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To:	solicitation.questions
Cc:	Matt Eakins; Aaron Sudbury
Subject:	Florida RFI 014-21/22 Re-Procurement of the statewide Medicaid Managed Care Program
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	Florida Woman Care and Lucina Analytics - Medicaid RFI 014-2122 Response.docx

Cody Massa, Procurement Officer -

On behalf of Dr Sudbury of Florida Woman Care and Dr Eakins of Lucina Analytics I submit the attached response to Florida RFI 014-21/22 Re-Procurement of the statewide Medicaid Managed Care Program. Thank you for the opportunity to comment, let us know if any follow-up is needed.

With Gratitude,

Kate Stenzinger

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Lucina Analytics

lucinaanalytics.com

Cutting edge analytics to help moms and babies thrive

To: **Cody Massa,** Procurement Officer, Florida Agency for Health Care Administration

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Date: June 3, 2022

We would like to thank the Florida Agency for Health Care Administration (Agency) for this opportunity to comment on the re-procurement of the Statewide Medicaid Managed Care (SMMC) program. We applaud the Agency for including improved birth outcomes for mothers and infants through and beyond the 12-month postpartum coverage period in the Request for Information.

A commitment to the well-being of mothers and infants can improve the health of the next generation, build stronger communities, and provide long-term economic benefits to the state. One critical component to improving birth outcomes for mothers and infants is timeliness. If we identify pregnant women earlier, understand their risks earlier, recognize their social determinates earlier, provide access to Medicaid providers earlier - we can improve outcomes for both mother and baby. It is possible to reduce disparities in care and outcomes. Lucina Analytics has proven that early identification and data-driven advanced risk-stratification of moms can reduce NICU utilization by 9% and pre-term birth by over 10%*.

We offer the following innovative ideas and best practices to help our state Medicaid program achieve maternal and child health goals:

1. **Improving birth outcomes for mothers and infants through and beyond 12-month postpartum coverage period.**

   Identifying and caring for women in the first trimester of their pregnancy is key to understanding risk factors and making the best long-term impact for mother and baby. Health plans have access to rich data that when leveraged and shared with providers near-real-time can reduce disparities and improve birth outcomes.

https://www.marchofdimes.org/mission/reportcard.aspx
https://www.medicaid.gov/state-overviews/scorecard/live-births-weighing-less-than-2500-grams/index.html
*Results based on Lucina Analytics work with Medicaid MCO in Kentucky

Lucina's maternity analytics platform uses AI-based algorithms to scrub data for more than 3,000 early pregnancy identifiers, giving organizations who partner with us the power to find more at-risk pregnant women than ever before. Lucina currently identifies 98% of mothers before delivery and 70% in the first trimester. The Florida Health Care Connections (FX) project and CMS modularity encourages states and health plans to take advantage of vendor specialization in niche offerings, especially those that use the latest technology and offer speed to market. Lucina is leading the way in maternity identification and risk stratification.

We respectfully request that the upcoming Request for Proposal require managed care organizations to improve their use and sharing of analytics for early identification of pregnant women. Further, we believe health plans must incorporate advanced analytics into their operational processes to improve birth outcomes for both mothers and infants.

Best practice requirements include:
- Using advanced analytics tools to identify pregnant women in the first trimester of their pregnancy.
- Identifying and risk stratifying pregnant women using dynamic scoring that prioritizes based on conditions that cause the highest risk for a poor birth outcome.
- Identifying, risk stratifying, screening, and connecting with mothers who have conditions and/or complicated deliveries that place them at greater risk for poor outcomes post-delivery.
- Identifying, risk stratifying, screening, and connecting with mothers who could benefit from intrapartum care coordination to maximize pregnancy spacing.
- Identifying, risk stratifying, screening, and connecting with pregnant/delivered women who have behavioral health conditions placing them at greater risk for poor health outcomes.
- Tracking access to care for the mother and infant to identify and prioritize outreach to those who have not received postpartum, well child or any behavioral health or chronic condition follow-up recommended care.
- Timely data sharing and communications between the health plan, maternity care providers and members.

2. **Aligning quality metrics and outcomes with the Florida State Health Improvement Plan (Florida SHIP).**

The Maternal and Child health priority within the Florida SHIP appropriately points out, "The well-being of women, infants, children, and families determines the health of the next generation. Events over the life course influence maternal and child health risks and outcomes. Differences in health outcomes such as infant mortality by race and ethnicity can predict future public health challenges for families, communities, and the health care system." Florida House Bill 855 requires plans stratify reported measures by age, sex, race, ethnicity, primary language, and whether the enrollee received a Social Security Administration determination of disability. We believe these items clearly align and should be incorporated into quality metrics.

Best practice requirements include reporting on the number and % with all metrics stratified by the list from HB855

- Women identified as pregnant
- Women identified as pregnant in the first trimester
- Pregnant women stratified by maternity risk scoring
- Maternity risk stratified pregnant women by outreach attempts and engagements
- Pregnant women by maternity risk stratification and maternity outcomes
- Pregnant women by maternity risk stratification and infant outcomes
- Delivered mothers at risk for poor outcomes post-delivery
- Delivered mothers by outreach attempts and engagements for intrapartum care coordination

3. **Improving providers' experience with the SMMC Program.**

Arduous procedures for both Medicaid provider licensing and credentialing impact both physician participation and access to care for patients. Providers are required to undertake lengthy processes with multiple entities, and the lack of a single, centralized, and expedited process creates a burden on the provider and unnecessarily delays care for mothers and infants. Our experience shows it generally takes up to 160 days (and often longer) to complete the process, significantly delaying the ability for new providers to treat enrollees. Providers must first submit an application for Medicaid licensure and credentialing prior to submitting a second application for credentialing with each Managed Care Plan. We believe the Medicaid provider license and credential approval by the State should act as the delegated/approved credential for acceptance by the Medicaid Managed Care Plan. We also feel the state should treat licensed applicants who join an established medical group with a current managed care plan contract in force as participating providers upon submission of the credentialing application.

Intermittent, delayed, and underpaid provider payments have been an ongoing challenge causing provider dissatisfaction. We experience provider roster discrepancies and health plans unable to properly load our providers as NCQA certified. Additionally, plans going out of business (no payment for 18 months) or working on pended claims projects (holding $10M in payment) leads to cash flow issues for our provider group.

Best practice requirements include:

- Development of a single standardized credentialling package
- Expedited process for licensed applicants who join an established, credentialed medical group
- Notification within 60-90 calendar days of policy, claims and prior authorization process changes
- Quarterly audits to ensure accurate provider data load by the Managed Care Plans and required communication to impacted provider group if updates are needed

Our recommendations above can help Florida meet the needs of their Medicaid members, improve health outcomes, and reduce health care spend. As we identify and engage with pregnant women earlier, we learn about their clinical and social needs, health plans and providers can access resources within the state to support moms. We can and will improve outcomes for both mom and baby.

Thank you for the opportunity to comment and share our support of improved birth outcomes for mothers and infants in Florida.

Please reach out to us with questions.

Dr. Aaron Sudbury, MD   Dr. Matt Eakins, MD

Who We Are

Florida Woman Care has approximately 120 affiliated care centers with 200 locations, with over 600 Women's Health specialty providers in the state of Florida. This makes it the largest Women's Healthcare practice in the country, who serves approximately 1 million unique patients and delivers over 1 in 5 babies in Florida annually. Florida Woman Care leverages its affiliation with Unified Women's Healthcare, a diversified women's health company focused on creating a better healthcare experience for patients, the professionals who care for them, and for the people who pay for that care.

Lucina Analytics is a division of Unified Women's Healthcare. Lucina is a data-driven, enterprise SaaS company that delivers the leading women's maternity analytics platform to innovative health plans, providers, and public entities. Using AI-powered, maternity-specific algorithms and dynamic risk stratification technology, Lucina identifies women who are at risk of preterm birth, usually in the first trimester. Lucina makes it easy for care managers to provide resources and conduct outreach that optimizes the health and well-being of women, improving birth outcomes and creating healthier communities over time.