

Neonatal Care Management

Frequently Asked Questions (FAQ)

Who is ProgenyHealth?

ProgenyHealth is the only national company dedicated to the care management for NICU infants. Our Care Coordination Team includes neonatologists, pediatricians, lactation consultants, nurses and social workers with a deep understanding of the latest evidence-based protocols needed to improve outcomes for premature and medically complex newborns and solve for the social determinants of health.

What activities will ProgenyHealth conduct?

ProgenyHealth's clinical care nurses conduct admission and continued stay review, discharge planning, and post hospitalization care of newborns admitted to the NICU or Special Care Nursery. These services also include any readmissions that may occur after discharge.

Our Case Management department consists of nurse case managers, social workers, and case management associates who deliver our comprehensive services telephonically. This team outreaches to families during the inpatient stay, discusses case management needs, and collaborates with hospital discharge planners and hospital social workers to safely transition from the hospital to home. ProgenyHealth's Case Managers continue to provide ongoing education and care coordination after discharge.

What are ProgenyHealth's hours of operation?

ProgenyHealth's regular hours of operation are 8:30 am to 5:00 pm Monday through Friday EST. However, our hours of operation may vary based on health plans that are located outside of the Eastern Standard Time zone. Our dedicated care managers work flexible hours to make themselves available to you.

How do I contact ProgenyHealth for admission and continued stay review of newborns?

You will notify ProgenyHealth or the Health Plan via phone, fax or provider portal, depending on the health plan. ProgenyHealth will guide you with regard to this process. For continued stay review, you may contact ProgenyHealth directly:

- **Utilization Management:** Call 888-832-2006 and select option 3
- **Utilization Management Secure Fax Number:** This dedicated fax number will be provided by ProgenyHealth
- **Case Management:** Call 888-832-2006 and select option 4
- **Case Management Secure Fax Number:** 855-834-2567

Who should I contact for reviews of newborns who are admitted for acute inpatient care in the well-baby nursery?

The Health Plan will continue to conduct UM reviews of newborns not discharged home with the mother who require acute care in a well-baby nursery. Providers should continue to follow the process outlined by the Health Plan for these reviews.

What information does ProgenyHealth ask for when they contact a hospital?

See ProgenyHealth NICU Review Information Guide (attached).

What criteria does ProgenyHealth use to render decisions?

ProgenyHealth will use InterQual or MCG criteria (version as defined by the health plan) to review for medical necessity and level-of-care.

How long will it take ProgenyHealth to render a decision on the level-of-care?

For an initial or concurrent case, decisions will be made within 24 hours of receipt of necessary clinical information.

Will a licensed neonatologist or pediatrician review requested levels-of-care if needed?

Yes.

How will all parties be notified of decisions?

ProgenyHealth will reach out telephonically or by secure fax, depending on the provider's preferred method of communication.

What is the process if the requested level-of-care does not match ProgenyHealth's determination based upon clinical information or if a denial is a possibility?

If the requested level-of-care differs from the level-of-care assigned by ProgenyHealth based upon guidelines, our ProgenyHealth nurse will communicate this verbally. The nurse will ask for any additional information to validate the requested bed level.

The first option is a peer-to-peer discussion between a hospital physician and a neonatologist or pediatrician at ProgenyHealth. The provider may also submit additional clinical documentation for reconsideration before any final decisions are made. Appeal rights are detailed in communications sent to the providers with each adverse determination and are managed by the Health Plan.

NICU Review Information Guide

Admission Reviews

Parent Demographics

- ☐ Demographic sheet
- ☐ Mother's name
- ☐ Mother's date of birth
- ☐ Mother's contact information
- ☐ Other contact information

Pregnancy Information

- ☐ Prenatal care (yes/no)
- ☐ Maternal comorbidities (i.e. depression, hypothyroid)
- ☐ Pregnancy complications (i.e. gestational diabetes, pre-eclampsia/eclampsia)
- ☐ Meds during Pregnancy
- ☐ Gravida/Para
- ☐ Preterm labor
- ☐ PROM
- ☐ Anormal serologies or studies (laboratory results, ultrasound/fetal echo findings, etc.)
- ☐ Prenatally diagnosed neonate condition (i.e. Down syndrome, heart defect)

Birth Information

- ☐ Method of delivery (NSVD, C-section – if urgent/why?)
- ☐ Birth weight (in grams), gestational age
- ☐ Apgar scores
- ☐ Resuscitation in delivery room

Clinical Information for Admission Reviews

- ☐ Requested level of care
- ☐ Bed Type: Thermoregulation (Radiant warmer, Isolette) or Open crib
 - Infant temperature and isolette temperature
- ☐ Respiratory status
 - Ventilatory requirements, FiO2 and O2 sats
 - NC/CPAP with liter flow and FiO2 with O2 sats
 - Date infant was off respiratory support and is on room air
- ☐ Nutrition
 - Percentage of feeds broken down via route - NG and/or PO
 - IVF/TPN with Total Volume
- ☐ Meds
 - IV
 - PO
- ☐ Labs/Tests pertinent to the admission (e.g., GBS, Tox screen, HSV, Hepatitis, CBC, cultures, bilirubin, etc.)
- ☐ Social issues
- ☐ Infant's Race
- ☐ Plan of care (Antibiotics and planned duration, Phototherapy)
- ☐ Transition of care plans (Parent teaching, Discharge plan, Transition of care concerns)

Concurrent Reviews

Clinical Information for Continued Stay Reviews

- ☐ Requested level of care
- ☐ Daily weights (in grams/Kilograms)
- ☐ Bed type: Thermoregulation (Radiant warmer, Isolette with air temp) or Open crib
 - Infant temperature and isolette temperature
- ☐ Respiratory status
 - Ventilatory requirements, FiO2 and O2 sats
 - NC/CPAP with liter flow and FiO2 with O2 sats
 - Date infant was off respiratory support and is on room air
 - Apnea, bradycardia, desaturation events with details (date, time, with or without feeds)
- ☐ Nutrition
 - Percentage of feeds broken down via route - NG and/or PO
 - IVF/TPN with Total Volume
- ☐ Meds for infants with NAS and being treated with oral morphine, dose and weaning plan. Include NAS scores.
 - IV
 - PO
- ☐ Labs/Tests pertinent to continued inpatient stay (e.g., blood gas, BMP, bilirubin, CBC or H/H, cultures, etc.)
- ☐ Social issues: Need for social services engagement? Is baby cleared to be discharged to mother? Is there another discharge plan?
- ☐ Plan of care (Antibiotics and planned duration, Phototherapy)
- ☐ Transition of care plans (Parent teaching, Discharge plan, Transition of care concerns, Follow up appointments)