

Why We Conducted This Review

We evaluated the Louisiana Department of Health's (LDH) efforts to improve maternal health outcomes. We conducted this evaluation because Louisiana ranks 48th nationally for the health of women across social and economic factors, physical environment, clinical care, behaviors, and health outcomes. Further, Louisiana's maternal mortality rate has increased at a higher rate than that of the United States as a whole, with significant disparities by race, ethnicity, and socioeconomic status. According to the 2020 Louisiana Pregnancy-Associated Mortality Review report, 94.0% of all pregnancy-related deaths were deemed potentially preventable. In addition, previous LLA audits have identified Medicaid beneficiaries who received no Medicaid services while enrolled, including certain preventative screenings.

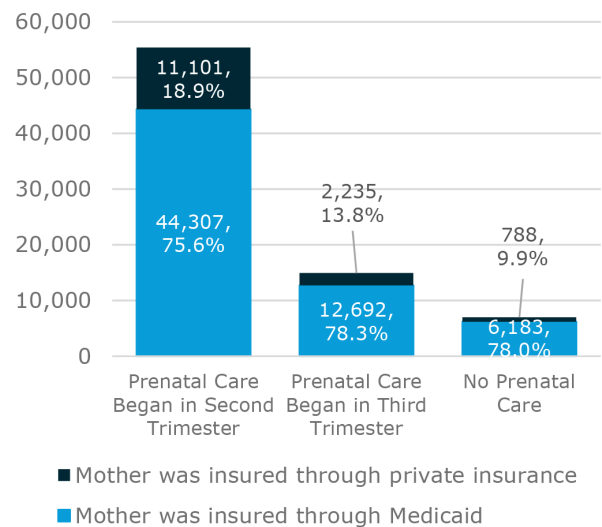
What We Found

Overall, we found an increase in pregnant women in Louisiana who did not receive prenatal care as recommended, with pregnant Medicaid beneficiaries representing a disproportionate share of women without prenatal care. The exhibit on the right compares the number and percentage of pregnant women in Louisiana who were insured through Medicaid and private insurance who received untimely prenatal care.

Based on Medicaid data and other research, possible barriers to receiving recommended care include a lack of obstetric providers in certain areas of the state, lack of Medicaid reimbursement for certain maternal health services, and potentially low provider reimbursement rates for birth-related costs. Further, it appears that MCOs are only providing case management services, which we found increases the likelihood of receiving postpartum care, to a small percentage of pregnant Medicaid beneficiaries. LDH has certain maternal health initiatives that appear to be working successfully, but others are less clear. Specifically, we found the following:

- **According to Natality data, the percentage of all pregnant women in Louisiana who did not receive prenatal care in the first trimester, as recommended by best practices, increased from 22.5% in calendar year 2018 to 25.9% in calendar year 2023. Medicaid beneficiaries represented a disproportionate share of women who did not receive timely care.** Louisiana's rate of untimely access to prenatal care for Medicaid beneficiaries was 76.4% (63,182 of 82,726), which was 18.6% higher than the national rate for pregnant Medicaid beneficiaries of 57.8% during calendar years 2018 through 2023.
- **Medicaid complaint data indicates issues with pregnant Medicaid beneficiaries not being able to access obstetric care.** LDH Medicaid provider network adequacy reports and Medicaid data show a lack of

Number and Percentage of Women in Louisiana Insured Through Medicaid vs. Private Insurance with Untimely Access to Prenatal Care Calendar Years 2018 to 2023



Source: Prepared by legislative auditor's staff using National Center for Health Statistics Natality data.

What We Found (Cont.)

providers in certain areas of the state. According to LDH, low provider reimbursement rates contribute to these issues. We analyzed network adequacy reports for Obstetrician Gynecologist (OBGYN) access and found that 163 (18.3%) of 893 OBGYN Medicaid providers listed on these reports had no claims for services from July 1, 2023, through December 31, 2023; and 24 (37.5%) of 64 parishes had no OBGYNs who provided services as of December 2023. LDH could improve health care access in rural areas by increasing access to services that best practices have shown improve health care, such as increasing access to certified nurse midwives. Research suggests Medicaid provider networks can be improved with higher reimbursement rates.

- LDH case management data indicates that the MCOs identified and enrolled a low percentage of pregnant and postpartum Medicaid beneficiaries for case management services. Because pregnant women who received case management services obtained postpartum care at a higher rate, LDH should specify high-risk populations who potentially require case management services in MCO contracts, such as pregnant Medicaid beneficiaries. We found that the MCOs identified only 8,680 (26.4%) of 32,836 Medicaid beneficiaries who gave birth in calendar year 2023 for case management services during their pregnancy or up to three months postpartum. In addition, we found that MCOs are not completing case management assessments timely as required by their contracts and were not issued monetary penalties for these violations.

Medicaid Beneficiaries Who Gave Birth in Calendar Year 2023 and Received Case Management Services by MCO				
MCO*	Total Pregnant and Postpartum Beneficiaries Identified for Case Management	Total Pregnant and Postpartum Beneficiaries Receiving a Plan of Care	Total Pregnant Beneficiaries	Percent of Pregnant and Postpartum Beneficiaries Receiving a Plan of Care
Aetna Better Health of Louisiana	199	70	2,845	2.5%
AmeriHealth Caritas of Louisiana	951	526	4,105	12.8%
Healthy Blue	1,493	104	7,483	1.4%
Louisiana Healthcare Connections, Inc.	3,333	407	10,452	3.9%
United Healthcare of Louisiana, Inc.	2,704	599	7,951	7.5%
Total	8,680	1,706	32,836	5.2%
* Humana was excluded from this analysis because this analysis required case management report data prior to the start of their contract with LDH in 2023.				
Source: Prepared by legislative auditor's staff using data provided by LDH.				

- Statewide maternal health quality improvement programs include the Louisiana Perinatal Quality Collaborative's (LaPQC) Safe Birth Initiative and the Managed Care Incentive Payment (MCIP) program. While LaPQC's maternal health quality initiatives have led to improved outcomes, we found that the MCIP program's maternal health initiatives were not always designed to achieve measurable outcomes and, in some instances, were duplicative of other LDH initiatives. The MCIP program contributed \$383.2 million for maternal health quality reform efforts between February 2020 and March 2024. However, the MCIP program paid for hospitals to develop and implement policies and protocols that, in some instances, were already in place. For example, LDH paid \$12,803,552 for three milestones related to developing and implementing a breastfeeding policy and assessing requirements for meeting The Gift designation, despite all 16 hospitals already having a breastfeeding policy in place and 15 (93.8%) of 16 hospitals already having The Gift designation.

We made seven recommendations and the agency agreed with all seven of them.