

# Continuity of Care for Newborns

*Louisiana Department of Health Response to Act 311  
of the 2013 Regular Legislative Session*

*Prepared by: Louisiana Medicaid and the University of Louisiana Monroe Office of Outcomes Research*

## **Louisiana Medicaid**

*Quality Improvement and Innovation Section*

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## Introduction

The Louisiana Department of Health (LDH) submits the following report in response to ongoing reporting provisions of Act 311 of the 2013 Regular Louisiana Legislative Session. This report is the ninth in a series produced and submitted to the House and Senate Committees on Health and Welfare.

The focus of Act 311 — the monitoring and assurance of continuity of care for newborns enrolled in Medicaid managed care — is in keeping with the deliverables and layers of oversight that LDH has outlined in its contracts with the managed care organizations (MCOs) that deliver services through the Healthy Louisiana program.

This report contains data from the Office of Public Health Vital Records and Medicaid, compiled through the University of Louisiana Monroe contractor resource. Gestational age from Vital Records and Medicaid claims data/MCO encounter data received from the five MCOs and stored in the Gainwell Data Warehouse were used to identify premature births and the primary discharge diagnoses that triggered the rehospitalizations.

The rehospitalization rate for this publication, defined as readmission to the hospital within 30 days of discharge, for infants born premature at less than 37 weeks gestational age and who are within the first six months of life is 3.21%. The chart below shows the progress of rehospitalization rates since the first Continuity of Care for Newborns report.

Publication Date	Calendar Year of Infants' Birth	Rehospitalization Rate
2014	2012	7.39%
2015	2013	5.24%
2016	2014	4.98%
2017	2015	4.71%
2018	2016	4.79%
2019	2017	4.85%
2020	2018	4.87%
2021	2019	4.24%
2022	2020	3.21%

## Reporting Requirements

Act 311 requires an assessment of the incidence and causes of all rehospitalizations of infants born premature at less than 37 weeks gestational age and who are within the first six months of life.

### Definitions

**Premature Infant** An infant born at less than 37 weeks gestational age

**Rehospitalization** Readmission to the hospital within 30 days of discharge

### Data Sources

The report utilizes Vital Records data obtained from the Office of Public Health for establishing gestational age and Medicaid claims data/MCO encounter data stored in the Gainwell Data Warehouse for identifying the primary discharge diagnoses that triggered the rehospitalizations.

### Report Findings

The rehospitalization rate for infants born during calendar year 2020 who were born premature at less than 37 weeks gestational age and are in their first six months of life is 3.21%. The rehospitalization rate for 2019 births was 4.24%. This indicates that the rehospitalization rate in this group of newborns has improved slightly over the past two reporting years.

### Methods for Data Collection<sup>1</sup>

**Denominator:** Discharges for premature infants born from 1/1/2020 to 12/31/2020.

- Step 1** Identify all acute inpatient stays with a discharge date on or between infant's birthday and six months of life.
- Step 2** Consider acute-to-acute transfers as a single hospital stay, where the admission date is set as the original stay's admission date and the discharge date is set as the discharge date of the transfer stay.
- Step 3** Exclude hospital stays of one day or less (where the admission date is the same as the discharge date).
- Step 4** Exclude any acute inpatient stays with a discharge date in the 30 days prior to the index admission date.
- Step 5** Exclude inpatient stays with discharges for death.
- Step 6** Include only infants who were continuously eligible for Medicaid and who did not have dual eligibility and/or third-party coverage from birthday to seven months of life.

**Numerator:** Admissions for premature infants within 30 days of a discharge.

- Step 1** Identify all acute inpatient stays with an admission date on or between infant's birth date and seven months of life.
- Step 2** Consider acute-to-acute transfers as a single hospital stay, where the admission date is set as the original stay's admission date and the discharge date is set as the transfer's discharge date.
- Step 3** For each admission in the denominator, determine if any of the acute inpatient stays have an admission date within 30 days after the index discharge date.

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<sup>1</sup> The methodology used to generate this report was adapted from the HEDIS Plan All-Cause Readmissions measure, which adds an additional 30 days to the numerator to identify readmissions.

## Causes of Rehospitalization Based on the Rehospitalization Discharge Diagnosis

Diagnosis Code	Diagnosis Description	# of Re-Hospitalizations
P59.0	Neonatal Jaundice Associated with Preterm Delivery	18
P59.9	Neonatal Jaundice, Unspecified	6
R68.13	Apparent Life Threatening Event in Infant (ALTE)	5
P28.4	Other Apnea of Newborn	5
P55.1	ABO Isoimmunization of Newborn	3
J06.9	Acute Upper Respiratory Infection, Unspecified	3
Q40.0	Congenital Hypertrophic Pyloric Stenosis	3
R62.51	Failure to Thrive (Child)	3
K21.9	Gastro-Esophageal Reflux Disease without Esophagitis	3
P78.83	Newborn Esophageal Reflux	3
U07.1	COVID-19	2
J96.01	Acute Respiratory Failure with Hypoxia	2
R06.81	Apnea, Not Elsewhere Classified	2
P27.1	Bronchopulmonary Dysplasia Origin in the Perinatal Period	2
Q31.5	Congenital Laryngomalacia	2
B34.2	Coronavirus Infection, Unspecified	2
P81.9	Disturbance of Temperature Regulation of Newborn, Unspecified	2
P92.6	Failure to Thrive in Newborn	2
R63.3	Feeding Difficulties	2
R50.9	Fever, Unspecified	2
P59.3	Neonatal Jaundice from Breast Milk Inhibitor	2
P39.3	Neonatal Urinary Tract Infection	2
P83.88	Other Specified Conditions of Integument Specific to Newborn	2
	Other*	52

\*Other includes discharge diagnoses associated with only one rehospitalization, for example, hereditary hemolytic anemia, unspecified (D58.9); hyperkalemia (E87.5); obstruction of bile duct (K83.1); encounter for antineoplastic chemotherapy (Z51.11).

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