



Aetna Better Health<sup>®</sup> of Kansas



## Your NICU Care Management Team

### Welcome to ProgenyHealth's NICU Care Management Team

ProgenyHealth provides comprehensive, telephonic neonatal care management services exclusively focused on newborns admitted to the NICU or Special Care Nursery. Our program promotes evidence-based best practices and is customized to meet the individual healthcare needs of each infant. We support both families and our provider colleagues from an infant's NICU admission and throughout the first year of life.

During the course of the hospital stay, our Clinical Care Nurses work collaboratively with your Hospital's Utilization Management Team. Simultaneously, our Nurse Case Managers begin working directly with the families to ensure they are educated, active participants in care delivery. It's a partnership that has proven successful for over a decade.

# Physician-developed, patient-centered, NICU Utilization Management

Supporting clinical best practices for the most complex newborn cases. Sharing our nationwide NICU experience and knowledge.

That's how ProgenyHealth collaborates with our clinical colleagues on behalf of our health plan partners. Our team of neonatologists and NICU/pediatric nurses works closely with hospital and provider networks to advance at-risk newborn outcomes by helping ensure appropriate services are provided at the right time, in the right setting. To-date, we have supported over 6,000 providers, in over 1,400 hospitals in the care of premature and medically complex newborns across the country.

Our medical staff have spoken several times over the last year about how valuable ProgenyHealth is in supporting our NICU families, especially the higher level cases and those with social or resource needs. We are grateful to have their assistance and we're happy to hear about them working with a new plan partner serving patients in our area.

**NICU Discharge Planner** 

## The Role of a ProgenyHealth Clinical Care Nurse

Our Clinical Care Nurses manage the continuum of care from the time an infant is admitted to your NICU or Special Care Nursery. Their goal is to help all involved utilize resources effectively throughout the critical stages of pre-admission, continued stay (concurrent review), discharge planning, and post-hospitalization care. ProgenyHealth's experienced nurses collaborate with hospitals like yours across the country every day to support the attending's plan-of care and ensure a timely discharge, to a safe home environment, with necessary services in-place.

#### **Our Clinical Care Nurses:**

- Interact telephonically (or via secure fax) with hospital staff to complete Utilization Review by collecting clinical information to facilitate hospital reimbursement for services delivered in the NICU/ Special Care Nursery. (Refer to the NICU Review Information Guide for more information.)
- Utilize InterQual Criteria and/or MCG (Milliman)
   Guidelines to determine appropriate levels of care and ensure billing is aligned with the infant's progress along the continuum of care.



- Schedule frequency of clinical reviews based upon the acuity of each individual infant.
- Assist discharge planning and provide necessary resources to ensure successful transitions of care from the inpatient setting.
- Complete Utilization Review for any additional admissions, outpatient services, or other services a NICU baby may have requiring prior-authorization during his or her first year of life.

### Meet Our Nurse Case Managers and Social Work Case Managers

Our Nurse Case Managers and Social Work Case Managers effectively communicate with hospital discharge planners and hospital social workers to understand individual caregiver educational needs and to help ensure a safe discharge. This focused support is a central part of the outpatient care plan for the infant. Our Case Managers support and empower families with these services so that they are better able to meet their baby's ongoing needs:

- Outreach to the family upon notification of infant admission to NICU to assess family needs and condition of infant and mother.
- Contact the hospital social worker, during baby's hospitalization, to assess family's barriers and social needs such as: transportation for visitation and follow-ups, housing, equipment, supplies, custody issues or legal issues.
- Call Children and Youth/Social Services/Foster Care to obtain information regarding custody and guardianship of infants in order to provide comprehensive services to caregivers and to aid caregivers in complying with social programs.
- Contact infant's caregivers within two calendar days
  after discharge to ensure they have received instructions
  and to assess their knowledge, resources, and ability to
  carry out the plan provided by the hospital.
- Complete a comprehensive needs assessment
   after infant discharge that includes: current health
   status, social and financial issues, and identification
   of community resources and parent/caregiver
   education needed.
- Call the hospital discharge planner upon notification of infant admission in order to determine discharge plan, coordinate care and identify any special needs of the infant or family.

## What your colleagues say about ProgenyHealth...

Our affiliation with ProgenyHealth ensures that our NICU babies get care based on best practices.

**Utilization Management Supervisor** 

The relationship between the hospital and ProgenyHealth is collaborative. It's nice because we're all on the same page regarding the level of care.

**RN**, Hospital Care Coordinator



## For questions about your onboarding, contact:

ProgenyHealth's Implementations Team at <a href="mailto:Implementations@ProgenyHealth.com">Implementations@ProgenyHealth.com</a>

