

Continuity of Care for Newborns

*Louisiana Department of Health Response to Act 311
of the 2013 Regular Legislative Session*

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Introduction

The Louisiana Department of Health (LDH) submits the following report in response to ongoing reporting provisions of Act 311 of the 2013 Regular Louisiana Legislative Session. This report is the 13th in a series produced and submitted to the House and Senate Committees on Health and Welfare.

The focus of Act 311 — the monitoring and assurance of continuity of care for newborns enrolled in Medicaid managed care — is in keeping with the deliverables and layers of oversight that LDH has outlined in its contracts with the managed care organizations (MCOs) that deliver services through the Healthy Louisiana program.

This report contains data from the Office of Public Health’s Vital Records and Medicaid, compiled through the University of Louisiana Monroe contractor resource. Gestational age from Vital Records and Medicaid claims data/MCO encounter data received from the six MCOs and stored in the Gainwell Data Warehouse were used to identify premature births and the primary discharge diagnoses that triggered the rehospitalizations.

The rehospitalization rate for this publication, defined as readmission to the hospital within 30 days of discharge, for infants born premature at less than 37 weeks gestational age and who are within the first six months of life is 3.28%. The chart below shows the progress of rehospitalization rates since the first Continuity of Care for Newborns report.

Publication Date	Calendar Year of Infants’ Birth	Rehospitalization Rate
2014	2012	7.39
2015	2013	5.24
2016	2014	4.98
2017	2015	4.71
2018	2016	4.79
2019	2017	4.85
2020	2018	4.87
2021	2019	4.24
2022	2020	3.21
2023	2021	4.38
2024	2022	3.66
2025	2023	4.03
2026	2024	3.28

Reporting Requirements

Act 311 requires an assessment of the incidence and causes of all rehospitalizations of infants born premature at less than 37 weeks gestational age and who are within the first six months of life.

Definitions

Premature Infant An infant born at less than 37 weeks gestational age

Rehospitalization Readmission to the hospital within 30 days of discharge

Data Sources

The report utilizes Vital Records data obtained from the Office of Public Health for establishing gestational age and Medicaid claims data/MCO encounter data stored in the Gainwell Data Warehouse for identifying the primary discharge diagnoses that triggered the rehospitalizations.

Report Findings

The rehospitalization rate for infants born during calendar year 2024 who were born premature at less than 37 weeks gestational age and are in their first six months of life is 3.28%. The rehospitalization rate for 2023 births was 4.03%. This indicates that the rehospitalization rate in this group of newborns decreased over the past two reporting years.

Methods for Data Collection¹

Denominator: Discharges for premature infants born from 1/1/2024 to 12/31/2024.

- Step 1** Identify all acute inpatient stays with a discharge date on or between infant's birthday and six months of life.
- Step 2** Consider acute-to-acute transfers as a single hospital stay, where the admission date is set as the original stay's admission date and the discharge date is set as the discharge date of the transfer stay.
- Step 3** Exclude hospital stays of one day or less (where the admission date is the same as the discharge date).
- Step 4** Exclude any acute inpatient stays with a discharge date in the 30 days prior to the index admission date.
- Step 5** Exclude inpatient stays with discharges for death.
- Step 6** Include only infants who were continuously eligible for Medicaid and who did not have dual eligibility and/or third-party coverage from birthday to seven months of life.

Numerator: Admissions for premature infants within 30 days of a discharge.

- Step 1** Identify all acute inpatient stays with an admission date on or between infant's birthday and seven months of life.
- Step 2** Consider acute-to-acute transfers as a single hospital stay, where the admission date is set as the original stay's admission date and the discharge date is set as the transfer's discharge date.
- Step 3** For each admission in the denominator, determine if any of the acute inpatient stays have an admission date within 30 days after the index discharge date.

¹ The methodology used to generate this report was adapted from the HEDIS Plan All-Cause Readmissions measure, which adds an additional 30 days to the numerator to identify readmissions.

Causes of Rehospitalization Based on the Rehospitalization Discharge Diagnosis

Diagnosis Code	Diagnosis Description	# of Re-Hospitalizations
P59.9	Neonatal jaundice, unspecified	12
P59.0	Neonatal jaundice associated with preterm delivery	7
R62.51	Failure to thrive (child)	5
J21.0	Acute bronchiolitis due to respiratory syncytial virus	4
E86.0	Dehydration	4
P80.9	Hypothermia of newborn, unspecified	4
P39.8	Other specified infections specific to the perinatal period	4
J96.01	Acute respiratory failure with hypoxia	3
Q40.0	Congenital hypertrophic pyloric stenosis	3
P92.6	Failure to thrive in newborn	3
K21.9	Gastro-esophageal reflux disease without esophagitis	3
P96.89	Other specified conditions originating in the perinatal period	3
B34.8	Other viral infections of unspecified site	3
P28.5	Respiratory failure of newborn	3
A41.9	Sepsis, unspecified organism	3
R06.81	Apnea, not elsewhere classified	2
R68.13	Apparent life-threatening event in infant (ALTE)	2
K40.20	Bilateral inguinal hernia, without obstruction or gangrene, not specified as recurrent	2
U07.1	COVID-19	2
P28.2	Cyanotic attacks of newborn	2
P92.9	Feeding problem of newborn, unspecified	2
P59.3	Neonatal jaundice from breast milk inhibitor	2
P78.83	Newborn esophageal reflux	2
P80.8	Other hypothermia of newborn	2
P22.1	Transient tachypnea of newborn	2
Other*	Various	60

*Other includes discharge diagnoses associated with only one rehospitalization, for example, Anemia of prematurity (P61.2); Bronchopulmonary dysplasia originating in the perinatal period (P27.1); Neonatal urinary tract infection (P39.3); Respiratory distress of newborn, unspecified (P22.9).

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