

# **Review of Services Provided to Medicaid-Eligible Pregnant Women, Infants, and Children by Florida Healthy Start and Medicaid Managed Care Plans**

**Report 21-08**

**December 2021**



# **OPPAGA**

Office of Program Policy Analysis and Government Accountability

# Review of Services Provided to Medicaid-Eligible Pregnant Women, Infants, and Children by Florida Healthy Start and Medicaid Managed Care Plans

## EXECUTIVE SUMMARY

Healthy Start is a free home visiting program that provides education and care coordination to pregnant women and families with children under the age of three. In 2001, Healthy Start services became eligible for Medicaid reimbursement through a federal waiver, which was intended to increase the state's capacity to improve maternal and child health outcomes. The 2011 Legislature, through the Statewide Medicaid Managed Care legislation, directed the Agency for Health Care Administration (AHCA) to contract with an administrative services organization (the Healthy Start MomCare Network) representing all Healthy Start coalitions to continue the Medicaid waiver services. This legislation also directed all Statewide Medicaid Managed Care health plans to contract with the Healthy Start coalitions in the plans' regions to provide care coordination services for pregnant women and infants.

### REPORT SCOPE

As directed by the Legislature, OPPAGA examined services provided to Medicaid-eligible pregnant women, infants, and children by the Healthy Start MomCare Network and Statewide Medicaid Managed Care plans, including a review of the network's contract, whether there is any overlap between the programs, and whether the services provided meet state and federal requirements.

Statute, state contracts, and agreements among the various entities specify the required service provision and coordination efforts between the health plans and Healthy Start for serving Medicaid enrollees participating in Healthy Start. While some services specified in state contracts appear similar for both sets of entities, the agreements between the health plans and the Healthy Start coalitions clearly delineate who is to provide which services.<sup>1</sup> These agreements show overlap between the entities in only two areas: care coordination and data sharing. Interviews with the health plans and Healthy Start provided additional detail on the differences in the services provided by each, and Healthy Start and eight of the nine health plans reported finding no service duplications. However, AHCA staff reported that some services included in the AHCA-MomCare Network contract are also covered under the AHCA-health plan contracts. Due to data limitations, the existence of duplication cannot be validated through AHCA's encounter data. Both Healthy Start and the health plans reported frequent communication and coordination as part of efforts to avoid duplication of services.

<sup>1</sup> Both sets of entities refers to Healthy Start and the health plans.

# BACKGROUND

Healthy Start is a free home visiting program that provides education and care coordination to pregnant women and families with children under the age of three. The 1991 Legislature established the program to create public-private partnerships to provide coordinated, community-based prenatal and infant health care.<sup>2</sup> The program's goal is to lower risk factors associated with preterm birth, low birth weight, infant mortality, and poor developmental outcomes. The program is administered through 32 Healthy Start coalitions that are responsible for the coordination of services in 66 counties.<sup>3,4</sup> The coalitions contract with community providers to build local service networks to provide Healthy Start services. The Florida Association of Healthy Start Coalitions (FAHSC), a not-for-profit corporation created in 1991, provides education, program development, and advocacy on behalf of the coalitions, which are also not-for-profit corporations. The Florida Department of Health oversees the coalitions and approves coalition service delivery plans.<sup>5</sup> The program is funded through state general revenue, the Maternal and Child Health Block Grant, and Medicaid.

In 2001, Healthy Start services became eligible for Medicaid reimbursement through a federal waiver, which was intended to increase the state's capacity to improve maternal and child health outcomes. The 2011 Legislature, through the Statewide Medicaid Managed Care legislation, directed AHCA to contract with an administrative services organization representing all Healthy Start coalitions to continue the Medicaid waiver services. This legislation also directed all Medicaid health plans to contract with the Healthy Start coalitions in the plans' regions to provide care coordination services for pregnant women and infants.<sup>6</sup> The Healthy Start MomCare Network, Inc. (MomCare) was established in 2014 to serve in this capacity. MomCare is a not-for-profit corporation that contracts with AHCA and the coalitions to provide services to Medicaid enrollees. The Healthy Start program offers the same set of services to Medicaid and non-Medicaid enrollees; Medicaid enrollees comprised the majority of total Healthy Start participants during the past five fiscal years. (See Exhibit 1.)

## Exhibit 1

### During the Past Five Fiscal Years, Most Healthy Start Participants Have Been Medicaid Enrollees<sup>1</sup>

Fiscal Year	Medicaid Enrollees		Non-Medicaid Enrollees		Interconception <sup>2,3</sup>	Total Healthy Start Participants
	Prenatal	Infants	Prenatal	Infants		
2016-17	97,745	54,234	28,807	38,804	604	220,194
2017-18	89,471	48,069	32,207	47,488	637	217,872
2018-19	83,740	42,952	28,399	39,539	449	195,079
2019-20	90,573	45,021	28,719	36,020	415	200,748
2020-21	99,771	48,623	30,030	35,575	533	214,532

<sup>1</sup> Numbers in the exhibit are not additive across fiscal years because the same individuals may be counted in more than one fiscal year.

<sup>2</sup> Interconception care is not broken out by funding source in Healthy Start reports.

<sup>3</sup> Interconception care counseling is a service provided to women who are between pregnancies as a preventive strategy to reduce risk factors that may affect the health and well-being of the mother and child, and that of any future children.

Source: Florida Department of Health Healthy Start Reports.

OPPAGA was directed to review the services provided to Medicaid-eligible pregnant women, infants, and children under the contract between AHCA and MomCare and by the health plans. Several

<sup>2</sup> Section [383.216\(1\)](#), F.S.

<sup>3</sup> Per s. 383.216(10), F.S., the coalitions themselves may not be direct service providers.

<sup>4</sup> One county (DeSoto) does not have a Healthy Start coalition; however, the county's Healthy Start services are coordinated by the DeSoto County Health Department.

<sup>5</sup> Rule Chapter [64F-2](#), F.A.C.

<sup>6</sup> Chapter [2011-134](#), s. 16, *Laws of Florida*.

administrative entities are involved in the provision of these services (e.g., Healthy Start, FAHSC, and AHCA). Each entity performs different roles in the process, and there are several different contractual relationships among these entities. For example, each health plan holds agreements with FAHSC; AHCA holds contracts with each health plan; and MomCare holds contracts with each local coalition. In addition, FAHSC and MomCare have overlapping staff; throughout this report, OPPAGA includes information shared by staff of either of these entities as Healthy Start staff. The remainder of this report provides further detail on the roles, contracts, and services associated with the entities described in Exhibits 2 and 3.

## Exhibit 2

### Several Entities Are Involved in the Provision of Services to Medicaid-Eligible Pregnant Women, Infants, and Children in Florida

Entity	Entity Description, Roles, and Relevant Contractual Relationships
Healthy Start	<ul style="list-style-type: none"> <li>• Home visiting program that provides education and care coordination to pregnant women and families with children under the age of three</li> <li>• Central entry point for other home visiting programs such as Healthy Families Florida, Nurse Family Partnership, Parents as Teachers, and others</li> <li>• Provides services to Medicaid and non-Medicaid enrollees</li> </ul>
Healthy Start Coalitions	<ul style="list-style-type: none"> <li>• 32 non-profit corporations responsible for the coordination of Healthy Start services in 66 counties in the state<sup>1</sup></li> <li>• Hold joinders to the agreements between the health plan(s) in coalitions' regions and FAHSC to provide care coordination for pregnant women and children</li> </ul>
Florida Association of Healthy Start Coalitions <sup>1</sup>	<ul style="list-style-type: none"> <li>• Non-profit corporation that provides education, program development, and advocacy on behalf of the Healthy Start coalitions</li> <li>• Enters into agreements with each health plan to provide care coordination for pregnant women and children</li> </ul>
Statewide Medicaid Managed Care Health Plans	<ul style="list-style-type: none"> <li>• Private health plans that contract with AHCA for the coordination and payment of services for Medicaid enrollees</li> <li>• Coordinate the health plans' pregnancy and infant health programs with Healthy Start</li> <li>• Have contracts between each plan and FAHSC to provide care coordination for pregnant women and children through the Healthy Start coalitions</li> <li>• Provide referrals to Healthy Start</li> <li>• Provide health care-related services to women, infants, and children</li> </ul>
Healthy Start MomCare Network, Inc. <sup>2</sup>	<ul style="list-style-type: none"> <li>• A not-for-profit corporation that contracts with AHCA and the Healthy Start coalitions to provide services to Medicaid enrollees</li> </ul>
Agency for Health Care Administration	<ul style="list-style-type: none"> <li>• Florida's state health care agency responsible for administering the Medicaid Program, licensing and regulating health facilities, and providing information about health care</li> <li>• Contracts with MomCare for the provision of Healthy Start services to Medicaid enrollees</li> <li>• Contracts with each of the health plans</li> </ul>

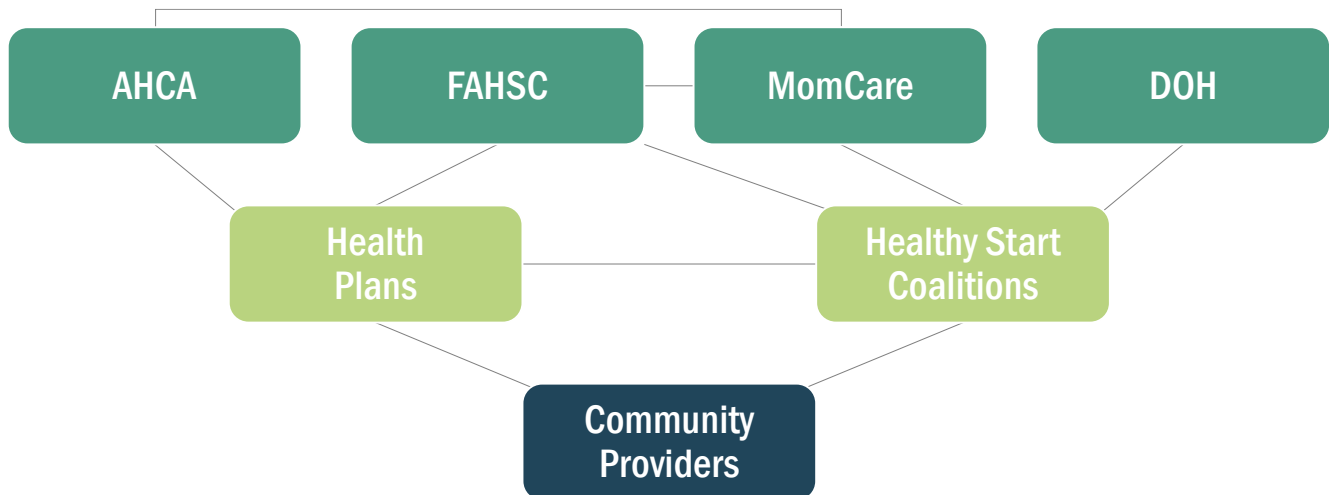
<sup>1</sup> One county (DeSoto) does not have a Healthy Start coalition; however, the county's Healthy Start services are coordinated by the DeSoto County Health Department.

<sup>2</sup> Staff is shared between these two entities.

Source: OPPAGA analysis.

### Exhibit 3

#### Florida's Healthy Start and Health Plan Organizational and Contract Structure



Source: OPPAGA analysis.

In 2019, Healthy Start underwent programmatic changes to standardize the services provided by the coalitions. While the program was originally designed to be community based, program staff reported that the transition to managed care necessitated more standardization across the state, including establishing the program's coordinated intake and referral (CI&R) system to avoid duplication across home visiting programs and creating a standard home visiting curriculum to be used by all coalitions. CI&R connects women and families with resources to meet their immediate needs, encourages the selection of a home visiting program, and reconnects eligible families with their Medicaid health plans if they do not elect to receive home visiting services or are unaware of the services available through their health plan.<sup>7</sup> CI&R staff receives referrals from several sources, including medical providers via the Department of Health's universal risk screen, community partners, client self-referrals, and health plans. When a health plan identifies a pregnant enrollee, care coordination staff refers the woman to Healthy Start.<sup>8</sup> The number of pregnant enrollees in the health plans varies substantially by plan, as does the number of individuals who receive services across the different plans. In Fiscal Year 2020-21, the health plans submitted data on over 100,000 Medicaid enrollees to Healthy Start, 73% of whom elected to receive services through the program. (See Exhibit 4 and Appendix A.)

<sup>7</sup> Healthy Start CI&R staff assesses women and children for eligibility for several home visiting programs, including Healthy Start, Healthy Families Florida, Nurse Family Partnership, Parents as Teachers, federal Healthy Start, Department of Children and Families' Child Abuse Prevention and Treatment Act, and other home visiting programs funded through the Children's Services Councils. Several programs have specific eligibility criteria; however, Healthy Start accepts all women and children who would like to receive services.

<sup>8</sup> Each health plan sends a list of all pregnant enrollees to Healthy Start each week or month (depending on the health plan) as part of the entities' file sharing process.

#### Exhibit 4

#### Health Plans Submitted Data on Over 100,000 Enrollees to Healthy Start in Fiscal Year 2020-21; 73% Received Services

Health Plan <sup>1</sup>	Number of Unique Enrollees Submitted to Healthy Start	Number of Enrollees With a Healthy Start ID <sup>2</sup>	Number of Enrollees With a Healthy Start ID Who Received Healthy Start Services <sup>3</sup>	Percentage of Enrollees With a Healthy Start ID Who Received Healthy Start Services <sup>4</sup>
Aetna	4,756	2,020	1,576	78%
AmeriHealth	2,172	1,383	993	76%
Community Care Plan	5,853	2,848	2,153	68%
Humana Medical Plan	19,534	16,047	10,869	72%
Simply HealthCare <sup>5</sup>	4,346	3,262	2,123	65%
Staywell <sup>6</sup>	44,436	22,167	17,399	78%
Sunshine Health	11,142	8,733	6,574	75%
United HealthCare	12,323	9,443	6,526	69%
Vivida Health	373	94	54	57%
<b>Total</b>	<b>104,935</b>	<b>66,191</b>	<b>48,267</b>	<b>73%</b>

<sup>1</sup> At the time of OPPAGA's review, Healthy Start staff reported that Molina HealthCare had not finalized a data sharing agreement with Healthy Start; staff from both entities were in the process of establishing an agreement.

<sup>2</sup> The number of unique enrollees submitted by the health plans who matched to a case in the Healthy Start data system.

<sup>3</sup> The number of health plan enrollees with a Healthy Start ID who received at least one service through Healthy Start.

<sup>4</sup> Health plan enrollees who did not receive a Healthy Start service may have declined home visiting services or may have been referred to another home visiting program.

<sup>5</sup> Two plans (Miami Children and Lighthouse) were purchased in 2021 by Simply HealthCare; the enrollees for these plans are not reported in the exhibit.

<sup>6</sup> In October 2021, Staywell and Sunshine Health merged and began to operate as Sunshine Health.

Source: Healthy Start MomCare Network.

The 2021 Legislature appropriated \$63.1 million to AHCA for Healthy Start services provided under the contract between AHCA and MomCare, a \$21.9 million increase from the prior fiscal year. These additional funds were appropriated for operational support of the Healthy Start program. According to AHCA staff, this increase was used to address a budget shortfall caused by the COVID-19 pandemic, increasing needs of families for services, and the need to provide services to an increasing number of women, infants, and children. The funds will also be used to expand the program's new automatic electronic referral system and health plan data portal.

# STATUTORY AND CONTRACTUAL REQUIREMENTS FOR SERVICES PROVIDED TO WOMEN, INFANTS, AND CHILDREN ENROLLED IN MEDICAID

## Statute and contracts specify service provision and coordination efforts between health plans and Healthy Start

OPPAGA staff reviewed the governing documents for Healthy Start, MomCare, and the health plans, including Florida statutes, state agency contracts, and inter-program agreements. This review determined that applicable contracts and agreements appear to align with statutory requirements.

**MomCare is required to provide Healthy Start services to pregnant women and infants enrolled in Medicaid and must meet certain requirements for coordination with health plans.** Section 409.975(4), *Florida Statutes*, requires AHCA to contract with MomCare to provide risk-appropriate care coordination and other services in accordance with the federal waiver, including counseling, education, risk-reduction and care coordination services, and quality assurance for all enrollees served under the waiver. The AHCA-MomCare contract requires Healthy Start to provide coordinated intake and referral for all Medicaid-eligible women, infants, and children; intensive home visiting, which includes care coordination for all at-risk Medicaid-eligible pregnant women, infants, and children; evidence-based services, in the home or face-to-face, using individualized pathways designed to produce healthy outcomes; and interconception care counseling services.<sup>9</sup>

The contract also specifies certain requirements for coordination with the health plans and requires that MomCare

- coordinate the provision of services with the health plans for participants enrolled in the Statewide Medicaid Managed Care program and dually receiving services through the Healthy Start program;
- enter into agreements with the health plans, county health departments, and any local community-based providers that provide services to at-risk pregnant women and at-risk infants; and
- ensure that the services provided by the coalitions do not duplicate the services provided by the Medicaid enrollee's health plan.

During OPPAGA's review, Healthy Start staff reported finding the contract language on services to be vague; in May 2021, Healthy Start staff proposed revised contract language to AHCA. The contract was amended in September 2021 to include more specific language on services provided as well as updated information on data sharing between MomCare and the health plans. These changes include

- the inclusion of an additional \$11 million to address the budget shortfall that resulted from COVID-19;

---

<sup>9</sup> The program's pathways are the sets of home visiting services provided to pregnant women, infants and children, and postpartum women enrolled in Healthy Start.

- additional specificity regarding home visiting services, including the frequency provided (one to four times per month), that visits be conducted face-to-face or via electronic video conferencing, and that visits complement the short-term medical home visits provided by the health plans;
- language providing the health plans access to the Healthy Start data system to view the enrollee's records through the health plans' portals; and
- increases in the estimated maximum allowable service units per year (e.g., CI&R for pregnant women increased from a maximum of 58,000 allowable units to 70,000 allowable units).

**Health plans are required to provide certain pregnancy-related services and to coordinate the plans' pregnancy and infant health programs with Healthy Start.** Section 409.975(4)(b), *Florida Statutes*, requires the health plans to establish specific procedures to improve pregnancy outcomes and infant health in coordination with the Healthy Start program. This requirement is included in AHCA's contracts with the health plans, which further specifies that this include interconception care and reproductive planning. Additionally, the AHCA-health plan contracts include the following pregnancy-related services

- care coordination;
- prenatal care;
- pregnancy prevention programs;
- pregnancy-related programs, including home visiting services, counseling, and education materials to pregnant enrollees who are not in compliance with the health plans' prenatal and postpartum programs; voluntary family planning; and HIV counseling and testing; and
- nutritional assessments and counseling.

While the AHCA-health plan contracts require the health plans to provide home visiting services, counseling, and educational materials to some pregnant enrollees, health plans are required to coordinate such efforts with the local Healthy Start care coordinators to prevent service duplication. In addition to the core services included in each contract, health plans may elect to provide expanded benefits. OPPAGA's review of plans' expanded benefits found several services that could apply to pregnant enrollees: prenatal/perinatal visits, doula services, home visits by a clinical social worker, nutritional counseling, and targeted case management. The AHCA-MomCare contract requires Healthy Start to provide certain services to Medicaid enrollees, and these, along with the services the health plans are required to provide, are summarized in Exhibit 5.



## Exhibit 5

### Healthy Start and the Health Plans Are Contractually Required to Provide Certain Pregnancy-Related Services to Medicaid Enrollees

Healthy Start Services Required by AHCA-MomCare Contract	Health Plan Services Required by AHCA-Health Plan Contracts
Coordinated intake and referral	Care coordination
Home visiting, including care coordination and evidence-based services	Pregnancy-related programs, including home visits, counseling, education for those not in compliance with prenatal and postnatal programs, family planning, and HIV counseling and testing <sup>1</sup>
Interconception counseling	Pregnancy prevention programs
	Prenatal care
	Nutritional assessments and counseling
	Optional expanded benefits (vary by plan) <sup>2</sup>

<sup>1</sup> Health plans are required by contract to coordinate these efforts with local Healthy Start care coordinators.

<sup>2</sup> Expanded benefits may include services such as doulas, home visiting by a social worker, and targeted case management.

Source: AHCA-MomCare Network contract and AHCA-Medicaid health plan contracts as of October 2021.

**Required agreements between health plans and local Healthy Start coalitions provide more detailed information on service provision than is specified in the AHCA contracts; there is little overlap in services provided by the plans and coalitions as specified in these agreements.** Section 409.975(4)(b), *Florida Statutes*, and the AHCA-health plan contracts require the plans to develop agreements with each local Healthy Start coalition in the plan's region(s) and collaborate with Healthy Start care coordinators to provide risk-appropriate care coordination for pregnant women and infants. Each plan has a Referral and Coordination agreement with FAHSC (with joiners for each local coalition), which details the services that are to be provided by the health plans and by Healthy Start, as well as steps for service coordination.

OPPAGA reviewed agreements between nine health plans and the coalitions in the plans' respective regions.<sup>10</sup> Most agreements contained information on services to be provided by the coalitions (8) and less than half contained information on services to be provided by the health plans (4). When services were specified, they were consistent across agreements for the health plans and the coalitions, and the services were described with more detail than the AHCA-MomCare and AHCA-health plan contracts. Services specified in the agreements for health plans include coordination with Healthy Start and immunization programs; referrals for other programs (e.g., Special Supplemental Nutrition Program for Women, Infants, and Children and Children's Medical Services); infectious disease testing and treatment; nutritional assessment and counseling; prenatal and postnatal care; obstetrical delivery; and newborn care.

The agreements require the coalitions to provide services through nurses, social workers, and health paraprofessionals. These services include assessment of health, social, environmental, and behavioral risk factors; care coordination; home visiting; parenting, childbirth, and breastfeeding education; counseling; and social services.<sup>11</sup> Home visiting services are intended to support the delivery of and participation in prenatal and infant primary care services.

While there is little overlap in these agreements between the services to be provided by the health plans and the coalitions, there are two services provided by both sets of entities. The agreements

<sup>10</sup> OPPAGA reviewed agreements for the nine Managed Medical Assistance health plans and comprehensive plans (excluding specialty plans) that were active at the time of the review. These plans included Aetna Better Health, AmeriHealth, Community Care Plan, Humana Medical Plan, Molina HealthCare, Simply HealthCare, Sunshine Health, United HealthCare, and Vivida Health.

<sup>11</sup> Healthy Start can refer enrollees back to their plans for any needed covered medical services or when the enrollee declines Healthy Start services.

specify that the health plans and coalitions both provide data sharing and care coordination. Data sharing is a service that is mutually beneficial for the health plans and the coalitions, as it provides both with information on respective enrollees and the services they receive. Health plans provide care coordination as part of prenatal care services according to enrollee needs, and the coalitions provide this same service but in different ways; coalitions provide care coordination throughout an enrollee's service delivery period, connecting them and their family to needed community services. (See Exhibit 6 and Appendix B for more detailed information on services provided by health plans and Healthy Start coalitions.)

## Exhibit 6

### Agreements Between Health Plans and Healthy Start Coalitions Provide More Specific Service Information Than the AHCA Contracts; There Appears to Be Little Overlap in the Services That May Be Provided

Services	Provided by Health Plans <sup>1</sup>	Provided by Healthy Start Coalitions <sup>2</sup>
Referrals to other programs	✓	
Infectious disease testing and treatment	✓	
Prenatal care	✓	
Nutritional assessment/counseling	✓	
Obstetrical delivery	✓	
Newborn care	✓	
Postpartum care	✓	
Data sharing	✓	✓
Care coordination	✓	✓
Case finding/outreach		✓
Assessment of health, social, environmental, and behavioral risk factors		✓
Home visiting		✓
Childbirth and parenting education		✓
Counseling		✓
Social services		✓
Refer back to health plan for covered services or when beneficiary declines services from Healthy Start <sup>3</sup>		✓

<sup>1</sup> These represent the services reported in four agreements between the health plans and coalitions.

<sup>2</sup> One agreement specified several services that coalitions must provide in addition to the services identified above, but these services are not included in the exhibit because the services did not appear in the other agreements that OPPAGA reviewed. The services included smoking cessation, interconception care, telephone-based maternity care coordination, community linkages, and the facilitation of a post-partum visit.

<sup>3</sup> Covered services include medical, long-term care, psychological or social services, and benefits as specified in the AHCA-health plan contracts.

Source: OPPAGA analysis of the Referral and Coordination Agreements between the health plans and Healthy Start coalitions as of September 2, 2021.

In addition, OPPAGA's review found that information on service coordination between the health plans and the coalitions was available in seven agreements; four provided detailed information. The more detailed agreements state that data and information transfers between the health plans and Healthy Start should occur at least monthly, and interdisciplinary case team meetings should occur at least quarterly to coordinate, but not duplicate, the most appropriate community-based services and resources for the recipient. Additionally, scheduled and non-scheduled communication through

telephone calls and email is expected. The plans also have access to Healthy Start's case management system.<sup>12</sup>

## HEALTH PLAN AND HEALTHY START SERVICE PROVISION AND COORDINATION

### Healthy Start and all but one health plan reported providing distinct but complementary services; the entities engage in several activities to coordinate service delivery

To determine how the statutory and contractual requirements are operationalized, OPPAGA staff interviewed Healthy Start staff and representatives from nine Medicaid health plans and reviewed supporting documentation.<sup>13</sup> The contracts require the health plans and Healthy Start to coordinate respective pregnancy-related programs to ensure that there is no duplication of services and that women receive risk-appropriate care. Both sets of entities reported having a good relationship and working together to ensure women receive the necessary services. Healthy Start and eight of the nine health plans reported that neither provides services that duplicate the efforts of the other and that the services provided by each are mostly distinct and complementary to one another.

**Healthy Start and the health plans reported providing a variety of services to program enrollees; health plans tend to provide medical services whereas Healthy Start tends to provide education and counseling.** Health plan staff reported providing primarily health care-related services to women, infants, and children, including screenings, prenatal and postpartum doctors' visits, doula services, telephone-based care coordination, medically focused home visits, and incentive programs for pregnant enrollees to attend medical appointments. All of the plans that were asked (seven out of nine) reported encouraging enrollees to receive services through their local Healthy Start coalition for additional services.

Healthy Start staff reported that women and families who elect to receive services through Healthy Start receive coordinated intake and referral, which includes assessment of and assistance with immediate needs; at least monthly home visits; and referrals to community services, depending on need, including substance use treatment and mental health counseling. Core services provided to all participants as part of home visits include prenatal education, parenting education, interconception education, stress management education, screenings, and care coordination. Enhanced services may also be provided to Healthy Start participants, including breastfeeding education, childbirth education, psychosocial counseling, and tobacco counseling.

**While some services provided by health plans and Healthy Start may appear similar, Healthy Start and health plan staff reported that services provided via the two entities are largely distinct and complementary.** Eight managed care plans reported that Healthy Start coalitions offer a variety of services that the plans do not, including many home-based services, parenting classes,

---

<sup>12</sup> Sensitive information, such as HIV, mental health, and substance use, will not be available unless Healthy Start has the recipient's written consent to share this information.

<sup>13</sup> OPPAGA staff interviewed staff from the nine Comprehensive and Managed Medical Assistance health plans, not including the specialty health plans.

interconception care, stress management, breastfeeding support, and other education programs. Unlike Healthy Start coalitions, most health plans deliver care coordination services telephonically, while Healthy Start coalitions are able to provide services to enrollees in their homes.<sup>14</sup> Many of the health plans reported that Healthy Start staff is immersed in the community and have a better understanding of resources and initiatives available to enrollees, such as diapers and car seats. One health plan pointed out that enrollees can personally visit the local Healthy Start office if they need help. Another health plan said that while the health plan provides education and information telephonically, the Healthy Start coalitions' staff directly provides services in the community.

Healthy Start coalitions and the health plans both provide home visiting, but both sets of entities reported that the visits differ in nature and duration. According to Healthy Start, the coalitions' home visits are intensive long-term relationships, with visits provided at least once per month and as frequently as three to four times per month, through at least the first year of the child's life and up to age three. These visits support families through education on pregnancy, parenting, late pregnancy and postpartum health, and stress management. Home visits also include screenings for depression, intimate partner violence, substance use disorders and smoking, and child development and care coordination to connect families to community services. In contrast, many of the health plans reported that plan home visits are a short-term service (sometimes a single visit), have a more medical focus, and are often only provided to enrollees determined to be high risk. (See Exhibit 7.)

#### Exhibit 7

#### Care Coordination and Home Visiting Are Provided by the Health Plans and Healthy Start, but There Are Several Differences in Service Delivery

Healthy Start Home Visiting Services	Health Plan Home Visiting Services <sup>1</sup>
Long-term (continue throughout pregnancy and after birth of child)	Address acute/short-term issues
Provided to all participants	Often only provided to high-risk enrollees
Focused on parenting education and support services around health education and screening	Focused on medical issues
Healthy Start Care Coordination Services	Health Plan Care Coordination Services
Provided to participants in their homes and other face-to-face locations	Provided telephonically
Staff develops relationships within communities and builds knowledge of local resources to which to refer participants	Staff makes referrals to community providers to address some needs but often refers to Healthy Start for additional services
Focused on the family as a whole	Focused on the needs of the enrollee
Provided to all participants	May only be provided to high-risk enrollees

<sup>1</sup> Specific criteria for home visiting services varies by plan.

Source: Healthy Start and health plans.

One health plan reported seeing duplication with some Healthy Start services, including assessments, education, and care coordination. However, this small health plan is unique because it is based in the enrollees' community and is able to provide home visits as part of regular care coordination. Despite this reported duplication, this health plan (as well as five others) noted coordinating with Healthy Start coalitions and modifying health plan services if a member is enrolled in Healthy Start to ensure that families do not receive duplicative services (i.e., if the Healthy Start coalition provides a service, the health plan will not). One of these health plans reported that the plan may provide additional services

<sup>14</sup> Healthy Start home visits may be provided in another setting that is more convenient for the recipient, including schools, neighborhood centers, or offices of service providers.

if the member chooses not to enroll in Healthy Start, but the services will not be as long in duration as those provided by Healthy Start.

OPPAGA asked eight of the health plans if the plan could cover services provided by the Healthy Start coalitions, if required. Seven of the eight reported that the health plan could not cover these services without expanding programs, including hiring more staff with different skills and adjusting the contractual per member per month rate under the AHCA contract. One plan said it would likely have to hire Healthy Start staff because the coalition staff has the expertise that the health plan staff does not. Another plan also noted that many of the services provided through Healthy Start are not billable under Medicaid, including many educational services, and thus changes would be required to accommodate the addition of these services under Medicaid. Conversely, the health plan that reported seeing duplication between itself and Healthy Start said that it could cover the services currently provided by Healthy Start.

**While Healthy Start and most health plans reported no duplication of services, AHCA reported that services provided through the AHCA-MomCare contract are also covered under AHCA-health plan contracts; existence of duplication cannot be validated through AHCA's encounter data.** AHCA reported that the services provided under the AHCA-MomCare contract are already covered in the health plan contracts, including screening, care coordination, education, and general family planning services; however, AHCA indicated that Healthy Start's home visiting program focuses on the social determinants of health and health education, and the services provided by Healthy Start may differ in intensity, frequency, and curriculum from those provided by the health plans. Despite this, AHCA reported that agency staff compared claims data from Healthy Start to claims data from the health plans and found no clear duplication of services.

OPPAGA staff requested AHCA claims data in an attempt to verify whether service duplication is occurring. However, while Healthy Start services are contained in AHCA's claims data, health plans reported that the services that may be considered comparable to Healthy Start (e.g., home visits and community referrals) are provided as part of care coordination, which is not a billed service and thus does not appear in the claims data. Because data for services provided by health plans are not available in AHCA's encounter data, claims data analysis cannot be used to validate whether there is service duplication between Healthy Start and the health plans.

**Billing codes that distinguish between a medical and social focus in services are necessary for service data analysis; discrepancies in data provided by AHCA and Healthy Start suggest opportunities to improve data quality.** While most health plans and Healthy Start staff indicated that health plans provide services with a medical focus and Healthy Start provides services with a social focus, health plans do sometimes provide services with a social focus. Procedure codes are used in billing data to record the specific procedure or service provided, and to compare Healthy Start and health plan data for possible duplication of services, the data would need to contain procedure codes that clearly distinguish services delivered with a social focus (e.g., a home visit from a social worker providing social services) from those with a medical focus (e.g., a home visit from a nurse providing education on a medical issue for a high-risk pregnancy). It is not clear whether distinct procedure codes are used by health plans that would allow for differentiation between social and medical service provision because comparable services provided by the health plans are not available in the encounter data, and AHCA did not provide such codes as requested by OPPAGA. Therefore, OPPAGA was unable to assess whether health plans use procedure codes that identify when a service is delivered with a social focus versus a medical focus.

OPPAGA requested and analyzed data for Healthy Start services from both AHCA and MomCare. Given that both data sources are records of claims for Healthy Start services, numbers between the two sources should closely align. While the number of mothers and children receiving services were similar in both data sources for Fiscal Years 2015-16 through 2017-18, numbers were substantially different for Fiscal Years 2018-19 and 2019-20. Large discrepancies revealed via OPPAGA's analysis suggest that data quality issues in one or both data sources may need to be reconciled and addressed. Discrepancies between the two data sources could be used to investigate and identify data problems and origins on a monthly, quarterly, and annual basis. Regular efforts between the two organizations to reconcile discrepancies would improve data quality. Discrepancies in the number of Healthy Start recipients in several of MomCare's databases (Healthy Start claims data as compared to detailed service data from MomCare) also suggest opportunities for improving Healthy Start's data quality. (See Appendix C for AHCA claims data on Healthy Start participants and services.)

**Healthy Start and the health plans engage in multiple coordination efforts to monitor service provision and avoid service duplication.** Healthy Start and the health plans reported three main avenues for coordination: weekly or monthly data sharing, monthly statewide interdisciplinary case team meetings, and telephone calls and emails between health plan and coalition staff; these are consistent with the coordination efforts that are required in the AHCA-MomCare contract and the health plan-coalition agreements.<sup>15</sup> All of the health plans reported coordinating extensively with Healthy Start.

To coordinate efforts and share enrollee information, Healthy Start and the health plans have procedures for weekly data sharing. This process involves each health plan sending Healthy Start a file with newly pregnant enrollees. Healthy Start matches the file to current clients in its data system. For those already enrolled with Healthy Start, Healthy Start returns a file to the health plan with client demographics, service codes, and case worker contact information and adds the health plan information to each client's record. A new component of this process that was being implemented at the time of OPPAGA's review is automatic referrals. Once implementation is complete, when health plans send data on pregnant enrollees who are not located in the Healthy Start data system, a referral will be automatically generated to the Healthy Start CI&R staff, who will then reach out to the woman and try to enroll her in a home visiting program.<sup>16</sup> Further, Healthy Start has recently created a health plan portal to give health plan staff access to the Healthy Start data system to view enrollee records; this will supply health plan staff with the most current information on the services being provided to enrollees.<sup>17</sup>

In addition to data sharing, Healthy Start and health plan staff participate in monthly interdisciplinary case team calls. For these calls, each entity provides the other with a list of women and/or families to discuss in advance of the call. On the call, participants share the services that have been provided to the enrollee being discussed and whether there are any concerns or unaddressed needs. For example, health plan staff may share that a mom is experiencing depression so the coalitions can provide the family with additional services.

---

<sup>15</sup> Five health plans reported engaging in weekly data sharing with Healthy Start. Two health plans reported engaging in monthly data sharing; one plan reported that data sharing occurs at least monthly but was unsure of the exact frequency; and one plan did not have a data sharing agreement with Healthy Start at the time of OPPAGA's review.

<sup>16</sup> At the time of OPPAGA's review, the automatic referral process was only implemented in Broward County with one health plan. Healthy Start staff reported that it will begin to rollout the process to additional plans and counties beginning in December 2021. Healthy Start staff expects that this new process could nearly double the number of Medicaid referrals to CI&R.

<sup>17</sup> At the time of OPPAGA's review, the health plan portal was in use statewide with one health plan. Healthy Start staff reported that it will begin to rollout the portal to additional health plans beginning in December 2021.

To supplement these scheduled coordination efforts, both Healthy Start and health plan staff reported that coalition and health plan care coordinators regularly communicate regarding participants via emails and telephone calls. Of the health plans that specified the frequency of the communication, all reported that Healthy Start and health plan care coordinators communicate at least once per week.<sup>18</sup> As one plan described, the health plan care coordinators are in constant communication with the coalition care coordinators and work as a multidisciplinary team to make sure enrollees receive all the services in their care plans. Another said that the health plan nurses work with Healthy Start staff daily to have real-time collaboration on cases. (See Exhibit 8 for the numbers of participants discussed through these means of communication in Fiscal Year 2020-21.)

## Exhibit 8

### Healthy Start and the Health Plans Use Several Types of Coordination Methods

Type of Coordination	Number of Participants Discussed in FY 2020-21
Weekly data sharing	79,000
Telephone calls and emails	2,112
Monthly interdisciplinary case team calls	531

Source: Healthy Start MomCare Network.

<sup>18</sup> Four of the health plans specified the frequency of care coordinator communication. Two health plans described the communication as frequent or said that Healthy Start staff are very responsive and that the plans and Healthy Start staff have good relationships and direct communication. Three health plans did not provide information on the frequency of the communication.

## APPENDIX A

### Agency for Health Care Administration Encounter Data for Pregnant Women Enrolled in Managed Care and Claims Data for Women Who Received Healthy Start Services

The number of pregnant Medicaid health plan enrollees varies substantially across plans. The smallest health plan, Vivida, had just over 400 pregnant enrollees in Fiscal Year 2018-19 and a little over 800 in Fiscal Year 2019-20. In contrast, the largest plan, Staywell, had over 40,000 pregnant enrollees in Fiscal Year 2018-19 and over 39,000 in Fiscal Year 2019-20. As the smallest health plan, Vivida also had fewer pregnant enrollees than other plans who received Healthy Start services in Fiscal Years 2018-19 and 2019-20. As the largest health plan, Staywell had the largest number of pregnant enrollees who received Healthy Start services in the same fiscal years. (See Exhibit A-1.)

#### Exhibit A-1

#### Number of Medicaid Health Plan Enrollees Who Were Pregnant and Received Healthy Start Services by Fiscal Year and Health Plan

Health Plan	FY 2015-16		FY 2016-17		FY 2017-18		FY 2018-19		FY 2019-20	
	Pregnant Enrollees	Healthy Start	Pregnant Enrollees	Healthy Start	Pregnant Enrollees	Healthy Start	Pregnant Enrollees	Healthy Start	Pregnant Enrollees	Healthy Start
<b>Aetna<sup>1</sup></b>	5,307	1,445	4,773	2,706	4,084	2,331	5,775	1,703	7,030	1,892
<b>AmeriHealth<sup>2</sup></b>	21,006	6,683	23,531	15,608	24,758	15,964	17,698	7,464	5,444	1,880
<b>Better Health<sup>3</sup></b>	5,573	1,954	5,885	4,297	5,313	3,672	2,993	1,459	-	-
<b>Community Care Plan</b>	2,047	751	2,498	2,033	2,370	1,815	2,190	1,094	2,146	1,463
<b>Humana Medical Plan</b>	22,887	7,152	21,409	13,110	17,899	11,101	22,944	7,894	25,722	8,676
<b>Magellan<sup>4</sup></b>	3,634	1,231	4,903	2,680	6,158	3,355	5,026	1,914	1,659	429
<b>Molina<sup>5</sup></b>	16,120	5,842	22,754	15,187	24,167	14,893	16,998	6,718	5,903	1,390
<b>Simply<sup>6</sup></b>	21,349	6,495	21,505	12,605	18,746	10,712	20,881	7,298	20,191	7,203
<b>Staywell<sup>7</sup></b>	35,852	10,783	35,465	21,579	33,758	19,920	40,315	14,054	39,309	15,155
<b>Sunshine Health</b>	28,936	9,093	32,947	21,020	33,041	20,564	35,540	13,493	31,911	11,759
<b>United HealthCare</b>	22,421	6,341	22,677	13,329	21,455	12,339	21,365	7,532	18,528	5,103
<b>Vivida Health</b>	-	-	-	-	-	-	419	114	839	400

<sup>1</sup> Aetna operated as Coventry Health Plan until 2018 when it changed its name to Aetna for the Florida Medicaid program.

<sup>2</sup> Prestige Health Choice changed its name to AmeriHealth Caritas Florida on July 1, 2021.

<sup>3</sup> Anthem acquired Simply Health Plan and Better Health in February 2015. Better Health began to operate under the Simply Health plan name in 2018.

<sup>4</sup> Magellan was purchased by Molina on January 1, 2021.

<sup>5</sup> Molina acquired First Coast Advantage in 2014, Preferred Medical Plan and Integral Health Plan in 2015, and Magellan Health in 2021.

<sup>6</sup> Simply Health Plan was acquired by Anthem in February 2015.

<sup>7</sup> Staywell Health Plan and Sunshine State Health Plan merged and began to operate as Sunshine Health on October 1, 2021.

Source: OPPAGA analysis of Agency for Health Care Administration Medicaid encounter and fee-for-service claims data.



# APPENDIX B

## Medicaid Health Plan Services

Florida statute requires the health plans to develop agreements with each local Healthy Start coalition in the health plan's region(s) and collaborate with Healthy Start staff to provide risk-appropriate care coordination for pregnant women and infants. Each plan has a Referral and Coordination Agreement with the Florida Association of Healthy Start Coalitions (with joinders for each applicable local coalition), which details the services that are to be provided by the health plans and Healthy Start, as well as steps for service coordination. Exhibit B-1 provides details on the services specified in the agreements and who is to provide and/or arrange for services.

### Exhibit B-1

#### Service Provision Identified in Referral and Coordination Agreements Between Health Plans and FAHSC

Services	Service Description	Provided by Health Plans <sup>1</sup>	Provided by Healthy Start Coalitions <sup>2</sup>
<b>Referrals to other programs</b>	Refer Medicaid enrollees to Healthy Start; immunization programs; Special Supplemental Nutrition Program for Women, Infants, and Children; and Children's Medical Services	✓	
<b>Infectious disease testing and treatment</b>	Provide HIV and Hepatitis B testing, counseling, and treatment	✓	
<b>Prenatal care</b>	Provide pregnancy tests and nursing assessments; provide care coordination through the gestational period, according to need; schedule prenatal visits at specified intervals, or as needed; contact Medicaid enrollees who fail to keep prenatal appointments and arrange for continued prenatal care; assist Medicaid enrollees in making delivery arrangements, if necessary; screen for tobacco use and make available smoking cessation counseling and/or treatment as needed	✓	
<b>Nutritional assessment/counseling</b>	Provide nutritional assessment and counseling for all pregnant Medicaid enrollees; promote breastfeeding and the use of breast milk substitutes; provide mid-level nutrition assessments; provide individualized diet counseling and a nutrition care plan following the nutrition assessment	✓	
<b>Obstetrical delivery</b>	Document preterm delivery risk by week 28; if provider determines pregnancy is high risk, the health plan shall ensure the provider's obstetrical care during labor and delivery, symptomatic evaluation by all attendants, and that the enrollee progresses through the final stages of labor and immediate postpartum care	✓	
<b>Newborn care</b>	Provide highest level of care beginning at birth, including prophylactic eye medications; cord blood sample for blood type testing in certain situations; weighing and measuring; inspection for abnormalities and/or complications; vitamin K administration; standard assessment of newborn well-being; any other necessary and immediate need for referral; and any necessary newborn and infant hearing screenings	✓	
<b>Postpartum care</b>	Provide postpartum exam within six weeks of delivery; ensure providers supply voluntary family planning; ensure continuing care of newborn is provided through the Medicaid Child Health Check-Up Visits program component	✓	

Services	Service Description	Provided by Health Plans <sup>1</sup>	Provided by Healthy Start Coalitions <sup>2</sup>
<b>Data sharing</b>	Engage in data transfers between Healthy Start and the health plans at least monthly	✓	✓
<b>Care coordination</b>	Provide care coordination, including case management, telephonically or in person	✓	✓
<b>Case finding/outreach<sup>3</sup></b>	A home visit attempt to contact the pregnant Medicaid enrollee within 14 calendar days of referral in order to reengage		✓
<b>Assessment of health, social, environmental, and behavioral risk factors</b>	No definition provided		✓
<b>Home visiting</b>	Home visiting to support the delivery of and participation in prenatal and infant primary care services		✓
<b>Childbirth and parenting education</b>	Education on childbirth and parenting, including encouragement of breastfeeding		✓
<b>Counseling</b>	No definition provided		✓
<b>Social services</b>	No definition provided		✓
<b>Refer back to health plan for covered services or when beneficiary declines services from Healthy Start<sup>4</sup></b>	No definition provided		✓

<sup>1</sup> These represent the services reported in four agreements between the health plans and coalitions.

<sup>2</sup> One agreement specified several services that coalitions must provide in addition to the services identified above, but these services are not included in the exhibit because the services did not appear in the other agreements that OPPAGA reviewed. The services included smoking cessation, interconception care, telephone-based maternity care coordination, community linkages, and facilitation of post-partum visit.

<sup>3</sup> Eight agreements identified case finding/outreach as a provided service, but only two plans defined case finding. MomCare staff reported that none of the plans opted to contract with Healthy Start for this service.

<sup>4</sup> Covered services include medical, long-term care, psychological or social services, and benefits as specified in the AHCA-health plan contracts.

Source: OPPAGA analysis of the Referral and Coordination Agreements between the health plans and Healthy Start coalitions as of September 2, 2021.

## APPENDIX C

### Agency for Health Care Administration Claims Data for Women and Children Enrolled in Medicaid Who Received Healthy Start Services

From Fiscal Year 2015-16 through Fiscal Year 2019-20, over 412,000 women and 162,000 children receiving Medicaid services also received Healthy Start services. Over the same period, Medicaid paid over \$145 million for Healthy Start services for women and \$35 million for Healthy Start services for children. Healthy Start made programmatic changes in March 2019, resulting in more detailed data and standardized services. (See Exhibits C-1 and C-2.)

#### Exhibit C-1

Number of Women Enrolled in Medicaid Receiving Healthy Start Services, Number of Services Received, and Amount Paid for Services by Fiscal Year and Detailed Service Category

Fiscal Year	Number of Women	Number of Services Received by Women	Amount Paid	Number (%) Receiving CI&R	Number (%) With an Admin Payment	Number (%) Receiving Coordination With Health Plans <sup>1</sup>	Number (%) Receiving Interconception Care Face-to-Face <sup>1</sup>	Number (%) Receiving Interconception Care Telephone <sup>1</sup>	Number (%) With Prenatal Pathway Home <sup>1</sup>
2015-16	82,363	107,000	\$33,817,902	55,620 (67.53%)	38,182 (46.36%)	-	-	-	-
2016-17	141,218	324,980	38,810,558	58,596 (41.49%)	122,659 (86.86%)	-	-	-	-
2017-18	133,997	299,265	33,884,877	50,757 (37.88%)	119,747 (89.37%)	-	-	-	-
2018-19	85,366	171,907	19,765,871	29,531 (34.59%)	76,187 (89.25%)	11 (0.01%)	227 (0.27%)	52 (0.06%)	376 (0.44%)
2019-20	71,848	142,021	19,386,661	52,832 (73.53%)	-	26,668 (37.12%)	6,032 (8.40%)	17,627 (24.53%)	11,395 (15.86%)
<b>Total</b>	<b>412,682</b>	<b>1,045,173</b>	<b>\$145,665,869</b>	<b>229,073 (55.51%)</b>	<b>297,872 (72.18%)</b>	<b>26,679 (6.46%)</b>	<b>6,221 (1.51%)</b>	<b>17,679 (4.28%)</b>	<b>11,581 (2.81%)</b>

<sup>1</sup> Data for these services are not available prior to March 2019.

Source: OPPAGA analysis of Agency for Health Care Administration Medicaid fee-for-service claims data.

## Exhibit C-2

### Number of Children Enrolled in Medicaid Receiving Healthy Start Services, Number of Services Received, and Amount Paid for Services by Fiscal Year and Detailed Service Category

Fiscal Year	Number of Children	Number of Services Received by Children	Amount Paid	Number (%) Receiving CI&R <sup>1</sup>	Number (%) Receiving Coordination With Health Plans <sup>1</sup>	Number (%) Receiving Interconception Care Face-to-Face <sup>1</sup>	Number (%) Receiving Interconception Care Telephone <sup>1</sup>	Number (%) With Prenatal Pathway Home	Number (%) Receiving Infant Pathway Home
<b>2015-16</b>	36,997	78,014	\$5,060,004	-	-	-	-	35,922 (97.09%)	2,011 (5.43%)
<b>2016-17</b>	41,277	82,932	5,375,612	-	-	-	-	39,994 (96.89%)	2,215 (5.37%)
<b>2017-18</b>	35,653	72,734	4,716,909	-	-	-	-	34,449 (96.62%)	1,988 (5.58%)
<b>2018-19</b>	21,909	40,093	2,854,067	1,307 (5.97%)	3 (0.01%)	355 (1.62%)	6 (0.03%)	19,552 (89.24%)	1,460 (6.66%)
<b>2019-20</b>	40,555	89,849	17,095,118	36,996 (91.22%)	159 (.39%)	5,005 (12.34%)	917 (2.26%)	-	11,629 (28.67%)
<b>Total</b>	<b>162,573</b>	<b>363,622</b>	<b>\$35,101,710</b>	<b>38,303 (23.56%)</b>	<b>162 (0.10%)</b>	<b>5,358 (3.30%)</b>	<b>923 (0.57%)</b>	<b>119,679 (73.62%)</b>	<b>17,370 (10.68%)</b>

<sup>1</sup> Data for these services are not available prior to March 2019.

Source: OPPAGA analysis of Agency for Health Care Administration Medicaid fee-for-service claims data.

# AGENCY RESPONSE



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

December 22, 2021

PK Jameson  
Coordinator  
Health and Human Services Policy Area  
Office of Program Policy Analysis and Government Accountability (OPPAGA)  
The Florida Legislature

Re: Review of Services Provided to Medicaid-Eligible Pregnant Women, Infants and Children by Florida Healthy Start and Medicaid Managed Care Plans

Dear PK Jameson:

Thank you for the opportunity to review the OPPAGA draft report titled: Review of Services Provided to Medicaid-Eligible Pregnant Women, Infants and Children by Florida Healthy Start and Medicaid Managed Care Plans. As requested, the Agency for Health Care Administration (Agency) submitted comments to OPPAGA via email on report findings.

The Agency will take all recommendations and suggested improvements into consideration.

Sincerely,

A handwritten signature in blue ink, appearing to read "Simone Marstiller", with a stylized flourish at the end.

Simone Marstiller  
Secretary

cc:

Ms. Mary Beth Sheffield, Inspector General, Agency for Health Care Administration  
Mr. Tom Wallace, Deputy Secretary, Division of Medicaid, Agency for Health Care Administration  
Ms. Kim Smoak, Deputy Secretary, Division of Health Quality Assurance, Agency for Health Care Administration  
Ms. Melinda Miguel, Chief Inspector General, Executive Office of the Governor

2727 Mahan Drive • Mail Stop #1  
Tallahassee, FL 32308  
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida  
Twitter.com/AHCA\_FL



December 28, 2021

Ms. PK Jameson  
Coordinator  
Office of Program Policy Analysis and Government Accountability  
The Florida Legislature

Dear Ms. Jameson:

Thank you for the opportunity to review the Office of Program Policy Analysis and Government Accountability (OPPAGA) draft report on the Review of Services Provided to Medicaid-Eligible Pregnant Women, Infants, and Children by Florida Healthy Start and Medicaid Managed Care Plans. We appreciated your team's time and expertise in compiling and analyzing the information.

Healthy Start values the great partnerships formed with the health plans in meeting the needs of Florida's pregnant women, babies, and their families. We continue to enhance the coordination with the health plans including automated referrals, the provision of access to our case management system, and updated agreements.

Thank you to your team. We appreciated their thoroughness and professionalism.

Best regards,

A handwritten signature in purple ink, appearing to read "Catherine Tinnuta".

Catherine Tinnuta  
Chief Executive Officer

This page is intentionally left blank



# OPPAGA

Office of Program Policy Analysis and Government Accountability

OPPAGA provides performance and accountability information about Florida government in several ways.

- [Reports](#) deliver program evaluation and policy analysis to assist the Legislature in overseeing government operations, developing policy choices, and making Florida government more efficient and effective.
- [Government Program Summaries](#) (GPS), an online encyclopedia, provides descriptive, evaluative, and performance information on more than 200 Florida state government programs.
- [PolicyNotes](#), an electronic newsletter, delivers brief announcements of research reports, conferences, and other resources of interest for Florida's policy research and program evaluation community.
- Visit [OPPAGA's website](#).

---

OPPAGA supports the Florida Legislature by providing data, evaluative research, and objective analyses that assist legislative budget and policy deliberations. This project was conducted in accordance with applicable evaluation standards. Copies of this report in print or alternate accessible format may be obtained by telephone (850/488-0021), by FAX (850/487-3804), in person, or by mail (OPPAGA Report Production, Claude Pepper Building, Room 312, 111 W. Madison St., Tallahassee, FL 32399-1475).

Project supervised by Laila Racevskis (850/717-0524)  
Project conducted by Cate Stoltzfus,  
Rebecca Bouquio, Daphne Holden, Lori Reid  
PK Jameson, Coordinator