

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

December 22, 2015

The Honorable David Heitmeier, Chairman
Senate Health and Welfare Committee
Louisiana State Senate
P.O. Box 94183, Capitol Station
Baton Rouge, LA 70804-9183

The Honorable Scott M. Simon, Chairman
House Health and Welfare Committee
Louisiana House of Representatives
P.O. Box 4486, Capitol Station
Baton Rouge, LA 70804-4486

RE: DHH 2015 response to Act 311 of the 2013 Legislative Session

Dear Honorable Chairs:

The Department of Health and Hospitals (DHH) is submitting the attached report to comply with the ongoing reporting provisions of Act 311 from the 2013 Regular Legislative Session.

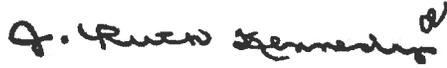
Louisiana Medicaid is dedicated to providing comprehensive and coordinated care for newborns enrolled in a Bayou Health Plan. The focus of Act 311 – the monitoring and assurance of continuity of care for newborns enrolled in Medicaid managed care – is in keeping with the deliverables and layers of oversight that DHH has outlined in its contracts with the managed care organizations that provide delivery of services to Bayou Health enrollees.

As requested, DHH has prepared a report addressing rehospitalization rates within the first six months of life for infants born at a gestational age at or below 37 weeks. The report utilizes data from DHH's Vital Records for establishing gestational age and Medicaid claims data/ MCO encounter data from the Bayou Health plans for identifying the primary diagnoses that triggered rehospitalization.

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As always, thank you for your continued commitment to Louisiana residents, and your leadership on these critical issues. Please let us know if we can be of further assistance.

Sincerely,

A handwritten signature in black ink that reads "J. Ruth Kennedy" with a small flourish at the end of the name.

J. Ruth Kennedy
Medicaid Director

JRK/pdl

c: The Honorable Members of the House Health and Welfare Committee
The Honorable Members of the Senate Health and Welfare Committee
David R. Poynter Legislative Research Library

Reporting Requirements: 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 data from DHH's Vital Records for establishing gestational age and Medicaid claims data/Managed Care Organization encounter data from the Bayou Health Plans 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 = 4.98 %. This represents a decline in rehospitalizations, down from the January 2015 report which showed a rate of 5.24% (*see definitions below*).

Causes for Rehospitalizations:

Diagnosis Code	Diagnosis Description	# of Re-Hospitalizations
46611	ACUTE BRONCH DUE TO RESP SYNCYTIAL VIRUS	18
7746	FETAL/NEONATAL JAUND NOS	18
7742	NEONAT JAUND PRETERM DEL	12
53081	ESOPHAGEAL REFLUX	9
7784	NB TEMP REGULAT DIS NEC	9
77989	OTH SPEC CONDS ORIG PERINTL PERIOD	9
51881	OTH DISEASES OF LUNG-RESPIRATORY FAILURE	8
7783	NB HYPOTHERMIA NEC	7
5990	URIN TRACT INFECTION NOS	7
46619	ACUTE BRONCH DUE TO OTHER INFECT ORGANIS	6
79982	APPARENT LIFE THREATEN EVENT INFANT	6
486	PNEUMONIA ORGANISM NOS	6
78060	FEVER UNSPECIFIED	5
78341	FAILURE TO THRIVE	4
77934	FAILURE TO THRIVE IN NEWBORN	4
380	STREPTOCOCCAL SEPTICEMIA	4
78603	APNEA	3
7707	CHRON RESP DZ ARISE PERINTL PERIOD	3
77439	OTH NEONAT JAUNDC-DLAY CONJUGAT OTH	3
77082	OTHER APNEA OF NEWBORN	3
99859	OTHER POST OPERATIVE INFECTION	3
389	SEPTICEMIA NOS	3

77181	SEPTICEMIA OF NEWBORN	3
77182	URINARY TRACT INFECTION OF NEWBORN	3
	Other	76

Definitions for data collection:

Denominator: Premature newborn born from 1/1/2014 to 12/31/2014

- 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** Continuous eligible in Medicaid from birthday to seven months of the 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 denominator, determine if any of the acute inpatient stays have an admission date within 30 days after the Index Discharge Date.