



Aetna Better Health
of Kansas



Neonatal Care Management

Frequently Asked Questions (FAQ)

Who is ProgenyHealth?

ProgenyHealth is the only national company dedicated exclusively to population health management for NICU infants. Our Care Coordination Team includes neonatologists, pediatricians, nurses and social workers with a deep understanding of the latest evidence-based protocols needed to support improved outcomes for 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 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.

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

You will notify ProgenyHealth or the Health Plan of infants admitted to a NICU or Special Care Nursery 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. 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 a licensed neonatologist review requested levels-of-care?

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 if agreement is not reached with the facility.

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

Yes. Aetna recommends that a peer-to-peer discussion between a hospital physician and a neonatologist at ProgenyHealth occur first. After the discussion, the appeals process is available. The provider may submit an appeal and submit additional clinical documentation with the appeal. Appeal rights are detailed in communications sent to the providers with each adverse benefit 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 (Antibiotics and planned duration, Phototherapy)
- Transition of care plans (Parent teaching, Discharge plan, Transition of care concerns)

For questions, please call us at 888-832-2006, visit progenyhealth.com, or email info@progenyhealth.com