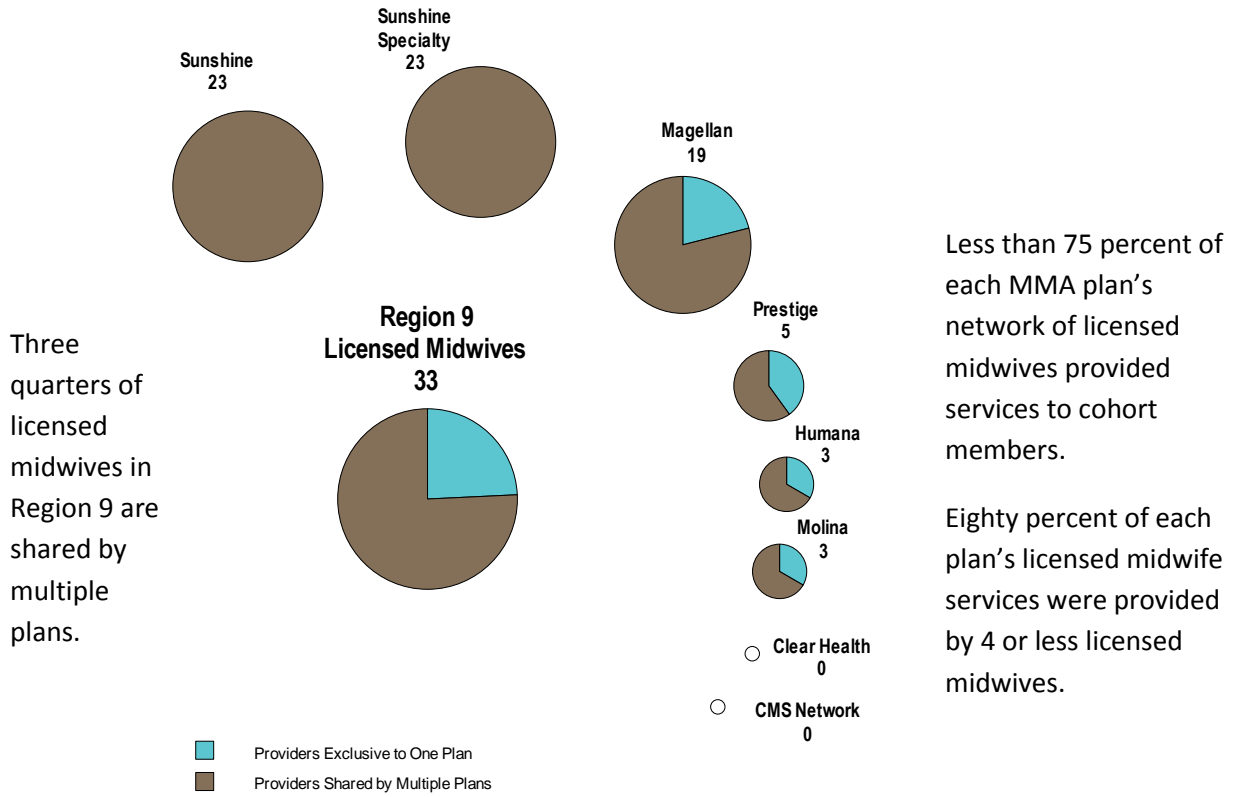


Figure 131: Number of Cohort Members, Licensed Midwives Reported in Each Plan's Network, Licensed Midwives that Provided a Service to Cohort Members, and Licensed Midwives that Provided 80 Percent of Services to Cohort Members by Plan in Region 8, August 2014-September 2015



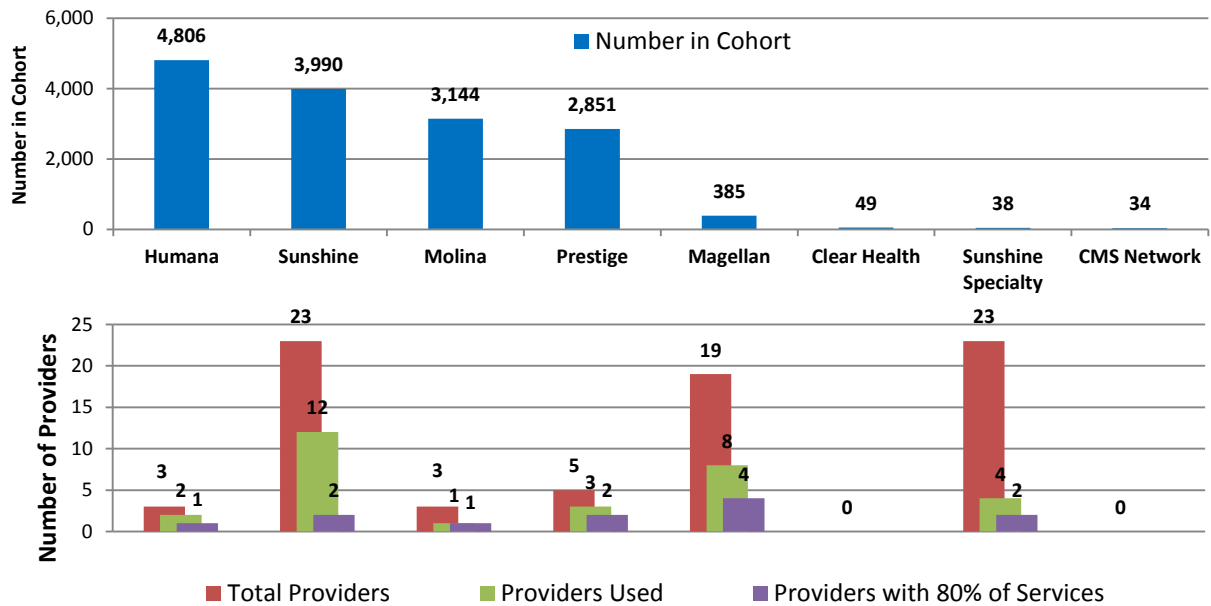
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 132: Region 9 Network of Licensed Midwives, August 2014-September 2015



Source: Provider Network Verification System, August 2014-September 2015.

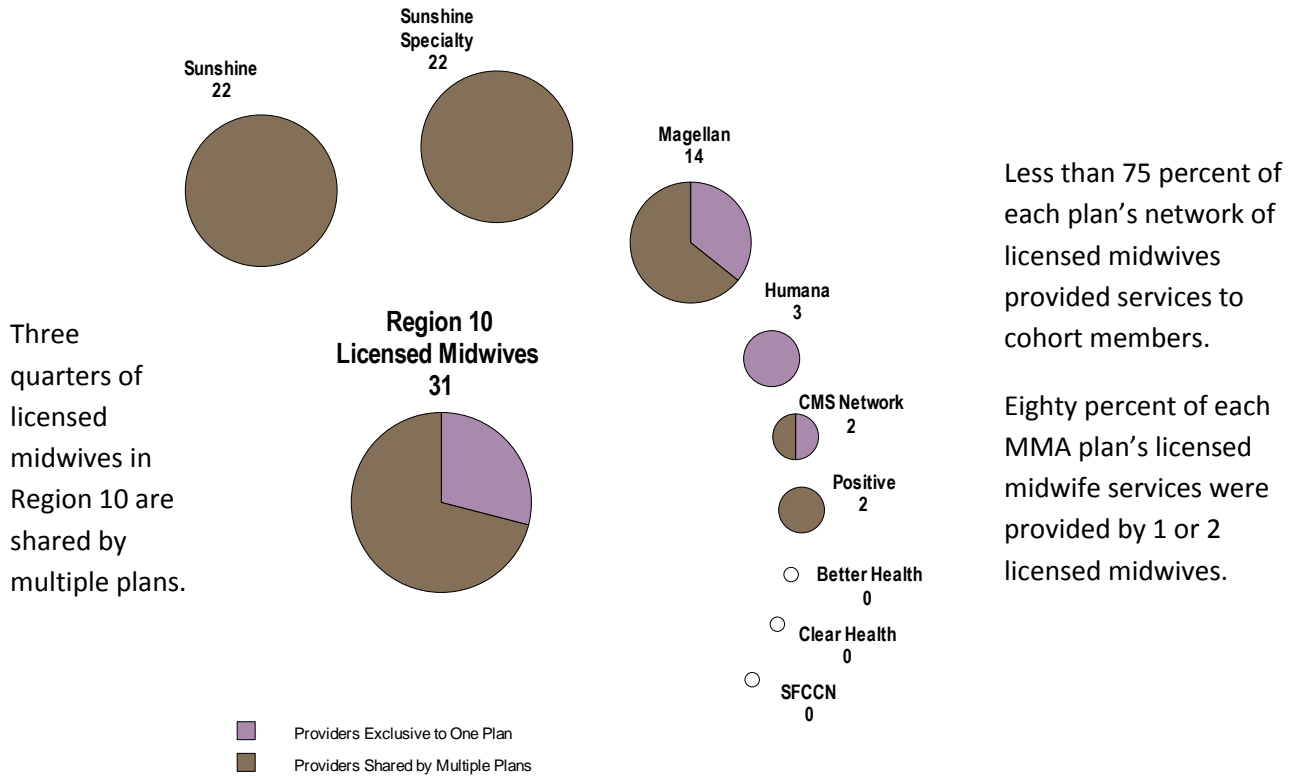
Figure 133: Number of Cohort Members, Licensed Midwives Reported in Each Plan's Network, Licensed Midwives that Provided a Service to Cohort Members, and Licensed Midwives that Provided 80 Percent of Services to Cohort Members by Plan in Region 9, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

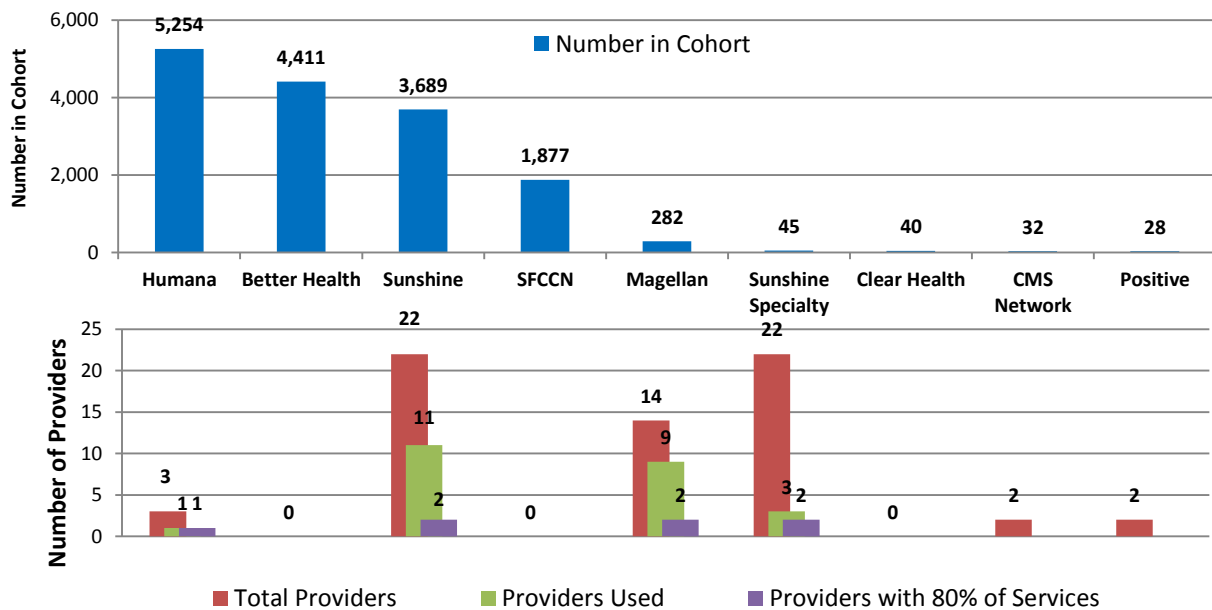


Figure 134: Region 10 Network of Licensed Midwives, August 2014-September 2015



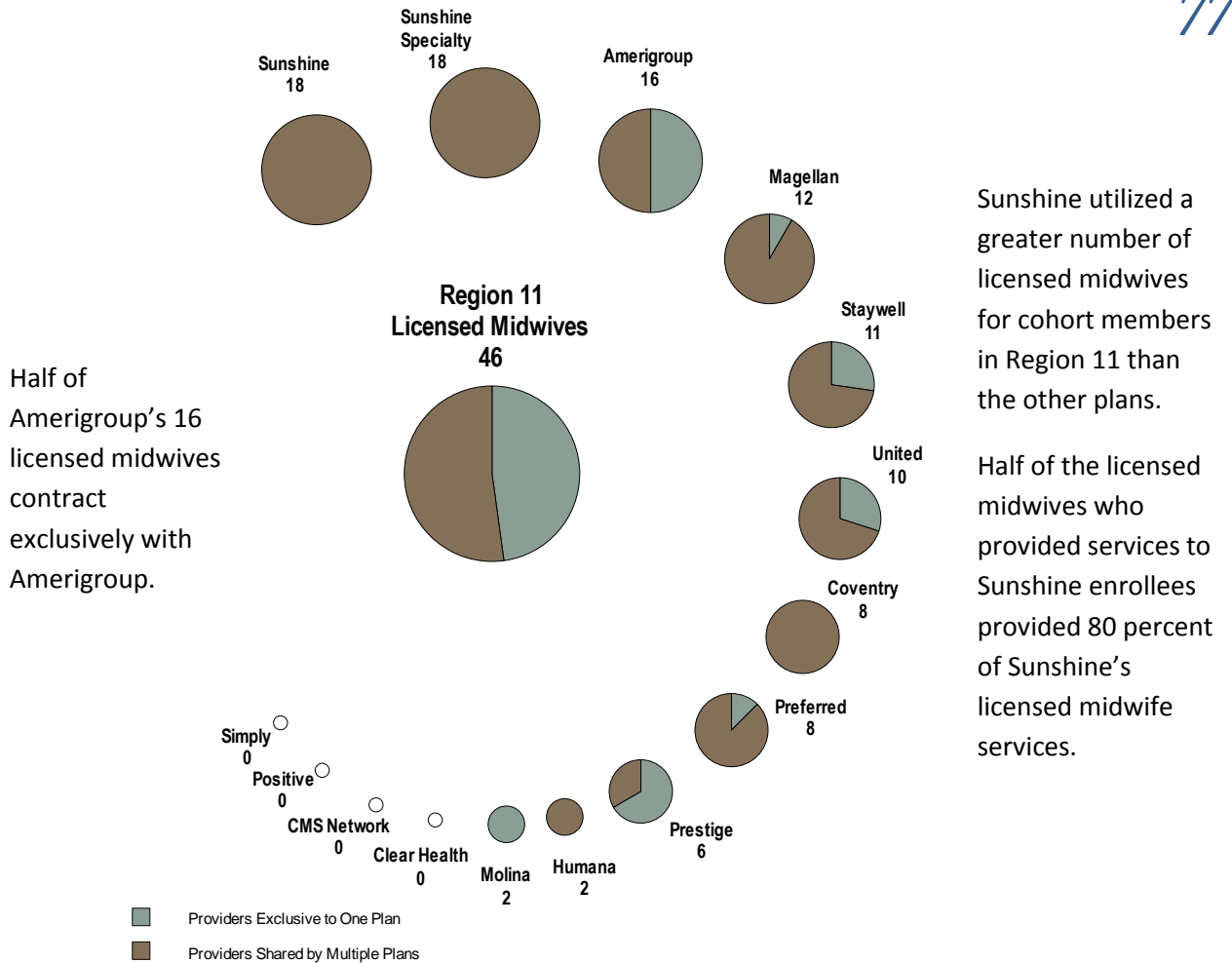
Source: Provider Network Verification System, August 2014-September 2015.

Figure 135: 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 10, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 136: Region 11 Network of Licensed Midwives, August 2014-September 2015



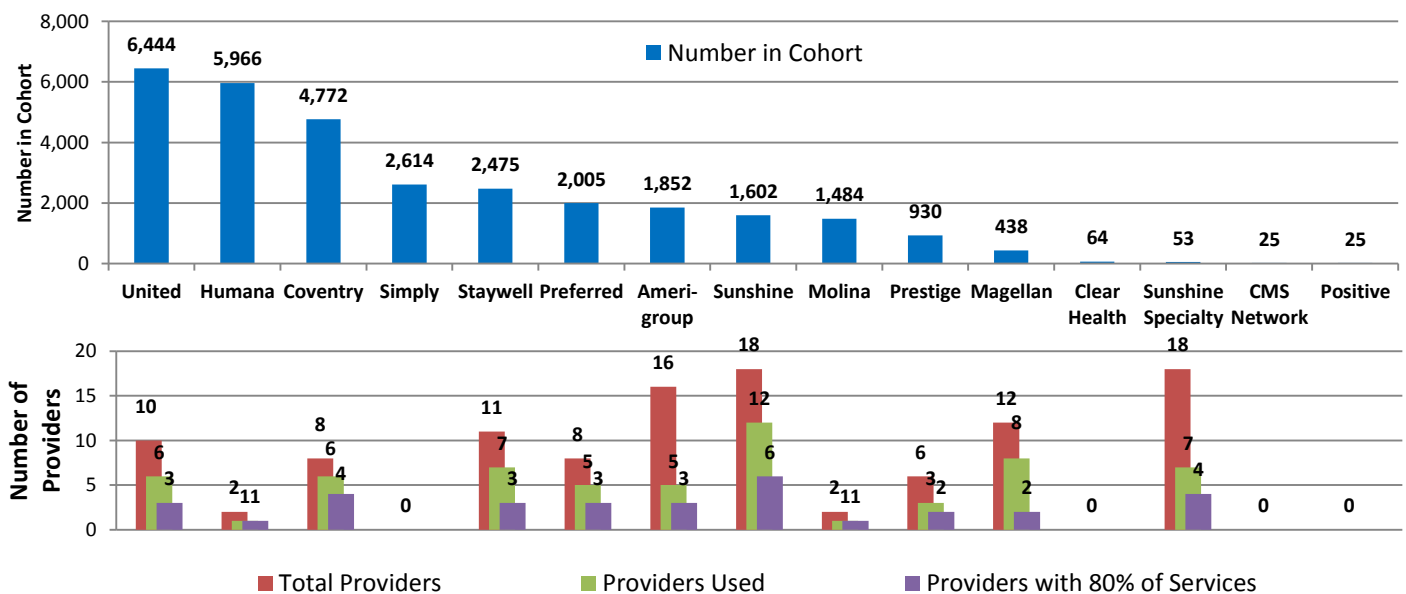
Half of Amerigroup's 16 licensed midwives contract exclusively with Amerigroup.

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.

Source: Provider Network Verification System, August 2014-September 2015.

Figure 137: 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 11, August 2014-September 2015

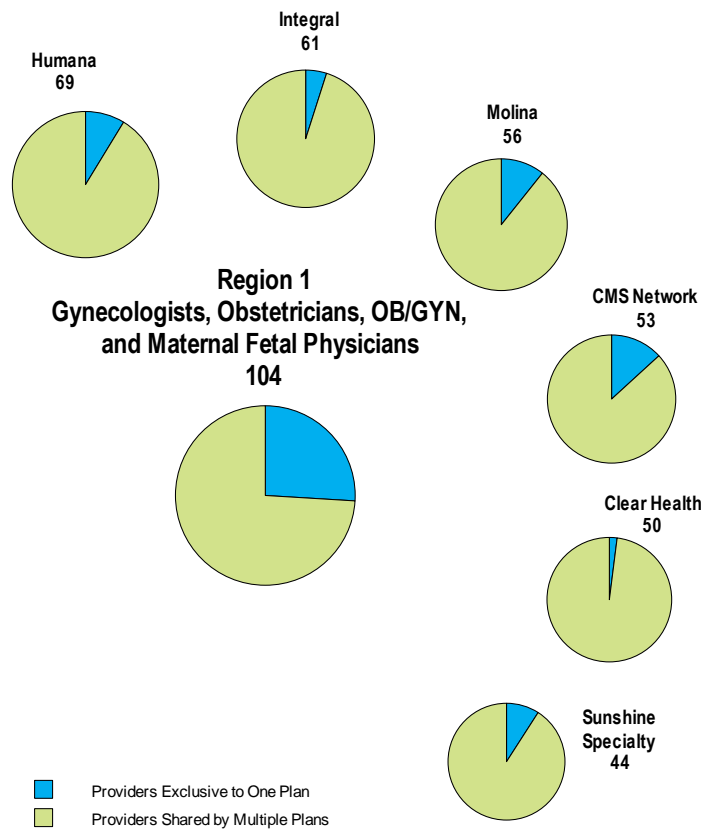


Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

## Network of Physicians by Region

Figure 138: Region 1 Network of Gynecologists, Obstetricians, OB GYN, and Maternal Fetal Physicians, August 2014-September 2015

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.



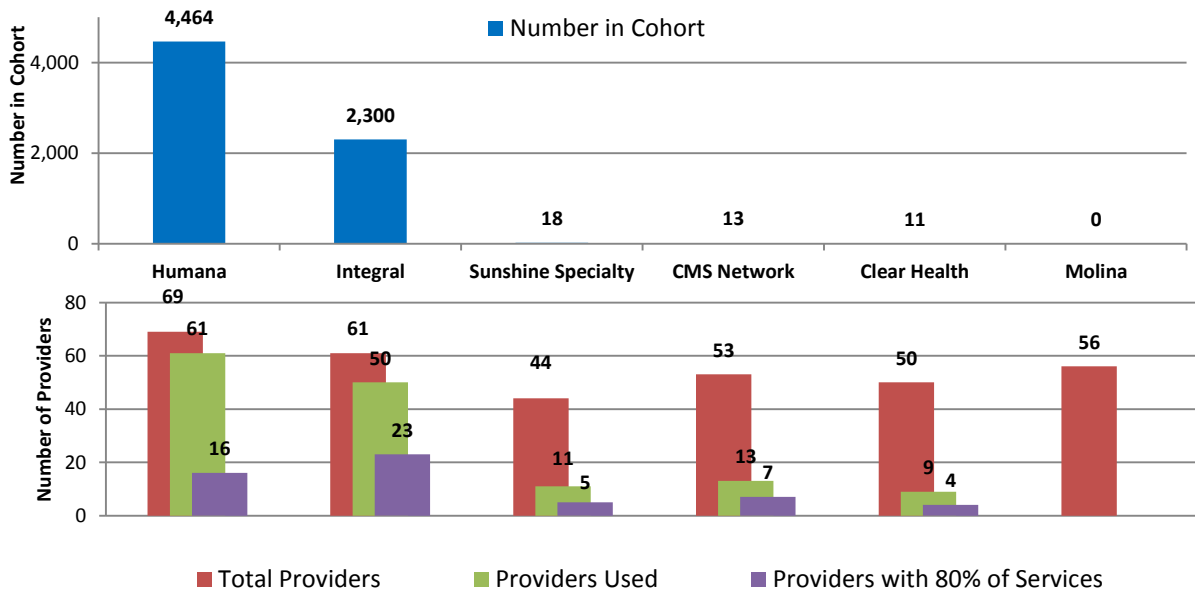
Three-quarters of gynecologists, obstetrics, OB GYN, and maternal fetal physicians in Region 1 are shared by multiple plans.

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.

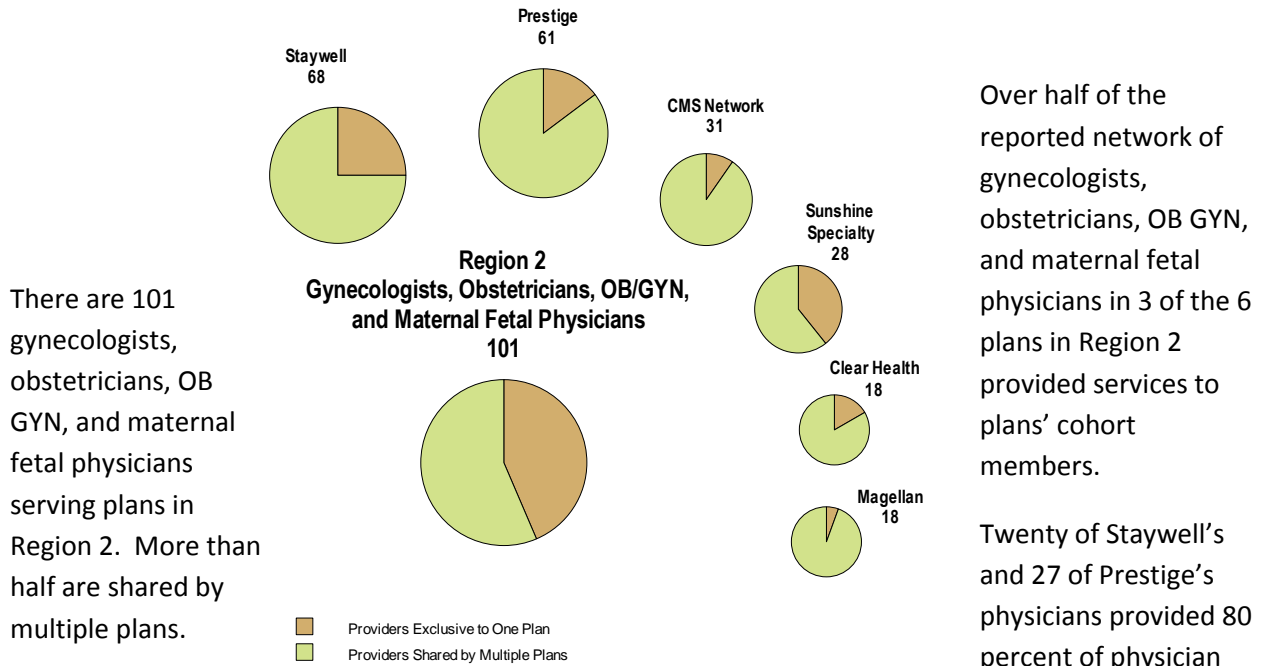
Source: Provider Network Verification System, August 2014-September

Figure 139: 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 1, August 2014-September 2015



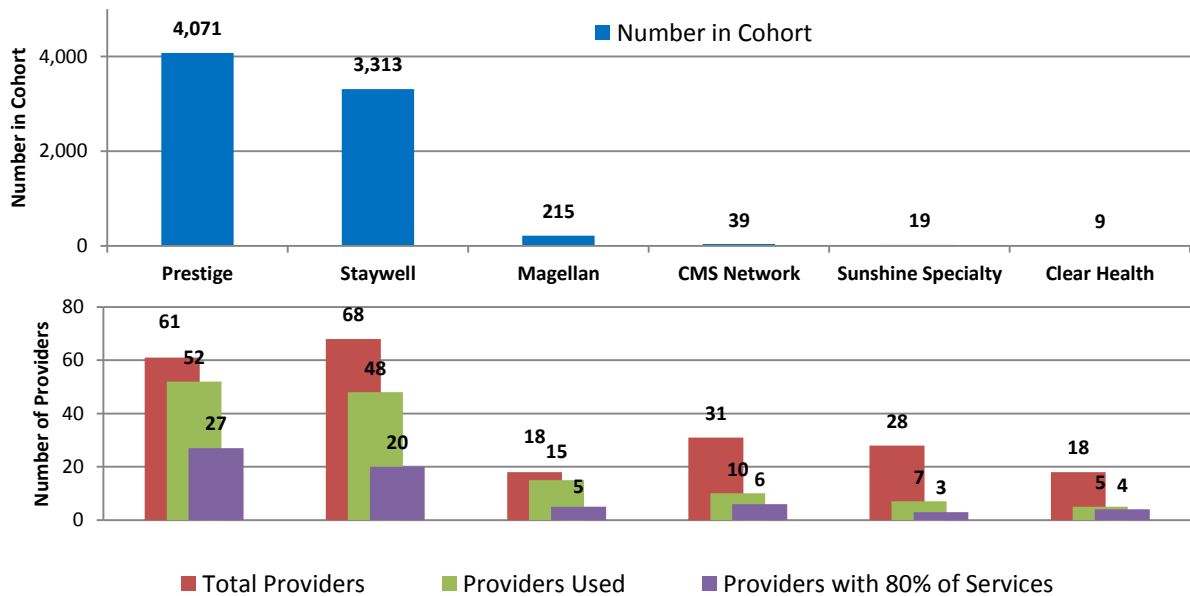
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 140: Region 2 Network of Gynecologists, Obstetricians, OB GYN, and Maternal Fetal Physicians, August 2014-September 2015



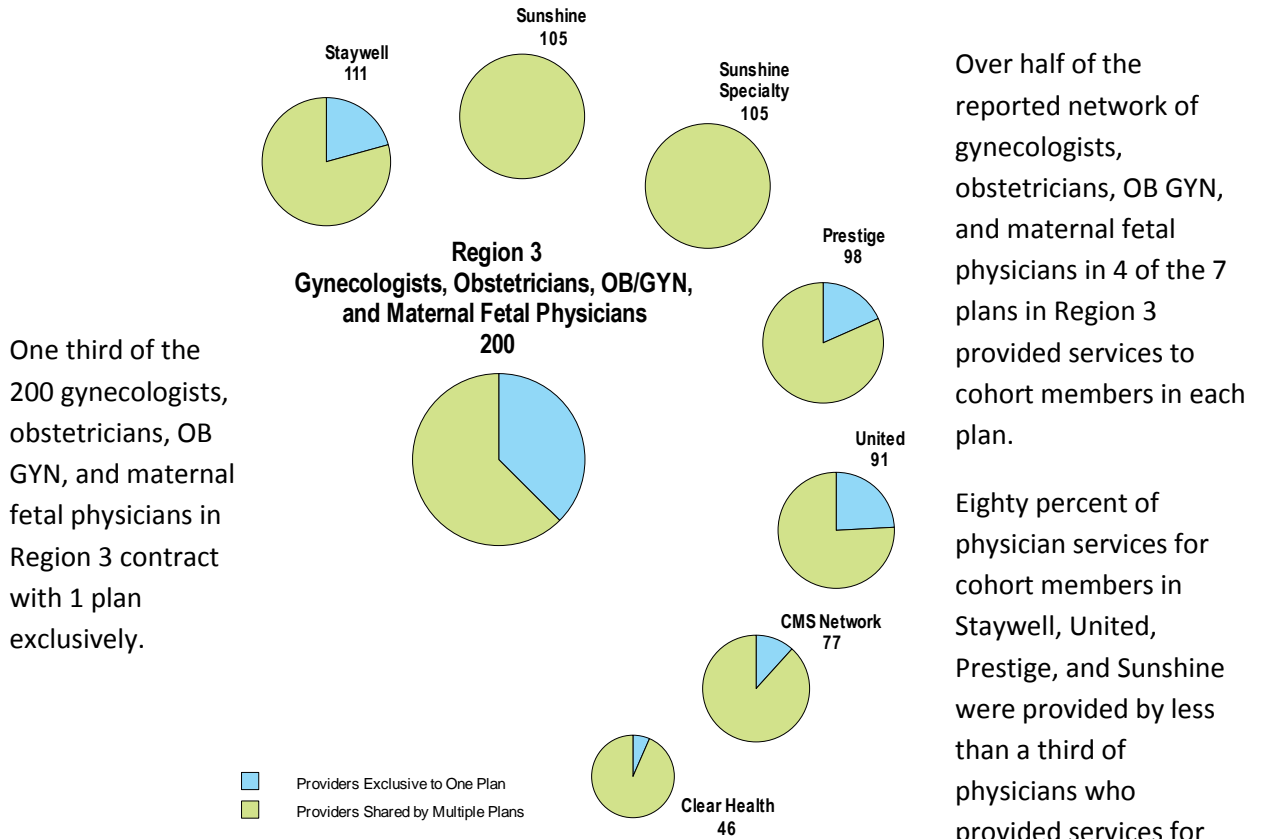
Source: Provider Network Verification System, August 2014-September 2015.

Figure 141: 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 2, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

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



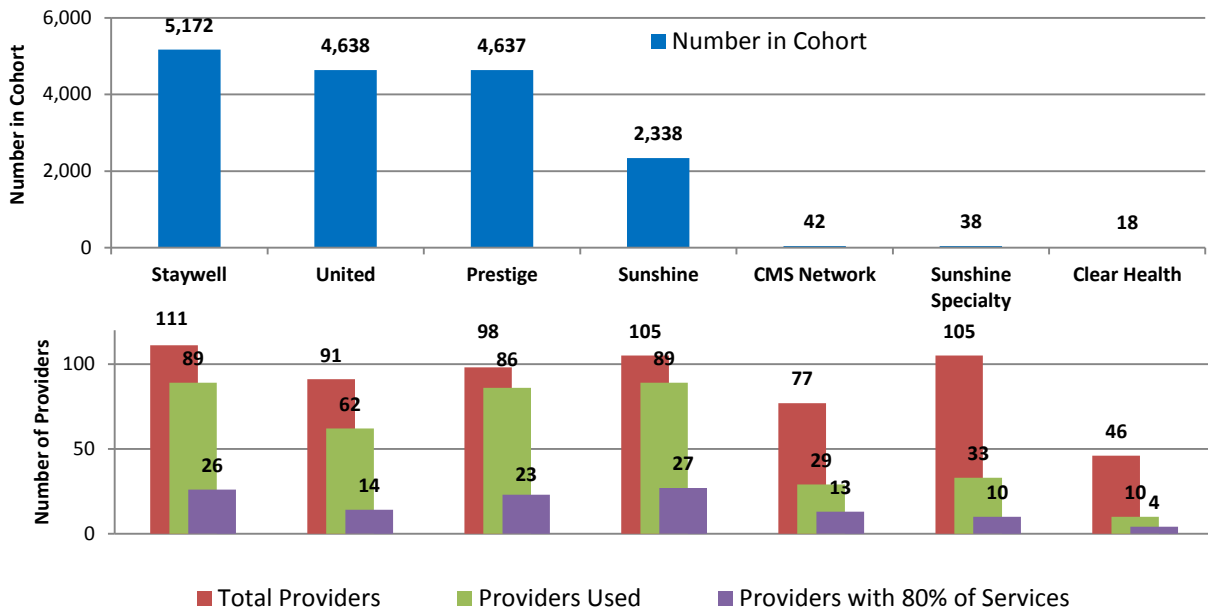
One third of the 200 gynecologists, obstetricians, OB GYN, and maternal fetal physicians in Region 3 contract with 1 plan exclusively.

Over half of the reported network of gynecologists, obstetricians, OB GYN, and maternal fetal physicians in 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.

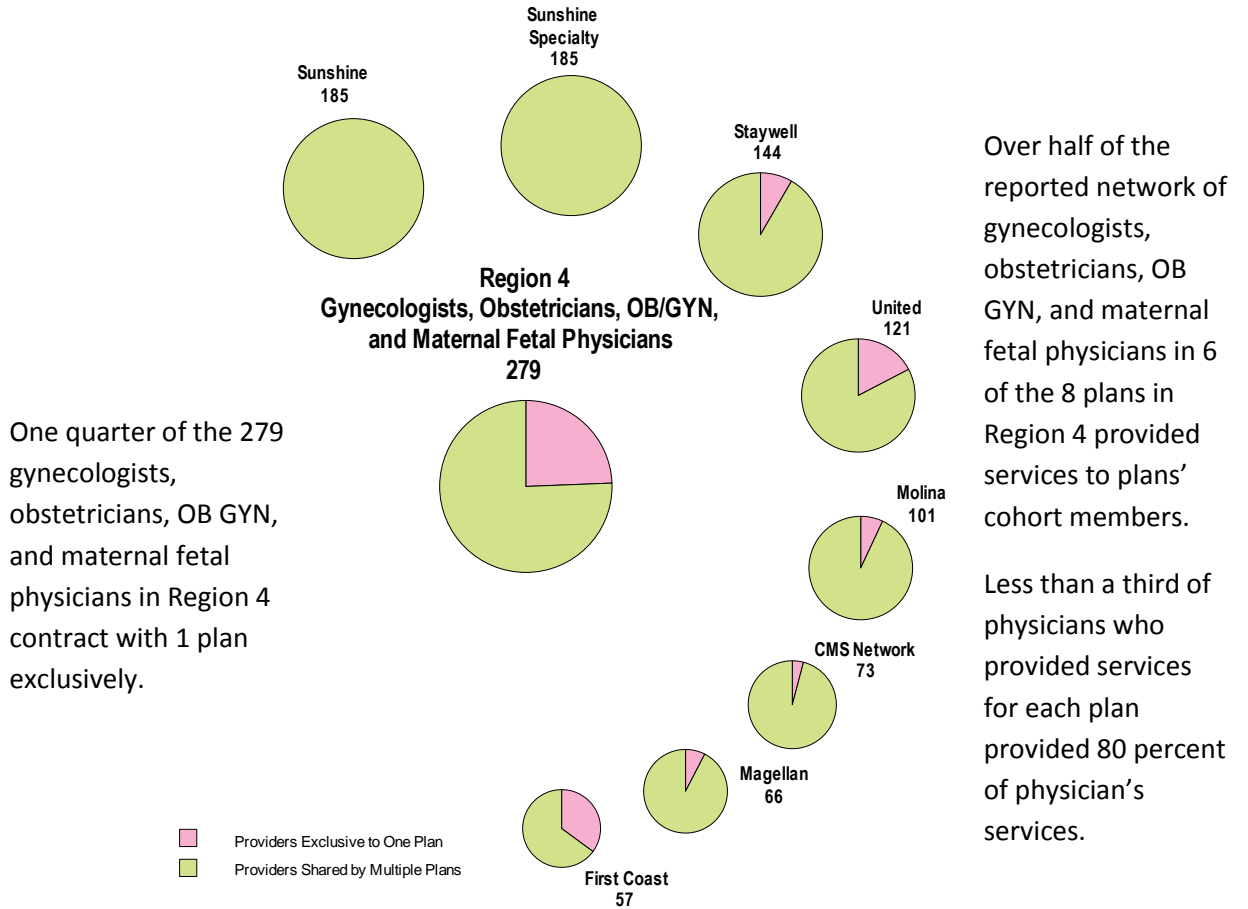
Source: Provider Network Verification System, August 2014-September 2015.

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



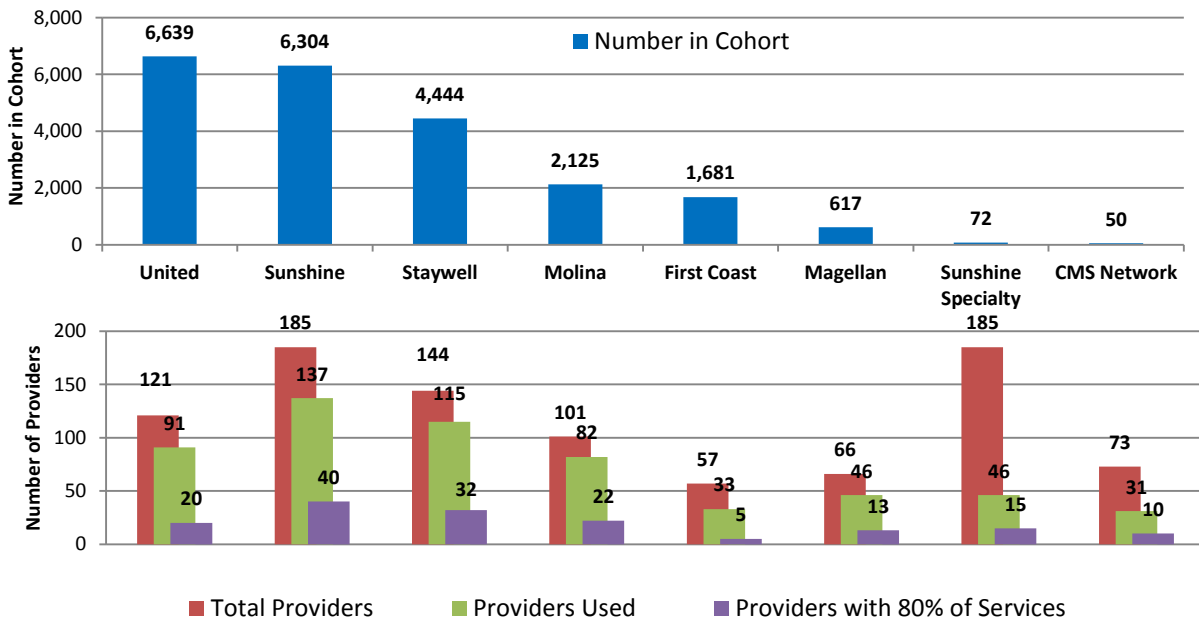
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 144: Region 4 Network of Gynecologists, Obstetricians, OB GYN, and Maternal Fetal Physicians, August 2014-September 2015



Source: Provider Network Verification System, August 2014-September 2015.

Figure 145: 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 4, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 146: Region 5 Gynecologists, Obstetricians, OB GYN, and Maternal Fetal Physicians, August 2014-September 2015

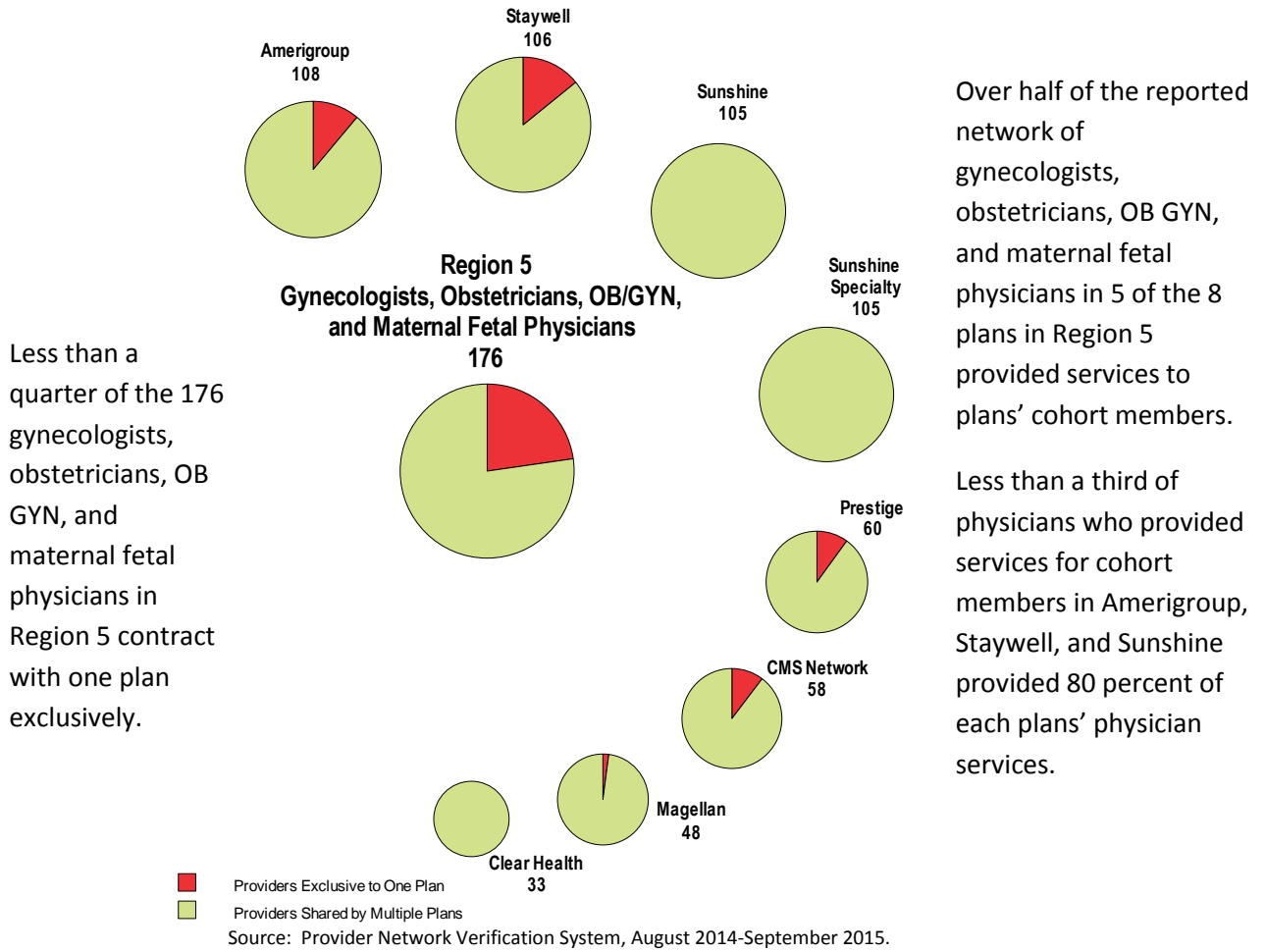
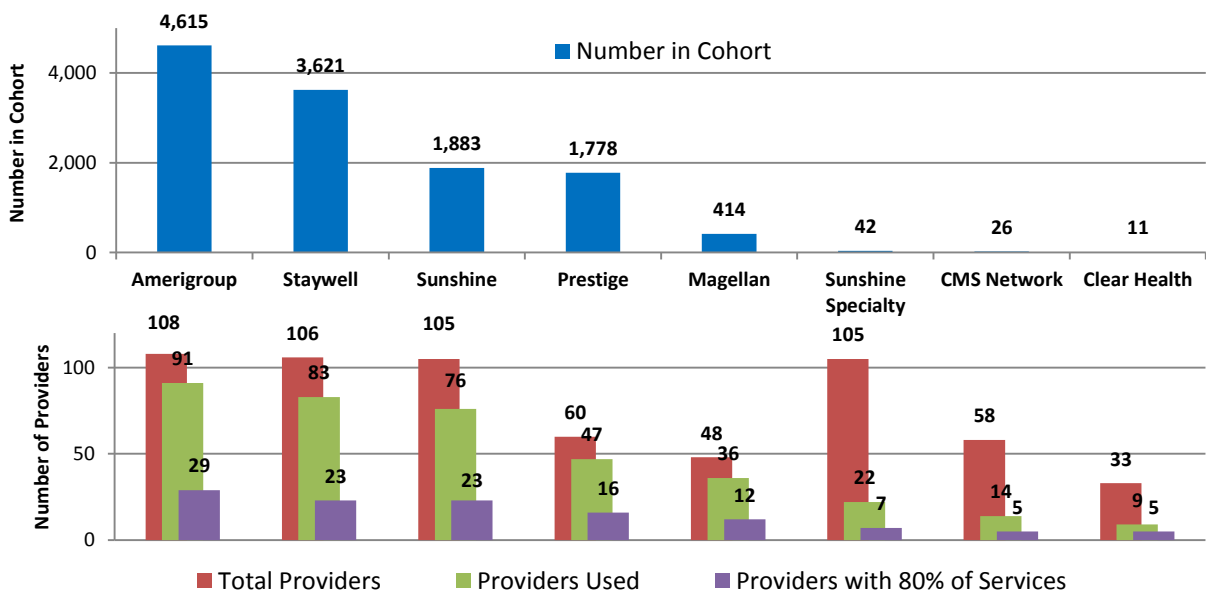
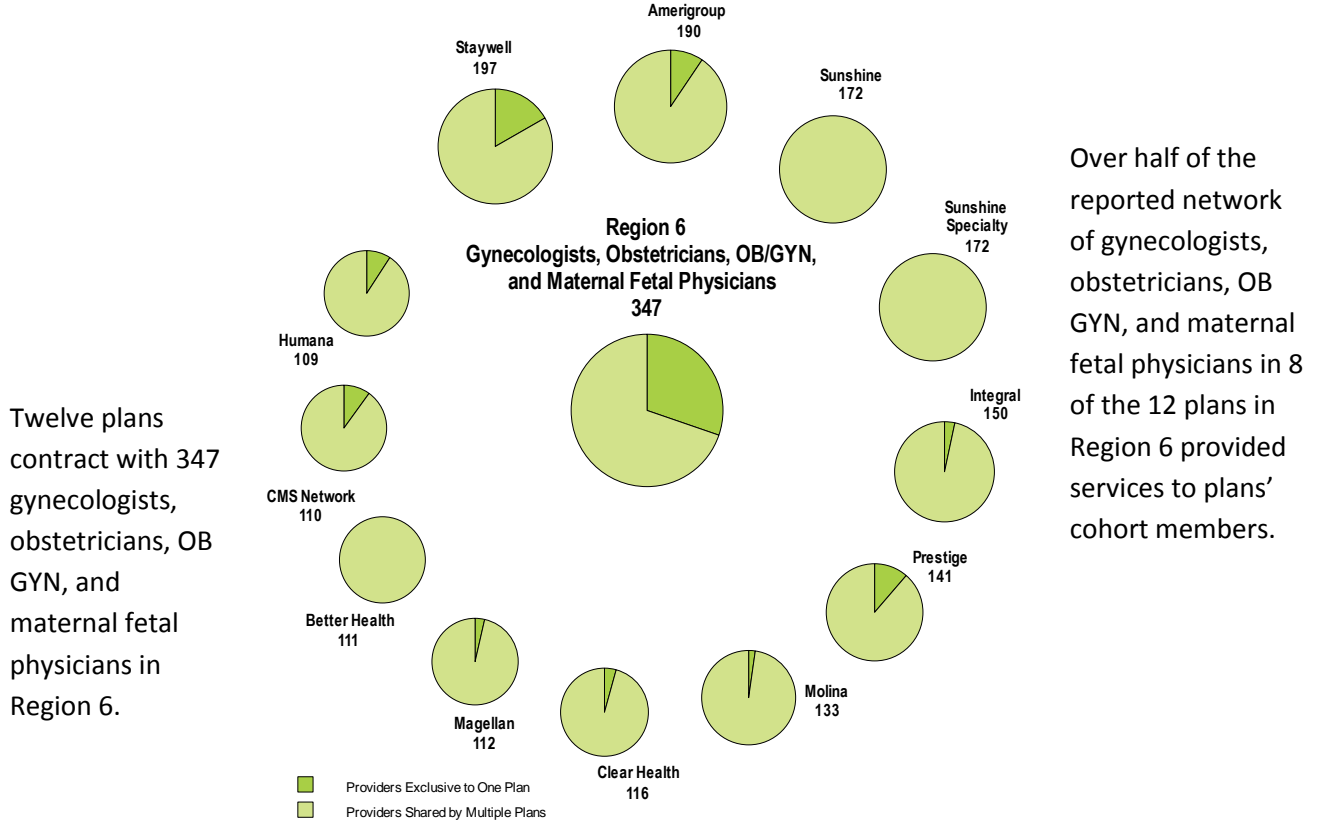


Figure 147: Number of Cohort Members, Physicians Reported in Each Plan's Network, Physicians that Provided a Service to Cohort Members, and Physicians that Provided 80 Percent of Services to Cohort Members by Plan in Region 5, August 2014-September 2015



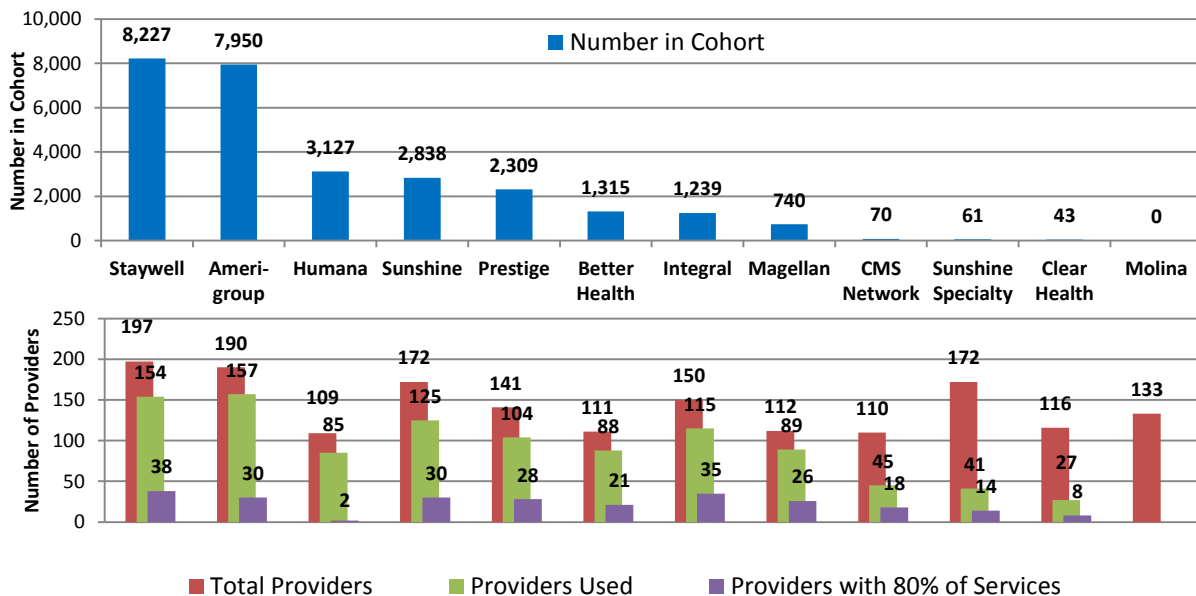
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

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



Source: Provider Network Verification System, August 2014-September 2015.

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



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.



Figure 150: Region 7 Network of Gynecologists, Obstetricians, OB GYN, and Maternal Fetal Physicians, August 2014-September 2015

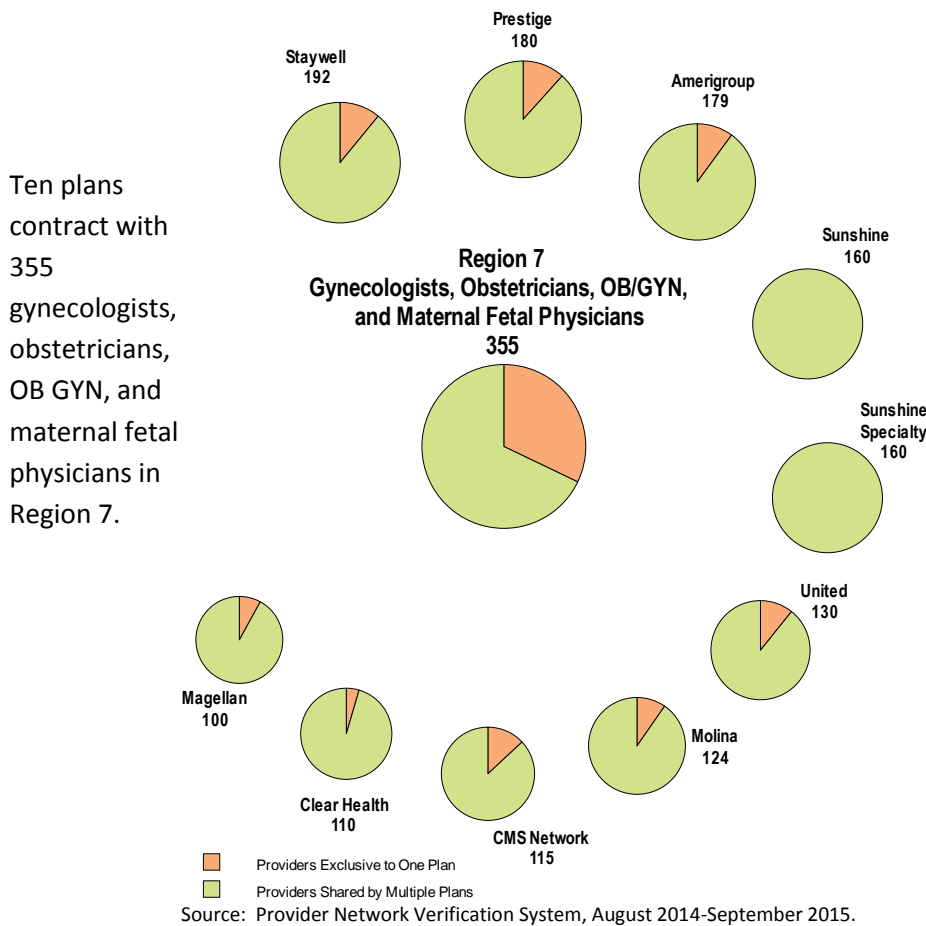


Figure 151: Number of Cohort Members, Physicians Reported in Each Plan’s Network, Physicians that Provided a Service to Cohort Members, and Physicians that Provided 80 Percent of Services to Cohort Members by Plan in Region 7, August 2014-September 2015

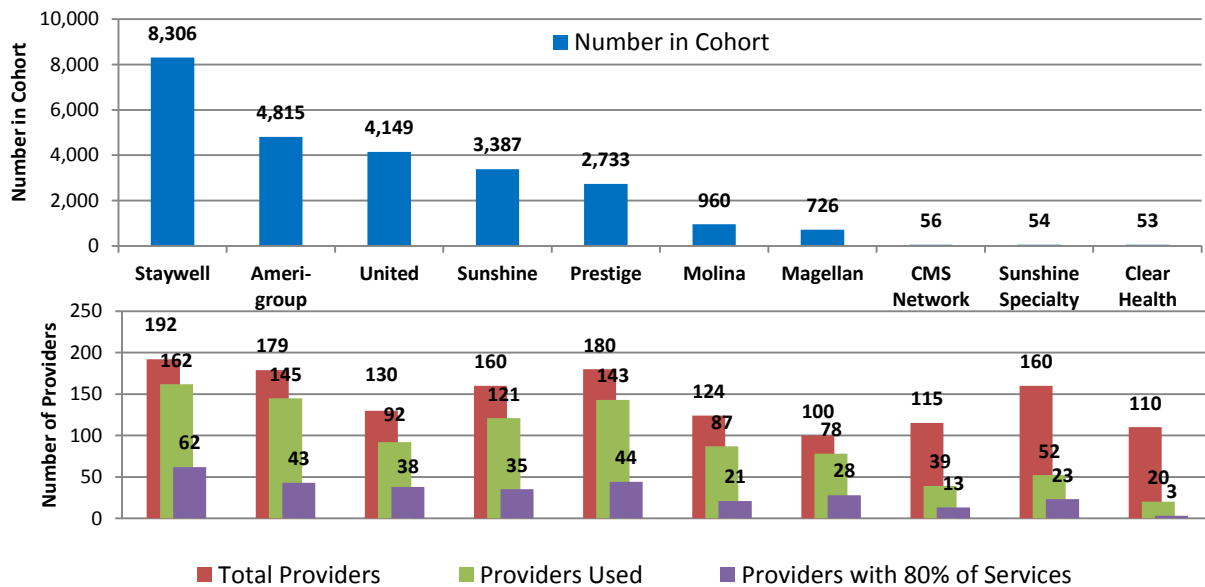
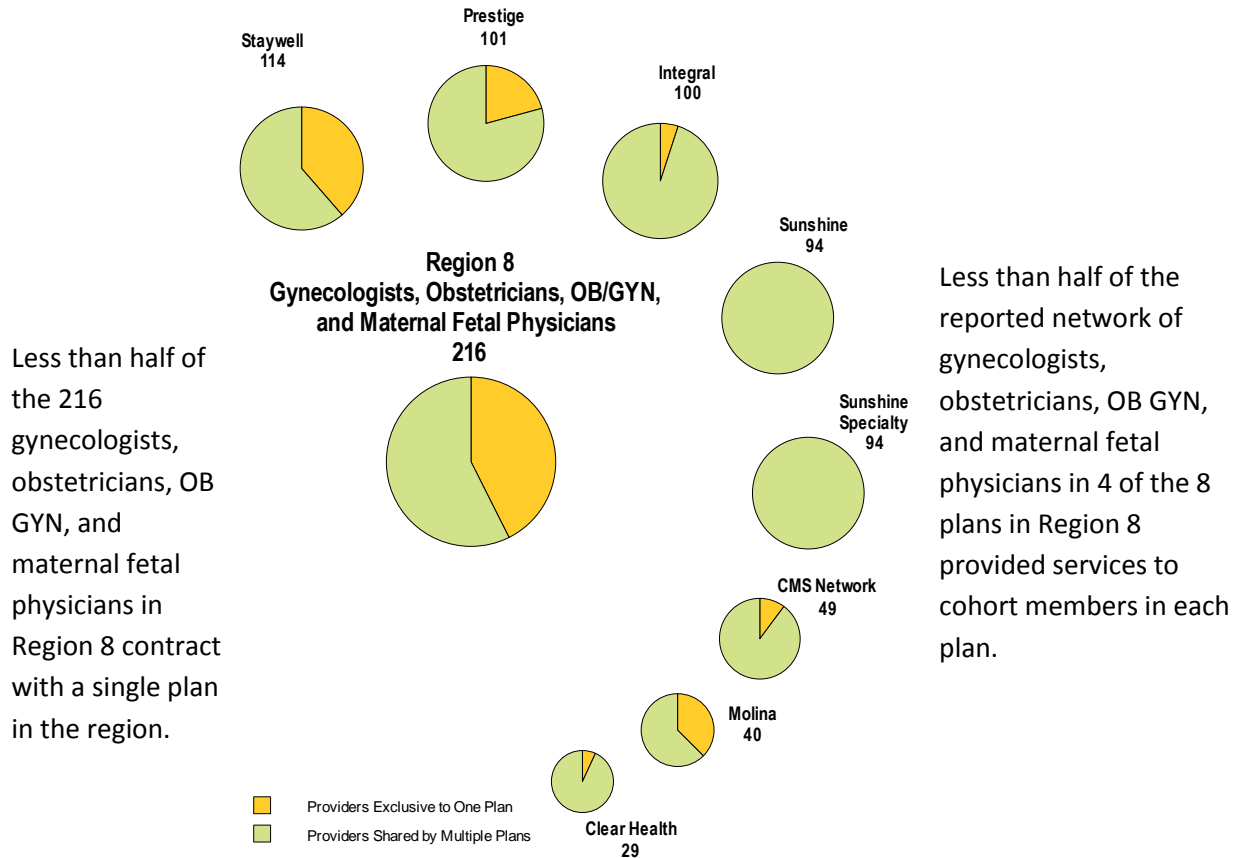
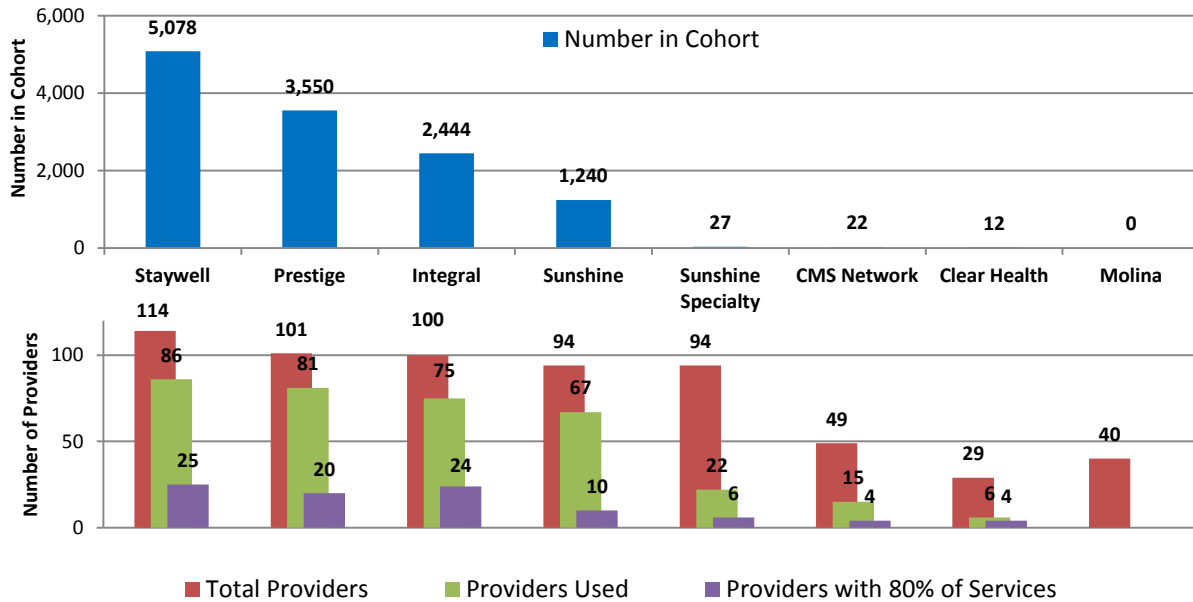


Figure 152: Region 8 Network of Gynecologists, Obstetricians, OB GYN, and Maternal Fetal Physicians, August 2014-September 2015



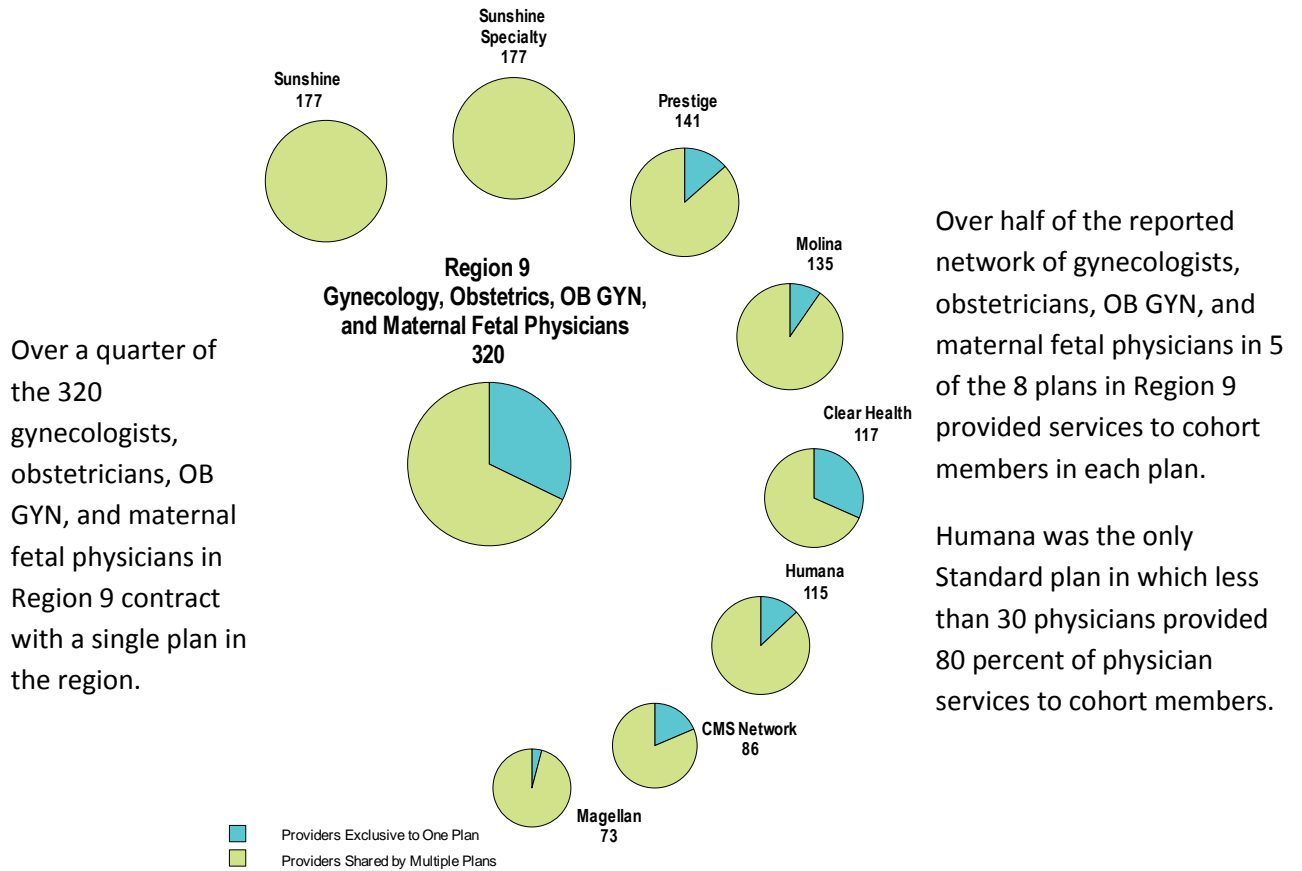
Source: Provider Network Verification System, August 2014-September 2015.

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



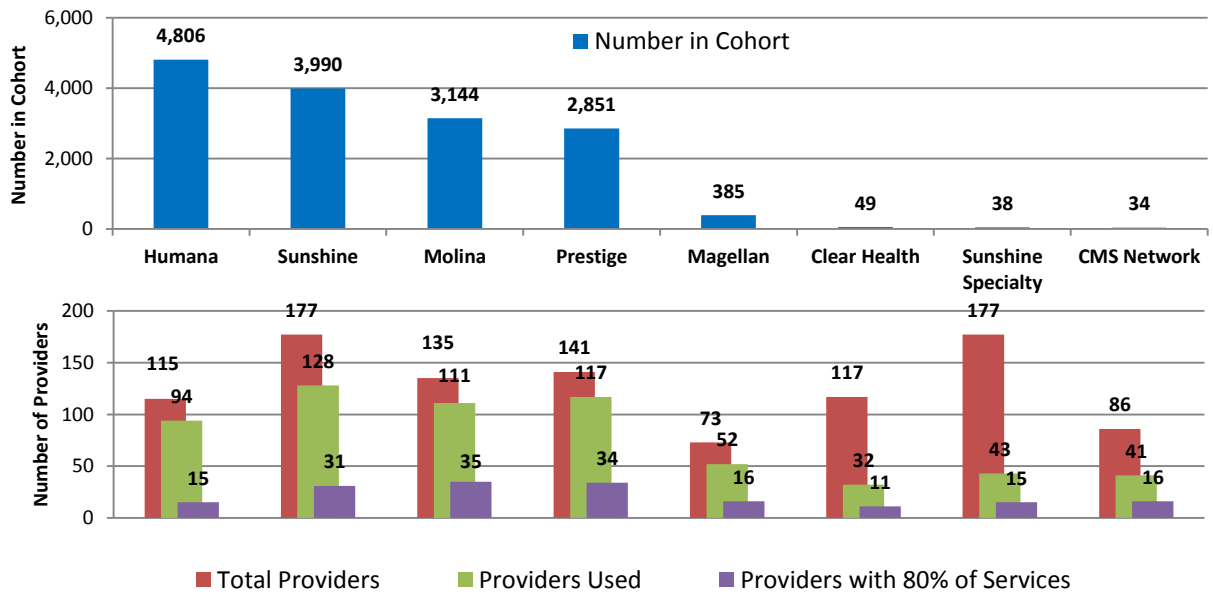
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

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



Source: Provider Network Verification System, August 2014-September 2015.

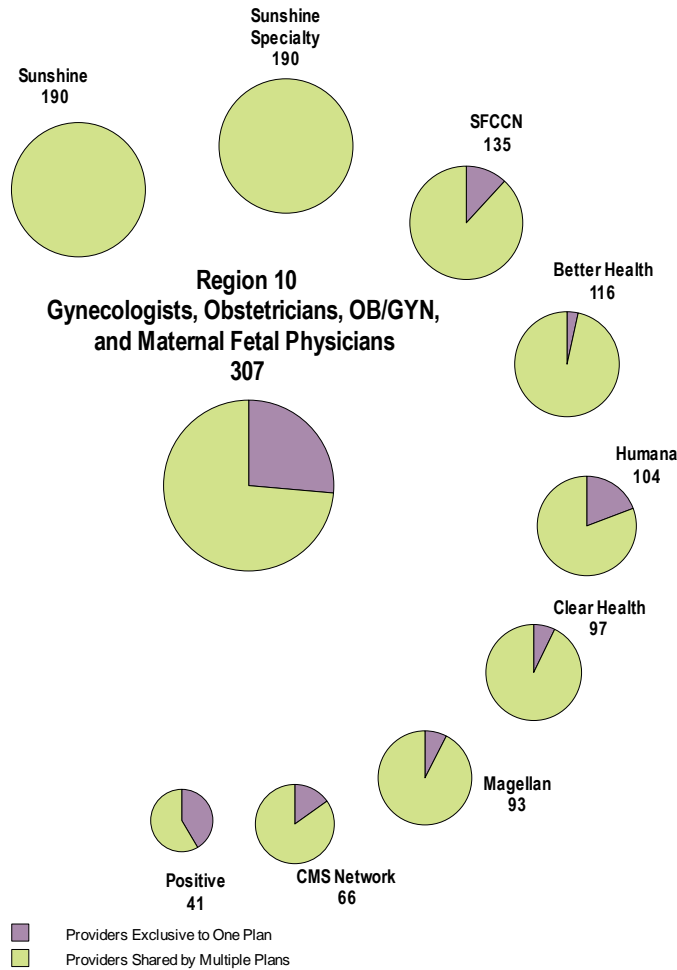
Figure 155: Number of Cohort Members, Physicians Reported in Each Plan's Network, Physicians that Provided a Service to Cohort Members, and Physicians that Provided 80 Percent of Services to Cohort Members by Plan in Region 9, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 156: Region 10 Network of Gynecologists, Obstetricians, OB GYN, and Maternal Fetal Physicians, August 2014-September 2015

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.

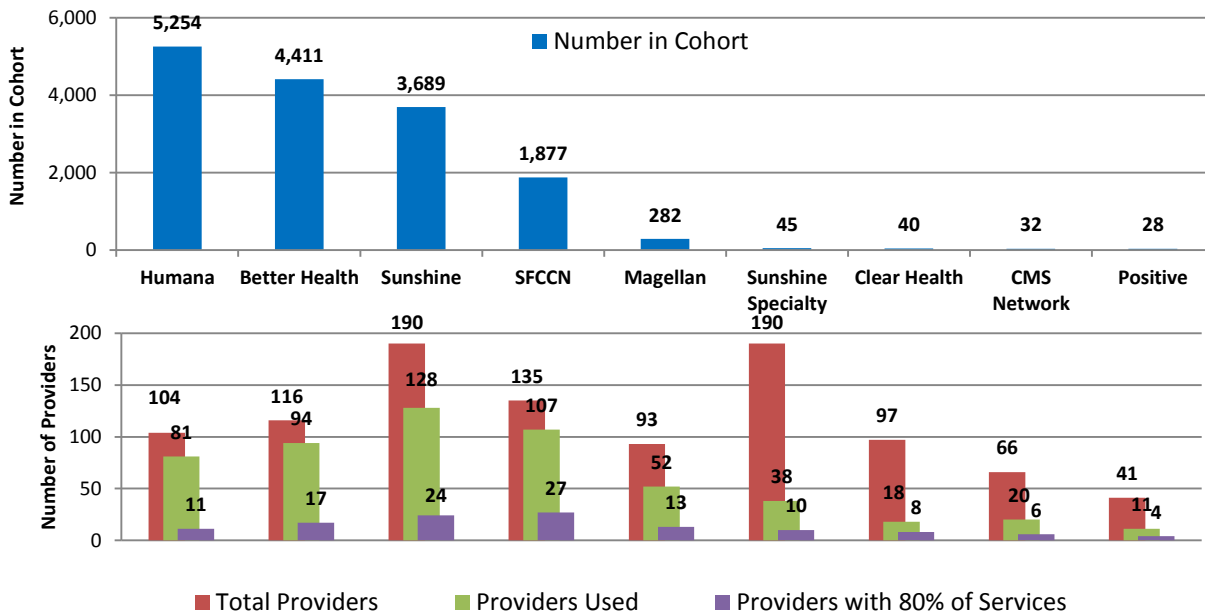


More than half of the reported network of gynecologists, obstetricians, OB GYN, and maternal fetal physicians in 5 of the 9 plans in Region 10 provided services to cohort members in each plan.

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

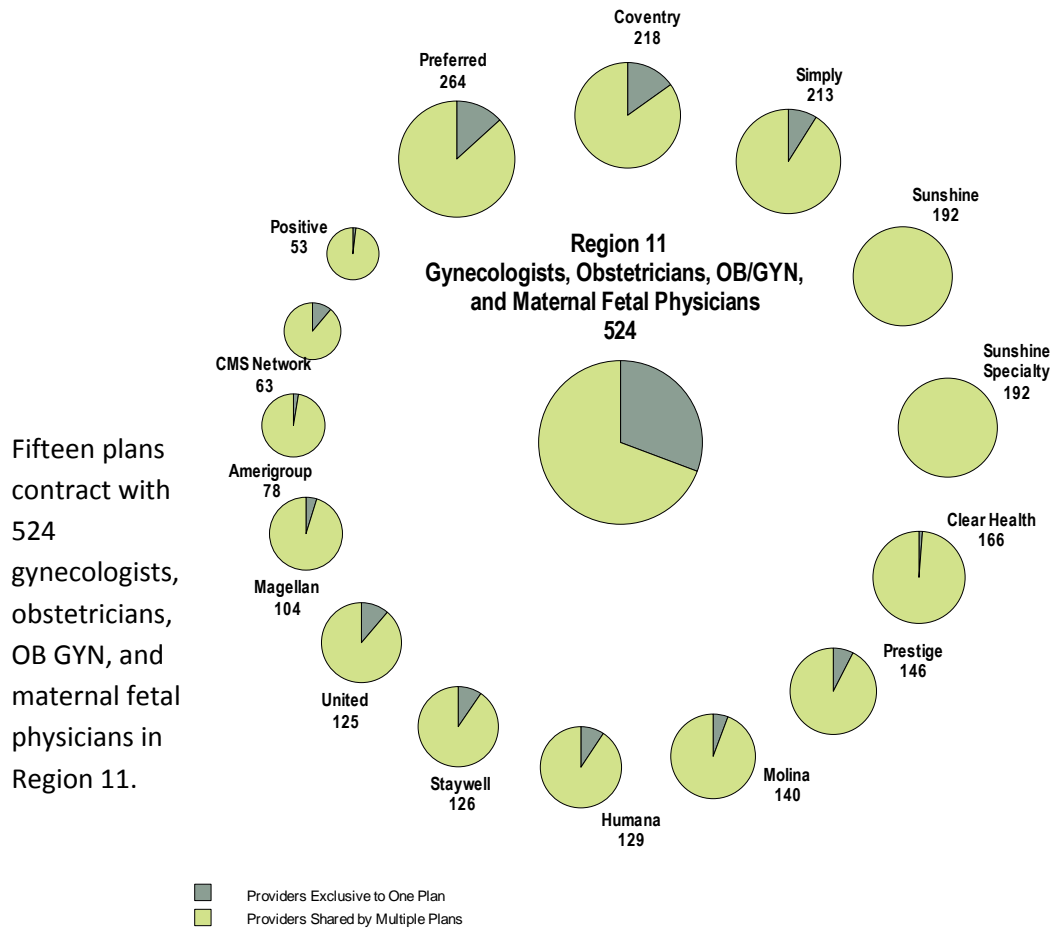
Source: Provider Network Verification System, August 2014-September 2015.

Figure 157: 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 10, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

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



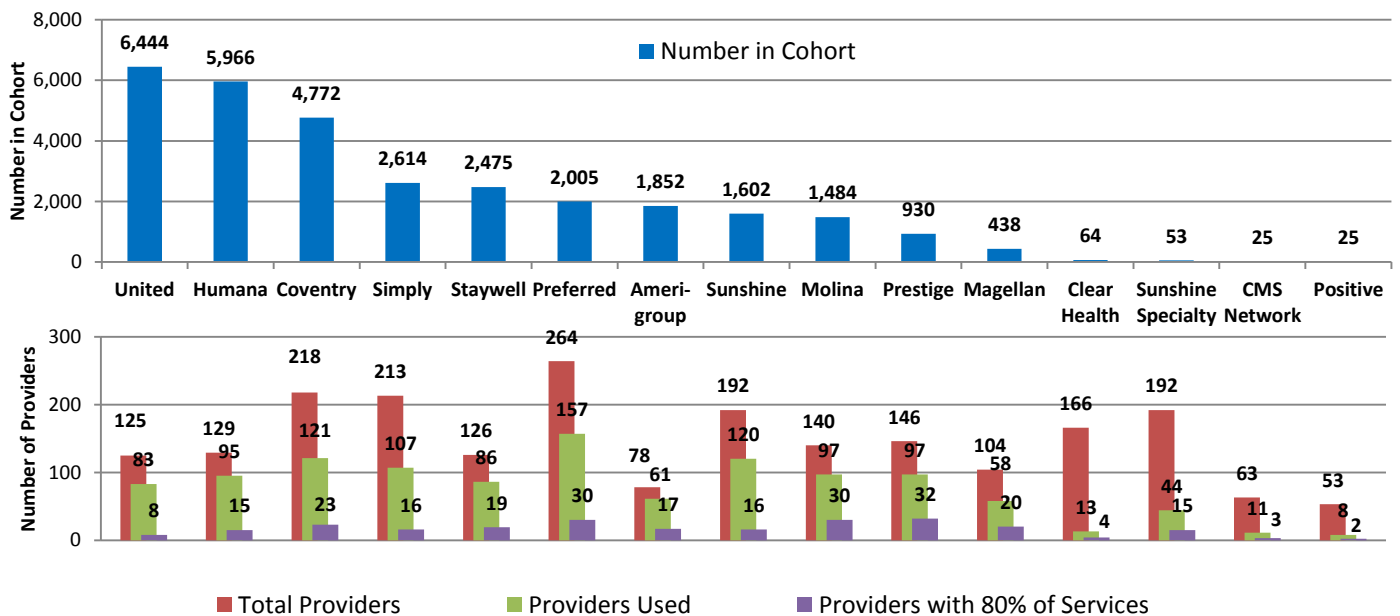
Fifteen plans contract with 524 gynecologists, obstetricians, OB GYN, and maternal fetal physicians in Region 11.

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.

Source: Provider Network Verification System, 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

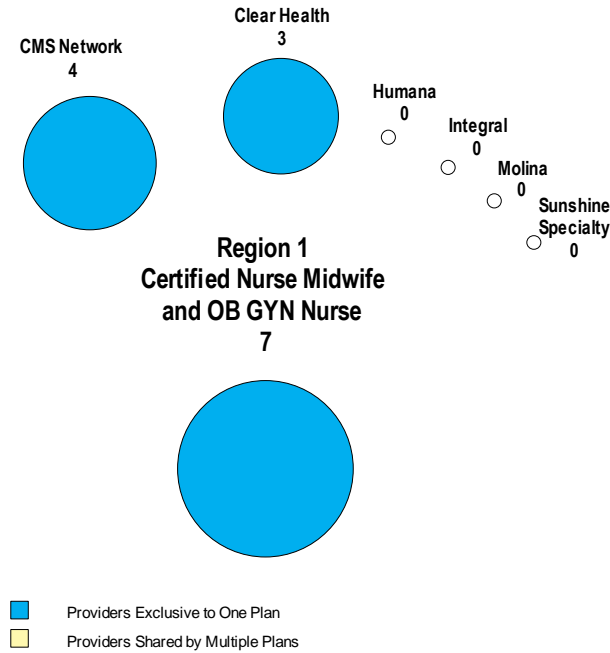


Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

## Network of Certified Nurse Midwives and OB GYN Nurses by Region

Figure 160: Region 1 Network of Certified Nurse Midwives and OB GYN Nurses, August 2014-September 2015

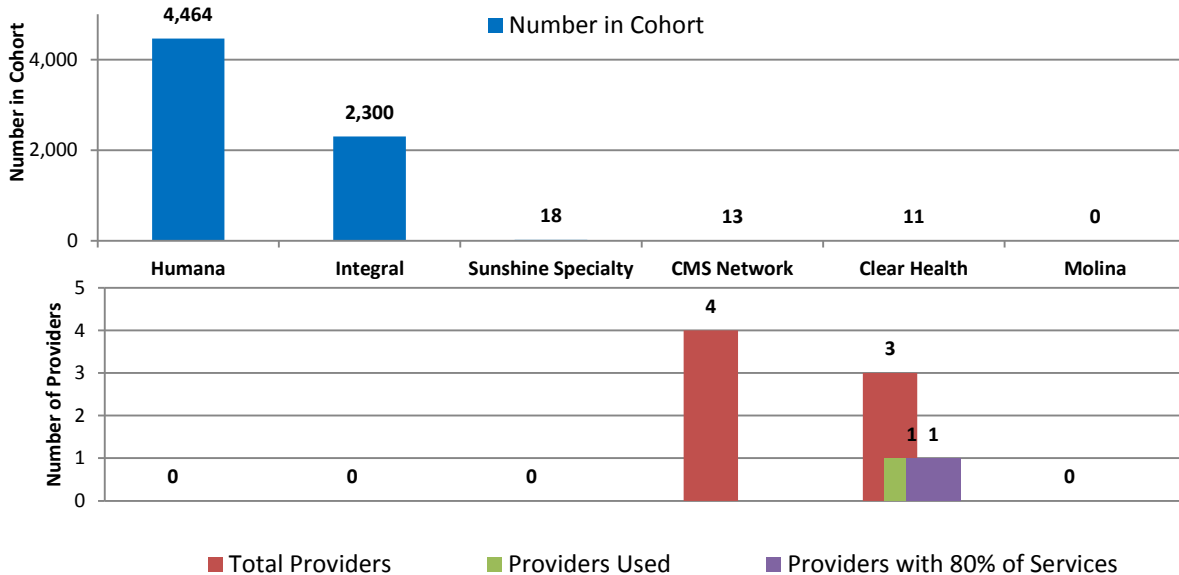
A certified nurse midwife (CNM) is licensed in Florida as an advanced registered nurse practitioner (ARNP) and certified by the American College of Nurse Midwives to supervise a normal labor and childbirth, render prenatal and postpartum care, and advise the parents as to the progress of the childbirth. 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.

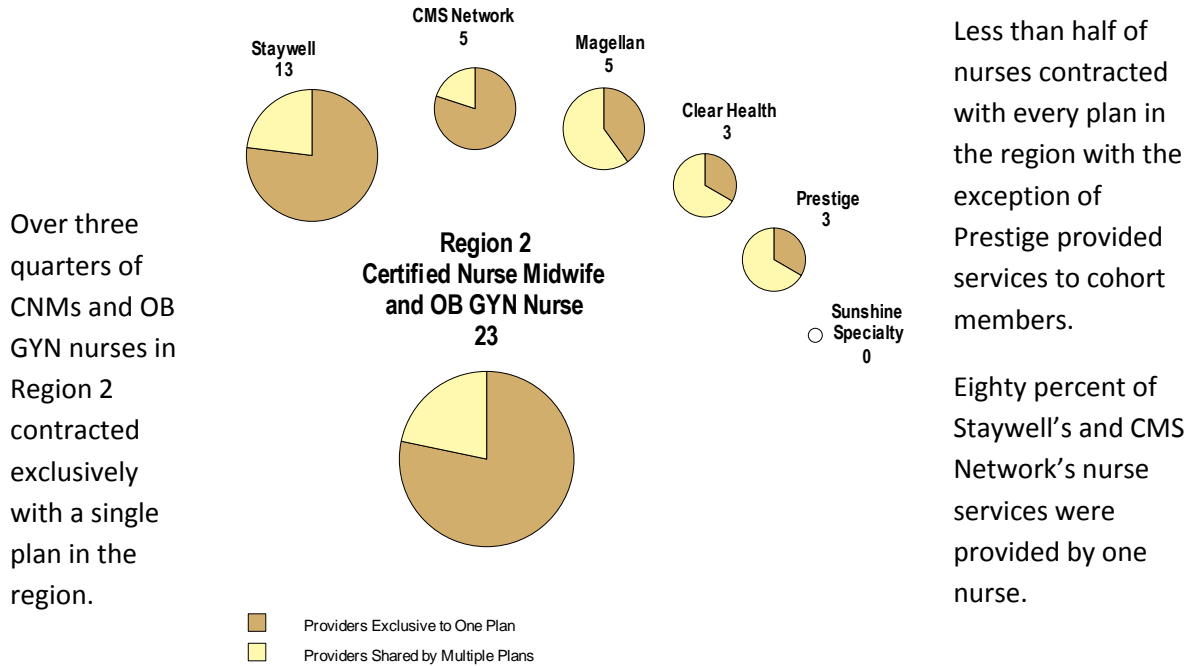
Source: Provider Network Verification System, August 2014-September 2015.

Figure 161: 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 1, August 2014-September 2015



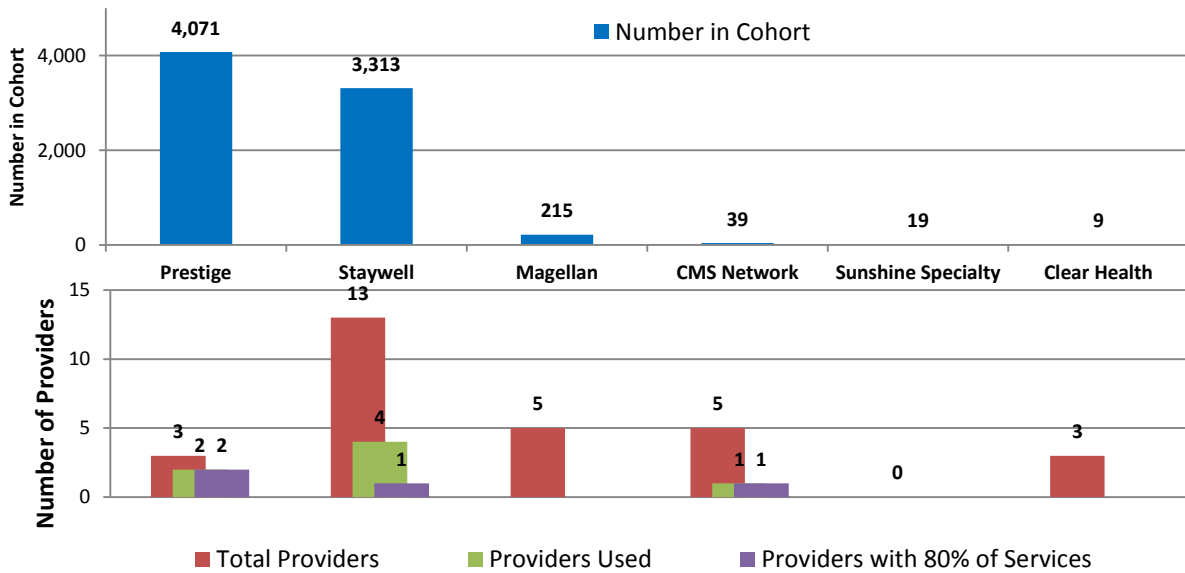
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 162: Region 2 Network of Certified Nurse Midwives and OB GYN Nurses, August 2014-September 2015



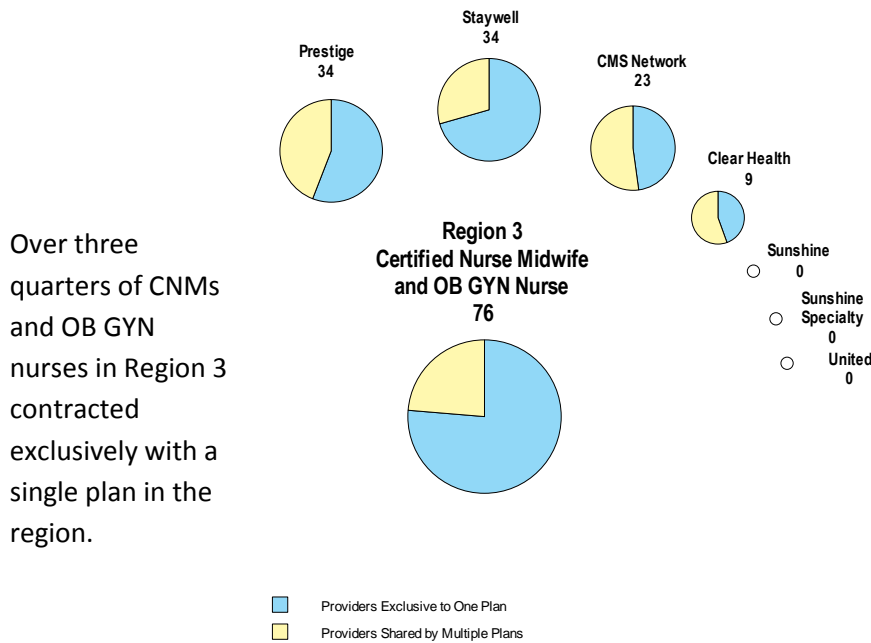
Source: Provider Network Verification System, August 2014-September 2015.

Figure 163: 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 2, August 2014-September 2015



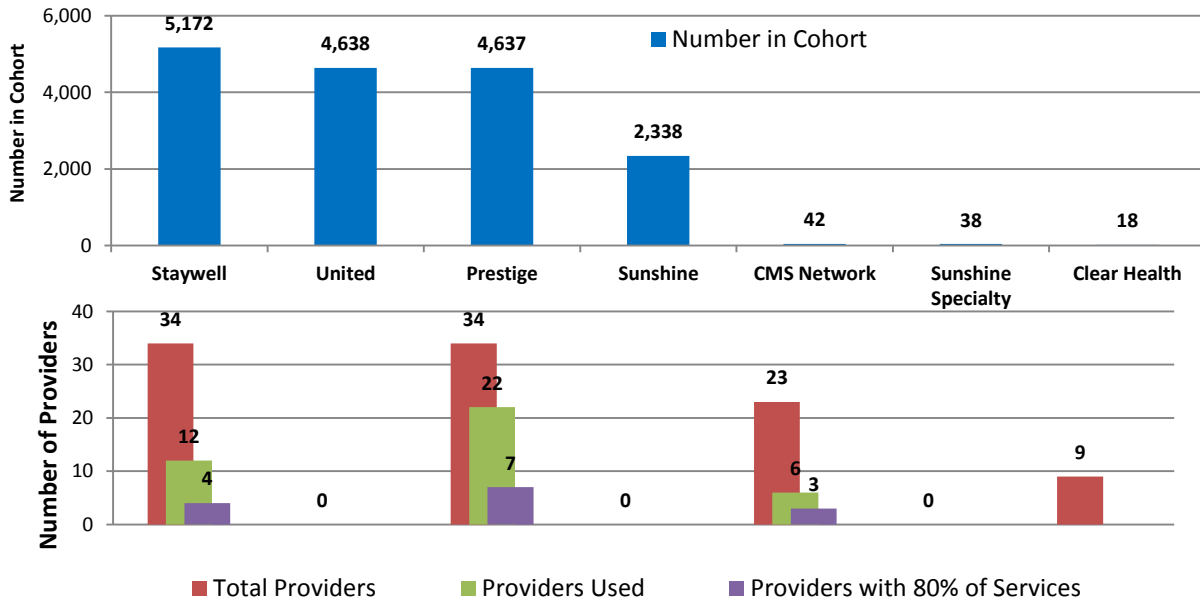
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 164: Region 3 Network of Certified Nurse Midwives and OB GYN Nurses, August 2014-September 2015



Source: Provider Network Verification System, August 2014-September 2015.

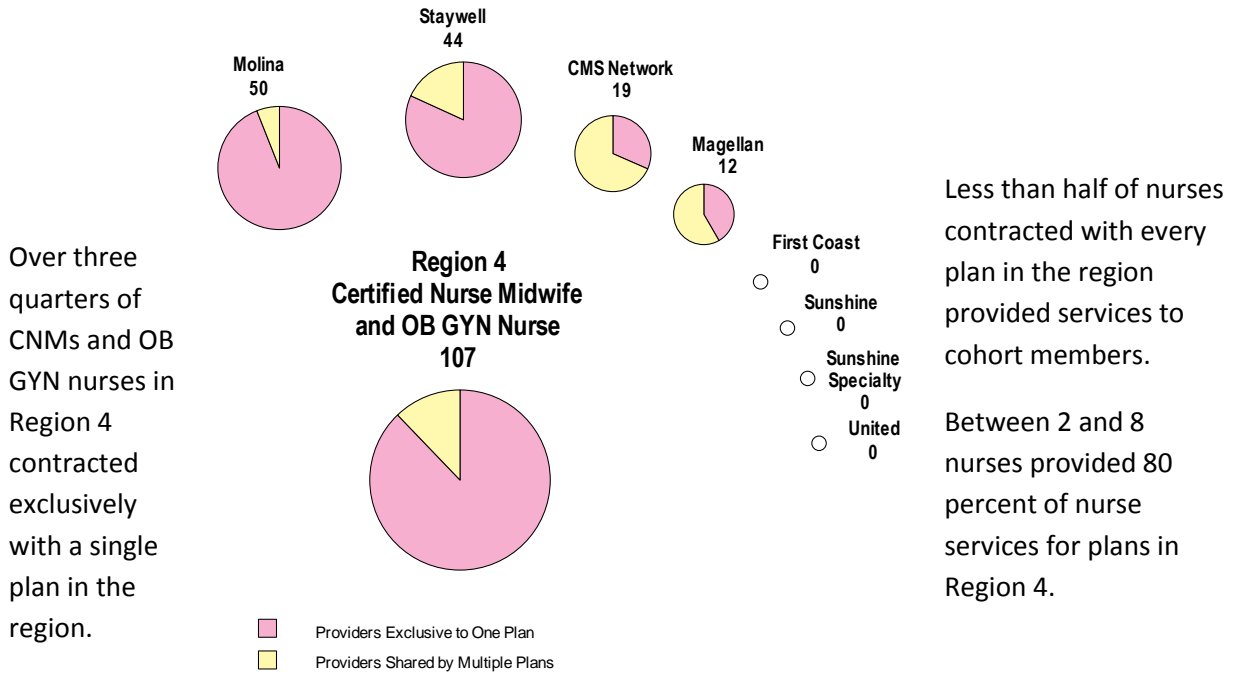
Figure 165: Number of Cohort Members, CNM and OB GYN Nurses Reported in Each Plan's Network, CNM and OB GYN Nurses that Provided a Service to Cohort Members, and CNM and OB GYN Nurses that Provided 80 Percent of Services to Cohort Members by Plan in Region 3, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

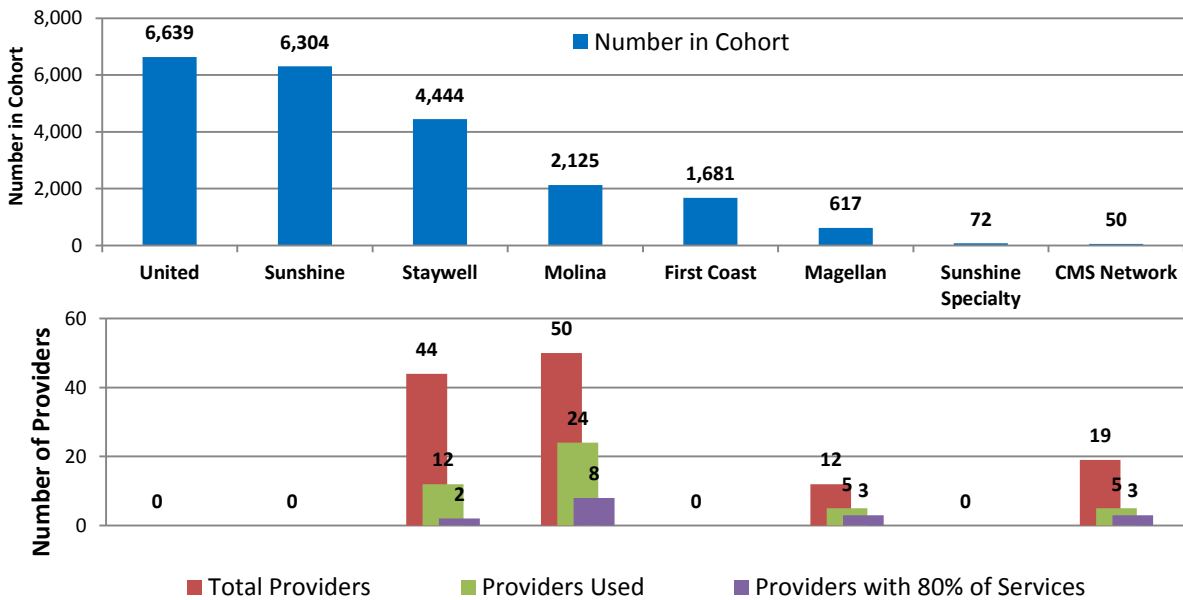


Figure 166: Region 4 Network of Certified Nurse Midwives and OB GYN Nurses, August 2014-September 2015



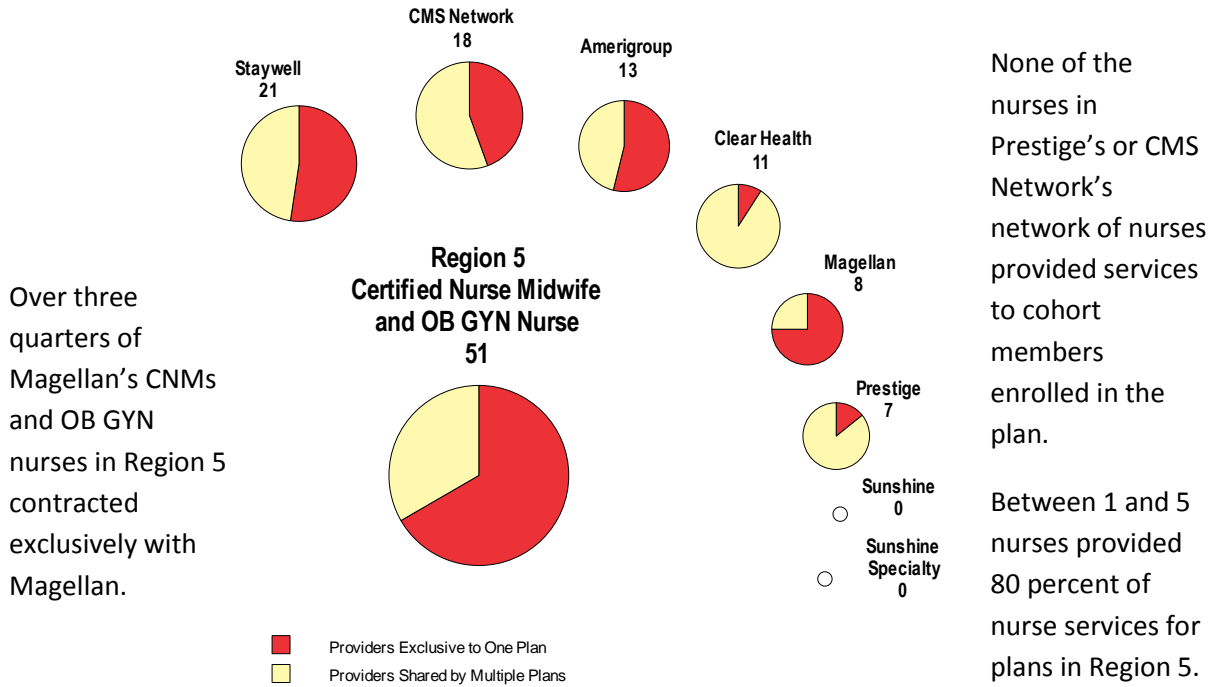
Source: Provider Network Verification System, August 2014-September 2015.

Figure 167: 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 4, August 2014-September 2015



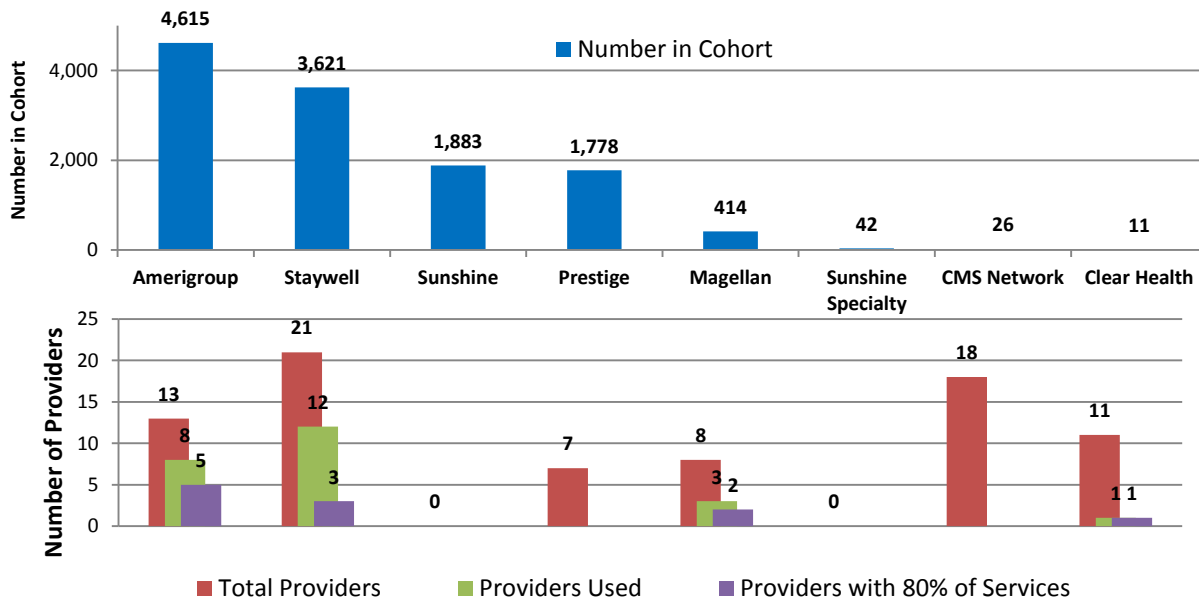
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 168: Region 5 Network of Certified Nurse Midwives and OB GYN Nurses, August 2014-September 2015



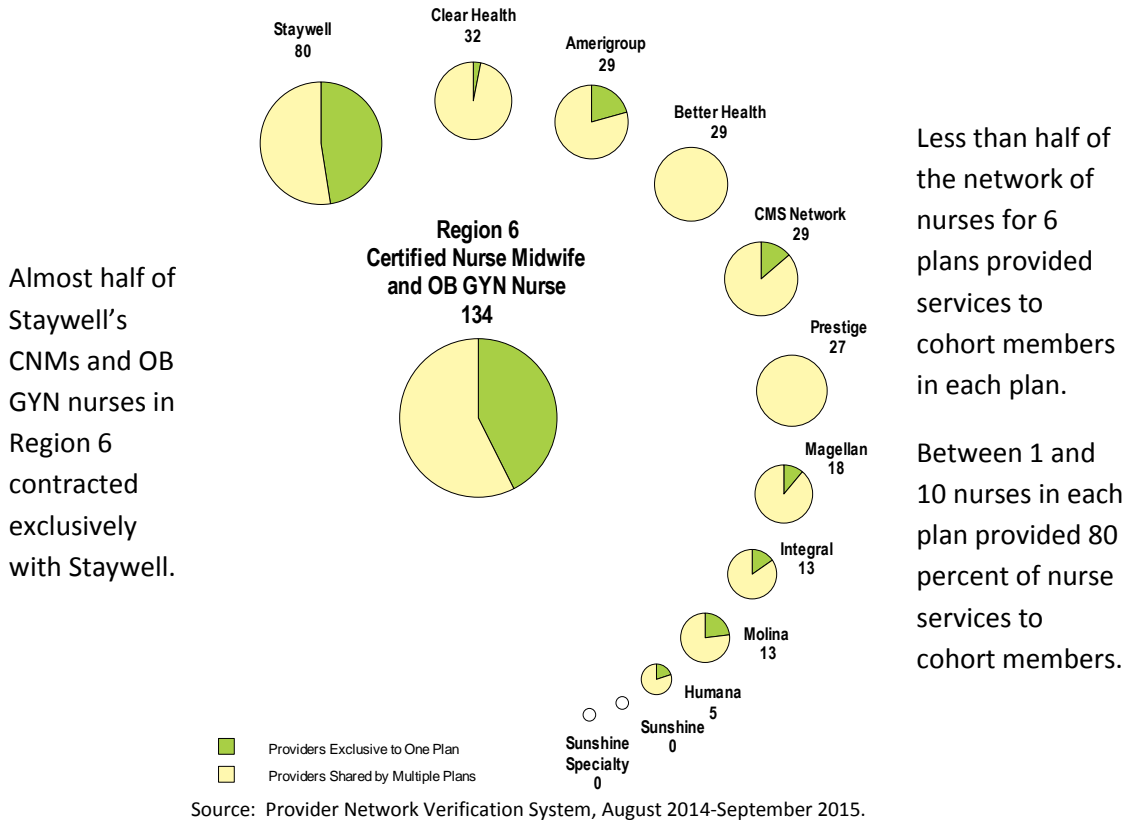
Source: Provider Network Verification System, August 2014-September 2015.

Figure 169: 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 5, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 170: Region 6 Network of Certified Nurse Midwives and OB GYN Nurses, August 2014-September 2015

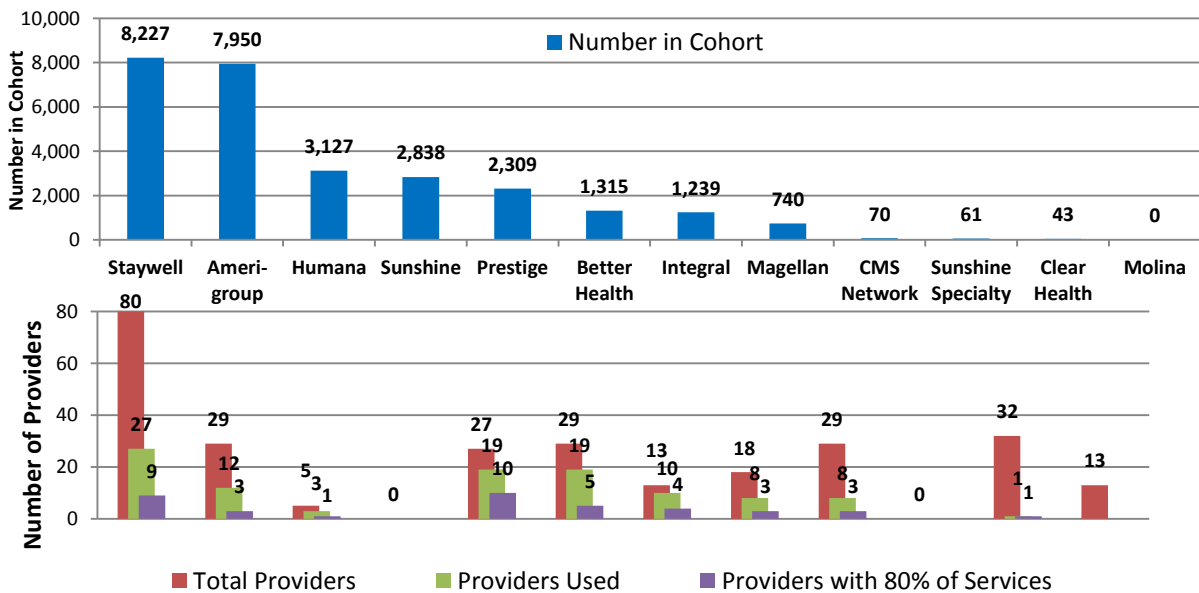


Almost half of Staywell's CNMs and OB GYN nurses in Region 6 contracted exclusively with Staywell.

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

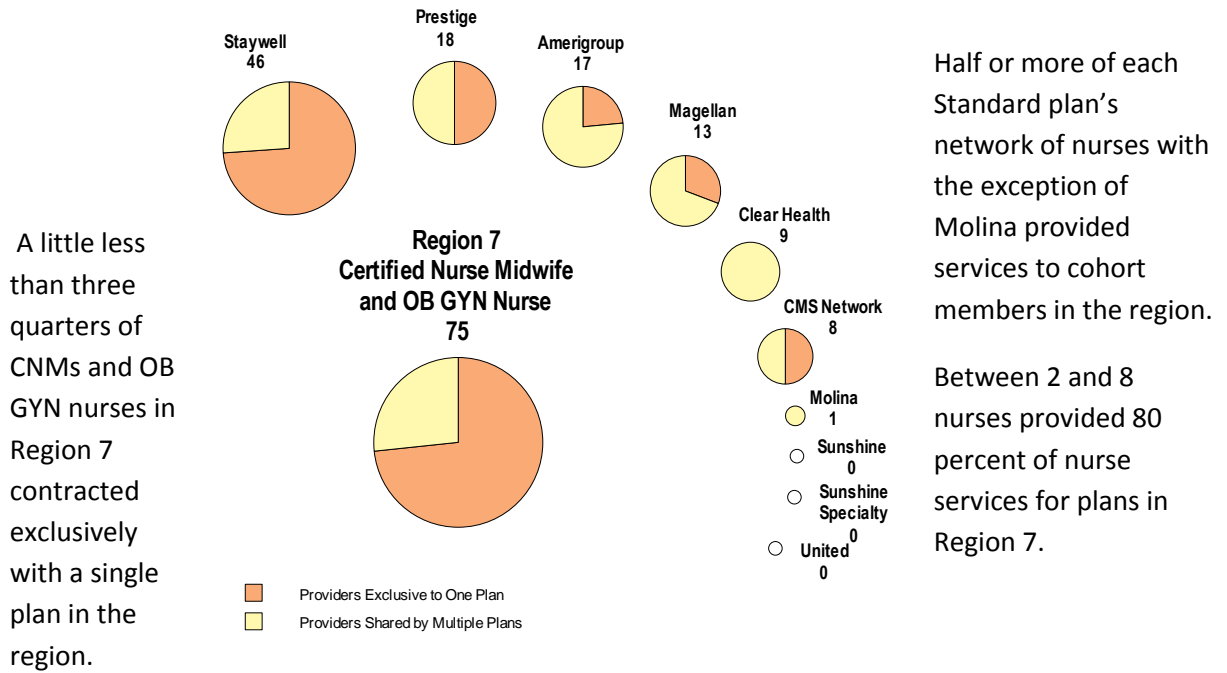
Between 1 and 10 nurses in each plan provided 80 percent of nurse services to cohort members.

Figure 171: 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 6, August 2014-September 2015



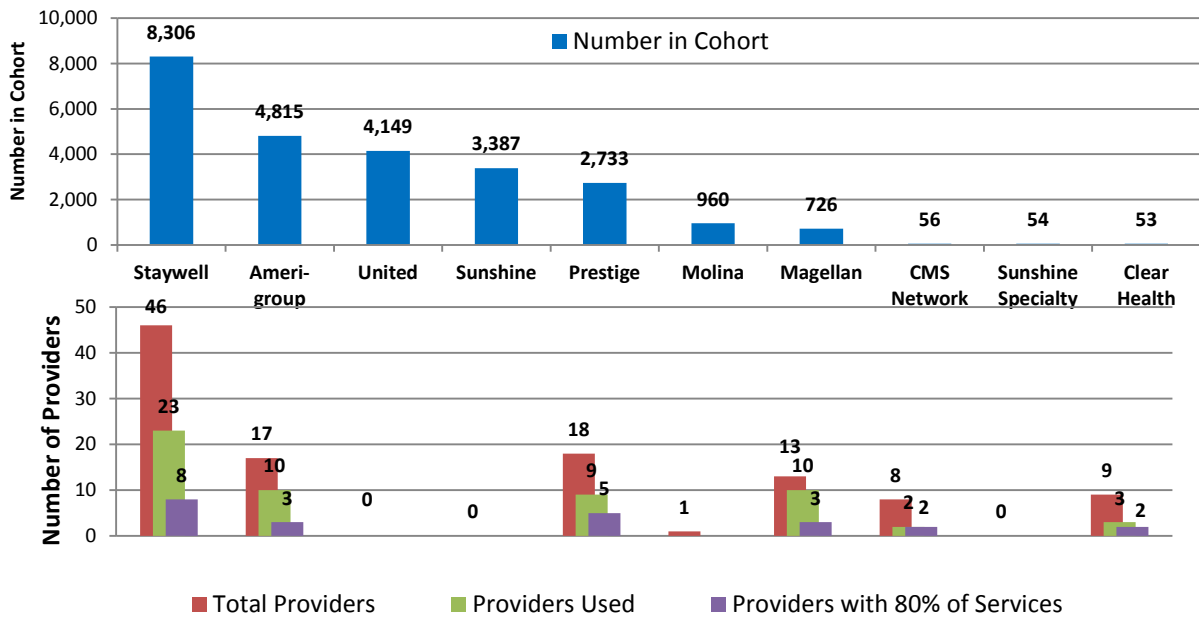
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

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



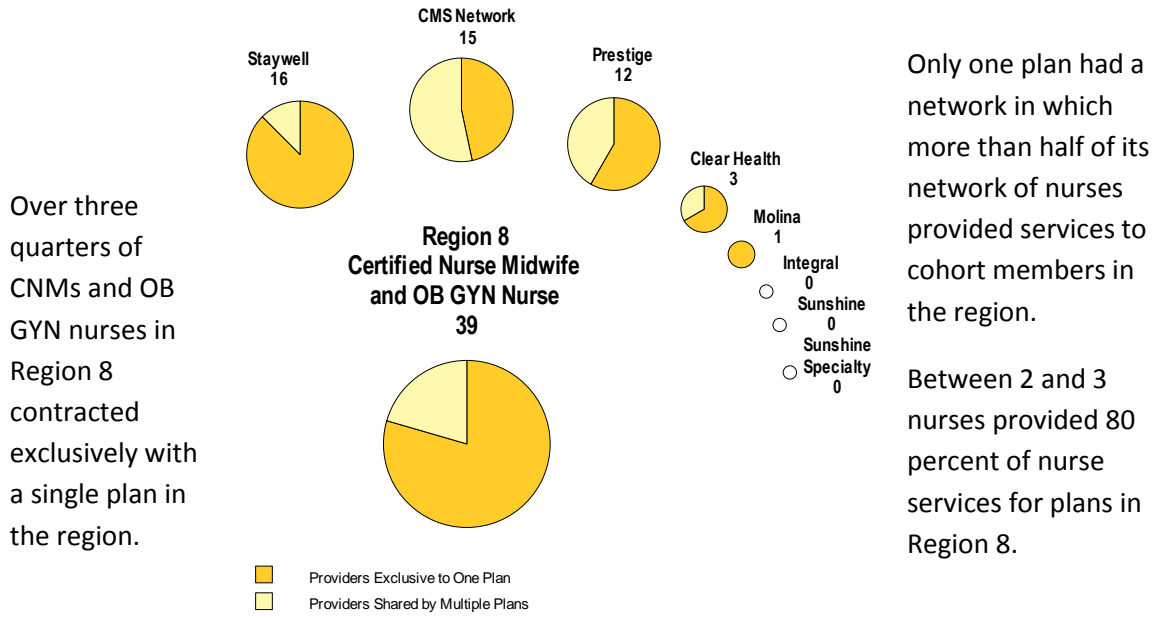
Source: Provider Network Verification System, August 2014-September 2015.

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



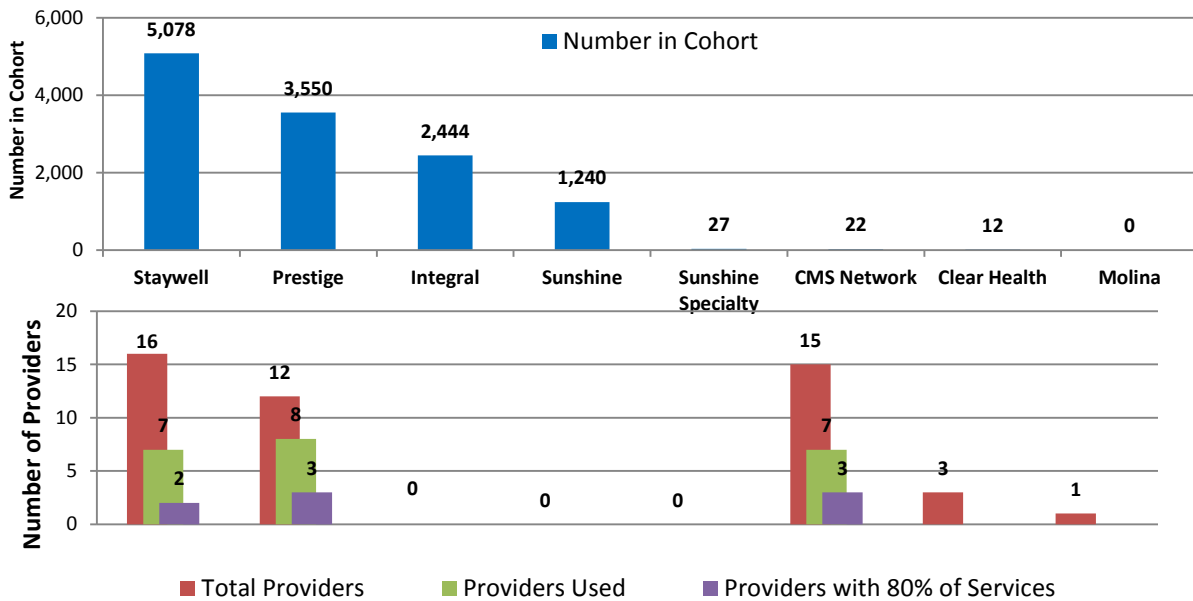
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 174: Region 8 Network of Certified Nurse Midwives and OB GYN Nurses, August 2014-September 2015



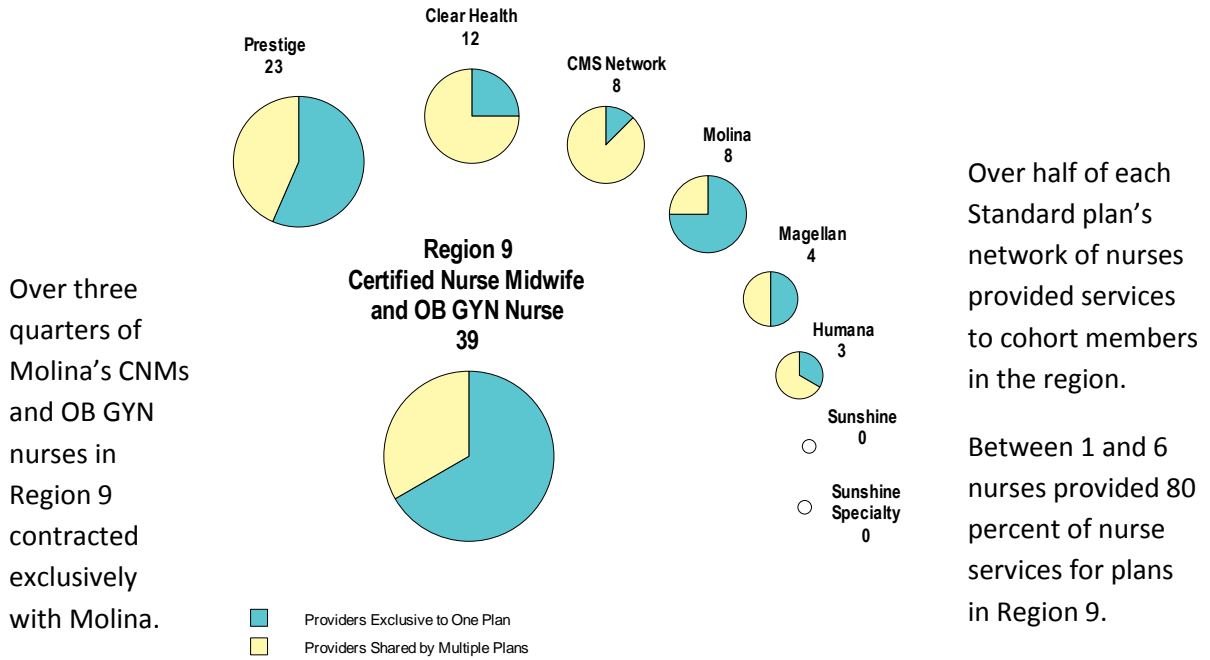
Source: Provider Network Verification System, August 2014-September 2015.

Figure 175: 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 8, August 2014-September 2015



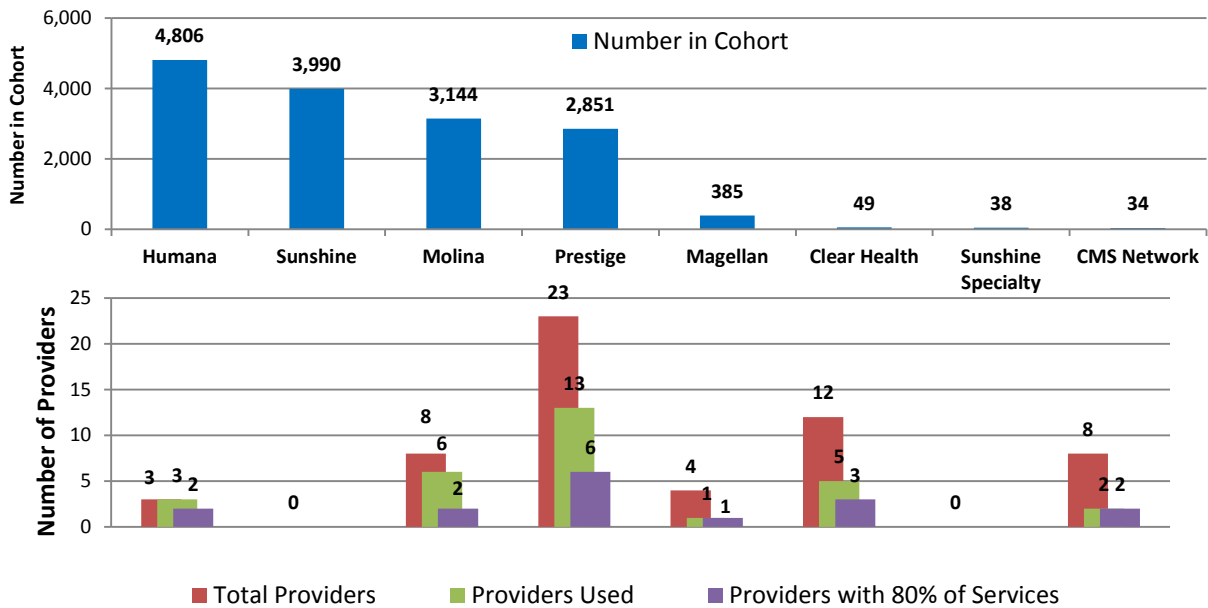
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 176: Region 9 Network of Certified Nurse Midwives and OB GYN Nurses, August 2014-September 2015



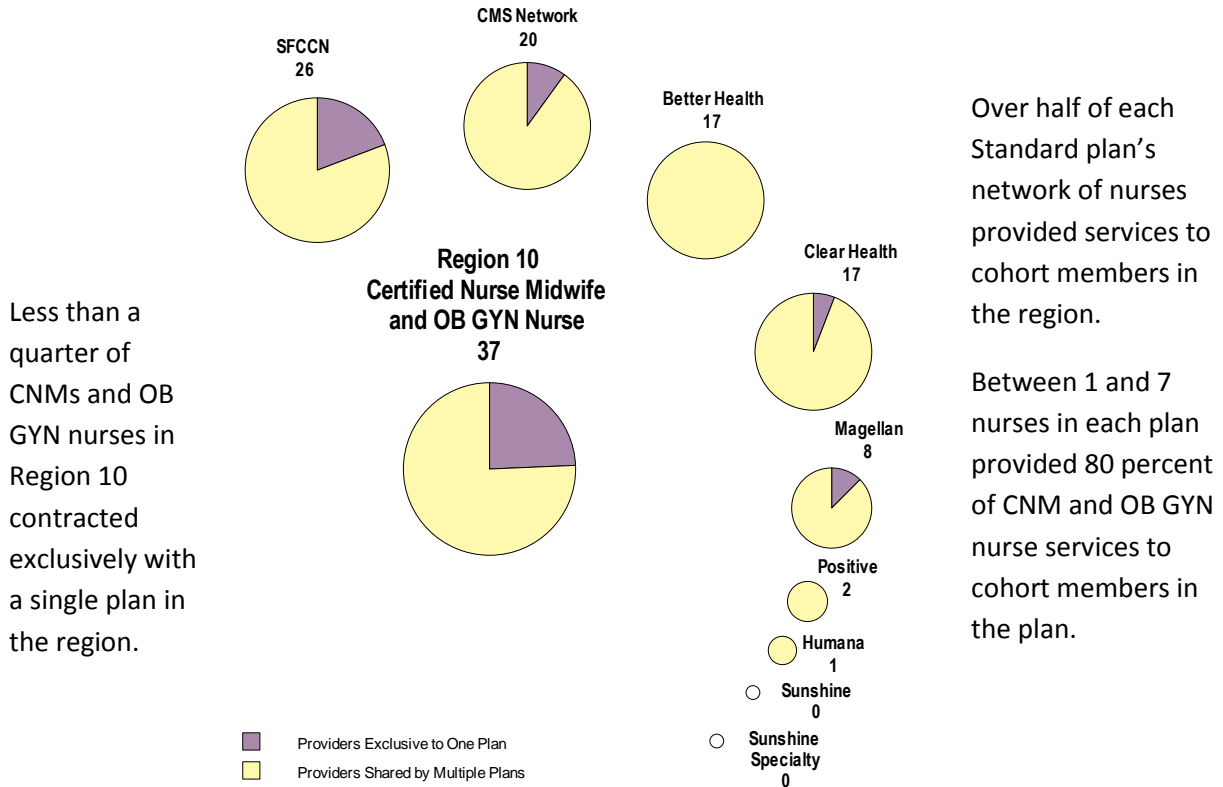
Source: Provider Network Verification System, August 2014-September 2015.

Figure 177: 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 9, August 2014-September 2015



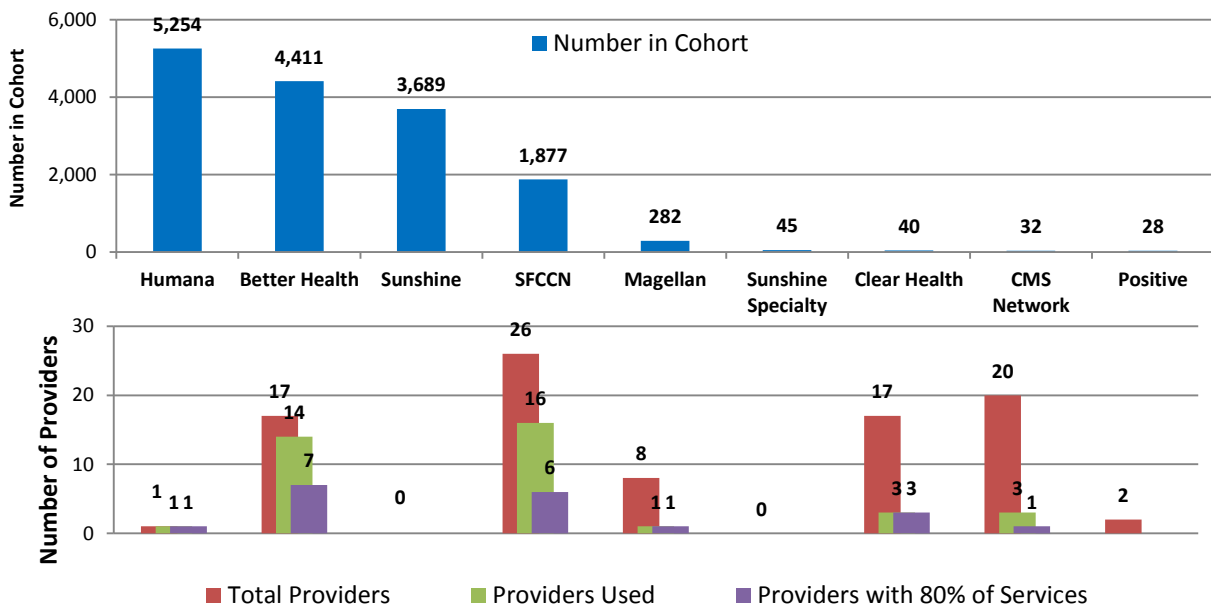
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 178: Region 10 Network of Certified Nurse Midwives and OB GYN Nurses, August 2014-September 2015



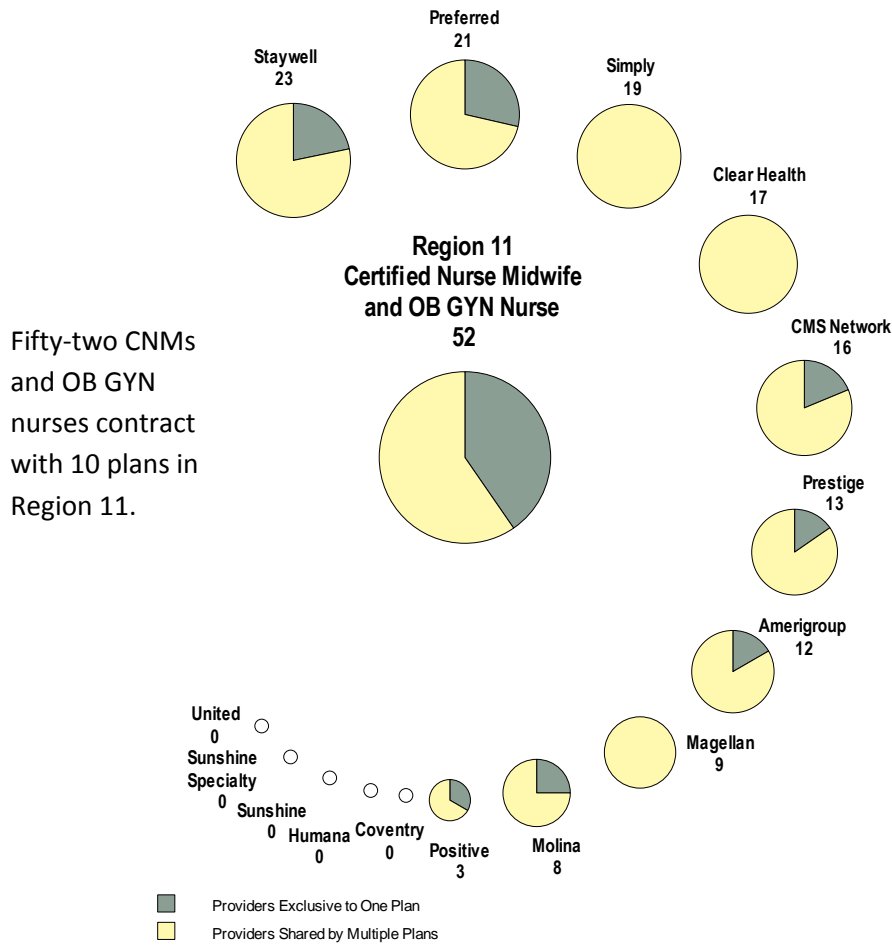
Source: Provider Network Verification System, August 2014-September 2015.

Figure 179: 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 10, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.

Figure 180: Region 11 Network of Certified Nurse Midwives and OB GYN Nurses, August 2014-September 2015

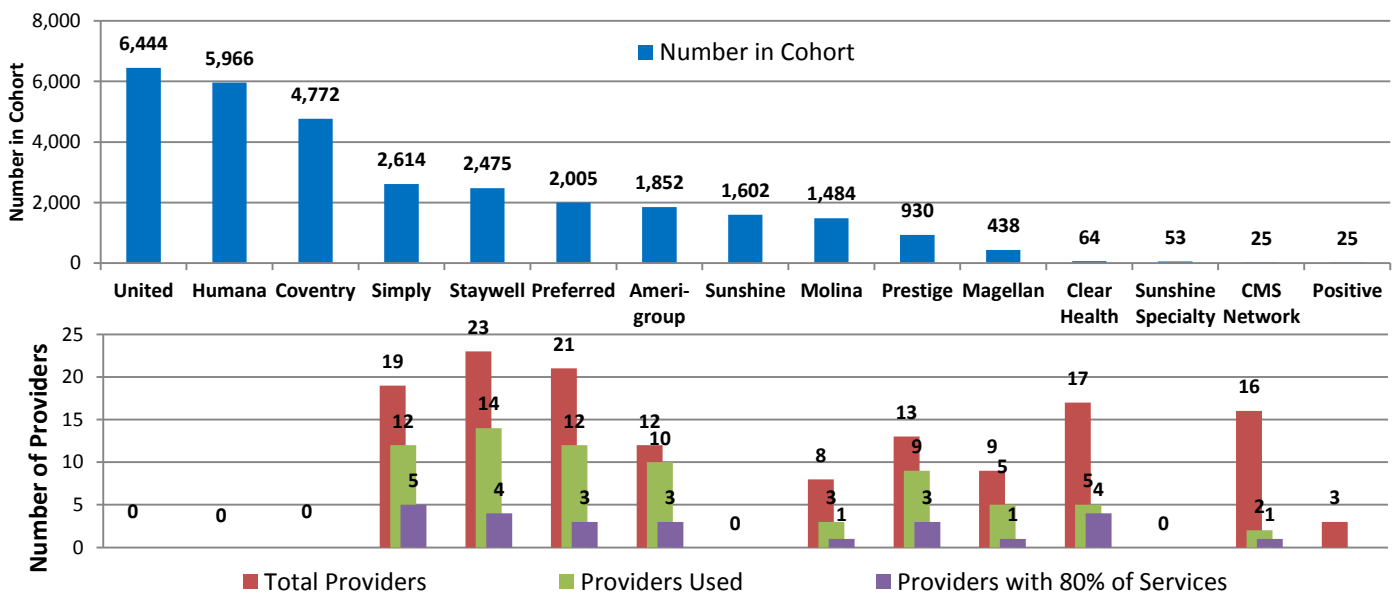


Over half of nurses in 6 of the 10 plans provided services to cohort members in each plan.

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

Source: Provider Network Verification System, August 2014-September 2015.

Figure 181: 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 11, August 2014-September 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility, Encounter, and Claims Information, August 2013-September 2015.



## 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.