



Neonatal Care Management

Frequently Asked Questions (FAQ)

Who is ProgenyHealth?

ProgenyHealth is a population health management company specializing in neonatal care coordination for NICU infants. ProgenyHealth's Care Coordination team includes Neonatologists, Pediatricians, Nurses and Social Workers with a deep understanding of the latest evidence-based protocols needed to manage the care of medically complex newborns.

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 during the first year of life.

The Case Management department is a comprehensive neonatal case management telephonic service which consists of nurse case managers, social workers, and case management associates. The Case Management 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 throughout the first year of life.

What are the impacts to the Health Plan members?

ProgenyHealth will manage the inpatient stay and provide case management services for infants admitted to the NICU or Special Care Nursery throughout the first year of life.

What are ProgenyHealth's hours and days of operation?

ProgenyHealth's regular hours of operation are 8:30 am to 5:00 pm Monday through Friday EST. However, ProgenyHealth's hours of operation may vary based on health plans that are located outside of the Eastern Standard Time zone.

How do I contact ProgenyHealth for admission and continued stay review of newborns that are in the NICU or Special Care Nursery?

The process for notifying the Health Plan of infants admitted to a NICU or Special Care Nursery will remain the same. For continued stay review, you may contact ProgenyHealth directly:

For Utilization Management: call 888-832-2006 and select option 2

For Utilization Management Secure Fax Number: This dedicated fax number will be provided by ProgenyHealth

For Case Management: call 888-832-2006 and select option 3

Case Management Secure Fax Number: 610-832-2002

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. ProgenyHealth will conduct the reviews for neonates admitted to the NICU or Special Care Nursery.

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 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 the clinical information.

Will requested levels of care be reviewed by a licensed Neonatologist?

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.

If the requested level of care does not match ProgenyHealth's determination against submitted criteria, what follow-up information will the referring provider receive?

If the requested level of care is not approved, our ProgenyHealth nurse will communicate this verbally in an attempt to gain additional information for requested bed level. This will be followed by a denial letter denial if agreement is not reached with facility.

Is there an appeals process if the level of care is not approved?

Yes. The first option is a peer-to-peer discussion between a hospital physician and a Neonatologist at ProgenyHealth. Or, the provider may submit additional clinical documentation for reconsideration. 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 Review

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
- Abnormal serology's
- 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 Review

- Requested level of care
- Bed Type: Thermoregulation (Radiant warmer, Isolette) or Open crib
- Respiratory status
 - *Vent/settings/O2 demand with O2 sats*
 - *NC/CPAP with Liter flow and O2 demand with O2 sats*
 - *Room air*
- Nutrition
 - *PO/NG with percentage of feedings taken via route*
 - *IVF/TPN (Specific Dextrose concentration or TPN) with rate*
- 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 Review

- Requested level of care
- Daily weights (in grams/Kilograms)
- Bed type: Thermoregulation (Radiant warmer, Isolette with air temp) or Open crib
- Respiratory status
 - *Vent/settings/O2 demand with O2 sats*
 - *NC/CPAP with Liter flow and O2 demand with O2 sats*
 - *Room air*
- Nutrition
 - *PO/NG with percentage of feedings taken via route*
 - *IVF/TPN (Specific Dextrose concentration or TPN) with rate*
- Meds
 - *IV*
 - *PO*
- Labs/Tests pertinent to continued inpatient stay (e.g., blood gas, BMP, bilirubin, CBC or H/H, cultures, etc.)
- Social issues
- Plan of care (Apnea countdown, Phototherapy)
- Transition of care plans (Parent teaching, Discharge plan, Transition of care concerns)