

# Continuity of Care for Newborns

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

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## Introduction

The Louisiana Department of Health (LDH) is submitting the following report in response to ongoing reporting provisions of Act 311 of the 2013 Regular Louisiana Legislative Session. This report is the fourth 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.

The report contains data from the Office of Public Health Vital Records and Medicaid, compiled through the University of Louisiana at Monroe contractor resource. Gestational age from Vital Records and Medicaid claims data/managed care organization encounter data received from the five Healthy Louisiana MCOs and stored in the Molina Data Warehouse were used to identify premature births and the primary diagnoses that triggered rehospitalization.

Based on findings from the data collection, the rate of rehospitalizations has decreased over the past year, going from 4.98% to 4.71%.

## 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.

### Data Sources

The report utilizes Vital Records data obtained from the Office of Public Health for establishing gestational age and Medicaid claims data/Managed Care Organization encounter data received from the Healthy Louisiana Plans and stored in the Molina Data Warehouse for identifying the primary diagnoses that triggered rehospitalization.

### Report Findings

The rate of rehospitalizations of infants born premature at less than 37 weeks gestational age who are in their first six months of life is 4.71%. This represents a decline in rehospitalizations, down from the January 2016 report which showed a rate of 4.98% (*see definitions below*).

### Definitions for Data Collection

**Denominator:** Premature newborns born from 1/1/2015 to 12/31/2015

- Step 1** Identify all acute inpatient stays with a discharge date on or between infant's birthday and six months of life.
- Step 2** Acute-to-acute transfers: Keep the original admission date as the Index Admission Date, but use the transfer's discharge date as the Index Discharge Date.
- Step 3** Exclude hospital stays where the Index Admission Date is the same as the Index Discharge Date.
- Step 4** Exclude any acute inpatient stay with a discharge date in the 30 days prior to the Index Admission Date.
- Step 5** Exclude stays for the following reasons.
  - Inpatient stays with discharges for death
- Step 6** Continuously eligible in Medicaid (exclude dual and third-party eligibles) from birthday to seven months of life.

**Numerator:**

- Step 1** Identify all acute inpatient stays with an admission date on or between infant's birthday and seven months of life.
- Step 2** Acute-to-acute transfers: Keep the original admission date as the Index Admission Date, but use the transfer's discharge date as the Index 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.



## Cause of Rehospitalization by Diagnosis

For the diagnosis breakdown, ICD-9-CM diagnosis codes were reported. The conversion from ICD-9-CM to ICD-10-CM diagnosis code reporting occurred on October 1, 2015. To maintain consistency, for rehospitalization claims with dates of service from October 1, 2015 through December 31, 2015, converted (ICD-10-CM to ICD-9-CM) diagnosis codes from the MARS Data Warehouse maintained by the Medicaid fiscal intermediary, Molina, were utilized.

Diagnosis Code	Diagnosis Description	Number of Rehospitalizations
530.81	Esophageal Reflux	14
466.11	Acute Bronchiolitis Due to Respiratory Syncytial Virus	12
774.6	Fetal/Neonatal Jaundice Not Otherwise Specified	10
770.82	Other Apnea of Newborn	9
771.81	Septicemia of Newborn	7
466.19	Acute Bronchiolitis Due to Other Infectious Organisms	6
799.82	Apparent Life Threatening Event in Infant	6
783.41	Failure to Thrive	6
774.2	Neonatal Jaundice Associated with Preterm Delivery	6
786.03	Apnea	5
518.81	Acute Respiratory Failure	5
465.9	Acute Upper Respiratory Infection Not Otherwise Specified	4
780.60	Fever Unspecified	4
778.4	Other Disturbances of Temperature Regulation of Newborn	4
779.89	Other Specified Conditions Originating in Perinatal Period	4
486	Pneumonia Organism Not Otherwise Specified	4
599.0	Urinary Tract Infection, Site Not Specified	4
771.82	Urinary Tract Infection of Newborn	3
V55.2	Attention to Ileostomy	2
790.7	Bacteremia	2
800.01	Closed Skull Vault Fracture without Mention of Intracranial Injury, No Loss of Consciousness	2
750.5	Congenital Hypertrophic Pyloric Stenosis	2
779.0	Convulsions in Newborn	2
779.31	Feeding Problems in Newborn	2
782.4	Jaundice, Unspecified, Not of Newborn	2
774.39	Other Neonatal Jaundice Due to Delayed Conjugation from Other Causes	2
348.89	Other Conditions of Brain	2
777.8	Other Specified Perinatal Disorders of Digestive System	2
770.81	Primary Apnea of Newborn	2
770.84	Respiratory Failure of Newborn	2
038.9	Septicemia Not Otherwise Specified	2
	Other	63

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