*Welcome to LLA Reports, a podcast produced by the Louisiana Legislative Auditor’s office. This podcast is intended to be an oral representation of the written report it highlights and is primarily for the use of the Louisiana Legislature.*

This is Chris Magee. I’m the data analytics manager for LLA’s Performance Audit Services. This episode of LLA Reports focuses on our new report titled “Maternal Health Outcomes.”

This report provides the results of our evaluation of the Louisiana Department of Health’s – or LDH’s – efforts to improve maternal health outcomes.

Overall, we found an increase in the number of pregnant women in Louisiana who did not receive prenatal care as recommended, with pregnant Medicaid beneficiaries representing a disproportionate share of these women.

Based on Medicaid data and other research, we found possible barriers to receiving recommended care included 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.

Specifically, we found 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 percent in calendar year 2018 to 25.9 percent in calendar year 2023.

Among pregnant Medicaid beneficiaries, 76.4 percent did not have timely access to prenatal care, which was 18.6 percent higher than the national rate for pregnant Medicaid beneficiaries during calendar years 2018 through 2023.

We also found that Medicaid complaint data indicated issues with pregnant beneficiaries not being able to access obstetric care. LDH Medicaid provider network adequacy reports and Medicaid data showed a lack of providers in certain areas of the state. According to LDH, low provider reimbursement rates contributed to these issues.

We analyzed the network adequacy reports for Obstetrician Gynecologist – or OBGYN – access and found that 163 – or 18.3 percent – of 893 OBGYN Medicaid providers listed had no claims for services from July through December 2023. Twenty-four – or 37.5 percent – of 64 parishes had no OBGYNs who provided services as of December 2023.

In addition, we found that LDH case management data indicated the managed care organizations – or MCOs – identified and enrolled a low percentage of pregnant and postpartum Medicaid beneficiaries for case management services.

We found the MCOs identified only 8,680 – or 26.4 percent – 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.

Additionally, we found the MCOs were not completing case management assessments in a timely manner as required by their contracts and were not issued monetary penalties for these violations.

Statewide maternal health quality improvement programs include the Louisiana Perinatal Quality Collaborative’s – or LaPQC – Safe Birth Initiative and the Managed Care Incentive Payment – or MCIP – program.

While LaPQC’s maternal health quality initiatives have led to improved outcomes, we found the MCIP program’s maternal health initiatives were not always designed to achieve measurable outcomes and, in some instances, duplicated other LDH initiatives.

The MCIP program contributed $383.2 million dollars for maternal health quality reform efforts between February 2020 and March 2024. However, the program paid for hospitals to develop and implement policies and protocols that, in some instances, were already in place.

As a result of our report, we developed two matters for legislative consideration and seven recommendations.

We suggested the legislature consider enacting legislation that reviews and amends current collaborative practice agreements for Certified Nurse Midwives – or CNMs – to allow for independent practice during certain phases of pregnancy.

We also suggested the legislature consider enacting legislation requiring providers to administer evidence-based mental health screenings at recommended intervals.

We recommended LDH add a field to the beneficiary complaints form that allows for analysis of population-specific concerns for beneficiaries, such as maternal health related concerns.

We recommended as well that LDH consider offering additional services and/or enhanced reimbursement to address issues with maternal health outcomes, such as providing reimbursement for group prenatal care, remote monitoring during pregnancy, and postpartum home visiting services, and that LDH consider increasing provider reimbursement for birth related services.

We also recommended that LDH consider updating the Medicaid provider directory to include CNMs as a provider specialty and specifying high-risk populations that potentially require case management services in MCO contracts, such as pregnant Medicaid beneficiaries.

We recommended, too, that LDH continue to monitor case management outreach to pregnant beneficiaries to ensure MCO compliance and improve its oversight of the MCOs’ care by analyzing Medicaid data to ensure the MCOs identify and provide outreach to pregnant and postpartum beneficiaries who might benefit from case management services.

Finally, we recommended thatLDH improve its oversight and approval process for MCIP Approved Incentive Arrangements to ensure the MCOs implement new reforms linked to measurable improvements in patient outcomes.

As part of its response, which is included in the report as Appendix A, LDH agreed with all seven of the recommendations.

*We hope you found this podcast informative, and that you’ll follow future episodes of LLA Reports.*

*This podcast was created as part of the audit report just discussed and is intended primarily for the use of the Louisiana Legislature. Both the full report and the podcast can be found on the LLA’s website at* [*www.lla.la.gov*](http://www.lla.la.gov)*.*

*Thank you for listening.*