High Risk Infant Follow-Up (HRIF) Quality of Care Initiative (QCI) Reporting System Update

Erika E. Gray, BA
Project Manager, HRIF–QCI
CCS HRIF PROGRAM MEDICAL ELIGIBILITY CRITERIA

Data should be collected on infants/children under three years of age who meet California Children’s Services (CCS) HRIF medical eligibility criteria, even if they were never a CCS client. **Infants are medically eligible for the HRIF Program when the infant:**

**Met CCS medical eligible criteria for NICU care, in a CCS-approved NICU, regardless of length of stay, (as per Number Letter 05-0502, Medical Eligibility in a CCS-approved NICU).**

**Had a CCS eligible medical condition in a CCS-approved NICU, regardless of length of stay, (as per California Code of Regulations, Title 22, Section 41800 through 41872, CCS Medical Eligibility Regulations).**

**Birth weight < 1500 grams or the gestational age at birth < 32 weeks.**

**Birth weight ≥ 1500 grams and the gestational age at birth ≥ 32 weeks and one of the following criteria was met during the NICU stay.**

A. Cardiorespiratory depression at birth (defined as pH less than 7.0 on an umbilical blood sample or a blood gas obtained within one hour of life) or an Apgar score of less than or equal to three at five minutes.

B. A persistently and severely unstable infant manifested by prolonged hypoxia, acidemia, hypoglycemia and/or hypotension requiring pressor support.

C. Persistent apnea which required medication (e.g. caffeine) for the treatment of apnea at discharge.

D. Required oxygen for more than 28 days of hospital stay and had radiographic finding consistent with chronic lung disease (CLD).

E. Infants placed on extracorporeal membrane oxygenation (ECMO).

F. Infants who received inhaled nitric oxide greater than four hours for persistent pulmonary hypertension of the newborn (PPHN).

G. History of documented seizure activity.

H. Evidence of intracranial pathology, including but not limited to, intracranial hemorrhage (grade II or worse), periventricular leukomalacia (PVL), cerebral thrombosis, cerebral infarction, developmental central nervous system (CNS) abnormality or “other CNS problems associated with adverse neurologic outcome”.

I. Other problems that could result in neurologic abnormalities (e.g., history of CNS infection, documented sepsis, bilirubin in excess of usual exchange transfusion level, cardiovascular in stability, hypoxic ischemic encephalopathy, et cetera.

**HRIF Program Referral Process:**

1. HRIF QCI Referral/Registration Form is completed by the discharging CCS-approved NICU.

2. Communication is between the CCS-approved NICU and HRIF Program.

3. Service Authorization Request (SAR) is submitted by the HRIF Program to the local CCS office. (Service Code Group [SCG] 06, should be requested).

   [http://www.dhcs.ca.gov/services/ccs/cmsnet/Pages/SARTools.aspx](http://www.dhcs.ca.gov/services/ccs/cmsnet/Pages/SARTools.aspx)

4. Copy of the NICU discharge summary is provided to the HRIF Program.

Medical eligibility for the HRIF Program is determined by the County CCS Program or Regional Office staff. The CCS Program is also required to determine residential eligibility. As the HRIF Program is a diagnostic service, there is no financial eligibility determination performed at the time of referral to CCS. However, insurance information shall be obtained by CCS. An infant or child is eligible for the HRIF Program from birth up to three years of age.
Update

- 66/114 (58%) CCS NICUs have a HRIF Program
- 64/66 (97%) HRIF Programs reporting online
  - 21 Regional
  - 41 Community
  - 2 Intermediate
- 17/48 (35%) referring CCS NICUs reporting online
  - 15 Community
  - 2 Intermediate
### Small Baby Referral Rate

<table>
<thead>
<tr>
<th>2009 BIRTHS</th>
<th>CPQCC</th>
<th>HRIF–QCI (May 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled</td>
<td>17,008</td>
<td>6,553</td>
</tr>
<tr>
<td>Small Babies (SB) BW ≤ 1500 grams</td>
<td>6,080 (36%)</td>
<td>3,476 (53%)</td>
</tr>
<tr>
<td>Big Babies (BB) BW &gt; 1500 grams</td>
<td>10,928 (64%)</td>
<td>3,077 (47%)</td>
</tr>
</tbody>
</table>

2,604 (43%) CPQCC infants (≤1500 grams) were eligible for the HRIF Program, but were not referred. (May 2011)
# Reporting Submissions

<table>
<thead>
<tr>
<th></th>
<th>BIRTH YEAR</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>2009</td>
<td>2010</td>
<td>2011</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Ref/Registration</td>
<td>6553</td>
<td>5838</td>
<td>698</td>
<td></td>
</tr>
<tr>
<td>Standard #1</td>
<td>4212 60%</td>
<td>2104 36%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Standard #2</td>
<td>2333 55%</td>
<td>172  1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard #3</td>
<td>306 13%</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Visits</td>
<td>2341 36%</td>
<td>3734 64%</td>
<td>697 100%</td>
<td></td>
</tr>
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</table>
### Reporting Submissions

<table>
<thead>
<tr>
<th></th>
<th>BIRTH YEAR</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>2009</td>
<td>2010</td>
<td>2011</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Additional Visit</td>
<td>689</td>
<td>66%</td>
<td>311</td>
<td>58%</td>
</tr>
<tr>
<td>Neuro/Dev</td>
<td>457</td>
<td>66%</td>
<td>181</td>
<td>58%</td>
</tr>
<tr>
<td>Case Management</td>
<td>167</td>
<td>24%</td>
<td>110</td>
<td>35%</td>
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<tr>
<td>Other</td>
<td>49</td>
<td>7%</td>
<td>12</td>
<td>4%</td>
</tr>
<tr>
<td>Social Risk</td>
<td>16</td>
<td>3%</td>
<td>8</td>
<td>3%</td>
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## Reporting Submissions

<table>
<thead>
<tr>
<th>Category</th>
<th>2009 N</th>
<th>2009 %</th>
<th>2010 N</th>
<th>2010 %</th>
<th>2011 N</th>
<th>2011 %</th>
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</thead>
<tbody>
<tr>
<td>Client Not Seen</td>
<td>2431</td>
<td>829</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Show/Reason Unk</td>
<td>800</td>
<td>33%</td>
<td>312</td>
<td>38%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to Contact</td>
<td>484</td>
<td>20%</td>
<td>136</td>
<td>16%</td>
<td>1</td>
<td>13%</td>
</tr>
<tr>
<td>Parent Comp. Priorities</td>
<td>242</td>
<td>10%</td>
<td>68</td>
<td>8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>182</td>
<td>7%</td>
<td>49</td>
<td>6%</td>
<td>1</td>
<td>13%</td>
</tr>
<tr>
<td>Parent Refused Service</td>
<td>145</td>
<td>6%</td>
<td>57</td>
<td>7%</td>
<td>1</td>
<td>13%</td>
</tr>
<tr>
<td>Family Moved</td>
<td>143</td>
<td>6%</td>
<td>38</td>
<td>5%</td>
<td>2</td>
<td>25%</td>
</tr>
<tr>
<td>Illness/Hospitalization</td>
<td>119</td>
<td>5%</td>
<td>48</td>
<td>6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expired, Parent Ill, Trans</td>
<td>115</td>
<td>5%</td>
<td>34</td>
<td>4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance Auth/CCS Denied</td>
<td>110</td>
<td>5%</td>
<td>54</td>
<td>7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seen at Another HRIF Prog</td>
<td>91</td>
<td>4%</td>
<td>33</td>
<td>4%</td>
<td>3</td>
<td>38%</td>
</tr>
</tbody>
</table>
Annual Quality Audit Summary

- 2,604 (43%) CPQCC infants (≤1500 grams) were eligible for the HRIF Program, but NOT referred:
  - Referring NICU not aware of their responsibility to refer eligible infants
  - HRIF Programs ONLY submitting data for CCS clients
  - Programs ONLY submitting data when infant comes to clinic

- 4 Reasons to complete a Client Not Seen Form:
  - No Shows (did not show for a scheduled core visit)
  - Eligible for HRIF Program, but parent (primary caregiver) declines services
  - HRIF Program staff unable to contact parent (primary caregiver) to schedule an initial core visit
  - Infant expired, insurance denial, family relocates, etc.
Referral/Registration Forms are incomplete or not submitted at time of discharge

- **Missing Data:** CPQCC Reference #, Insurance, Infant/Mother’s Race, Primary Caregiver Information.

HRIF Program and NICU data collectors backlogged or NOT submitting data in a timely manner
BEST PRACTICE PROCESS

Data should be submitted using the online “HRIF QCI Reporting System” for infants/children under three years of age who meet California Children’s Services (CCS) HRIF medical eligibility criteria, even if they were never a CCS client.

1. Identify infant’s that meet the CCS HRIF Program medical eligibility criteria. (Request the CPQCC Network ID number from the CPQCC Data Contact, ONLY if the infant met the CPQCC eligibility criteria. NOTE: Non-CPQCC eligible infants are coded as “99999”.)

2. Complete and submit the “HRIF-QCI Referral/Registration Form” online at https://www.ccshrif.org/

3. Provide a copy of the infant’s discharge summary to the referred HRIF Program

As part of HRIF Program evaluation, quality improvement activities and program monitoring, HRIF Programs will be required to report outcome and service data to the CMS Branch.

HRIF Program will complete and submit the following forms to CPQCC online at https://www.ccshrif.org/

1. Referral/Registration Form (completed by the CCS NICU)

2. Standard Visit Form
   Recommended time periods:
   • Core Visit #1 (4 - 8 months)
   • Core Visit #2 (12 - 16 months)
   • Core Visit #3 (18 – 36 months)

3. Additional Visit Form

4. Client Not Seen Form
Best Practice Process

Referring CCS NICUs:

- Staff identifies CCS HRIF Program eligible infants
- Staff completes the “Referral/Registration Form” at the time of discharge
  - Contact the CPQCC Data Contact to identify CPQCC eligible infants. If eligible, obtain the CPQCC Network ID Number and include on the “Referral/Registration Form” as the CPQCC Reference Number. If NOT eligible, code infant as “99999”
- Submit the “Referral/Registration Form” to the HRIF Program using the online Reporting System
- Fax a copy of the discharge summary to the HRIF Program
Best Practice Process

HRIF Programs

– Enroll CCS HRIF Program eligible infants, if they were not previously identified and referred by the discharging CCS NICU

  • Contact the discharge or birth CCS-approved NICU CPQCC Data Contact to identify CPQCC eligible infants. If eligible, obtain the CPQCC Network ID Number and include on the “Referral/Registration Form” as the CPQCC Reference Number. If NOT eligible, code infant as “99999”

– Complete a “Standard Visit Form” for each infant/child during the following core visit time frames:
  • Visit #1 (4 – 8 months)
  • Visit #2 (12 – 16 months)
  • Visit #3 (18 – 36 months)
Best Practice Process

HRIF Programs – continue

– Standard Visit #3
  • Developmental Test MUST be performed
  • Autism Optional Section is highly recommended

– Complete an “Additional Visit Form” for an infant/child who requires additional visits between the recommended core visit time frames

– Complete a “Client Not Seen Form” for an infant/child who:
  • No Shows (did not show for a scheduled core visit)
  • Is eligible for HRIF Program, but parent (primary caregiver) declines services
  • HRIF Program staff unable to contact parent (primary caregiver) to schedule an initial core visit
  • Infant expired, insurance denial, family relocates, etc.
Questions/Comments
Essential Data Quality Gaps

- CCS NICUs not referring eligible infants
- CCS HRIF Program medical eligibility criteria (Centers ONLY referring CCS clients)
- Transferring data in a timely manner (NICU to HRIF Program)
- Referral/Registration Forms not submitted at the time of discharge
- HRIF Programs ONLY submitting data at initial core visit
  - No relationship with NICU CPQCC Data Collector (CPQCC Network ID)
  - No Response/Unknown data submission

Referral/Registration Form:

- Birth Order; Gender; Infant’s Ethnicity and Race; Biological Mother’s Ethnicity and Race; Insurance; Primary Caregiver; Primary Caregiver Education and Employment; and Language

- Standard Visit Forms are incomplete
  - No Neurologic Exam or Developmental Assessments performed
Solutions/Improvements

DATA COLLECTION:

- Update Reporting System Forms and Manual – June 2011
  Referral/Registration Form
  - New Item – CPQCC Non eligible check box
  - New Required Fields: Hospital DC Home, DC Date, and Medical Eligible Profile Section
- CPQCC & HRIF–QCI Directory (update every 6 months)
- CPQCC NICU Quarterly Report, purpose to transfer data from NICU ➔ HRIF Programs
- Combine CPQCC, CPeTS & HRIF–QCI Data Trainings (October/November 2011)
- Continue to work with the CPQCC Data Center to improve data collection
- Develop Reference Tools
  - Parent Questionnaire, to obtain demographics
  - Core Visit Flow Chart, to visualize when visits should be scheduled
- Continue Annual Quality Audits with each HRIF Program
Solutions/Improvements

REPORTING SYSTEM:

- Validation “Alert” System “This form is closed” check box
- Referral/Registration Forms closed at 18 months, purpose to validate data submission (ONLY data entered in the Hospital/Center Information section can be modified)
- CPQCC Reference Number page, purpose to update/enter multiple CPQCC ID Numbers
- Generate System Reports page
- Management and Tracking system for Core Visits
**CPQCC & HRIF–QCI Directory**

- Located on the CPQCC and HRIF–QCI Websites: [www.cpqcc.org](http://www.cpqcc.org) [www.ccshrif.org](http://www.ccshrif.org)
- Password to open directory: datacontact
- An update will be released in April & October if any of the information is inaccurate or needs to be updated
# CPQCC & HRIF QCI Directory

## Salinas Valley Memorial Healthcare System

**CCS NICU Level:** Community  
**OSHPD Facility Code:** 270875

450 East Romie Lane  
Salinas, CA 93901  
Phone: 831-757-4333

- **HRIF Program Onsite:** No  
- **Hospital Providing HRIF Program Services:** Lucile Packard Children's Hospital at Stanford (LPCH @ Stanford)

## CPQCC Member Contacts

| Data | Name: Estee Perez  
Title: Secretary  
Phone: 831-759-3262  
Fax: 831-753-5514  
Email: eperez@svmh.com |
|---|---|

| Data #2 | Name: Robert Castro, MD  
Title: Neonatologist  
Phone: 831-759-3071  
Fax: 831-753-5514  
Email: rocastro@svmh.com |
|---|---|

| Report | Name: Robert Castro, MD  
Title: MD, PhD, Medical Director, NICU  
Phone: 831-759-3071  
Fax: 831-753-5514  
Email: rocastro@svmh.com |
|---|---|

| Neonatologist | Name: Robert Castro, MD  
Title: Neonatologist  
Phone: 831-759-3262  
Fax: 831-753-5514  
Email: rocastro@svmh.com |
|---|---|

## HRIF Program Contacts

| Coordinator | Name:  
Title:  
Phone:  
Fax:  
Email: |
|---|---|

| HRIF Program Other | Name:  
Title:  
Phone:  
Fax:  
Email: |
|---|---|

| Medical Director | Name:  
Title:  
Phone:  
Fax:  
Email: |
|---|---|

| NICU Discharge Contact | Name: Michaela Serasio  
Title: NICU Case Manager  
Phone: 831-753-5866  
Fax: 831-772-1382  
Email: mserasio@svmh.com |
|---|---|

Last Updated: 11/10/2010

*NOTE: The following contact information is for CPQCC Members and HRIF Programs to identify and contact each other.*
2011 Reporting System Data Training Sessions

**NOW ACCEPTING ONLINE REGISTRATIONS**
www.ccshrif.org

**Thursday, June 16, 2011 - San Jose, CA**

**Monday, June 20, 2011 - Orange, CA**

**Thursday, June 23, 2011 - Loma Linda, CA**
Questions/Comments

Contact Information

Erika Gray
eegray22@stanford.edu
Ph: 650-725-1306

HRIF-QCI Website:
www.ccshrif.org