

Florida Medicaid's Comprehensive Health Care Coverage for Pregnant Woman and Infants

Senate Health Policy Committee

January 14, 2025



What is Medicaid?

Medicaid is a federal program through which states partner with the federal government to provide health care coverage to low-income children, families, elders, and people with disabilities.

The federal government establishes basic mandatory program requirements.

States choose whether to participate.

Jointly financed: federal and state governments share the cost.

Each state develops a unique Medicaid program based on federal rules – subject to federal Centers for Medicare and Medicaid Services (CMS) approval.

Who does Florida Medicaid Serve?

Medicaid serves more than 4.3 million Floridians.

Over 2.1 Million

- Children in Florida

48.5%

- Birth deliveries in Florida (CY 2020)

61.7%

- Nursing home days in Florida

Mandatory and Optional Medicaid Groups

- The federal government requires state Medicaid programs to cover “mandatory groups” and allows for coverage of “optional groups.”
 - Mandatory groups: Categories of people that must be covered.
 - Optional groups: States may choose to cover additional federally approved groups.
- The Florida Medicaid program outlines covered groups through its Medicaid state plan and various waivers.

Mandatory Groups Required by Federal CMS

Low Income:

- Children
- Pregnant Women
- Parents
- Seniors who are Medicaid recipients

Foster Care/Former Foster Care to Age 26

SSI Recipients

Emergency Medicaid for Non-Citizens

Optional (Examples)

Medically Needy

19 and 20 Year Olds

Lawfully Residing Children During Their First 5 Years

Breast and Cervical Cancer Program Enrollees

Family Planning Waiver

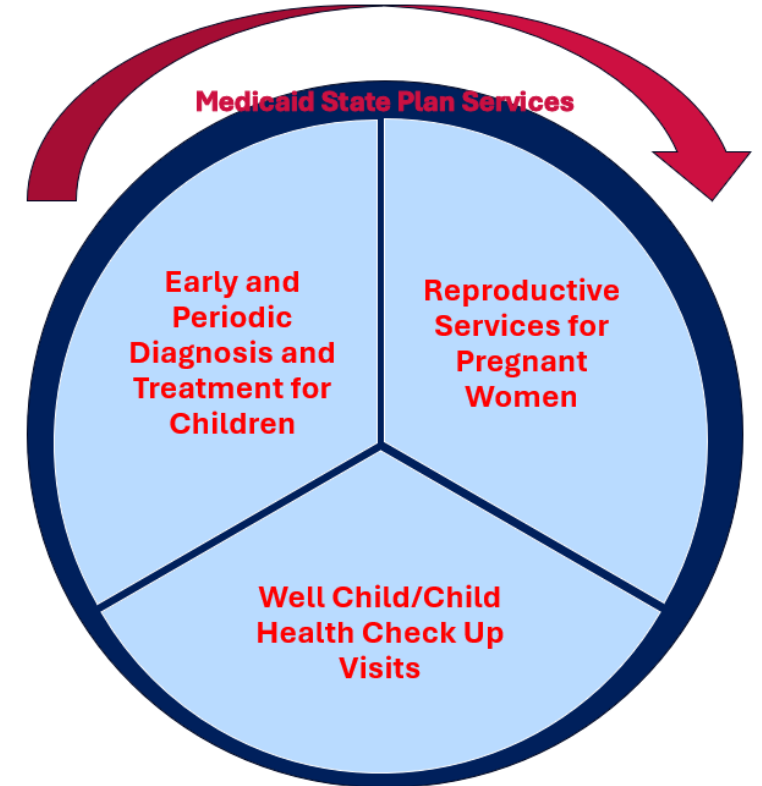
Who is Eligible to Enroll in Florida Medicaid?

- Medicaid is an entitlement program, which means that everyone who meets eligibility rules has a right to enroll in Medicaid coverage. States cannot cap their programs.
- In order to be eligible for Medicaid in Florida, a person must:



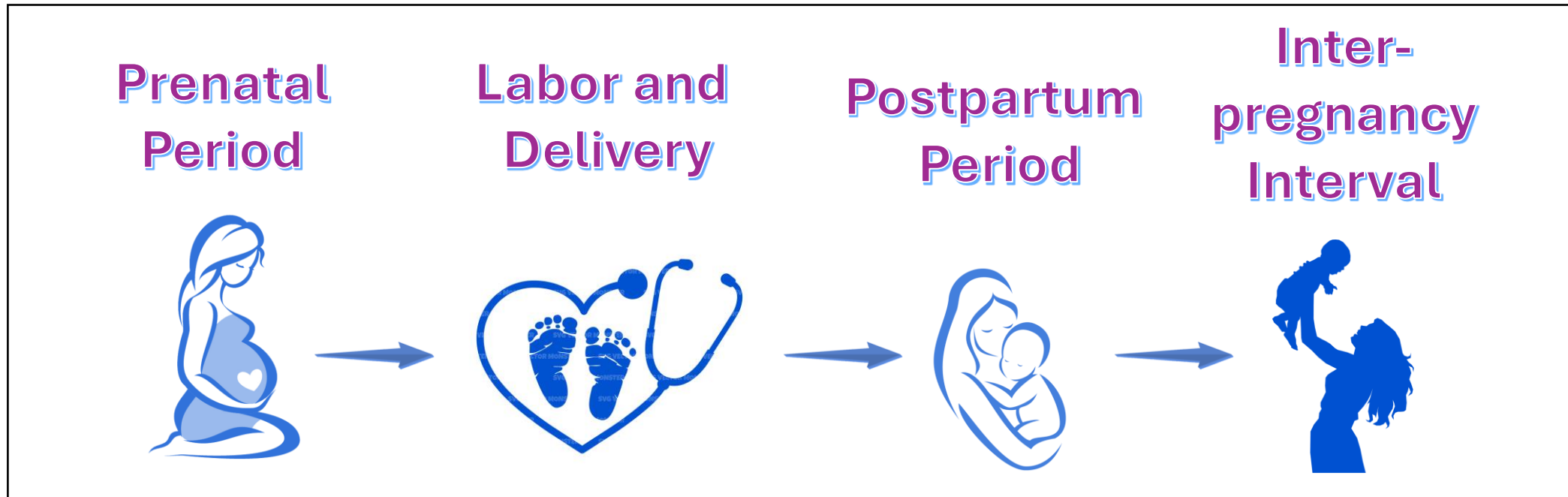
Florida Medicaid: Comprehensive Health Care Coverage for Pregnant Women and Infants

- Florida Medicaid provides comprehensive health care coverage for pregnant women and infants.
- This coverage includes **Medicaid state plan** (fee-for-service) basic health coverage:
 - **Reproductive services** provides diagnostic and therapeutic procedures including obstetrical and family planning services
 - **Well-child visits** (Child Health Check-Up Visits) include preventive and comprehensive services for eligible children born through 20 years of age and children in the Medicaid program.
 - **Early and Periodic Screening, Diagnostic and Treatment** services for children, including all services that are medically necessary to correct, prevent, or ameliorate a defect, a condition, or a physical or mental illness.



Florida Medicaid: Comprehensive Health Care Coverage for Pregnant Women and Infants.

Coverage is provided during the following phases:





Florida Medicaid During the Prenatal Period

Florida Medicaid During the Prenatal Period

Prenatal
Period

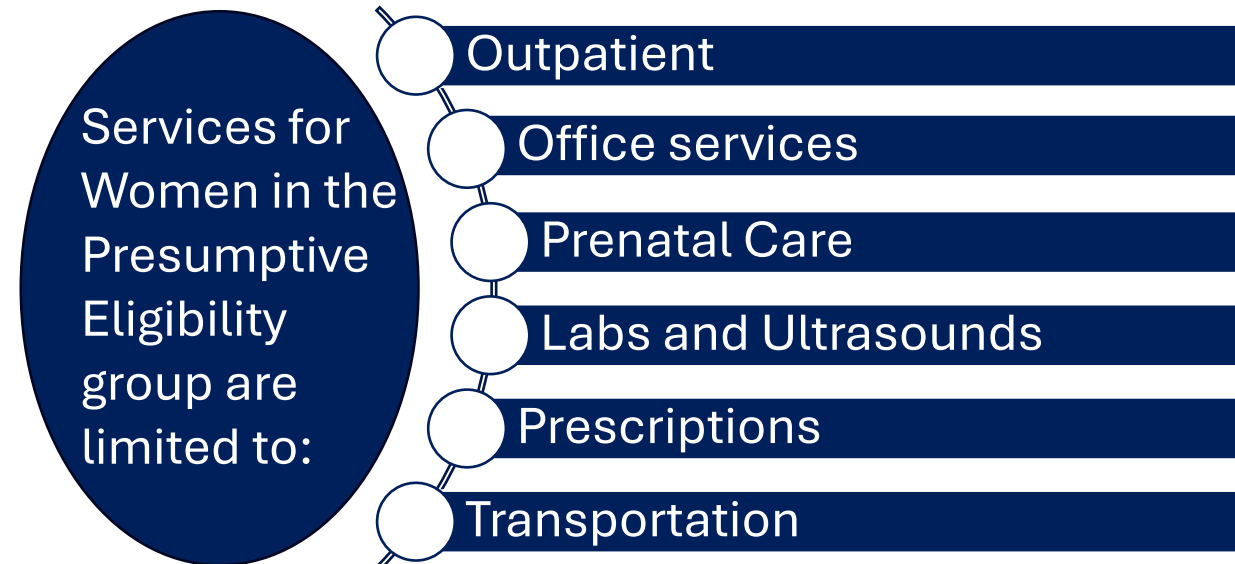


- Florida Medicaid has two main coverage groups for women in the Prenatal Period:
 - Full Eligibility for Pregnant Women
 - Presumptive Eligibility for Pregnant Women

Florida Medicaid During the Prenatal Period: Presumptive Eligibility for Pregnant Women



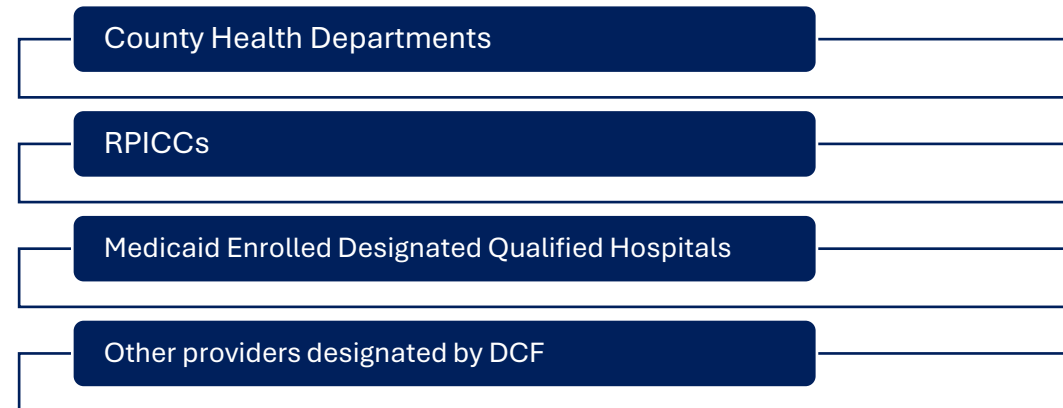
- Florida Medicaid During the Prenatal Period:
 - Presumptive eligibility for pregnant women (also known as Presumptively Eligible Pregnant Women) allows a woman to access prenatal care while Department of Children and Families eligibility staff makes a regular determination of eligibility:
 - Income limit is 185% of FPL
 - Limited Pregnancy related services



Florida Medicaid During the Prenatal Period: Presumptive Eligibility for Pregnant Women



- Florida Medicaid During the Prenatal Period:
 - Determinations of eligibility for Presumptively Eligible Pregnant Women (PEPW) coverage are made by Qualified Designated Providers (QDPs, designated by DCF). QDPs include:



- Eligibility lasts for 60 days, or until determined eligible for full Medicaid.

Fact: During FY 2023-2024, there were 4,785 women enrolled in this Florida Medicaid Eligibility group.

Florida Medicaid During the Prenatal Period: Full Eligibility for Pregnant Women



- Florida Medicaid During the Prenatal Period:
 - Full Eligibility for Pregnant Women
 - Coverage group that is mandatory Medicaid groups for all state Medicaid programs.
 - Provides full Medicaid state plan benefits to qualifying pregnant women.
 - Income limit = 185% FPL.
 - FPL is based on family size, from \$3,152 per month (\$37,824 per year) for a family of two (mother and unborn baby) to \$6,469 for a family of 6 (\$77,628 per year), for example.

Fact: During FY 2023/2024, there were 162,663 women enrolled in this Florida Medicaid Eligibility group

Florida Medicaid During the Prenatal Period: Full Eligibility for Pregnant Women



- Full Medicaid During the Prenatal Period:
 - State plan (or fee-for-service) services include (but are not limited to):
 - Preventive, and acute care services
 - Pharmacy
 - Therapies
 - Behavioral Health
 - Inpatient and Outpatient Services
 - Reproductive services providing diagnostic and therapeutic procedures, including obstetrical and family planning services

Florida Medicaid During the Prenatal Period: Full Eligibility for Pregnant Women



- Full Medicaid During the Prenatal Period:
 - State plan (or fee-for-service) reproductive services include (but are not limited to):
 - One prenatal visit that includes a Healthy Start prenatal risk screening
 - Up to ten visits, per recipient, for prenatal care
 - Up to four additional prenatal visits, per recipient experiencing a high-risk pregnancy
 - One neonatology consultation per specialty referral

Florida Medicaid During the Prenatal Period: SMMC Highlights



Medicaid recipients who receive their health care through the Statewide Medicaid Managed Care (SMMC) program, receive additional benefits:

- SMMC plans offer expanded benefits, which are services that are offered in addition to those available through the Medicaid program. Plans can:
 - Exceed the limits stated in Medicaid policy for certain services; or
 - Offer additional services not covered under the Medicaid State Plan

Current Contract Plan Expanded Benefits	SMMC 3.0 Contract Plan Expanded Benefits
Doula services (birth coach who helps pregnant women)	Doula services
Prenatal services	Prenatal services – may include benefits such as increased number of visits, hospital grade breast pumps, etc.
	Virtual Pregnancy Support

Florida Medicaid During the Prenatal Period: SMMC Highlights



- Florida SMMC Health Plans also:
 - Provide home visits by a nurse or aide, counseling and educational materials for pregnant and postpartum enrollees who are not in compliance with the plan's maternal programs.
 - Collaborate with local Healthy Start Coalitions to provide risk-appropriate care to promote early prenatal care and decrease infant mortality and low birth weight.
 - Provide nutritional assessments and counseling to all pregnant and postpartum enrollees and their children.
 - Promote breast-feeding and the use of breast milk substitutes to ensure safe and adequate nutrition for infants.

Florida Medicaid During the Prenatal Period: SMMC Highlights



- Medicaid recipients who receive their health care through the SMMC program are guaranteed continuity of care (COC) during and after their pregnancy:

Current SMMC Contract

- COC is extended beyond the 60-day COC period to allow the pregnant enrollee to continue prenatal and postpartum care with the enrollee's current provider.

SMMC 3.0 Contract

- COC is extended beyond the 90-day COC period to allow pregnant enrollees to continue prenatal and postpartum care with the enrollee's current provider.

Florida Medicaid During the Prenatal Period: Quality and Performance Metrics



- Florida Medicaid focuses on improving Quality and Performance through its SMMC program with a core focus on metrics relating to pregnancy and maternal health outcomes.
- Measurement tools with this focus include:
 - Healthcare Effectiveness Data and Information Set (HEDIS)
 - Supplemental Funding Program Quality Measures
 - Performance Improvement Projects (PIPs)
 - Additional Agency-Run Quality Measures

Florida Medicaid During the Prenatal Period: Quality and Performance Metrics



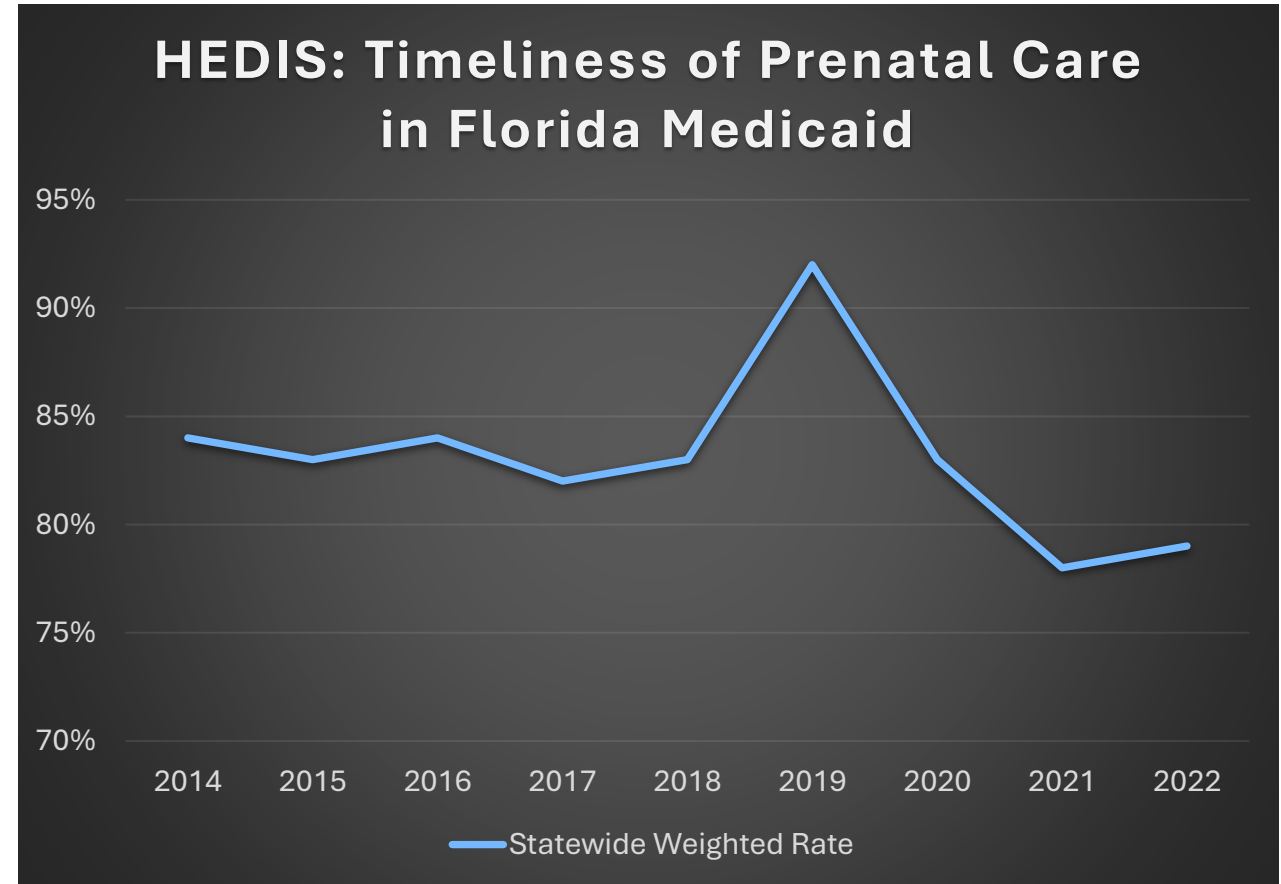
Florida Medicaid Prenatal Period Quality Measures		
	Current Contract	SMMC 3.0 Contract
HEDIS Performance Measures	<ul style="list-style-type: none"> • Timeliness of Prenatal Care 	<ul style="list-style-type: none"> • Timeliness of Prenatal Care • Prenatal Depression Screening and Follow-Up (PND-E) • Prenatal Immunization Status (PRS-E)
Supplemental Funding Program Measures	<ul style="list-style-type: none"> • MMA Physician Incentive Program (MPIP): Timeliness of Prenatal Care 	<ul style="list-style-type: none"> • MPIP: Timeliness of Prenatal Care

Florida Medicaid During the Prenatal Period: Quality and Performance Metrics



- **Timeliness of Prenatal Care:** The percentage of deliveries in which women had a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.

The National Committee for Quality Assurance (NCQA) significantly changed the specifications for this measure starting with calendar year 2019 reporting. The specs changed from requiring that the prenatal care visit occur while the member was enrolled in the plan to allowing a prenatal care visit to count for the measure even if that visit occurred prior to the member's enrollment in the plan.





Florida Medicaid During Labor & Delivery

Florida Medicaid During Labor and Delivery



- Florida Medicaid has two main coverage groups for women for labor and delivery:
 - Full Eligibility for Pregnant Women
 - Emergency Medicaid for Non-Citizens, which is federally required

Florida Medicaid During Labor and Delivery: Full Medicaid Coverage



- Full Eligibility for Pregnant Women
 - Coverage group that is a mandatory Medicaid group for all state Medicaid programs that provide full Medicaid state plan benefits to qualifying pregnant women.
 - State plan (or fee-for-service) services include (but are not limited to):
 - Preventive and acute care services
 - Pharmacy
 - Therapies
 - Behavioral Health
 - Inpatient and Outpatient Services
 - Reproductive services providing diagnostic and therapeutic procedures including obstetrical and family planning services

Florida Medicaid During Labor and Delivery: Emergency Medicaid for Non-Citizens Coverage



- Emergency Medicaid for Non-Citizens, which is federally required
 - Non-citizens, who are Medicaid eligible except for their citizenship status, may be eligible for Medicaid to cover a serious medical emergency. This includes the emergency labor and delivery of a child
 - In the case of labor and delivery, there is no postpartum coverage.
 - Medicaid can be approved only for the date(s) of the emergency.
 - Non-citizens in the United States for a temporary reason, such as tourists or those traveling for business or pleasure, are not eligible for EMA, or any other Medicaid benefits.

During FY 2023-2024, this federal requirement mandated that Florida Medicaid reimburse for the cost of labor and delivery for 6,559 births for women eligible under the Emergency Medicaid for Non-Citizen program

Florida Medicaid During Labor and Delivery: Focused Payments under the DRG System



- Florida Medicaid During Labor and Delivery
 - Reimbursement is through the Diagnosis Related Grouping (DRG) methodology.
 - DRG payment methodologies pay different amounts for services based on the resources required for each inpatient stay per Medicaid recipient.
 - Each service has a “base rate,” which acts as the starting point for each claim for a service. The methodology then applies modifiers to the base rate based on the type of facility performing the service (e.g., Neonates Service Adjustor Severity Level, Normal Newborn DRGs, Obstetrics DRGs, Marginal Cost Percentage for Neonates).

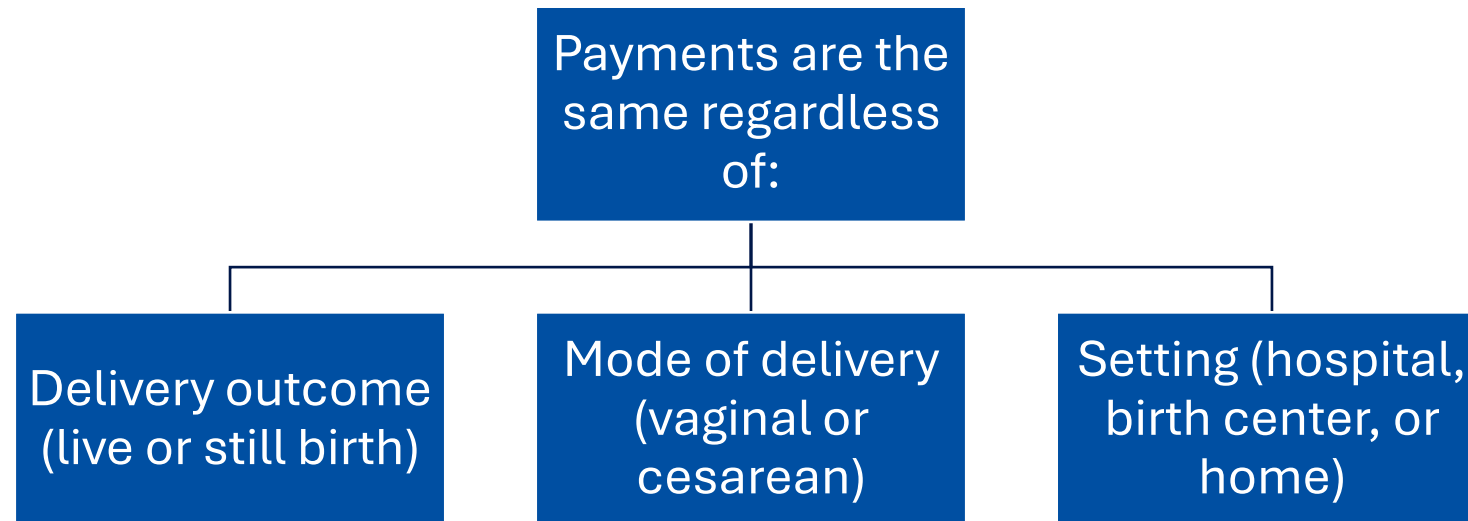
Fact: During FY 2023/2024, Florida Medicaid reimbursed for 29,666 cesarean sections

Fact: During FY 2023/2024, Florida Medicaid reimbursed for 66,380 vaginal births

Florida Medicaid During Labor and Delivery: Maternity Kick Payments



- Florida Medicaid During Labor and Delivery
 - SMMC Health Plans are eligible to receive a one-time fixed Maternity Kick Payment for each obstetrical delivery for enrollees who are not also eligible for Medicare or other third-party coverage.



Fact: During FY 2023/2024, Florida Medicaid made 73,129 Kick payments to health plans for Labor and Delivery

Florida Medicaid During Labor and Delivery: SMMC Highlights



- SMMC plans offer expanded benefits which are services that are offered in addition to those available through the Medicaid program. Plans can:
 - Exceed the limits stated in Medicaid policy for certain services; or
 - Offer additional services not covered under the Medicaid State Plan

Current Plan Expanded Benefits	New Plan Expanded Benefits
Doula services (birth coach who helps pregnant women)	Doula services
Prenatal services	Prenatal services – may include benefits such as hospital grade breast pumps, etc.
	Mother and Baby Item Benefit – may include benefits such as portable crib, monitors, car seat, etc.
	Nursing Mothers Support Items
	Virtual Pregnancy Support

Florida Medicaid During Labor and Delivery: SMMC Highlights



- Each SMMC Health Plan has:
 - Healthy Behaviors programs to encourage and reward healthy maternal behaviors.
 - Rewards are provided when specific interventions within each program are completed.
 - Examples of specific interventions include:
 - Completing prenatal and postpartum visits
 - Having a dental cleaning and exam during pregnancy
 - Enrolling in their SMMC plan's maternal program(s)

Florida Medicaid During Labor and Delivery: Quality and Performance Metrics



Florida Medicaid Labor and Delivery Period Quality Measures

	Current SMMC Contract	SMMC 3.0 Contract
HEDIS Performance Measures		<ul style="list-style-type: none"> Pregnancies Conceived within 18 months of a Previous Birth
Supplemental Funding Program	<ul style="list-style-type: none"> Hospital Directed Payment Program (HDPP): Overall C-Section Rate Measure MPIP: Florida Medicaid Cesarean Section Rate 	<ul style="list-style-type: none"> HDPP: Overall C-Section Rate Measure MPIP: Florida Medicaid Cesarean Section Rate
PIP	<ul style="list-style-type: none"> Birth Outcomes 	<ul style="list-style-type: none"> Birth Outcomes and Maternal Care
Additional Agency Measures		<ul style="list-style-type: none"> Live Births Weighing Less than 2,500 Grams (LBW-CH) Low-Risk Cesarean Delivery (LRCD-CH) Primary Cesarean Section (C-Section) Preterm Delivery Neonatal Abstinence Syndrome (NAS)

Florida Medicaid During Labor and Delivery: Quality and Performance Metrics

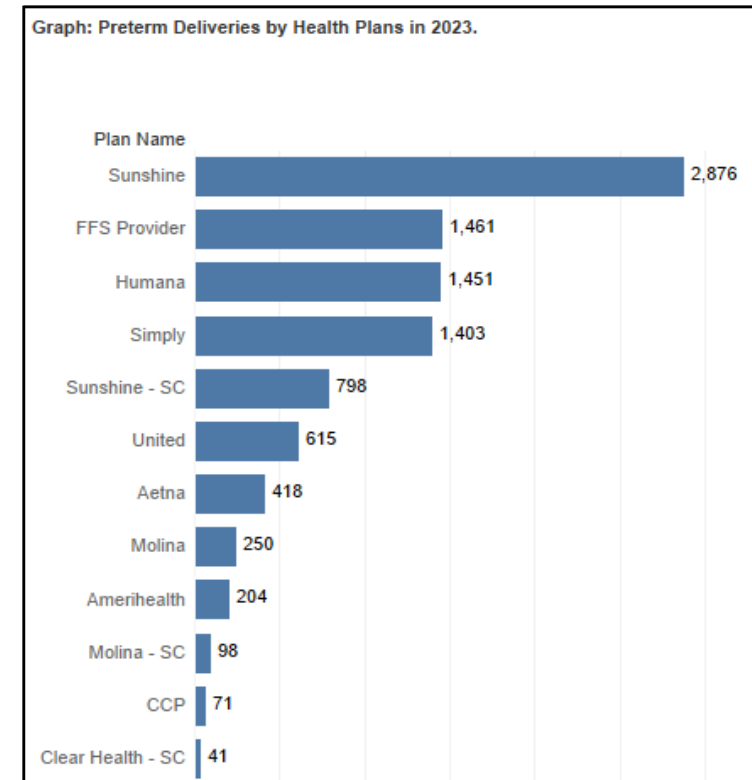
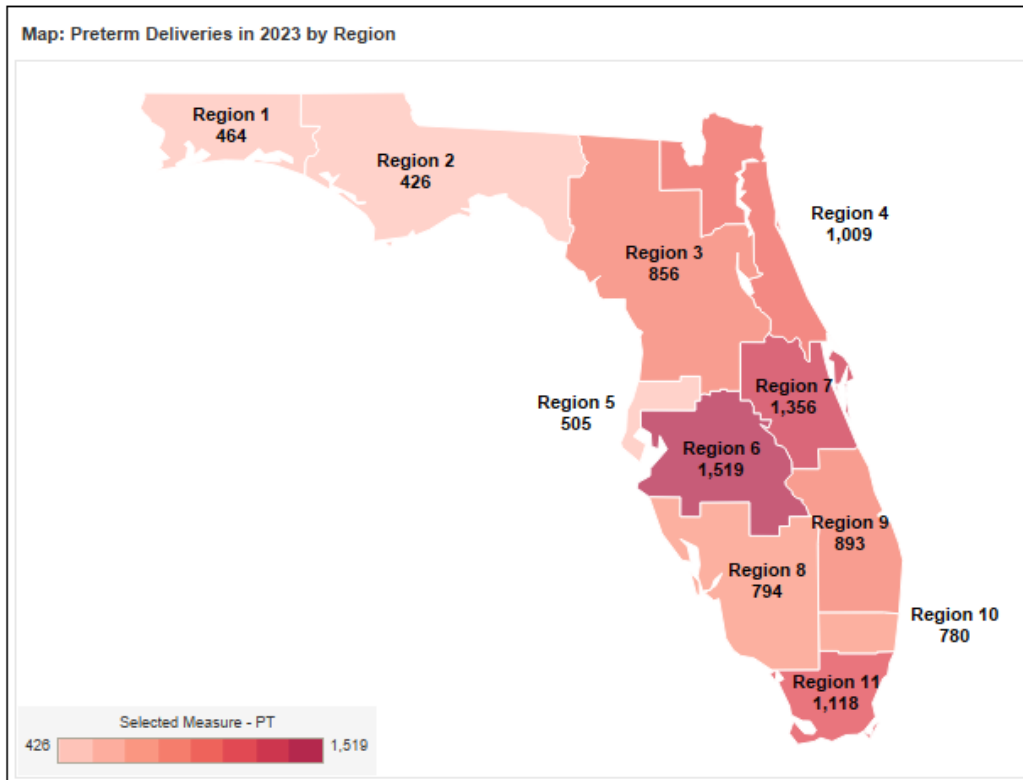


- **Overall C-Section Rate Measure:**
This metric identifies the C-Section rate by hospital provider for Medicaid eligible recipients who had a delivery within the calendar year.
- For hospital providers to receive the HDPP funding, the region as a whole must not exceed the target specified for their region.

Region	Baseline	FFY 2022-23 Target	Met/Not Met
1	33.00%	32.40%	Not Met
2	32.60%	32.00%	Met
3	33.70%	33.10%	Met
4	32.70%	32.10%	Met
5	33.40%	32.80%	Met
6	32.60%	32.00%	Met
7	33.50%	32.90%	Met
8	33.60%	33.00%	Met
9	40.20%	39.60%	Met
10	42.80%	42.20%	Met
11	50.00%	49.40%	Met

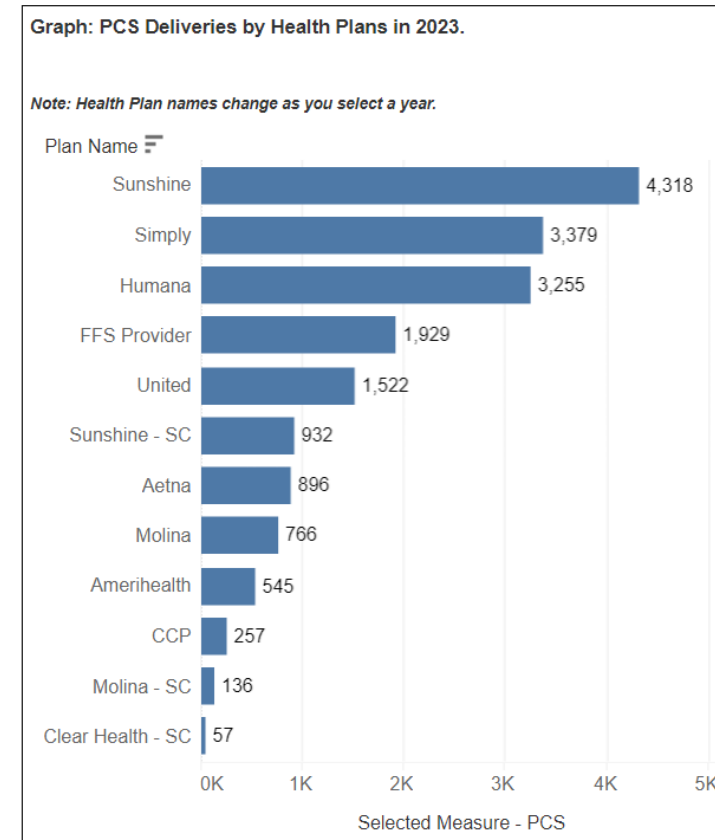
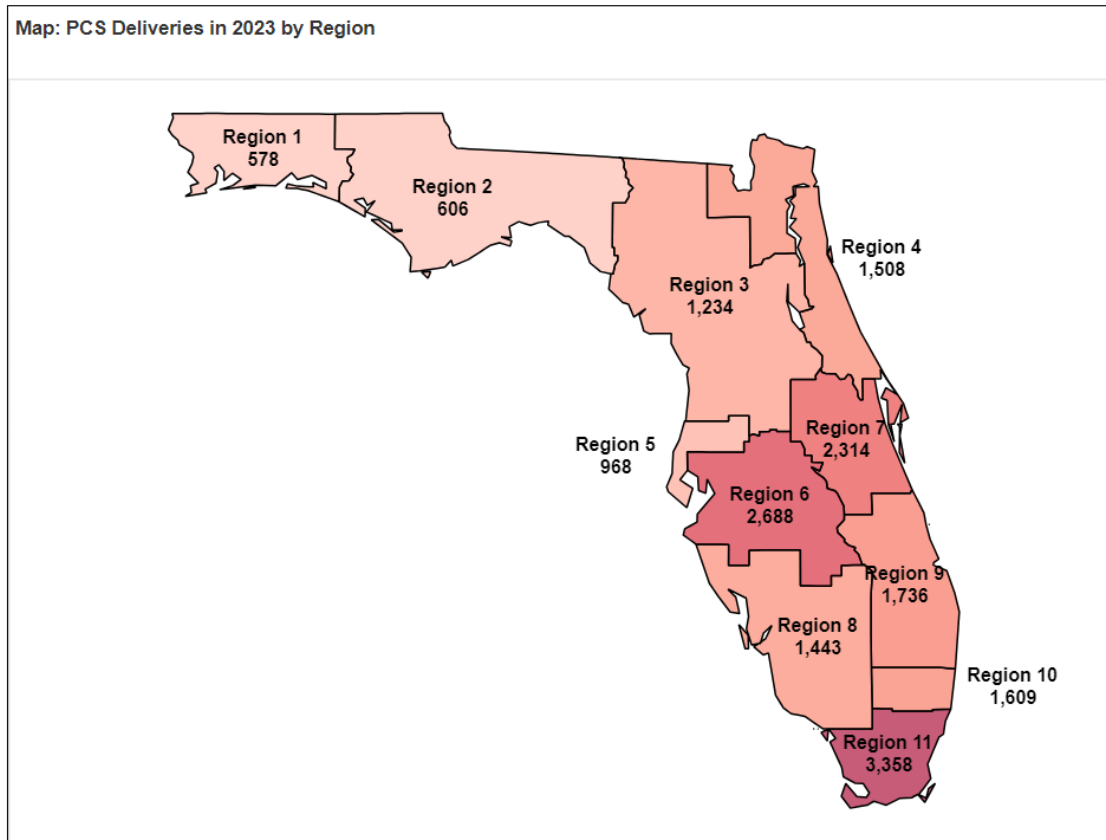
Florida Medicaid During Labor and Delivery: Quality and Performance Metrics

- Pre-Term Deliveries in Florida Medicaid, CY 2023
 - The Preterm Delivery Rate is a critical indicator used to track the number of preterm births in the Medicaid Population. Preterm birth is defined as a delivery that occurs before 37 weeks of gestation. There were a total of 100,342 Medicaid deliveries in 2023. The figures below show the numbers of preterm deliveries by region and health plan.



Florida Medicaid During Labor and Delivery: Quality and Performance Metrics

- Primary Cesarean Sections (C-Sections) in Florida Medicaid, CY 2023
 - The primary C-Section Rate measures the rate of primary (first-time) C-sections among Medicaid enrollees. There were a total of 100,342 Medicaid deliveries in 2023. The figures below show the number of primary C-sections by region and health plan.





Florida Medicaid During The Postpartum Period



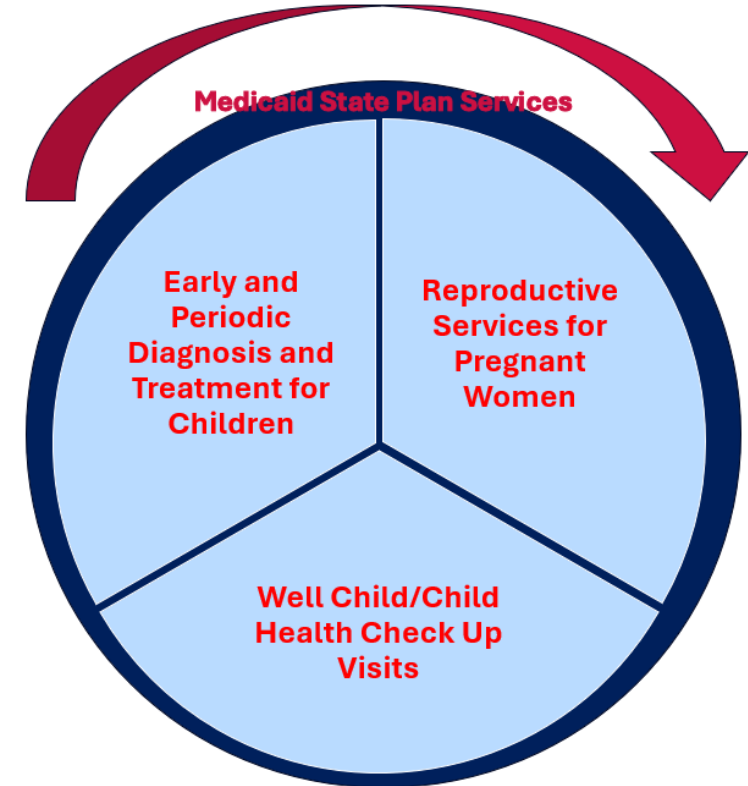
Florida Medicaid During the Postpartum Period: Postpartum Coverage for Women

- Florida Medicaid has one main coverage group for women in the Postpartum Period:
 - Full Eligibility for Pregnant Women
- Florida Medicaid During the Postpartum period
 - Florida Medicaid provides 12-months of full benefit postpartum coverage.
 - Women who give birth while enrolled in Florida's CHIP program also have 12 months of postpartum coverage through that program

Florida Medicaid During the Postpartum Period: Presumptive Eligibility for Newborns



- Florida Medicaid During the Postpartum period
- Presumptively Eligible Newborn (PEN):
 - If the mother is eligible for Medicaid when the child is born, the newborn is automatically eligible for Medicaid for 1 year.
 - No income limit
 - Eligible for full Medicaid State Plan Services, including EPSDT and Well Child/Child Health Check Up services



Fact: During FY 2023/2024, there were 73,049 infants enrolled in this Florida Medicaid Eligibility group

Florida Medicaid During the Postpartum Period: SMMC Highlights



- Each SMMC Health Plan has Healthy Behaviors programs to encourage and reward healthy postpartum behaviors such as completing visits between 7-84 days post delivery.
- Newborns are enrolled in the Managed Care Plan of the mother unless the mother chooses another plan, or the newborn does not meet the enrollment criteria of the mother's plan



Florida Medicaid During the Postpartum Period: SMMC Highlights



- SMMC plans offer expanded benefits which are services that are offered in addition to those available through the Medicaid program. Plans can:
 - Exceed the limits stated in Medicaid policy for certain services; or
 - Offer additional services not covered under the Medicaid State Plan

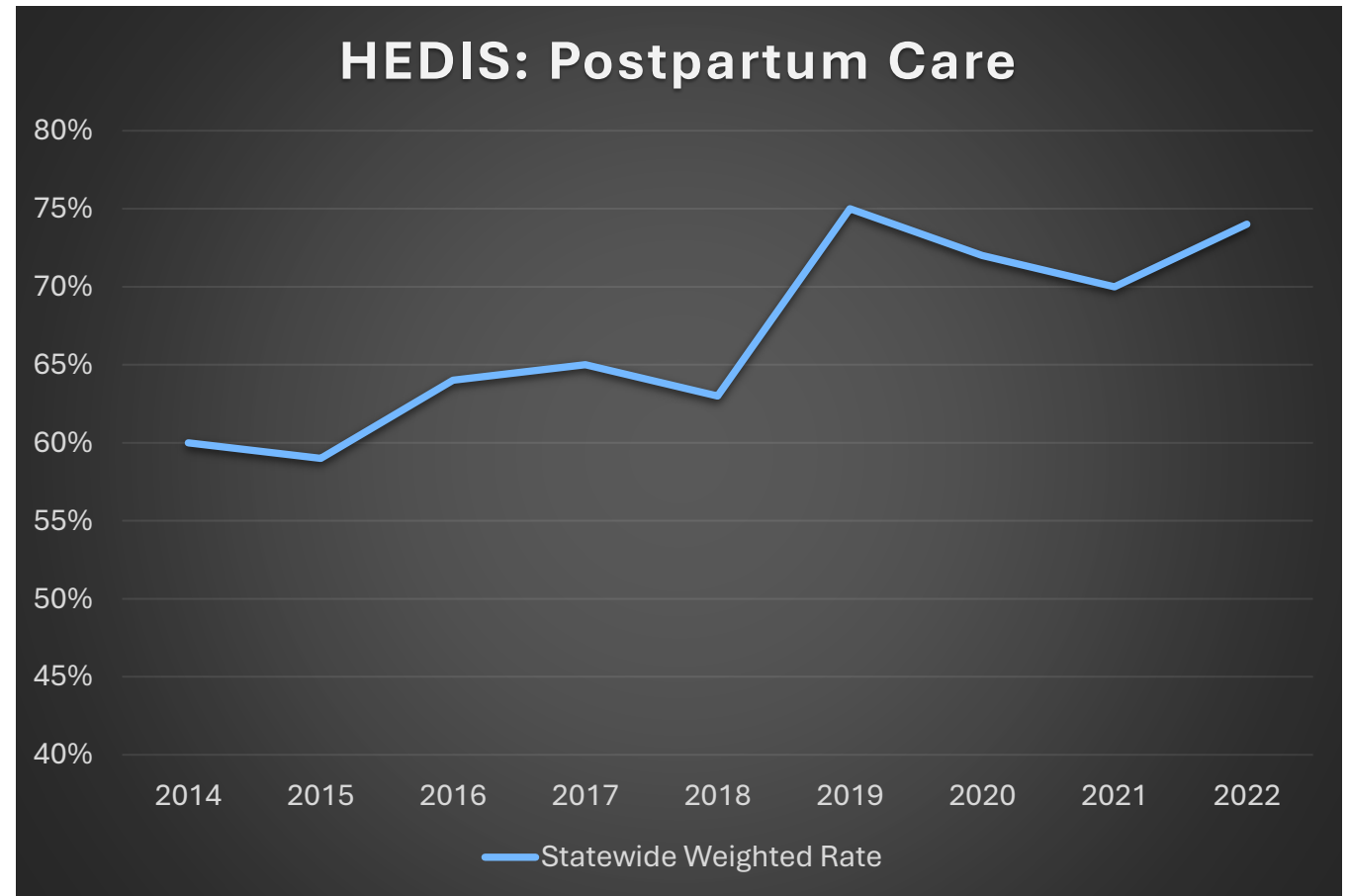
Current Plan Expanded Benefits	New Plan Expanded Benefits
Prenatal services	Benefits such as increased number of postpartum visits, hospital grade breast pumps, etc.
	Mother and Baby Item Benefit – may include benefits such as portable crib, monitors, car seat, etc.
	Nursing Mothers Support Items
	Lactation Support



Florida Medicaid During the Postpartum Period: Quality and Performance Metrics

Postpartum Care: The percentage of deliveries in which women had a postpartum visit on or between 7 and 84 days after delivery.

The National Committee for Quality Assurance (NCQA) expanded the timeframe for postpartum care to between 7 and 84 days after delivery. Previously, the requirement was that postpartum visits occurred between 21 and 56 days after delivery. Additionally, NCQA now allows telehealth visits to count toward this measure. A longer timeframe for postpartum visits partially accounts for the significant increase in the rate for the measure.

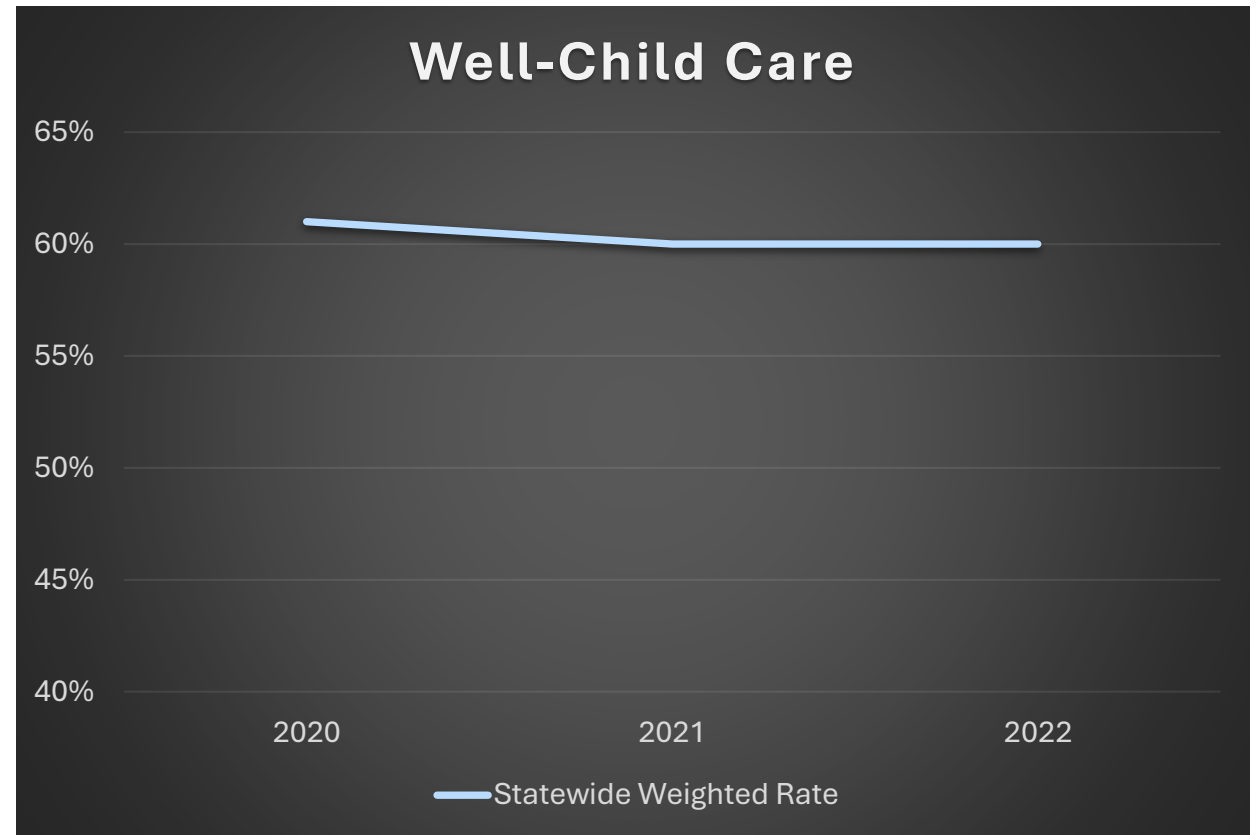


Florida Medicaid During the Postpartum Period: Quality and Performance Metrics



Well-Child Care: Well-child visits in the first 15 months of life

Only three years are presented as the measures changed significantly starting with CY 2020 and cannot be compared to earlier years.





Florida Medicaid During the Postpartum Period: Quality and Performance Metrics

Florida Medicaid Postpartum Period Quality Measures		
	Current SMMC Contract	SMMC 3.0 Contract
HEDIS Measures	<ul style="list-style-type: none"> Postpartum Care (PPC) 	<ul style="list-style-type: none"> Postpartum Care (PPC) Postpartum Depression Screening and Follow-Up (PDS-E)
Supplemental Funding Program	<ul style="list-style-type: none"> MPIP: Postpartum Care 	<ul style="list-style-type: none"> MPIP: Postpartum Care



Florida Medicaid During The Interpregnancy Interval

Florida Medicaid During the Interpregnancy Interval

Interpregnancy
Interval



- Florida Medicaid During the Interpregnancy Interval:
 - Family Planning Waiver

Florida Medicaid During the Interpregnancy Interval: Family Planning Waiver



- Florida Medicaid During the Interpregnancy Interval
 - Family Planning Waiver: For women losing Florida Medicaid State Plan eligibility (full Medicaid for pregnant women) who are not otherwise eligible for Medicaid
 - The waiver allows a woman to access Family Planning services without full Medicaid eligibility.
 - Income limit is 185% of FPL
 - Limited Family Planning related services



Fact: During FY 2023/2024, there were 288,862 women enrolled in this Florida Medicaid Eligibility group

New!: SMMC 3.0 Quality Incentive Continuum:

Layered Approach to Drive Continued Improvement Managed Medical Assistance and Dental Programs

The improved Quality Strategy is designed to enhance the quality of care provided to Medicaid recipients by providing a continual and increasing incentive, with corresponding penalties, for the Managed Care Plans and Dental Plans to achieve and maintain high performance in key health and dental measures.

The new structure utilizes a layered approach, where with each incremental increase or decrease in performance, the plan is either rewarded or penalized. This structure eliminates the incentive “cliff” or “gap” that existed in prior contracts where once a certain level of performance was achieved, the return on further investment diminished.

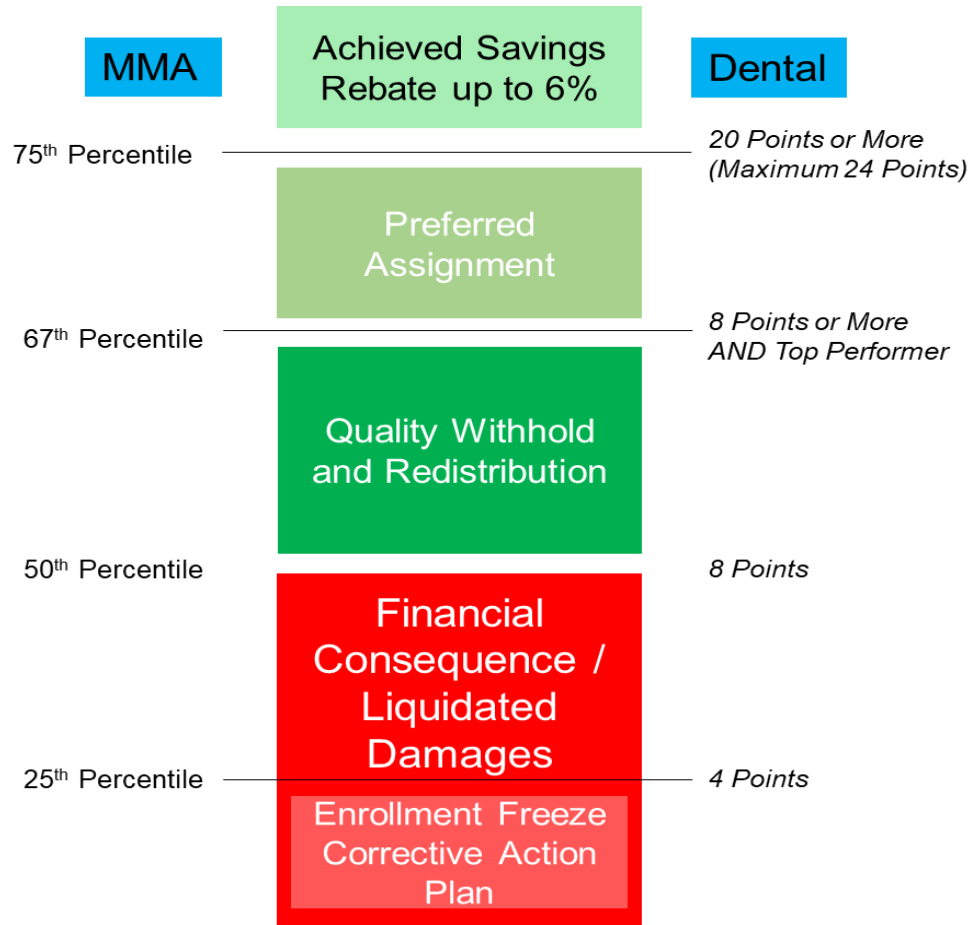
This approach aims to promote healthier outcomes for recipients, ensure cost efficiency, and drive continuous improvement in health care and delivery.

SMMC 3.0 Quality Incentive Continuum: Prenatal and Postpartum Care

Using the Quality Continuum Layered Approach to Drive Continued Improvements in Maternal Health

- Enhancing the quality of care provided to eligible pregnant women and infants by incentivizing Managed Care Plans to achieve and maintain high performance in key health measures:
 - Timeliness of Prenatal Care (PPC-Pre)
 - Postpartum Care (PPC-Post)
- Approach promotes healthier outcomes for pregnant recipients and infants, ensures cost efficiency, and drives continuous improvement in health care and delivery.

Quality Continuum Points Scale



Quality Continuum Reward:

- If the Managed Care Plan's Total Quality Points equals or exceeds an average of two (2) points per reportable performance measure, then the Managed Care Plan shall earn its full two percent (2%) withhold.
- As part of the Achieved Savings Rebate (ASR) process, a Managed Care Plan that exceeds Agency-defined quality measures in the reporting period may retain an additional one percent (1%) of revenue.

Fiscal Year 2024-25 Medicaid Program Goal: Maternal Health

Overall Description

- The Agency has further emphasized the importance of maternal health and is working to launch new initiatives that include:
 - Improve delivery of care and outcomes for perinatal women and infants
 - Workgroup focused on initiative for two sub-goals:
 - Increase the percentage of women compliant with timeliness of prenatal care (HEDIS).
 - Increase the percentage of women with postpartum care follow-up (HEDIS).
 - Establish a Maternal Health Incentive Program

Stakeholder engagement

- Collaborate with the SMMC Health Plans and sister agencies, and other stakeholders

THANK YOU



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