Neonatal Resource Services

After delivery, new parents typically expect to rest for a night and then bring their baby home. Yet one out of 10 babies born in the U.S. does not leave the hospital quite so soon. Due to congenital abnormalities, preterm birth, low and very low birth weight, and maternal complications, many fragile newborns must receive care in the neonatal intensive care unit (NICU).

Thanks to the UnitedHealthcare Neonatal Resource Services program, parents can get the education and support they need during this stressful time that may help avoid readmissions and post-discharge complications. UnitedHealthcare’s dedicated team of NICU nurse case managers, social workers and medical directors collaborate in monitoring the clinical care and other services, including psychological, provided to the baby and parents. We use established protocols to manage the NICU inpatient stay in order to help reduce the overall cost associated with NICU infants.

Did You Know?

- Approximately 543,000 babies, or 12.2 percent of births in the U.S., were preterm (<37 completed weeks of gestation) in 2010.1
- Preterm birth is a serious health problem that costs the United States more than $26 billion annually.2
- The readmission rates after program inception have been as much as 26 percent lower than before.3
Effective Program Design

Neonatal Resource Services helps control and reduce neonatal care costs with effective on-site and telephone case management that guides parents to high quality and efficient facilities. It also supports the monitoring of the level of care provided. UnitedHealthcare's holistic approach to case management includes:

- Assessing and reviewing every infant within 24 hours of referral
- Developing and managing an individualized plan of care focused on discharge planning
- Involving the family early in the hospitalization
- Reviewing, rounding and peer-to-peer discussions with a medical director
- Case leveling with consideration for contract-specific requirements
- Routinely reviewing the case and evaluating the inpatient stay using evidence-based clinical management guidelines and protocol-driven case assessments
- Providing education throughout the NICU stay and beyond

Program Integration

The Neonatal Resource Services program is often integrated with the UnitedHealthcare maternity programs in order to identify high-risk pregnancies prior to delivery. Once identified, the case manager will educate members about their care options and the benefits of delivering at a level II or III NICU facility.

The rising incidence of multiple births is a major factor in spending on neonatal care. About 59 percent of twins, more than 94 percent of triplets, and virtually all quadruplets and higher-order multiples are born premature. If you currently offer an infertility program to your employees, Neonatal Resource Services should also be considered.

Cost Savings

Our top priority is to help ensure that the babies receive the most appropriate and effective care. The Neonatal Resource Services program also is designed to achieve significant cost savings. By performing several interventions during the course of a NICU admission and managing cases using a telephone-based/on-site model, the average length of stay may be reduced by as much as 10-15 percent. In addition, since program inception, we have seen decreased readmission rates. Interventions include:

- Identifying patient-specific gaps in care based on evidence-based guidelines
- Addressing gaps in care
- Managing and monitoring interventions to ensure appropriate progression
- Interacting with the facility and attending provider through peer-to-peer discussions
- Providing maternal/familial education and support, including initiating home readiness planning and facilities referrals to community-based services and government programs
- Participating in ongoing clinical consultations and family management
- Engaging family appropriately, including educating parents on appropriate emergency room use and ensuring parents understand their child’s developmental benchmarks
- Coordinating home health care nursing and equipment

Preterm Birth Rates — 2010

<table>
<thead>
<tr>
<th>Percent of live births</th>
<th>Value ranges are based on an approximately equal number of states in each range.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 13.1%</td>
<td>(9)</td>
</tr>
<tr>
<td>11.8–13.1%</td>
<td>(17 including Hawaii)</td>
</tr>
<tr>
<td>Under 11.8%</td>
<td>(24 including Alaska)</td>
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</tbody>
</table>

Value ranges are based on an approximately equal number of states in each range.

3 The readmission rate is based on baseline prior to NRS (2002-2004) vs NRS managed (2005-2007).
4 March of Dimes; “In the NICU”; http://www.marchofdimes.com/baby/inthenicu_program.html; accessed May 2012.
5 Centers for Disease Control and Prevention (CDC) and National Vital Statistics System; “National Vital Statistics Report, Vol 60, No 1; November 2011.”
6 The average length of stay compares baseline prior to NRS (2002-2004) vs telephonic/on-site model using UnitedHealthcare fully insured 2011 Health Care Trend Analysis NICU/Extended Stay cost per day plus professional fees $3,547.
7 The average length of stay compares baseline prior to NRS (2002-2004) vs telephonic/on-site model using 2011 book of business trend report NICU/Extended Stay cost per day plus professional fees $3,547. The readmission rate is based on baseline prior to NRS (2002-2004) vs. NRS managed 2011.

To learn more about the Neonatal Resource Services program please contact your UnitedHealthcare representative.