CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

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Audrey Tayse Haynes
Secretary

Lawrence Kissner
Commissioner

Date: April 11, 2014

TO: Mr. Mark Carter, CEO, Passport Health Plan

RE: IPRO Reports January 2014 – KY Postpartum Readmissions Focus Study
March 2014 – KY Newborn Readmissions Focus Study

Dear Mr. Carter:

With the implementation of managed care, the Department for Medicaid Services (DMS) has shifted its approach to healthcare to focus on quality outcomes. We created the Division of Program Quality and Outcomes whose purpose is to ensure that the health of our members is improved through Medicaid managed care. As part of this partnership with you, we have contracted with IPRO to conduct several studies and issue recommendations for both Kentucky DMS and the MCOs to implement in an effort to improve outcomes.

IPRO recently released two reports on postpartum and newborn readmissions in Kentucky. (See Attached Reports) The reports show that Kentucky has an opportunity to improve upon the number of postpartum and newborn readmissions. In particular, the report indicates the need to identify susceptible populations so you can engage in education and case management.

Based on the findings in the report regarding postpartum and newborn readmissions for members of Passport, IPRO suggests the recommendations listed below. Recommendations concerning pregnancy screening, obesity and blood pressure management are performance measures that are included in the contract between DMS and Passport. The other recommendations are not provisions in the contract between DMS and Passport. However, we strongly encourage you to consider making these recommendations a priority to ensure better health outcomes for your members.

1. Identify women of childbearing age with obesity, hypertension, or drug abuse, and assess for engagement in care management during preconception, interconception and prenatal periods.

2. Disseminate Institute of Medicine (IOM) recommendations and tool kits for weight gain during pregnancy to prenatal providers and members.

3. Collaborate with hospitals to educate providers about American Congress of Obstetricians and Gynecologists (ACOG) recommendations for obesity in pregnancy, including special considerations for obese women who undergo cesarean section.

4. Identify women with cesarean delivery, and assess for engagement in care management during the delivery stay for facilitation of improvements in care coordination, patient education, and transitions.

5. Collaborate with hospitals to educate providers about early detection of elevations in blood pressure (≥140/90) in order to identify these high-risk mothers and ensure appropriate postpartum monitoring and follow-up.

6. During the birth stay, identify newborns of premature gestational age and newborns with birth-stay diagnoses of respiratory distress, sepsis, and congenital anomalies, as well as newborns undergoing intubation and mechanical ventilation, for comprehensive needs assessment and engagement in care management.

7. Collaborate with hospitals to educate all parents of newborns about how to prevent transmission of Respiratory Syncytial Virus (RSV) and other respiratory illnesses.

8. Collaborate with hospitals to increase the percentage of newborns with hour-specific bilirubin documented in accordance with American Academy of Pediatrics (AAP) recommendations (AAP, 2004), and develop care management interventions.

9. Collaborate with hospitals to educate providers and parents in accordance with multidisciplinary guidelines for the care of late pre-term infants.

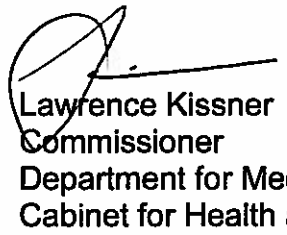
10. Collaborate with hospitals to increase the percentage of breastfed newborns with timely follow-up visits.

11. Collaborate with hospitals and providers to improve parent education about newborn feeding from the birth stay through outpatient follow-up, for all newborns, and with targeted attention to nulliparous mothers for facilitation of outpatient follow-up, as well as additional attention to identifying best practices for encouraging breastfeeding in the Neonatal Intensive Care Unit (NICU) and maintenance post-NICU discharge.

12. Collaborate with providers to identify women of childbearing age who use tobacco, drugs or alcohol, and who lack social support, and to engage in care management, as well as pre- and inter-conception preventive interventions.

DMS will be taking the recommendations that IPRO issued for our organization into consideration and we urge Humana Care Source to do the same so we may work together to ensure that our members are empowered to lead healthier lives.

Sincerely,



Lawrence Kissner
Commissioner
Department for Medicaid Services
Cabinet for Health and Family Services

cc: Dr. Stephen Houghland, Medical Director, Passport Health Plan
Dr. John Langefeld, Medical Director, Department for Medicaid Services
Lisa Lee, Deputy Commissioner, Department for Medicaid Services
Neville Wise, Deputy Commissioner, Department for Medicaid Services
Erin Hoben, Chief Policy Advisor, Department for Medicaid Services
Emily Parento, Director, Health Policy, Cabinet for Health and Family Services
Patricia Biggs, Division Director, Division of Program Quality & Outcomes
Judy Baker, Branch Manager, Division of Program Quality &Outcomes