



Maternal Care

Improve Maternal Care

2023

Milestone #4.2

Continue to analyze methods to improve prenatal healthcare services for enrollees ages 15–45 and revise protocols as needed.

The first section provides background information on the maternal care incentive arrangement. Section two provides an executive summary that presents the findings of the report. Section three presents previous steps taken to develop the maternal care initiative. Section four analyzes methods to improve prenatal healthcare services for Louisiana Medicaid enrollees. Section five evaluates improvements to prenatal healthcare services, including impacts to Louisiana's maternal care goals. Section six discusses Maternal Care Protocol revisions, and the final section summarizes the report's conclusions.

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I. INTRODUCTION

The Louisiana Department of Health (“LDH”), as part of its contracts with each Louisiana managed care organization, authorizes additional payments to any Medicaid managed care organizations that implement an LDH initiative to improve maternal care.

The Louisiana Medicaid managed care organizations that chose to work with LDH in this maternal care incentive arrangement hired an extensive network of physicians, mid-level providers, clinics, and hospitals that is capable of reaching Healthy Louisiana enrollees across the State (“ACO”) to assist the Medicaid managed care organizations related to their participation in the incentive arrangement (the Medicaid managed care organizations and ACO are collectively referred to as the “MCO”). As part of this incentive arrangement, the MCO will analyze methods to improve prenatal care healthcare services for enrollees ages 15–45 and revise protocols as needed, based in part on feedback from the hospitals participating in the ACO (“Network Providers”).

II. EXECUTIVE SUMMARY

The MCO analyzed the effectiveness of methods implemented by Network Providers in 2022 to improve prenatal healthcare services for Healthy Louisiana enrollees aged 15–45 (“Members”). The methods were identified through a careful study and analysis of treatment gaps and root causes of insufficient prenatal care experienced by Members. Network Providers chose from among the methods approved by the Maternal Care Protocol for 2022, the distribution of which can be seen in Table 1.

Table 1: Network Providers’ Selections of Method to Implement in 2022

Methods	2022 Selections
Increase awareness of Medicaid transportation	9
Implement broader telemedicine programs	11
Utilize FQHCs or other clinics in underserved areas	1
Educate patients on pregnancy planning using American College of Obstetricians and Gynecologists’ patient pamphlets (or similar educational materials)	1
Utilize Emergency Department navigators to connect expecting mothers with primary care providers for prenatal visits.	12
Provide training and education to providers regarding the One Key Question® program.	1
Total	35

In coordination with the Network Providers, the MCO analyzed difficulty of implementation

and impacts associated with each. The Network Providers broadly reported that implementation of their 2022 improvement methods was feasible and that their chosen methods were impactful. Network Providers encountered additional challenges implementing the widely adopted new method of utilizing Emergency Department Navigators, and expectations regarding impact are mixed based on locality. Network Providers largely kept their improvement methods for 2023, and data suggests that Network Providers anticipate positive results for the Emergency Department Navigator method as they expand their programs going forward.

The MCO also analyzed performance rates for the three Maternal Care goals, including: (1) reducing the number of low birth weights; (2) reducing term elective deliveries; and (3) reducing unnecessary C-Sections. All three metrics saw improvement in 2022. The rate of nulliparous Members with a term, singleton baby in vertex position delivered by C-section decreased from 25.87% to 24.46%, the rate of term elective deliveries decreased from 2.29% to 2.21%, and the rate of Members with live births that weighed less than 2,500 grams decreased from 9.95% to 9.08%. Network Providers' implementation of prior methods produced significant improvement, and the MCO is confident that current methods will contribute to continued improvement in this and subsequent years.

The following report summarizes the MCO's continued analysis of methods implemented by Network Providers to improve prenatal healthcare services for Members.

III. DEVELOPMENT OF THE MATERNAL CARE INITIATIVE

To provide context for this report, the following sections describe MCO accomplishments since the first year of the maternal care incentive arrangement, from laying the groundwork of the initiative by identifying and implementing methods to improve prenatal healthcare services for Members to continued assessment of achievement and areas for further improvement.

A. IDENTIFICATION OF TREATMENT GAPS

In 2020, the MCO identified prenatal care treatment gaps specific to Healthy Louisiana enrollees aged 15-45. The MCO found that improvement of Louisiana's reproductive education was a high priority, as Louisiana has the highest rate of unintended pregnancy, with an estimated 95% of unintended pregnancies resulting from a failure to use contraception or improper use of contraception. After analyzing other treatment gaps, the MCO found that Louisiana's largest gaps were in use of reproductive life plans, preconception immunization counseling, preconception STI screening, and psychosocial risk screening.

B. THE MATERNAL CARE PROTOCOL

The Maternal Care Protocol (the “Protocol”), attached as Exhibit A, was created in 2020 to help the Network Providers develop plans to address prenatal care treatment gaps and root causes of insufficient prenatal care. The Protocol defines improvement methods Network Providers may select from, identifies targeted areas of improvement, and prescribes regular protocol training and education. The MCO updates the Maternal Care Protocol as needed to improve Network Provider response to Members’ prenatal healthcare needs.

C. IDENTIFICATION OF ROOT CAUSES OF INSUFFICIENT PRENATAL HEALTHCARE

In 2020, the MCO and Network Providers identified five root causes of insufficient prenatal healthcare utilization experienced by Members. The identified obstacles fell into five broad categories: (1) inadequate education, (2) inadequate access, (3) patient cost associated barriers, (4) lack of transportation, and (5) religious and cultural barriers.¹ This analysis informed the identification of methods to improve prenatal healthcare services for Members.

D. ASSESSMENT OF METHODS

Based on the MCO’s findings on prenatal care treatment gaps and root causes of insufficient prenatal care,² the MCO identified five methods to improve prenatal healthcare services for Members.³ In 2021, the MCO surveyed Network Providers to evaluate each. Network Providers assigned a rank of 1 (low) to 4 (high) to four criteria for each method: (1) its effectiveness in improving prenatal healthcare services, (2) the difficulty of implementation, (3) available resources and personnel for implementation, and (4) other identified barriers to implementation. The results of the ranking can be seen in Table 2.

Table 2: Overall Rank of Five Methods Aimed at Improving Prenatal Care Services for Healthy Louisiana Enrollees⁴

Method	Overall Average Rank⁵	Barriers
Increasing awareness of Medicaid transportation	3.22	Lack of ready-made materials
Implementing broader telemedicine programs	3.13	Patients' lack of internet; in-person care required
Utilizing FQHCs or clinics for underserved areas	2.86	Areas lacking facilities; regulatory roadblocks
Expanding free pregnancy screenings and implement reproductive and resource awareness education during and after screenings	1.65	Lack of staff and resources; patient access issues
Expanding reproductive and resource awareness educational programs in Louisiana schools and/or communities	1.64	Lack of staff and resources; restrictive state laws

As can be seen from the high ranking of the options for increasing awareness of Medicaid transportation and implementing broader telemedicine programs, Network Providers overwhelmingly agreed that methods addressing access issues pose fewer implementation challenges than others and would have a meaningful impact on improving prenatal healthcare services for Members.

E. PROVIDER ADOPTION OF METHODS

In 2021, each Network Provider chose a method to implement: 17 Network Providers chose to increase awareness of Medicaid transportation, 11 broadened their telemedicine programs, and the remaining 7 focused on clinics for underserved areas. Network Providers implemented their respective methods and reported their achievement in August 2021.

F. METHOD EVALUATION AND CHANGE

In 2022, the MCO surveyed the Network Providers to evaluate the effectiveness of the methods they selected in 2021. Over half of the Network Providers found that implementation of their chosen method was achievable, as can be seen in Table 3.

Table 3: How difficult was it for Network Provider to implement the selected 2021 activity?⁶

Method	Easy	Moderately easy	Moderately difficult	Very difficult	Total Providers
Increase awareness of Medicaid transportation	0% (N=0)	71% (N=12)	29% (N=5)	0% (N=0)	17
Utilize FQHCs/other clinics for underserved areas	86% (N=6)	14% (N=1)	0% (N=0)	0% (N=0)	7
Implement broader telemedicine programs	0% (N=0)	0% (N=0)	100% (N=11)	0% (N=0)	11
All Methods	17% (N =6)	37% (N=13)	46% (N=16)	0% (N=0)	35

Over half of Network Providers reported that their methods had a moderate or major impact on improving prenatal healthcare services, as shown by Table 4.

Table 4: Does the implemented activity positively impact prenatal healthcare services for Medicaid enrollees?⁷

Method	Too early to tell	Minimum impact	Moderate impact	Major impact	Total
Increase awareness of Medicaid transportation	53% (N=9)	12% (N=2)	35% (N=6)	0% (N=0)	17
Utilize FQHCs/other clinics for underserved areas	71% (N=5)	0% (N=0)	14% (N=1)	14% (N=1)	7
Implement broader telemedicine programs	0% (N=0)	0% (N=0)	100% (N=11)	0% (N=0)	11
All Methods	40% (N=14)	6% (N=2)	51% (N=18)	3% (N=1)	35

Over half of the Network Providers elected to continue and expand their improvement methods in 2022.⁸ The remaining 16 Network Providers chose to implement new programs instead, with two-thirds of them choosing a method that was newly approved in the Maternal Care Protocol—utilizing Emergency Department navigators to connect expecting mothers with primary care providers for prenatal visits.⁹

Additionally, Network Providers attended two Maternal Care Continuous Quality Improvement (“CQI”) workshops in 2022, which involved the Network Providers coming together to discuss successes and obstacles experienced in the implementation of their methods. In these workshops, the Network Providers were able to collectively strategize to overcome shared obstacles and generate ideas to benefit future improvement methods.

IV. ANALYSIS OF METHODS USED TO IMPROVE PRENATAL HEALTHCARE SERVICES

In January 2023, the MCO surveyed Network Providers, soliciting feedback on the improvement impacts and implementation challenges to date for the methods adopted by the providers to improve prenatal healthcare services for Members. The survey is attached as Exhibit B.

A. METHODOLOGY

The survey solicited feedback on their selected improvement methods by asking the Network Providers targeted multiple choice questions regarding implementation difficulty, improvement impacts on prenatal healthcare services, and their 2023 plans to either expand or implement a different method. The survey included open-ended questions asking Network Providers to elaborate on what factors affected implementation and 2023 method selections. The survey also solicited recommendations from Network Providers for future improvement methods.

B. EVALUATIONS OF EFFECTIVENESS

Network Providers were asked to assess how difficult it was to implement their selected methods in 2022. The survey provided four multiple choice selections: (1) Easy; (2) Moderately easy; (3) Moderately difficult; and (4) Very difficult. Table 5 summarizes the results.

Table 5: How difficult was it for Network Provider to implement 2022 selected method?

Method	Easy	Moderately easy	Moderately difficult	Very difficult	Total Providers
Utilize Emergency Department Navigators to connect expecting mothers with primary care providers for prenatal visits	0% (N=0)	31% (N=4)	62% (N=8)	8% (N=1)	13
Implement broader telemedicine programs	0% (N=0)	82% (N=9)	0% (N=0)	18% (N=2)	11
Increase awareness of Medicaid transportation	0% (N=0)	36% (N=5)	57% (N=8)	7% (N=1)	14
Utilize FQHCs/other clinics for underserved areas	0% (N=0)	100% (N=1)	0% (N=0)	0% (N=0)	1
Educate patients on pregnancy planning using American College of Obstetricians and Gynecologists' patient pamphlets (or similar educational materials)	0% (N=0)	100% (N=1)	0% (N=0)	0% (N=0)	1
Provide training and education to providers regarding the One Key Question® program	100% (N=1)	0% (N=0)	0% (N=0)	0% (N=0)	1
All Methods	2% (N=1)	49% (N=20)	39% (N=16)	10% (N=4)	41*

* Five Network Providers reported working on two improvement methods simultaneously, resulting in a total greater than the total number of Network Providers. All five reported working on both utilizing Emergency Department Navigators and increasing awareness of Medicaid Transportation.

More than half of the results (51%) stated that implementation of their selected improvement method for 2022 was easy or moderately easy. More than a third of the results (39%) stated that implementation was moderately difficult, and 10% stated that implementation was very difficult. Overall, Network Providers reported finding implementation slightly more difficult in 2022 than in 2021. Responses reporting easy or moderately easy implementation decreased slightly (3%), and there were some responses reporting very difficult implementation whereas in 2021, there were none.¹⁰ Much of the difference is due to Network Providers finding the new improvement method utilizing Emergency Department Navigator to be somewhat difficult to implement as they worked through the initial challenges associated with implementing a new method, including training staff on new procedures.

The survey asked Network Providers to assess to what degree the implemented improvement method positively impacted prenatal healthcare services for Members. The survey provided three multiple choice selections: (1) Low Impact; (2) Moderate Impact; and (3) High impact. Table 6 presents summary results.

Table 6: How impactful was the 2022 method in improving prenatal healthcare services?

Method	Low Impact	Moderate Impact	High Impact	Total Providers
Utilize Emergency Department Navigators to connect expecting mothers with primary care providers for prenatal visits	69% (N=9)	31% (N=4)	0 (N=0)	13
Implement broader telemedicine programs	18% (N=2)	0 (N=0)	82% (N=9)	11
Increase awareness of Medicaid transportation	71% (N=10)	29% (N=4)	0 (N=0)	14
Utilize FQHCs/other clinics for underserved areas	0 (N=0)	100% (N=1)	0 (N=0)	1
Educate patients on pregnancy planning using American College of Obstetricians and Gynecologists' patient pamphlets (or similar educational materials)	100% (N=1)	0 (N=0)	0 (N=0)	1
Provide training and education to providers regarding the One Key Question® program	100% (N=1)	0% (N=0)	0 (N=0)	1
All Methods	56% (N=23)	22% (N=9)	22% (N=9)	41

Over half of all results reported a low perceived impact from the implemented improvement methods on prenatal healthcare services. In 2021, over half of all Network Providers reported a moderate impact from their chosen improvement method.¹¹ This notable difference is largely due to 69% of Network Providers implementing the improvement method utilizing Emergency Department Navigators reporting it having a low impact. These “low impact” evaluations were due primarily to challenges encountered during the initial implementation. These challenges and their solutions will be shared among the Network Providers during the monthly group discussions and continuous quality improvement workshop to use the lessons learned to benefit all Network Providers implementing the same method.

The survey included a request for Network Providers to provide information on their plans for implementing improvement methods in 2023. Responses may be seen in Table 7.

Table 7: Network Providers’ Selections of Method to Implement in 2023

Methods	2022 Selections	2023 Selections
Increase awareness of Medicaid transportation	13	15
Implement broader telemedicine programs	11	8
Utilize FQHCs or other clinics in underserved areas	1	2
Educate patients on pregnancy planning using American College of Obstetricians and Gynecologists’ patient pamphlets (or similar educational materials)	1	2
Utilize Emergency Department navigators to connect expecting mothers with primary care providers for prenatal visits.	14	14
Provide training and education to providers regarding the One Key Question® program.	1	0
Total	41	41

Two thirds of Network Providers plan to expand their 2022 improvement methods in 2023 and several will add an improvement activity onto their existing one. Increasing awareness of Medicaid transportation continues to be a preferred choice for improving access to care compared to telemedicine programs. Network Providers plan to expand on Emergency Department Navigator initiatives in 2023 to capitalize on the investments and progress made in 2022. The remaining improvement methods remain fairly steady from year to year, though no Network Providers have elected to implement a One Key Question® initiative in 2023.

1. Emergency Department Navigators Connecting Expecting Mothers with Primary Care

After being introduced as an option for Network Providers’ 2022 activities, utilizing Emergency Department navigators to connect expecting mothers with primary care providers immediately became the most widely adopted option among Network Providers for improving prenatal healthcare services.¹² In the CQI workshops, Network Providers shared that they chose this method for 2022 for its intended purpose of decreasing undue strain on Emergency Department resources caused by pregnant Members whose needs were better suited for treatment elsewhere. Early feedback on this improvement method in the CQI workshops was very positive. One Network Provider explained its navigator procedure—contacting pregnant members post ER discharge, offering assistance to find an OB-GYN, sending educational materials, following up to discuss the OB-GYN appointment, and encouraging members to find a primary care provider. Another Network Provider described its attempts to link pregnant members with OB-GYNs and noted that though OB-GYNs do not typically meet with patients who are fewer than 10 weeks pregnant, it had found success in partnering with local facilities that supply pregnancy tests and other services. Both Network Providers found their approaches successful. The second Network Provider also explained that a daily report is generated that identifies high risk patients, which prompted Network Providers to discuss the possibility of developing a protocol for identifying Members well-suited for navigator

involvement.

In response to the Network Provider survey provided at the conclusion of 2022, Network Providers widely reported that they faced implementation challenges that increased difficulty and mitigated impact. Network Providers who found implementation difficult reported that it took time for Navigators to incorporate a new population for navigation services and that there were unforeseen issues coordinating with Members' obstetricians outside of their system. Some Network Provider reported that the navigation improved Member prenatal healthcare education or created improved relationships with Members, but others noted that large improvements in prenatal health or in the rates of appointment "no-shows" and cancellations from navigation services may take time to materialize. However, all Network Providers who implemented an Emergency Department Navigator initiative in 2022 plan to expand those efforts in 2023. Network Providers clearly see an opportunity to derive more benefit from this improvement method in the future.

2. Expanding Telemedicine

Methods focused on broadening telemedicine programs produced considerable impacts since they were first implemented. In 2021, all 11 providers focused on telemedicine reported a moderate positive impact on prenatal healthcare services, and all 11 elected to continue their efforts in 2022. In the CQI workshops, one Network Provider discussed the expansion of its telemedicine programs. This Network Provider initiated its Connected MOM program in 2016, which allows mothers to manage their pregnancy and monitor their prenatal health from the comfort of their own home with fewer visits to their obstetricians. In 2021, they worked to send Connected MOM mothers blood pressure cuffs to monitor their blood pressure at home and concentrated on educating providers on the institutional significance of expanding Member access through telemedicine. In 2022, the Network Provider expanded translator involvement with the aim of reaching out to Members in their first language.

Network Providers expanding on earlier telemedicine initiatives found expansion to be relatively easy to implement, while those newly implementing telemedicine initiatives reported difficulty identifying eligible patients. Reported expansion impacts included improved monitoring of maternal blood pressure and weight fluctuations. This improvement method was generally effective per Network Provider reporting.

3. Increasing Awareness of Medicaid Transportation

In 2022, many Network Providers moved away from attempting to increase awareness of Medicaid transportation. About half of all Network Providers adopted this method in 2021,¹³ noting in the CQI workshops the urgency of addressing Members' lack of transportation. This

deficiency prevents Members from attending their appointments and acts as a major barrier to improving prenatal healthcare services by other means, as Members without transportation benefit little from Emergency Department navigator involvement and cannot attend prenatal classes or reach rural health clinics. Unfortunately, Network Providers that attempted to improve Members' use of Medicaid transportation found that progress was impeded by long waits for Members and regularly unreliable or late service. Overall, Network Providers found that this method provided a low rate of improvement. Though Network Providers may still provide the educational materials developed in 2021, nearly half of those that initially attempted to increase awareness of Medicaid transportation chose additional methods to focus on for 2022.¹⁴

Network Providers reported various means of providing information on Medicaid transportation to Members, including print materials, websites, text on facility television monitors, and QR codes. Some Network Providers reported an improvement in the amount of Medicaid transportation use and the rate of “no-shows,” but others saw less improvement. Some noted improved Member education, but others reported staff uncertainty on who to provide information to and difficulties working with the transportation companies, including transportation scheduled by Members that never arrived. Effectiveness of this improvement method appears to be mixed, presenting an opportunity for further collaboration on strategies for continued implementation.

4. Other Methods

The remaining three improvement methods had one Network Provider each implement them in 2022. The Network Provider who implemented utilizing Federally Qualified Health Centers (“FQHCs”) chose it as its 2021 improvement method and plans to expand it further in 2023, as the method has proven effective for it. In 2022, the Network Provider provided outreach care coordinators to help Members navigate prenatal care resources and found that its efforts increased the number of Members receiving prenatal education and reduced appointment “no-shows.” Another Network Provider used the American College of Obstetricians and Gynecologists' patient pamphlets but shifted its efforts because the education proved ineffective based on the experience that many Members' pregnancies are unplanned. However, two Network Providers appear to see potential benefit in this method for their Member populations, as they plan to utilize it method in 2023. The Network Provider that implemented a One Key Question® initiative chose another improvement method for 2023 because it found the method provided less than predicted impact and that there was little room for expansion in the future.

V. IMPROVEMENTS TO PRENATAL HEALTHCARE SERVICES

Network Providers must demonstrate annual performance improvement for the three Maternal Care incentive arrangement goals. The three goals include: (1) decreasing the percentage of nulliparous enrollees with a term, singleton baby in a vertex position delivered by C-section; (2) decreasing the percentage of enrollees with elective vaginal deliveries or elective C-sections at ≥ 37 and < 39 weeks of gestation completed; and (3) decreasing the percentage of enrollees with live births that weighed less than 2,500 grams. The MCO collected 2022 measurement data from Network Providers that align with measure specifications to compare with the baseline data collected in 2021, as can be seen in Table 8.

Table 8: Measure Rates for Target Improvement Areas, 2022

Milestone	CY2022 Numerator	CY2022 Denominator	CY2022 Rate	CY2021 Network Baseline	Improvement
Nulliparous enrollees with a term, singleton baby in vertex position delivered by C-section	949	3,880	24.46%	25.87%	Yes
Enrollees with elective vaginal deliveries or elective cesarean sections at ≥ 37 and < 39 weeks of gestation completed	25	1,131	2.21%	2.29%*	Yes
Enrollees with live births that weighed less than 2,500 grams	1,116	12,287	9.08%	9.95%	Yes

*Restated in CY2022.

Network Providers’ efforts implementing methods in 2022 likely contributed to overall improvement in prenatal healthcare, which resulted in improved birth outcomes across the three improvement milestones. The MCO expects continued improvement in birth outcomes as the Network Providers expand on their efforts in 2023.

VI. REVISIONS TO PROTOCOL

The Maternal Care Protocol was updated to remove education requirements no longer necessary after three years of participation in the Maternal Care incentive arrangement. However, no changes were made to the methods in the Maternal Care Protocol. Half of providers in 2021 reported that their method moderately or majorly impacted the provision of prenatal healthcare services to Members. For providers that wanted an alternative option for improvement methods, the Maternal Care Protocol was revised for 2022 to include Emergency Department navigators. Also, 2022 was the first year the MCO was able to analyze data to measure the success of the improvement programs, so the past year was better suited to

assessing the state of methods as they were. In the 2022 Network Provider survey, some Network Providers suggested future action items on education Members on the importance of all prenatal appointments and providing childcare options for Members during appointments. The MCO will consider the information learned from 2022 in making further changes to the Maternal Care Protocol.

VII. CONCLUSION

The MCO completed an analysis of the positive impacts and effectiveness of methods implemented by Network Providers to improve prenatal healthcare services for Members. The findings will be used to inform method updates and revisions that will produce the most meaningful impacts for improving Member care. The MCO will design future improvement methods consistent with the findings in this report.

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¹ See generally Maternal Care Milestone 1.4.

² See Milestone 1.1 Report and 1.4 Report.

³ See Milestone 1.3 Report.

⁴ Milestone 2.3 Report.

⁵ Under the ranking system, “4” is the highest score (the most preferred method), while “1” is the lowest score (the least preferred method).

⁶ See Milestone 3.2 Report.

⁷ *Id.* at 7.

⁸ *Id.* at 2.

⁹ *Id.* at 12.

¹⁰ See Milestone 3.2 Report.

¹¹ *Id.*

¹² See Milestone 3.2 Report.

¹³ *Id.*

¹⁴ *Id.*

EXHIBIT A: MATERNAL CARE PROTOCOL



Improve Maternal Care

Maternal Care Protocol

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Exhibit A – Improvement Activities

LOUISIANA MEDICAID MANAGED CARE ORGANIZATION
MATERNAL CARE PROTOCOL

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PURPOSE

1. To establish guidelines to increase compliance with the Academy of American Pediatrics’ (“AAP”) and American College of Obstetricians and Gynecologists’ (“ACOG”) recommendations for prenatal care in the jointly published *Guidelines for Perinatal Care* (“AAP & ACOG Recommendations”).
2. To establish and initiate activities to address the treatment gaps and root causes for insufficient prenatal care.

GOAL

To improve prenatal care in accordance with the AAP & ACOG Recommendations.

DEFINITIONS

Measurement Period. The calendar year for determining baseline and future performance according to the schedule below.

- Year 2 – Baseline Period: CY2021
- Year 3 – Performance Period 1: CY2022
- Year 4 – Performance Period 2: CY2023
- Year 5 – Performance Period 3: CY2024

Member. A Member is a female patient aged 15–45 enrolled in the Healthy Louisiana [Medicaid Managed Care] program during the measurement period.

Network Provider. The Network Provider is the health system that has requested and been approved by the Participating Louisiana Medicaid Managed Care Organizations (“MCOs”) or their designee to participate in the Pediatric Preventative Care project as part of the Louisiana Medicaid Managed Care Incentive Payment (“MCIP”) program. The Network

Provider includes all sites (e.g., hospital, clinic, freestanding emergency department, physician’s office) within the Network Provider’s health system.

Quality and Outcome Improvement Network, Inc. (“QIN”). QIN is a nonprofit corporation that provides assistance to the MCOs and Network Providers related to their participation in the MCIP program.

PROTOCOL

As part of their participation in the MCIP program, the MCOs and Network Providers conducted an analysis to identify gaps in prenatal care according to the AAP & ACOG Recommendations. The MCOs and Network Providers used the prenatal care gaps analysis to identify Targeted Improvement Areas to include in this Maternal Care Protocol (the “Protocol”). Network Providers will make progress in the Targeted Improvement Areas by conducting improvement activities, which will help the MCOs and Network Providers improve performance related to the AAP & ACOG Recommendations. Network Providers will also conduct training and education to ensure compliance with the Protocol.

I. IMPROVEMENT ACTIVITIES

Requirements for Improvement Activities

To improve performance rates related to the AAP & ACOG Recommendations for the Targeted Improvement Areas in this section, the Network Providers must:

- ✓ Conduct at least one improvement activity from those listed in Improvement Activities (“Exhibit A”).
- ✓ Conduct the improvement activity by the end of the applicable Measurement Period.

Targeted Improvement Areas

1. Reducing Number of Low Birth Weights
2. Reducing Term Elective Deliveries
 - a) *At or After 37 weeks*
 - b) *Before 39 weeks*
3. Reducing Unnecessary Cesarean Sections
 - a) *For nulliparous women with a singleton baby in vertex position*

Reporting Requirements & Documentation

For compliance monitoring, Network Providers must maintain documentation related to conducting the improvement activity including the date(s) the improvement activity was conducted. Examples of documentation include, but are not limited to, policies and procedures for the improvement activity, internal or stakeholder meeting notes discussing the improvement activity, educational materials related to the improvement activity, sign-in sheet or list of participants, number of people impacted, clinic hour changes, and other materials the Network Provider may have created regarding the improvement activity.

II. CONFIDENTIALITY OF PATIENT INFORMATION

Each Network Provider must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 and the privacy and security rules promulgated thereunder (collectively “HIPAA”).

To the extent a Network Provider submits data to MCO, each Network Provider must submit the Protected Health Information (PHI) via secure means.

EXHIBIT A
IMPROVEMENT ACTIVITIES

IMPROVEMENT ACTIVITIES

Increase awareness of Medicaid transportation.

Implement broader telemedicine programs.

Utilize Federally Qualified Health Centers or other clinics for underserved areas.

Utilize Emergency Department navigators to connect expecting mothers with primary care providers for prenatal visits.

Provide training and education to providers regarding the One Key Question® program.

Educate patients on pregnancy planning using one or more of the following American College of Obstetricians and Gynecologists' patient pamphlets (or similar educational materials):

- Barrier Methods of Birth Control: Spermicide, Condom, Sponge, Diaphragm, and Cervical Cap
- Long-Acting Reversible Contraception: Intrauterine Device and Implant
- Birth Control – Especially for Teens
- Postpartum Birth Control
- Fertility Awareness-Based Methods of Family Planning
- Combined Hormonal Birth Control: Pill, Patch, and Ring
- Emergency Contraception
- Progestin Only Hormonal Birth Control Methods Pills and Injections

EXHIBIT B: PROVIDER SURVEY

Introduction

Under Maternal Care Milestone 4.2, MCOs must continue to analyze methods to improve prenatal healthcare services for Medicaid enrollees ages 15 to 45. MCIP providers implemented improvement activities (“methods”) in 2021 and again in 2022 to improve prenatal healthcare services for this target Medicaid population. Your feedback on your experiences implementing methods is instrumental to the achievement of the MCIP Program’s maternal care objectives. Your responses to the questions below will provide key data points for developing, changing, or refining methods required in subsequent milestones.

Questions

1. Which of the following methods did you select in 2022?

1. Utilize Emergency Department navigators to connect expecting mothers with primary care providers for prenatal visits.
2. Implement broader telemedicine programs.
3. Increase awareness of Medicaid transportation.
4. Utilize FQHCs/other clinics for underserved areas.
5. Educate patients on pregnancy planning using American College of Obstetricians and Gynecologists’ patient pamphlets (or similar educational materials)
6. Provide training and education to providers regarding the One Key Question® program.

1a. If you continued and expanded on your 2021 method, please elaborate on what you did to expand.

2. How difficult was it to implement the 2022 selected method?

1. Very difficult
2. Moderately difficult
3. Moderately easy
4. Easy

2a. Please explain the basis for your response to Question 2.

3. How impactful was the 2022 method in improving prenatal healthcare services? Examples of impact to consider: earlier identification of complicated pregnancies and timely connection of those patients with specialty care, reduction of “no show” or cancelled appointments, increase in patients being seen and receiving prenatal care education and counseling during the first trimester, improvement in patient compliance with prenatal care instructions, and other improvements.

1. Low impact
2. Moderate impact
3. High impact

3a. Please explain the basis for your response to Question 3.

4. For 2023, will you continue and expand your 2022 method or choose a new one?

1. Continue and expand.
2. Choose a new one.

4a. Please explain how you plan to expand your method or why you chose the new method.

5. Are there any methods aimed at improving prenatal healthcare services for Medicaid enrollees that you would recommend adding to the methods listed in Question 1?