

Neonatal Rules Webinar

- 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.

How do I send questions?

- 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

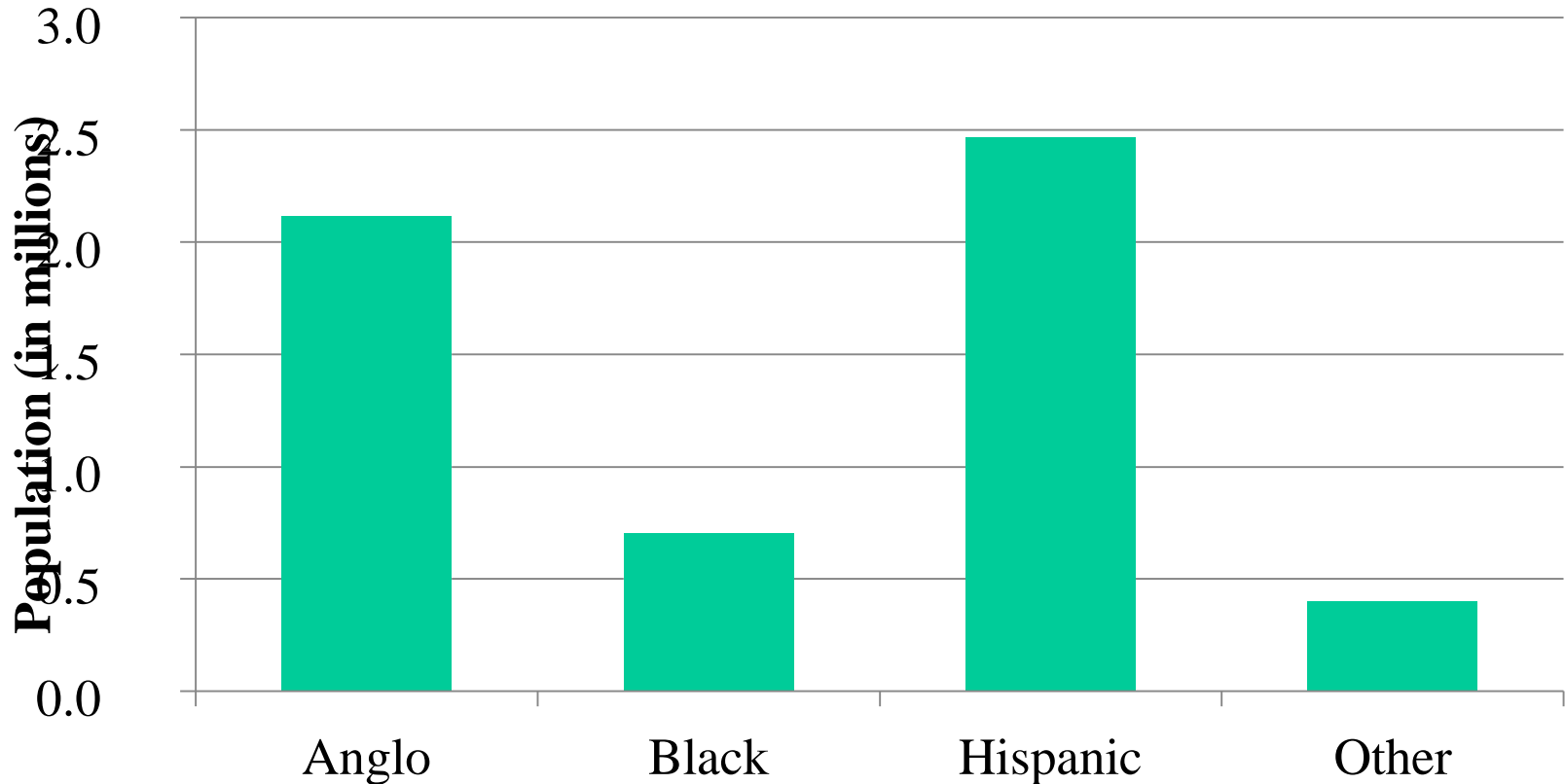
- Overview of Women’s Health and Birth Outcomes.
- History related to neonatal & maternity levels of care designation in Texas
- Regional Advisory Councils (RACs) and Perinatal Care Regions (PCRs) “participation”
- Overview of the designation process
- Answer questions and next steps

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

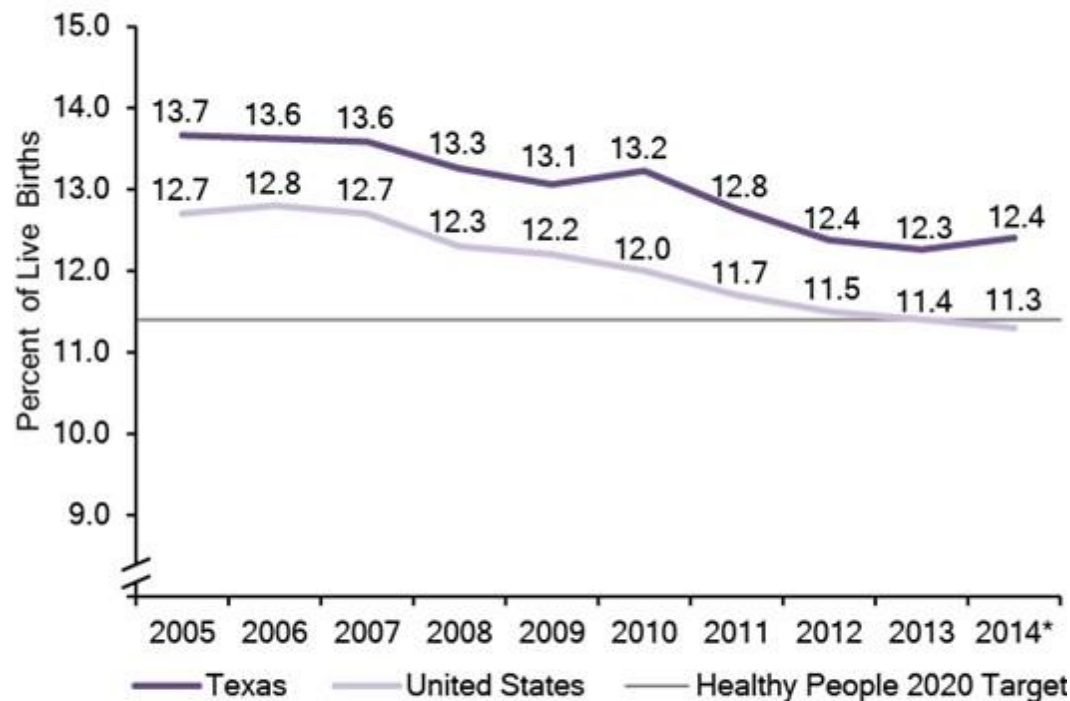
Women's Health in Texas

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



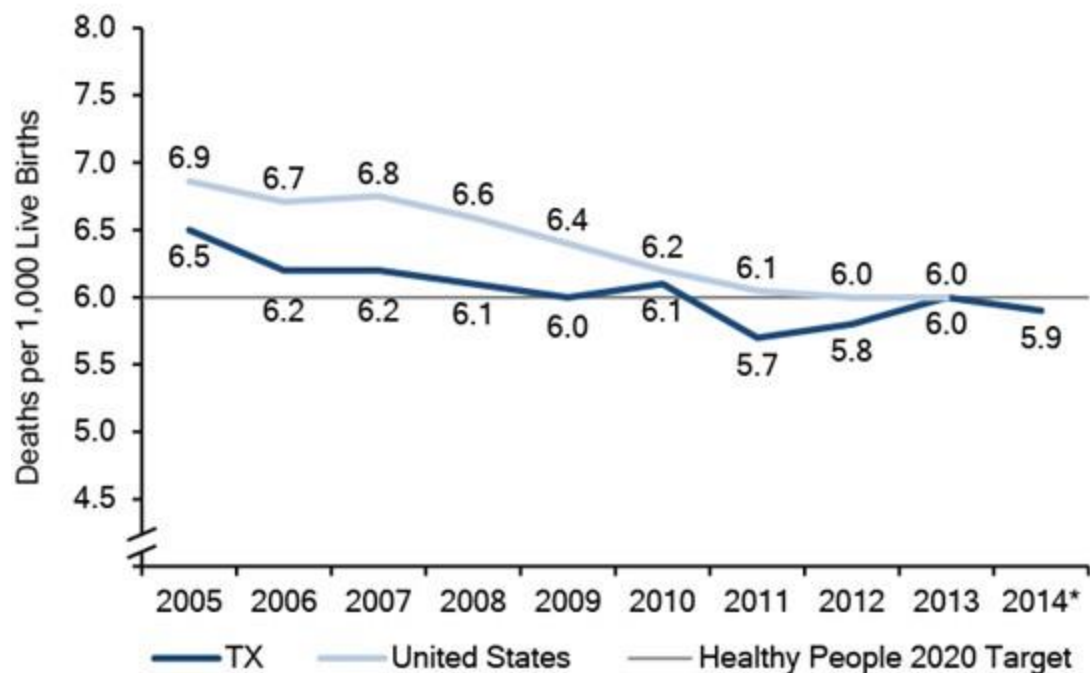
*2014 Texas and United States data are preliminary

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.

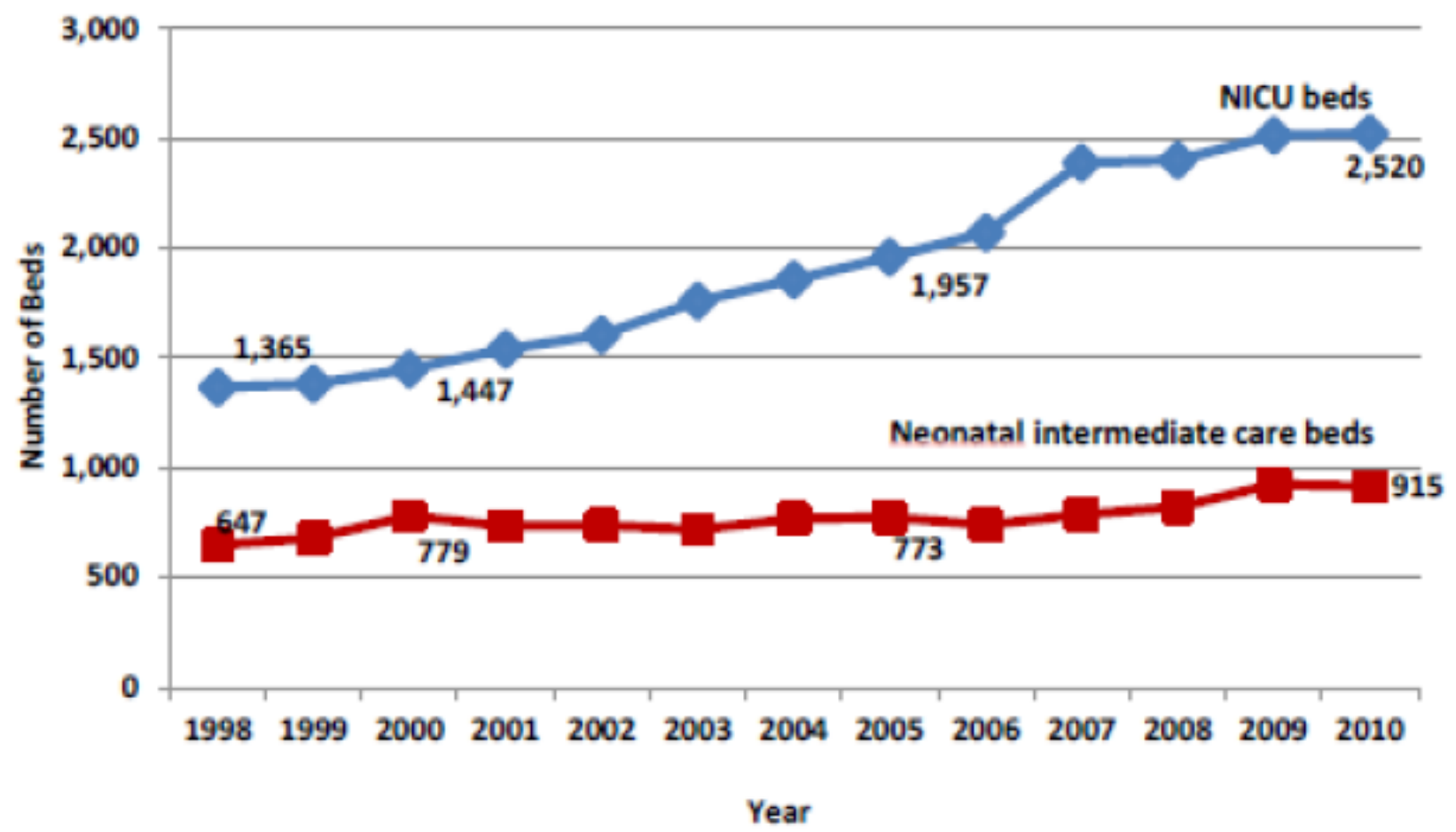
Infant Mortality Rate in Texas and The United States, 2005-2014



*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

- 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.

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



Source: Healthy Texas Babies Report, 2011

Texas

- 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.



Legislative Overview

- 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

- 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, 2018

Legislative Timeline

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



Rule Development Process

- 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.

Neonatal Rules

- June 9, 2106 – The neonatal rules are effective today!
- Texas Administrative Code (TAC)
 - Title 25 Health Services
 - Part 1 Department of State Health Services
 - Chapter 133 Hospital Licensing
 - Subchapter J Hospital Level of Care Designations for Neonatal and Maternal Care.



Subchapter J

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



Subchapter J

- **§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**

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- Neonatal Levels of Care
 - Level I – uncomplicated newborns, generally ≥ 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.

TAC §133.184

- **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

TAC §133.184

- 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.

Why Designate?

- 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.

- Webinars:
 - June 9 – Kick off webinar for the Neonatal Rules
 - June 13 - 1000, Level I Specific Rule Review
 - June 14 - 0900, 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

DSHS Website

- 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.



Neonatal Designation Coordinator

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Contact Information

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Questions?

