

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 fifth 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/MCO encounter data received from the five MCOs and stored in the Molina Data Warehouse were used to identify premature births and the primary discharge diagnoses that triggered the rehospitalizations.

The rehospitalization rate, as defined in this report, for infants born premature at less than 37 weeks gestational age and who are within the first six months of life is 4.79 percent. The chart below shows the progress of rehospitalization rates since the first Continuity of Care for Newborns report.

Reporting Year	Rehospitalization Rate
2014	7.39
2015	5.24
2016	4.98
2017	4.71
2018	4.79

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/MCO encounter data stored in the Molina Data Warehouse for identifying the primary discharge diagnoses that triggered the rehospitalizations.

Report Findings

The rehospitalization rate, as defined below, for infants born during calendar year 2016 who were born premature at less than 37 weeks gestational age and are in their first six months of life is 4.79 percent. The 2015 rehospitalization rate, reported in December 2016, was 4.71 percent. This indicates that the rehospitalization rate in this group of newborns has remained relatively stable over the past two reporting years.

Definitions for Data Collection

Denominator: Discharges for premature infants (< 37 weeks' gestational age) born from 1/1/2016 to 12/31/2016

- 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 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.

Causes of Rehospitalization Based on the Rehospitalization Discharge Diagnosis

Diagnosis Code	Diagnosis Description	Number of Rehospitalizations
P59.9	Neonatal Jaundice, Unspecified	24
J21.0	Acute Bronchiolitis due to Respiratory Syncytial Virus	13
K21.9	Gastro-Esophageal Reflux Disease Without Esophagitis	11
J96.01	Acute Respiratory Failure with Hypoxia	7
P28.4	Other Apnea of Newborn	7
J21.9	Acute Bronchiolitis, Unspecified	6
P92.6	Failure to Thrive in Newborn	5
P59.0	Neonatal Jaundice Associated with Preterm Delivery	5
P78.83	Newborn Esophageal Reflux	5
Z38.01	Single Liveborn Infant, Delivered by Cesarean	5
Z38.00	Single Liveborn Infant, Delivered Vaginally	5
P80.9	Hypothermia of Newborn, Unspecified	4
J18.9	Pneumonia, Unspecified Organism	4
A41.9	Sepsis, Unspecified Organism	4
Q21.2	Atrioventricular Septal Defect	3
P36.9	Bacterial Sepsis of Newborn, Unspecified	3
P27.1	Bronchopulmonary Dysplasia Originating in the Perinatal Period	3
P81.9	Disturbance of Temperature Regulation of Newborn, Unspecified	3
S02.0XXA	Fracture of Vault of Skull, Initial Encounter For Closed Fracture	3
P39.8	Other Specified Infections Specific to the Perinatal Period	3
J69.0	Pneumonitis due to Inhalation of Food and Vomit	3
N39.0	Urinary Tract Infection, Site Not Specified	3
P55.1	ABO Isoimmunization of Newborn	2
J21.8	Acute Bronchiolitis due to Other Specified Organisms	2
J96.00	Acute Respiratory Failure, Unspecified Whether with Hypoxia or Hypercapnia	2
J06.9	Acute Upper Respiratory Infection, Unspecified	2
P61.2	Anemia of Prematurity	2
R06.81	Apnea, Not Elsewhere Classified	2
Q40.0	Congenital Hypertrophic Pyloric Stenosis	2
P74.1	Dehydration of Newborn	2
R62.51	Failure to Thrive (Child)	2
R63.3	Feeding Difficulties	2
P92.9	Feeding Problem of Newborn, Unspecified	2
K52.9	Noninfective Gastroenteritis and Colitis, Unspecified	2
G03.0	Nonpyogenic Meningitis	2

Diagnosis Code	Diagnosis Description	Number of Rehospitalizations
P96.89	Other Specified Conditions Originating in the Perinatal Period	2
E80.6	Other Disorders of Bilirubin Metabolism	2
P92.8	Other Feeding Problems of Newborn	2
I27.2	Other Secondary Pulmonary Hypertension	2
P28.9	Respiratory Condition of Newborn, Unspecified	2
	Other*	55

*Other includes discharge diagnoses associated with only one rehospitalization for example, cholangitis (K83.0), gastrostomy malfunction (K94.23), enterovirus infection, unspecified (B34.1) and omphalitis, not of newborn (L08.82).

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