
The Ohio Department of Medicaid's NICU Managed Care Measures Methodology

FINAL

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OVERVIEW

The Ohio Department of Medicaid's (ODM's) policy priorities include initiatives to improve care coordination while ensuring effective and efficient delivery of care for Medicaid consumers. ODM put in place a variety of Quality Improvement Projects, many of which involve collaborations with other state agencies, as well as public and private partnerships. Many of the Quality Improvement Projects such as this one also support the statewide effort to reduce the rate of infant mortality.

Several of ODM's projects are focused on improving care transitions for the Neonatal Intensive Care Unit (NICU) infant population. ODM facilitated six regional collaborative meetings during November and December 2012 between Medicaid managed care plans (MCPs), the six Children's hospitals, and other hospitals which serve large numbers of Medicaid infants in their NICUs in Ohio which chose to participate. The six cities in which the meetings were held corresponded to the current perinatal regions: Akron, Columbus, Cleveland, Cincinnati, Dayton, and Toledo. The purpose of the meetings was to identify opportunities for improvement in discharge planning and care coordination for infants in Medicaid and receiving care in NICUs, targeted toward the value that MCPs may potentially add to these processes that are not occurring in current practice. There were consistent themes echoed throughout the regions for Medicaid patients regarding discharge planning, the current roles of the Medicaid MCPs in these processes, and frustrations with lack of parental involvement, access to providers, and systemic barriers to care.

The MCPs have the unique opportunity of having longstanding relationships with these families prior to, during, and after the NICU stay. During the NICU stay, MCPs are able to work around families' needs and schedules to facilitate getting them to the NICU. As such, the NICUs and MCPs are working collaboratively to improve upon care coordination and discharge planning for NICU infants. To assist in assessing the potential impact of these increased collaborative efforts, the MCPs will be reporting key individual-level run chart data for ODM to calculate the following measures for NICU graduates to ODM, including:

1. Emergency Department Visits
2. Inpatient Admissions
3. Well Child Visits
4. Overall Medical Costs
5. NICU Infants Placed into High Risk Care Management

Reporting Units

The individual recipient-level data for each infant who meets denominator criteria for each of the measures must be reported by each MCP for all of the baseline trending periods and reporting months (per submission schedule) for each eligible NICU from which Medicaid infants were discharged. An eligible NICU includes all main campus and branch locations of the six Children's Hospitals included on the file submission spreadsheet. The results must be reported on spreadsheets which document recipient-level data.

A check will be performed to ensure that the infants with the NICU stays are being reported appropriately.

Reporting Timeline/Monthly Run Charts

All the recipient-level data will be reported to ODM on a monthly basis beginning with discharges occurring in May 2014, following each infant for 12 months after discharge. Every month, the updated results will be submitted to ODM, including data that was retrospectively updated. The plans will report the data on four different tabs on an excel spreadsheet, one for each measure.

Discharge Month: Month that infant was discharged from NICU

Reporting Months: Months for which results are reported after discharge from the NICU

Submission Date: Date that the report is due to ODM

Baseline Trending Periods

- Discharge months: January 1, 2012 – April 30, 2014
- Reporting Month(s): January 1, 2012 – April 30, 2015
- Submission Date: All baseline trending periods due June 27, 2014
- Baseline results for each discharge month will continue to be updated on a monthly basis

Reporting Periods

- Discharge Months: May 2014 – April 2015
- Reporting Months: May 2014 – April 2016
- Submission Date: June 27, 2014 and then the 15th of every subsequent month

The MCP must report the individual-level information to be used by ODM to calculate the numerator and denominator for the measures in the excel spreadsheet provided by ODM.

Transfers and Final Discharge

Direct transfers between hospitals will be identified by the following discharge status codes: 02, 05, 30, 43, and 66. Transfers will be evaluated through all NICUs to determine the final discharge date for the infant's episode of care. The final discharge from the NICU will be the NICU to which the infant is assigned for evaluation. The following provides an example of how the final discharge date and NICU will be determined.

Final Discharge Identification			
Member	NICU Hospital Discharge Date (Transfer Code)	Transfer Hospital Discharge Date (Transfer Code)	Final Discharge Date Used for Evaluation
A	July 1, 2013 (02)	July 30, 2013 (01)	July 30, 2013
B	September 1, 2013 (01)	—	September 1, 2013
C	December 31, 2013 (02)	1. January 15, 2014 (02) 2. January 30, 2014 (01)	January 30, 2014

Data Sources

The sources of the data for calculating the measures are as follows:

- (1) Claims within the MCP's data base
- (2) Medicaid enrollment data
- (3) Care Management Enrollment Files
- (4) Claims within ODM's database

Results will be calculated in the following way:

Infants will be grouped into cohorts based on their month of discharge from the NICU. The reporting month definition will be unique to the infant. The first reporting 'month' will correspond to the first 30 days post discharge; the second reporting 'month' will correspond to the second 30 days post discharge, etc. until the 12 month time frame has been reached. The results for all cohorts will be updated monthly.

Example:

Infant	Discharge Date	Visit 1	Visit 2	Visit 3	Visits in Month 1	Visits in Month 2
March Cohort						
A	03/11/14	03/28/14	04/01/14	05/09/14	2	1
B	03/31/14	04/05/14	05/01/14	05/04/14	1	2
C	03/16/14	03/28/14	06/01/14		1	0
D	03/30/14	04/15/14	04/20/14	04/25/14	3	0
Visits (Per 1,000 Members)					1,750	750
April Cohort						
E	04/02/14	05/03/14	05/04/14	05/15/14	0	3
F	04/06/14	04/25/14	04/27/14	04/30/14	3	0
G	04/27/14	05/18/14	07/01/14	07/04/14	1	0
H	04/28/14	05/08/14	05/15/14	06/01/14	2	1
Visits (Per 1,000 Members)					1,500	1,000

Emergency Department Utilization Rate Per 1,000 Members

Measure: The number of emergency department visits per member multiplied by 1,000.

Numerator: The number of emergency department visits during the reporting month among each NICU infant who meets denominator criteria.

Denominator Criteria: Infants who have: 1) been discharged from the NICU within the discharge month; 2) been 28 days of age or less upon admission date to the NICU; 3) been continuously enrolled in the MCP from discharge through the reporting month; and 4) had at least a 7 day stay during the NICU admission.

Measure Calculation: Measure results will be calculated on a month-by-month basis. Reporting months will be determined in 30-day increments relative to the infant’s date of discharge.

Codes to Identify Emergency Department Visits:

UB-92 Revenue	AND	UB-92 Type of Bill
45x, 981		13x
<i>OR</i>		
CPT	AND	POS
10040 – 69979		23
<i>OR</i>		
CPT		
99281-99285		

Exclusions:

1. Any ED visit, as defined above, with the same member service date as a claim with a revenue center code of ‘456’ (urgent care) or place of service code of ‘20’ (urgent care), will not be counted as an ED visit for purposes of the numerator.
2. ED visits resulting in an inpatient stay (i.e., ED visits on the day prior to, or the same day, as the first day of an inpatient admission) will be excluded from the numerator. Inpatient stays are identified below.

Codes to Identify Acute Inpatient Hospitalizations

UB-92 Type of Bill
111, 117, 121, 411, 421

Inpatient Hospitalization Rate Per 1,000 Members

Measure: The number of IP admits per member multiplied by 1,000.

Numerator: The number of inpatient admissions during the reporting month among each NICU infant who meets denominator criteria.

Denominator Criteria: Infants who have: 1) been discharged from the NICU within the discharge month; 2) been 28 days of age or less upon admission date to the NICU; 3) been continuously enrolled in the MCP from discharge through the reporting month; and 4) had at least a 7 day stay during the NICU admission.

Measure Calculation: Measure results will be calculated on a month-by-month basis. Reporting months will be determined in 30-day increments relative to the infant's date of discharge.

Codes to Identify Acute Inpatient Hospitalizations

UB-92 Type of Bill
111, 117, 121, 411, 421

Exclusions:

1. Members with a traumatic or related event for the IP admission. The following diagnosis codes will be used to determine the occurrence of a traumatic or related event:

Codes to Identify Traumatic or Related Event

ICD-9 Diagnosis Codes Used To Identify Traumatic or Related Events:
800-854, 860-871, 874.0-874.59, 885-887, 895-897, 900-915, 918, 920-959, 990-996, E80-E84, E88-E92, E96-E98

2. Direct transfers on the same day or next day between hospitals based on admit and discharge date will be excluded (discharge status codes 02, 05, 30, 43 and 66).

Well-Child Visits in First Months of Life

Measure: The number of Well-Child Visits per member.

Numerator: The number of well-child visits during the reporting month with a primary care practitioner (PCP) among each NICU infant who meets denominator criteria.

Denominator Criteria: Infants who have: 1) been discharged from the NICU within the discharge month; 2) been 28 days of age or less upon admission date to the NICU; 3) been continuously enrolled in the MCP from time of discharge through reporting month; and 4) had at least a 7 day stay during the NICU admission.

Measure Calculation: Measure results will be calculated on a month-by-month basis. Reporting months will be determined in 30-day increments relative to the infant's date of discharge.

Codes to Identify Well-Child Visits

HCPCS
G0439, G0438

OR

ICD9CM
V70.8, V70.9, V70.5, V70.6, , V70.3, V20.3, V20.2, V70.0

OR

CPT
99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461

The visits must occur with a Primary Care Physician (PCP) and have different dates of service. According to HEDIS 2014 specifications a PCP is a physician or non-physician (e.g., nurse practitioner, physician assistant) who offers primary care medical services. Licensed practical nurses and registered nurses are not considered PCPs.

Overall Medical Costs of NICU Infants

Measure: The average overall medical costs per member.

Numerator: The total medical costs, including pharmacy, inpatient, outpatient, emergency department, and professional, during the reporting month among each NICU infant who meets denominator criteria.

Denominator Criteria: Infants who have: 1) been discharged from the NICU within the discharge month; 2) been 28 days of age or less upon admission date to the NICU; 3) been continuously enrolled in the MCP from time of discharge through reporting month; and 4) had at least a 7 day stay during the NICU admission.

Rate Calculation: Rates will be calculated on a month-by-month basis. Reporting months will be determined in 30-day increments relative to the infant's date of discharge.

NICU Infants Placed into High Risk Care Management

Measure: The percentage of NICU infants who were enrolled in high risk care management.

Numerator: The number of NICU infants in the denominator who were enrolled in high risk care management (Condition codes 96/196) prior to discharge from the NICU or were enrolled during the first 30 days post discharge.

Denominator Criteria: Infants who have: 1) been discharged from the NICU within the discharge month; 2) been 28 days of age or less upon admission date to the NICU; 3) been continuously enrolled in the MCP during the first 30 days post discharge; and 4) had at least a 7 day stay during the NICU admission.