Advanced Birth Centers
Methodology and Fiscal Impact

Report to the Florida Legislature

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Advanced Birth Centers Report to the Florida Legislature

Executive Summary

Florida is the first in the nation to establish a new type of facility, Advanced Birth Centers, to expand birthing options. The Florida Agency for Health Care Administration (Agency) is directed by the Live Healthy Act of 2024 (SB 7016) to develop standards that Advanced Birth Centers will be required to meet to assure patient safety, to work with a vendor to develop a Medicaid reimbursement methodology for covered services delivered by the new type of facility, and to estimate the fiscal impact.

The Agency is working to identify and address complex factors associated with the covered services to be performed by this new type of entity through clear standards and licensure requirements; this step is critical to ensure that women and newborns receiving services from Advanced Birth Centers are protected and safe. To ensure that Medicaid reimbursement rates are sustainable and support safe and high-quality care delivery, they will need to consider factors being developed in the regulatory rule, including the level of care being authorized, staffing, physical plant, stabilization and transfer, geographic region, data reporting, and quality improvement requirements. The regulatory rulemaking process is expected to start in the first quarter of 2025.

After the regulatory rule is finalized, it will take Medicaid a minimum of 12 months to develop the final reimbursement methodology and incorporate the rates into rule. While the ultimate reimbursement approach for Advanced Birth Centers will be determined once the regulatory rule components are finalized, the rates may be similar to the grouping methodologies used for inpatient Hospital and outpatient Hospital/Ambulatory Surgical Centers, which account for different levels of service utilization by patients.

Fiscal Impact

The financial impact of introducing Advanced Birth Centers as a Florida Medicaid provider can be estimated by reallocating delivery locations and applying a cost model based on the median paid amounts for deliveries occurring in calendar year 2023. It should be noted that due to the absence of sufficient information regarding transfers from Advanced Birth Centers to Hospitals, this scenario was not evaluated but would result in costs to both facilities.

Assumptions:

1. Shifting Deliveries from Hospitals to Advanced Birth Centers
    a. 12% of deliveries in a birth center are transferred to Hospitals, with these deliveries reassigned to advanced birth centers.
    b. An additional 1% of deliveries is assumed to be redirected to advanced birth centers from traditional birth centers.
    c. No additional cost regarding transfers were evaluated due to lack of information.
2. Pricing Deliveries in Advanced Birth Centers
    a. Advanced Birth Centers can be estimated to cover 60%, 80%, or 100% of services provided by hospitals.

b. No additional costs were factored into the estimate.

c. The financial impact was calculated using the following formula:

Fiscal Impact of Advanced Birth Centers =
(Utilization of Advanced Birth Centers x Median Reimbursement Rate) – Cost of Hospital/Standard Birth Center Births

Current			
Location	Deliveries	Median Cost per Delivery	Total Cost
Hospital	99,500		$ 318,101,500.000
Vaginal	84,575	$ 3,551	$ 300,325,825
Cesarean	14,925	$ 1,191	$ 17,775,675
Birth Center	500	$ 1,276	$ 638,000
TOTAL	100,000		$ 318,739,500

60% Model			
Location	Deliveries	Median Cost per Delivery	Total Cost
Hospital	99,440		$ 317,909,680
Vaginal	84,524	$ 3,551	$ 300,144,724
Cesarean	14,916	$ 1,191	$ 17,764,956
Advanced Birth Centers	65		$ 124,355
Vaginal	55	$ 2,131	$ 117,205
Cesarean	10	$ 715	$ 7,150
Birth Center	495	$ 1,276	$ 631,620
TOTAL	100,000		$ 318,665,655
Projected Cost Savings			**$ (73,845)**

80% Model			
Location	Deliveries	Median Cost per Delivery	Total Cost
Hospital	99,440		$ 317,909,680
Vaginal	84,524	$ 3,551	$ 300,144,724
Cesarean	14,916	$ 1,191	$ 17,764,956
Advanced Birth Centers	65		$ 165,785
Vaginal	55	$ 2,841	$ 156,255
Cesarean	10	$ 953	$ 9,530
Birth Center	495	$ 1,276	$ 631,620
TOTAL	100,000		$ 318,707,085
Projected Cost Savings			**$ (32,415)**

100% Model			
Location	Deliveries	Median Cost per Delivery	Total Cost
Hospital	99,440		$ 317,909,680
Vaginal	84,524	$ 3,551	$ 300,144,724
Cesarean	14,916	$ 1,191	$ 17,764,956
Advanced Birth Centers	65		$ 207,215
Vaginal	55	$ 3,551	$ 195,305
Cesarean	10	$ 1,191	$ 11,910
Birth Center	495	$ 1,276	$ 631,620
TOTAL	100,000		$ 318,748,515
Projected Cost Impact			**$ 9,015**

This report offers specific considerations to support development of the reimbursement methodology. The factors presented are based on an extensive review of evidence-based literature as well as initial regulatory parameters being considered. In addition, this report briefly describes reimbursement models being considered to account for the different levels of care and patient complexity expected to access covered services at the Advanced Birth Centers.

Background

The Live Healthy Act of 2024 (SB 7016) directs the Agency to create rules to establish and oversee Advanced Birth Centers as a new licensed facility type. Section 87 of the bill requires the Agency to contract with a vendor to develop a Medicaid reimbursement methodology for covered services at an Advanced Birth Center and submit the reimbursement methodology and estimated fiscal impact of Advanced Birth Centers to the Governor's Office of Policy and Budget and legislative Appropriations committees by December 31, 2024. This report is in response to that requirement.

The Advanced Birth Center is a licensed birth center that is "designated as an Advanced Birth Center which may perform trial of labor after cesarean deliveries for screened patients who qualify; planned low-risk cesarean deliveries; and anticipated vaginal deliveries for laboring patients from the beginning of the 37th week of gestation through the end of the 41st week of gestation."[1]

To be designated as an Advanced Birth Center, the law requires a birth center to maintain compliance with all Birth Center requirements under 383.30-383.332, Florida Statutes (F.S.), and meet additional criteria that must, at a minimum, be equivalent to the minimum standards adopted for Ambulatory Surgical Centers at section 395.1055, F.S. Other criteria for the Advanced Birth Center designation include, but are not limited to:

1. Be operated and staffed 24 hours per day, 7 days per week.
2. Employ two medical directors to oversee the activities of the center, one of whom must be a board-certified obstetrician and one of whom must be a board-certified anesthesiologist.
3. Have at least one properly equipped, dedicated surgical suite for the performance of cesarean deliveries.

4. Employ at least one registered nurse and ensure that at least one registered nurse is present in the center at all times and has the ability to stabilize and facilitate the transfer of patients and newborn infants when appropriate.
5. Enter into a written agreement with a blood bank for emergency blood bank services and have written protocols for the management of obstetrical hemorrhage which include provisions for emergency blood transfusions. If a patient admitted to an advanced birth center receives an emergency blood transfusion at the center, the patient must immediately thereafter be transferred to a Hospital for further care.
6. Meet all standards adopted by rule for birth centers, unless specified otherwise, and Advanced Birth Centers pursuant to section 383.309, F.S. The reasonable and fair minimum standards the Agency shall adopt and enforce, include but are not limited to:
    a. sufficient numbers and qualified types of personnel and occupational disciplines are available at all times to provide necessary and adequate patient care and safety.
    b. infection control, housekeeping, sanitary conditions, disaster plan, and medical record procedures that will adequately protect patient care and provide safety are established and implemented.
    c. licensed facilities are established, organized, and operated consistent with established programmatic standards.
    d. standards for quality of care, blood transfusions, and sanitary conditions for food handling and food service.
7. Comply with the Florida Building Code and Florida Fire Prevention Code standards for Ambulatory Surgical Centers.
8. Qualify for, enter into, and maintain a Medicaid provider agreement with the Agency pursuant to section 409.907, F.S., and provide services to Medicaid recipients according to the terms of the provider agreement.

In addition, the law provides the Agency with broad authority to develop any additional requirements or standards that it deems necessary to assure patient safety and which Advanced Birth Centers must meet as a condition of designation.

Florida Birth Center Data

The number of licensed birth centers in Florida is small and stable. As reflected in Table 1 below, five birth centers closed at the onset of the COVID-19 pandemic; however, the state regained three and has remained stable with 35 licensed birth centers over the past three years. There is an average of 1,950 births each year in Florida birth centers. Reporting from the past six years shows that approximately 13% of women seeking birth center services in Florida are transferred to a Hospital or obstetrician, and about 1.6% of newborns are transferred to a Hospital. Table 1 summarizes additional data for birth centers operating in Florida over the past six years.

Table 1. Licensed Birth Centers in Florida

Reporting Year	Number of Birth Centers	Total Deliveries	Birth Weight <2500 Grams	Birth Weight 2500+ Grams	Maternity Clients	Maternal Transfers	Newborn Transfers	Maternal Deaths	Newborn Deaths	Stillborn/ Fetal Deaths
2019	37	2,105	52	2,053	3,344	384	38	0	0	0
2020	32	1,738	16	1,722	2,520	305	23	0	1	2
2021	32	1,969	42	1,927	2,847	323	34	0	1	2
2022	35	2,217	45	2,172	3,122	423	35	0	2	0
2023	35	1,909	58	1,851	2,688	410	35	0	3	1
2024	35	1,770	0	1,770	2,433	308	31	0	0	0
Yearly Average	**34**	**1,951**	**36**	**1,916**	**2,826**	**359**	**33**	**0**	**1**	**1**

Cesarean Deliveries and Other Labor and Delivery Considerations

Birth Centers operating in Florida are not allowed to perform cesarean sections or to serve women having any high risk condition, including those undergoing a trial of labor after a prior cesarean, and are required to have a transfer agreement with a Hospital for labor complications or the need for a cesarean.

Advanced Birth Centers licensed in Florida will be allowed to serve higher risk women, including performing cesarean section deliveries. Cesarean section deliveries, [although the most common surgical procedure in the United States,] are complicated procedures that require a skilled and coordinated medical team and specialized equipment that varies based on the clinical scenario.[2] Every cesarean section, including a planned cesarean that is considered low risk, has a higher risk of hemorrhage, hysterectomy, renal failure, sepsis, and risk to the fetus. It may not be possible to ensure timely transfer of the patient and fetus to a Hospital for life saving support from some complications.[3] The National Birth Center Study followed 15,574 participants who planned to give birth at a birth center; 11.9% of the participants were transferred to a Hospital during labor.[4]

Women undergoing a trial of labor after a prior cesarean are up to eight times more likely to require transfer to a higher level of care in the Hospital while in labor than women without a prior cesarean.[5] Risk of uterine rupture can be a fatal complication for these women and their babies if access to a higher level of care is delayed.[6] A national study of vaginal births after cesareans in birth centers found that the time frame for Hospital transfers varied greatly, ranging from 3 to 60 minutes, but that 95 percent of the patients arrived at the Hospital from the Birth Center within 25 minutes of the transfer request. The study also found that 11 percent of the transfers were coded as emergencies, and approximately 50 percent of those emergency transfers were treated within 30 minutes of the transfer.[7]

State and National Birthing Center Trends

There are 406 freestanding Birth Centers in the United States, with about 30 percent in rural areas. The number has grown by 97 percent over the last decade. As of October 2024, nine states do not license Birth Centers: Alabama, Idaho, Maine, Michigan, North Carolina, North Dakota, Vermont, Virginia, and Wisconsin.[8] Freestanding Birth Centers are primarily used for low risk singleton (not twins) vaginal births, and Birth Center accreditation standards do not allow cesarean deliveries to

be performed at a Birth Center.[9] Less than one percent of Medicaid-financed births occurred in a freestanding Birth Center.

A scan of existing state regulations and examination of selected states' health committee discussions in advance of the 2025 Legislative session, confirmed that no other states have statutes or proposed legislation that would establish Advanced Birth Centers as defined by Florida's law, or any similar type of entity that would significantly expand the types of births allowed in Birth Centers.[10] One exception to this is the Oregon Health Authority (OHA), which manages most of that state's health programs, including Medicaid, public health, and mental health. It is in the process of updating Oregon administrative rules for Birth Centers.[11]

To align with current clinical guidelines, the OHA's proposed rule revisions will allow a trial of labor after cesarean in a Birth Center if certain criteria, recognized by the Commission for the Accreditation of Birth Centers (CABC), are met. Since 2014, the CABC has adopted protocols and compliance indicators to allow a trial of labor after cesarean in a Birth Center. The CABC used existing evidence to define patients at lowest risk for complications of a vaginal birth after cesarean in a Birth Center as those with only one prior cesarean section with a low-transverse uterine scar and a prior vaginal birth. The patients should also have an ultrasound to rule out placenta previa or placenta accreta.[12] The OHA has posted proposed changes to rules and risk factor tables and recently hosted a community meeting to share the changes and obtain feedback.

Medicaid Deliveries

An additional consideration is that women in Medicaid are, by definition, of lower income, and women with low incomes tend to experience more chronic conditions and related risk factors that can negatively affect maternal health and birth outcomes. Women with Medicaid coverage are more likely to have preterm birth and low-birthweight infants compared to privately insured women.[13] A study of more than 13 million infants in the United States showed that maternal private health insurance was association with a lower risk of infant mortality and adverse infant outcomes compared with Medicaid coverage.[14] Thus, it is particularly important that Medicaid take into account these additional risk factors for its patient population.

Rulemaking and Medicaid Rate-Setting Process

To assure that Advanced Birth Centers will be equipped to handle potential complications from cesarean deliveries and vaginal births after cesarean, the Agency is identifying necessary facility standards, staffing requirements, equipment, transportation requirements, and standards for appropriate and timely transfer agreement protocols. It has assessed peer-reviewed literature and has held listening sessions with more than a dozen stakeholder groups, including health systems and Hospital associations. The Agency continues to gather input from industry experts to make sure all relevant factors are thoughtfully identified and used to guide the development of a robust regulatory and licensure framework that prioritizes patient safety. These safeguards will be included in an amendment to chapter 59A-11, Florida Administrative Code, the current Birth Center Standards and Licensure rule. This revision will update the current Birth Center rule requirements and add requirements for Advanced Birth Centers in accordance with the new statute. This rule will go through the rulemaking process before being finalized. The process

includes notification of rulemaking and opportunities for public comment on the draft rules. The rule process is expected to start in the first quarter of 2025.

Once the Advanced Birth Centers rule is in its initial rulemaking stage, the Division of Medicaid can use the proposed requirements to initiate Medicaid rate development. In developing rates, typically the Division of Medicaid first gathers information on rates paid for the service by commercial, Medicare, and other state Medicaid programs. Since Florida's Advanced Birth Center law is the first in the nation, there are no existing rates for comparison, so the next step will be to look at rates for Birth Centers, Ambulatory Surgical Centers, and Hospitals and determine which elements of those rates apply to the proposed licensing and regulatory standards for Advanced Birth Centers. Once a draft rate is developed, the rate will go through the rulemaking process before being finalized.

Identification of Factors that Impact Reimbursement Rate Methodology

The Agency is highly focused on identifying factors that will be critical for successful and safe implementation of Advanced Birth Centers and including them in its regulatory rules. Once established, this regulatory framework will be the basis of a Medicaid reimbursement methodology to develop rates that are fair, sustainable, and supportive of high-quality care. The following are key factors that impact reimbursement rate development.

Service Scope and Intensity

Cost structures and reimbursement rates will be influenced by the range and intensity of services that will be covered by the Advanced Birth Centers. The level of service Advanced Birth Centers are authorized to provide will significantly impact rates. For example, the following Neonatal Levels of Care reflect different levels of service intensity; staffing levels, skill, and experience; and facility and equipment costs. [15] Each level carries a higher cost level that would be taken into consideration in rate-setting.

- Level 1 (Basic Care): Rates reflect the costs of providing routine maternal and newborn care for healthy pregnancies and low-risk births. This includes essential postnatal screenings, basic resuscitation, and the capacity to handle common complications.
- Level 2 (Specialty Care Nurseries): Rates reflect additional equipment and specialized staff capable of handling moderate-risk deliveries and infants requiring close monitoring.
- Level 3 (Subspecialty Care): Rates reflect providing comprehensive care for infants with moderate to severe health issues, which requires higher staff expertise, specialized neonatal care equipment, and facilities that support continuous monitoring.
- Level 4 (Neonatal Intensive Care Unit (NICU)): While Advanced Birth Centers will not function at Level 4, if they have transfer agreements and protocols to stabilize and prepare infants for transfer to a regional NICU, those protocols and associated costs should be reflected in rates.

In addition, models that divide care by service intensity are typical of rate methodologies for inpatient and outpatient Hospital/Ambulatory Surgical Center rates. Florida Medicaid uses the 3M™ All Patient Refined Diagnosis Related Groups (APR-DRG) and Enhanced Ambulatory Payment Grouping (EAPG) for inpatient and outpatient/ambulatory surgical center rates, respectively. These

models group patients by similar levels of service use and intensity and then weigh the reimbursement accordingly. While the ultimate reimbursement approach for Advanced Birth Centers will be determined once the regulatory rule components are finalized, a DRG or EAPG-like structure can create a potential range of costs based on labor and delivery DRGs. The groupings rely primarily on diagnosis codes and procedure codes but also use other patient-related claims data. This type of model can address higher staffing, length of stay, and other resource requirements that are associated with an increased level of care and complexity.

Staffing

The level of staffing and the qualifications and experience level of the staff can have a significant impact on cost. The law requires employment of a board-certified obstetrician and a board-certified anesthesiologist to serve as medical directors to oversee the activities of the center; however, it does not specify the percentage of their time that must be dedicated to this role. If such standards are established in rule, this could significantly impact cost. In addition, a registered nurse must be present in the facility at all times who has the ability to stabilize and facilitate the transfer of patients and newborn infants when appropriate.

Physical Plant

Operational expenses and capital costs will be driven by regulatory parameters that are being developed by the Agency, as well as the defined service scope and acuity levels of the populations served. These cost estimates, when known, will need to be factored into the rate-setting process. For example, the law requires a dedicated surgical suite for the performance of cesarean sections, compliance with all Florida Building Code and Florida Fire Prevention Code standards for Ambulatory Surgical Centers, and an on-site clinical laboratory.[16] The rate should consider these requirements, along with facility maintenance, equipment, and other operational costs that will be required for Advanced Birth Centers to maintain operations in compliance with standards set by the Agency. Specific capital expenditures may also be required for construction or renovation of buildings and acquisition of equipment to meet any additional licensure requirements that are being developed to protect the safety of patients.

Stabilization and Transfers

Advanced Birth Centers will need to have strong emergency transfer systems to nearby Hospitals for higher-level care. This would require that rates account for the infrastructure and agreements needed to facilitate seamless neonatal transfers, including associated costs for coordination and potentially for immediate on-call transportation. Stabilization measures that require Advanced Birth Centers to be prepared to stabilize neonates with significant health issues before transfer will also require significant resources, such as specialized neonatal training for staff and equipment like incubators and ventilators.[17]

Geographic Region

Regional cost variations may be considered in the development of the reimbursement methodology. Geographic cost differences within Florida may necessitate that rates account for differences in cost of staffing and facilities (e.g., property costs). These differences could be accounted for by establishing a facility-specific base rate.

Data Reporting and Quality Improvement

The rate will include the cost to comply with requirements related to collecting and reporting data and requirements for quality improvement programs. The current Birth Center rule requires centers to file an annual report that includes information on number of patients, length of stay, surgical services performed, maternal and newborn transfers, and maternal and newborn deaths. Birth Centers must also immediately report on maternal deaths, newborn deaths, and any stillborn delivery.[18] Advanced Birth Centers will have these requirements as a minimum and may potentially have additional reporting standards.

In addition, Advanced Birth Centers may be required to have a quality assessment and improvement plan, as do Ambulatory Surgical Centers. Florida-licensed Ambulatory Surgical Centers must have an ongoing quality assessment and improvement system that objectively and systematically monitors and evaluates the quality and appropriateness of patient care and opportunities to improve their performance.[19] Since Advanced Birth Centers must follow many of the Ambulatory Surgical Center requirements, it is possible that they will need to have a similar quality improvement program.

Aligning Incentives

Finally, in establishing rates, it is important for Medicaid to ensure that it is incentivizing high quality care and positive patient outcomes. For example, paying more for a cesarean section recognizes that there are higher costs for surgical intervention and longer length of stay. However, that can encourage a higher rate of unnecessary cesarean sections, so rates need to be carefully set to incentivize appropriate care. In addition, the rates may need to consider whether a patient needs to be readmitted after the birth. For example, paying a bundled rate that includes thorough postpartum care to reduce readmissions or complications would see higher reimbursement levels.

The final reimbursement model will need to consider any changes in rates that may be needed when patients transfer to a Hospital, while also ensuring fair reimbursement of costs associated with the care received at the Advanced Birth Centers prior to a transfer.[20]

Fiscal Impact to Medicaid

In general, the fiscal impact of Advanced Birth Centers on Medicaid can be calculated by multiplying the expected Medicaid utilization of Advanced Birth Centers by the reimbursement rate, then subtracting the cost that would have been paid to Hospitals or Birth Centers for those births.

Fiscal Impact of Advanced Birth Centers =
(Utilization of Advanced Birth Centers x Reimbursement Rate) – Cost of Hospital/Standard Birth Center Births

To estimate utilization, it will be necessary to project the number of Medicaid recipients who will choose an Advanced Birth Center and how many of those would have selected a Hospital birth or a standard Birth Center. Currently one percent of Medicaid births take place in a Birth Center. It is unclear whether the option for Advanced Birth Center licensure will lead to the creation of more

Birth Center facilities. In either case, although there is insufficient evidence available to the Agency to support any change to the volume of non-Hospital, non-home birthing services, it may be reasonable to assume that another one percent of Medicaid births will take place in Advanced Birth Centers, as there will be 1) more availability of Birth Centers, 2) more pregnant Medicaid recipients whose pregnancies qualify for an Advanced Birth Center birth, and 3) more pregnant Medicaid recipients who are comfortable electing to give birth in an Advanced Birth Center because of the higher standard of care.

The fiscal analysis will consider the cost of the service that the Advanced Birth Center is replacing. If recipients choose an Advanced Birth Center instead of a Hospital birth, the cost could decrease. If recipients choose an Advanced Birth Center instead of a standard Birth Center, costs could increase.

One additional factor to consider in the fiscal analysis is the potential duplicate cost if a patient begins the birth process at an Advanced Birth Center but, due to complications, has to be transferred to a Hospital. In this case, both the Advanced Birth Center and the Hospital will need to be reimbursed, increasing the overall cost of the service. The National Birth Center study showed that 11.9% of participants were transferred from a Birth Center to a Hospital during labor.[21] Advanced Birth Centers could potentially decrease the rate of transfers because patients who need a cesarean section could receive it without a transfer. Conversely, the rate of transfers could increase because higher risk pregnancies are allowed at Advanced Birth Centers. Assuming these factors offset each other, the fiscal analysis could assume a continued transfer rate of 11.9%.

Conclusion

The Advanced Birth Center is a new licensed facility type for Florida that will offer expanded birth options. Florida is the first in the country to establish this type of entity that will be equipped to offer planned cesarean deliveries and the ability for women who had a prior cesarean to experience trial of labor in a freestanding Birth Center setting.

The Agency is thoroughly researching complex factors to establish a regulatory framework via administrative rule that ensures Florida's approach to licensing these new entities and implementing expanded birth options is safe. Initial considerations for the Medicaid reimbursement model are being explored concurrently. The final regulatory framework will guide the development of a reimbursement methodology for Advanced Birth Centers that is viable and supportive of high-quality care delivery.

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