

- Today is our Kick-off for the Neonatal Designation Program!
- Power Point Presentation which will be mailed out to participants and RACs.
- Questions will be answered at the end of the presentation.
- Questions specific to your facility or Level of designation will be addressed during the upcoming webinars.



- You may type your questions in the chat box and enter once you are completed;
- Or
- You may email your questions to:
 - Diana.Chorn@strac.org



Hospital Level of Care Designations for Neonatal Care

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June 9, 2016



Objectives

- Overview of Women's Health and Birth Outcomes.
- History related to neonatal & maternity levels of care designation in Texas
- Regional Advisory Councils (RACs) and Perinatal Care Regions (PCRs) "participation"
- Overview of the designation process

• Answer questions and next steps

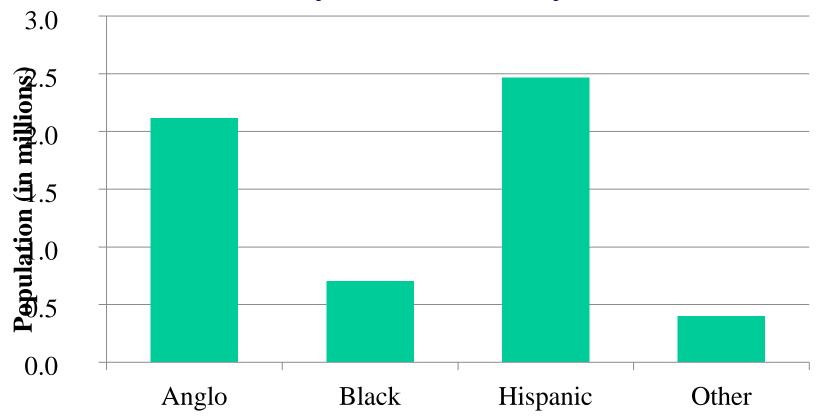


Women's Health in Texas

- Texas is experiencing substantial population growth
 - Between 2000 and 2013, Texas added 1.2 million more residents, more than any other state, and grew by 4.8%, compared to 2.2% growth for the entire country
 - ➤ In 2014, 42% of women (5.7 million) are of childbearing age
- Access to health care among women in Texas
 > In 2014, 78% of women 19-64 years had health insurance coverage



Population of Women of Childbearing Age (15-44) in Texas by Race/Ethnicity, 2014





Preterm Births in Texas and U.S.

Percent of Live Births Born Preterm (less than 37 weeks) in Texas and United States Using Combined Estimate of Gestation, 2005-2014 15.0 14.0 13.7 13.6 13.6 Births 13.3 13.2 13.1 12.8 13.0 12.7 12.7 2.8 12.3 12.2 2.4 12.4 Percent of Live 123 12.0 12.0 11.7 11.5 11.4 11.3 11.0 10.0 9.0 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014* United States Healthy People 2020 Target —Texas

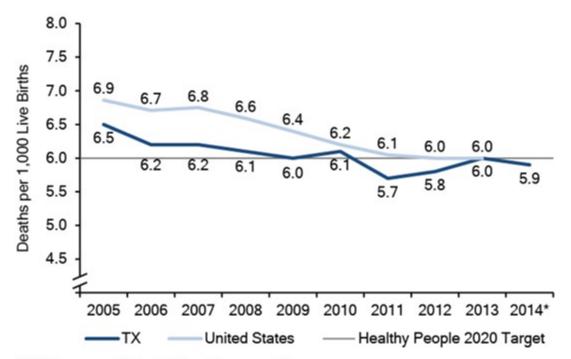
*2014 Texas and United States data are preliminary Source: 2005-2014 Texas Birth Files, National Center for Health Statistics

Prepared by: Office of Program Decision Support Sept 2015



Infant Mortality in Texas and U.S.

Infant Mortality Rate in Texas and The United States, 2005-2014



*2014 Texas and United States data are preliminary Source: 2005-2014 Texas Birth & Death Files,

National Center for Health Statistics Prepared by: Office of Program Decision Support Sept 2015

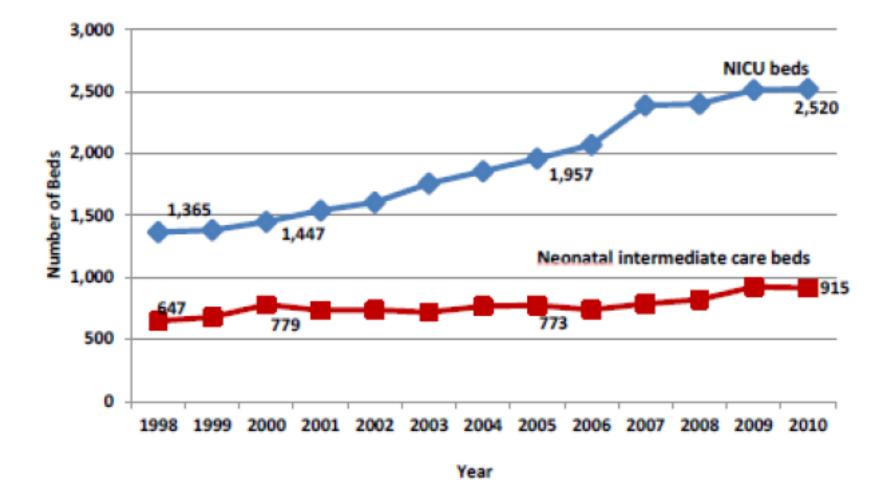


Medicaid Costs

- Approximately 53% of all Texas births (213,253) paid by Medicaid
- Over \$3.5 billion per year for birth and delivery-related services for moms and infants in the first year of life
- Medicaid newborn average costs (first year of life):
 - Prematurity/low birth weight complications \$ 109,220
 - ➢ Full-term birth \$ 572
- In FY2015, Medicaid paid over \$402 million for newborns with prematurity and low birth weight. Care delivered in the neonatal intensive care unit (NICU) is now the costliest episode of medical care for the non-elderly population.

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Figure 6 Number of Self-Reported NICU and Neonatal Intermediate Care Beds, Texas, 1998-2010



Source: Healthy Texas Babies Report, 2011





- 1998 2010 number of NICU beds increased by >1100
- 1998 2010 number of intermediate care beds increased by >250
- Hospitals that "self identified" level of neonatal care provided, by state survey, were found to be inaccurate 30-40% of time.





- Neonatal Intensive Care Unit (NICU) Council; 82nd
 - HB 2636
 - develop standards for operating a NICU in Texas;
 - develop an accreditation process for NICUs to receive payment for services provided through Medicaid
 - study and make recommendations regarding best practices and protocols to lower NICU admissions
 - Report to the Legislature 1/2013



Legislative Overview

- HB15, 83rd
 - Neonatal and Maternal Levels of Care
 - Establish neonatal and maternal care regions
 - Facilitate transfer agreements
 - Perinatal Advisory Council (PAC); abolished on Sept. 1, 2025.
 - Neonatal and Maternal rules adopted by March 1, 2017
 - Neonatal designation by August 31, 2017
 - Maternal designation by August 31, 2019



- HB3433, 84th
 - Neonatal and Maternal rules adopted by March 1, 2018
 - Neonatal designation by August 31, 2018
 - Maternal designation by August 31, 2020



- Neonatal Rules were developed over a 12+ month process
- Perinatal Advisory Council recommendations
- Stakeholder meetings
- Public Hearing
- Published for public comment Nov 20, 2015 in the Texas Register
- Published in the Texas Register, June 3, 2016 as adopted.
- Neonatal Rules effective June 9, 2016.



- June 9, 2016 The neonatal rules are effective today!
- Texas Administrative Code (TAC)
 - <u>Title 25</u> Health Services
 - Part 1 Department of State Health Services
 - <u>Chapter 133</u> Hospital Licensing
 - <u>Subchapter J</u> Hospital Level of Care Designations for Neonatal and Maternal Care.





- §133.181 Purpose
- §133.182 Definitions
- §133.183 General Requirements
- §133.184 Designation Process
- §133.185 Program Requirements



- §133.186 Level I
- §133.187 Level II
- §133.188 Level III
- §133.189 Level IV
- §133.190 Survey Team



- Licensure
- Designation
- Accreditation
- Certification
- Verification





• General Requirements

- Our office recommends the appropriate designation for a facility to the Executive Commissioner of HHSC
- Multiple locations under a single license requires that each location is separately designated
- Final designation may not be the level requested by the facility



TAC §133.183

- Neonatal Levels of Care
 - Level I uncomplicated newborns, generally \geq 35 weeks
 - Level II newborns > 32 weeks, 1500 g, need ventilatory support less 24 hours
 - (75+ miles from Level III/IV, down to 30 weeks, vent < 24 hours) with 24/7 neonatal provider in-house
 - Provide same level of care
 - Level III newborns all gestational ages, complicated problems, access to specialist consultation
 - Level IV most complex, surgery for complicated congenital conditions





- Perinatal Care Regions (PCRs)
 - Aligned with the Trauma Service Areas (TSAs) due to established infrastructure to support the functions of the PCRs.
 - Established for regional planning purposes, including emergency and disaster preparedness.
 - Not established for the purpose of restricting patient referral.





- Designation Process
- Application will be released September 1, 2016.
 - Application Process for Level I Facilities
 - Completed application
 - Fee
 - Self audit of neonatal services provided by the facility.
 - Attestation by the Governing Board.
 - Letter of participation in the Perinatal Care Region.





- Application Process for Level II, III and IV Facilities
 - Completed application
 - Fee
 - Letter of participation in the Perinatal Care Region.
 - A survey report of compliance or non-compliance with the rules.
 - A plan of correction (POC) if any potential deficiencies are identified.



Survey Agencies

- AAP American Academy of Pediatrics
 - Website aap.org
- TETAF Texas EMS, Trauma and Acute Care Foundation
 - Website tetaf.org





- Complete application packets for facilities that have a successful survey on or before July 1, 2018 will be issued a three year designation.
- Higher level facilities unable to undergo a survey before the designation deadline, may designate as a Level I initially to ensure eligibility for Medicaid payments.



• Each hospital that provides neonatal care will need to be designated by September 1, 2018 to receive Medicaid funds.

• Designation for maternal care is required by September 1, 2020.



Neonatal Rule Reviews

- Webinars:
 - June 9 Kick off webinar for the Neonatal Rules
 - June 13 1100, Level I Specific Rule Review
 - June 14 1000, Level II Specific Rule Review
 - June 16 0900, Level III and IV Specific Rule Review
 - June 20 1100, Level III and IV Specific Rule Review
 - June 21 1100, Level I Specific Rule Review
 - June 24 1100, Level II Specific Rule Review
 - June 29 PCR meeting in El Paso with Dr. Harvey





- The DSHS website is currently under construction and not available.
- Functional again in June
- Website will be updated with the rule, educational opportunity dates and a Frequently Asked Questions (FAQ) section.



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- Please send your name, title, facility name, email address and phone number to:
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