



**Regional Perinatal Intensive Care Centers (RPICC)  
Annual Report**

**Fiscal Year 2006-2007**



Charlie Crist, Governor  
Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General  
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## EXECUTIVE SUMMARY

This report, required by section 383.21, *Florida Statutes*, provides summary statistics and information about the Regional Perinatal Intensive Care Centers (RPICC) Program for fiscal year (FY) 2006-2007.

A brief overview of findings:

- Since the RPICC Neonatal Program began in 1974, more than **159,122** critically ill newborns have been served in RPICC-designated hospitals.
- Since 1977, when the RPICC Program expanded to include obstetrical services, prenatal and obstetrical intensive care services have been provided to more than **190,308** women with high-risk pregnancies.
- The High-Risk Obstetrical Satellite Clinic Program, begun in 1991 as a part of the Healthy Start Initiative, has served more than **19,382** high-risk obstetrical patients.
- In FY 2006-2007, an estimated cost avoidance of approximately **\$30,354,084** in hospital and physician reimbursements associated with neonatal intensive care unit services was realized by providing the RPICC Program prenatal care.

## PROGRAM SUMMARY

### Obstetrical Component

- There were **11,406** pregnant women enrolled in the RPICC program who received RPICC high-risk obstetrical (OB) services. The number of pregnant women who received services remained stable during FY 2006-2007.
- An additional **75** pregnant women received medical evaluations at the RPICCs and were not medically eligible for RPICC services. They were referred back to their primary healthcare providers for continued prenatal care.
- There were **9,014** RPICC obstetrical patients who delivered **10,406** neonates. Of these neonates, **10,222** were born alive. There were **4,198** women, or **46.5** percent, who entered the program during the prenatal period.
- Women who received program-based prenatal care made an average of **6.5** Children's Medical Services (CMS) high-risk obstetrical visits.
- The average hospital stay for RPICC obstetrical patients was **3.9** days for antepartum, intrapartum, and postpartum periods. This remained stable during FY 2006-2007.

### High-Risk OB Satellite Clinic Program

- There were **11** clinic sites operational during the year.
- There were **1,705** RPICC obstetrical satellite clinic patients seen at the **11** OB satellite clinic sites. These women made **2,228** clinic visits, or **1.36** visits per patient.
- Of the **816** reported low-income women who received RPICC obstetrical satellite clinic services and subsequently delivered, only **22** percent required delivery at a RPICC facility.
- Of the **914** neonates born alive to the RPICC obstetrical satellite clinic patients, **3.2** percent required level three neonatal intensive care unit services.

### Neonatal Component

- There were **3,010** RPICC Program neonates served in the RPICC neonatal intensive care units, an **8.2** percent **decrease** from FY 2005-2006.
- Of the neonates born in RPICC facilities, **96.5** percent of them survived through the neonatal period.
- The average length of stay for RPICC Program neonates discharged from the RPICCs was **39.12** days, a **4.6** percent **decrease** in the average length of stay for RPICC Program neonates served during FY 2005-2006.
- Compared to a statewide incidence of 1.6 percent in calendar year 2006, **28.46** percent of the neonates admitted to the RPICCs had a birth weight of greater than 500 grams and less than 1,500 grams (3.5 pounds). The mortality rate for these neonates was **11.16** percent, a decrease of **0.7** percent over the 2005-2006 rate.

## INTRODUCTION

### Statutory Authority

This report, required by section 383.21, *Florida Statutes*, provides summary statistics and information about the Regional Perinatal Intensive Care Centers (RPICC) Program for Fiscal Year (FY) 2006-2007.

### Program History

The Regional Perinatal Intensive Care Centers Program is a comprehensive, statewide perinatal healthcare delivery system administered by Children's Medical Services (CMS) in the Department of Health. The RPICC Program provides obstetrical (OB) services to women identified as having high-risk pregnancies, and neonatal intensive care services to critically ill/low birth-weight newborns. The ultimate goal of the RPICC Program is to improve the immediate and long-term outcomes of pregnancy, and of infants born at risk.

In 1974, the need to establish a statewide program for high-risk newborns was recognized, resulting in an initial appropriation by the Florida Legislature to fund five Regional Neonatal Intensive Care Centers. Sections 383.15 through 383.21, *Florida Statutes*, enacted in 1976, provide the statutory basis for the Regional Neonatal Intensive Care Centers Program. The statute, amended in 1977 to include high-risk obstetrical services, changed the name to Regional Perinatal Intensive Care Centers Program, and provided for 10 designated centers. In 1982, the statute was amended to authorize the provision of "step-down neonatal special care" services to infants who had received care in a RPICC level three neonatal intensive care unit. In FY 1989-1990, with the enactment of section 409.266, *Florida Statutes*, step-down hospitals were no longer designated by, or included in, the RPICC Program. The RPICC statute, amended in 1994, allowed designation of 11 centers. See the Florida RPICC Programs **map on page 23**.

Since the inception of the Regional Neonatal Intensive Care Centers Program in 1974, the impact of high-risk birth and neonatal intensive care on children has been measured. The Developmental Evaluation and Intervention Program (originally known as the Developmental Evaluation Follow-up Component of the RPICC Program) provided a mechanism for the early identification of infants with developmental and/or medical problems, and referrals for early intervention services for the infant and his or her family. In 1987, section 383.215, *Florida Statutes*, required that developmental intervention, parent support, and training programs established in conjunction with each RPICC. It also provided for expansion of the Developmental Evaluation and Intervention Program to provide in hospital and post-discharge intervention services. The focus shifted from the evaluation of care in a neonatal intensive care unit to determining the child and family's concerns and needs, assuring the provision of service coordination, referrals to services, and short-term provision of intervention services. The RPICC Developmental Evaluation and Intervention Program, one of several programs that have been incorporated under the umbrella program called the Children's Medical Services Early Steps Program, was transferred from the RPICC Program in 1993.

In 1988, a high-risk obstetrical satellite clinic was established in Naples to provide community-based consultative services for high-risk indigent women within their local community. In 1991, the Legislature provided six months of funding to expand the High-Risk Obstetrical Satellite Clinic Program to 12 sites throughout Florida under Governor Chiles' Healthy Start Initiative.

In 1992, the Legislature provided additional funding for the High-Risk Obstetrical Satellite Clinic Program for expansion throughout the state.

In FY 1989-1990, the funding source for the RPICC Program hospital and professional services shifted to the Medicaid program. Because of the funding shift, Medicaid financial eligibility expanded to include pregnant women, and children less than one year old, with incomes up to 150 percent of the federal, non-farm poverty level. In May 1992, Medicaid financial eligibility expanded to include women with incomes up to 185 percent of the federal, non-farm poverty level. In July 2000, the Medicaid financial eligibility expanded to include incomes up to 200 percent of the federal non-farm poverty level for children less than one year old. All RPICC obstetrical and neonatal program patients are potential Medicaid recipients.

Since FY 1989-1990, Medicaid has used the Neonatal Care Group and Obstetrical Care Group methodology for reimbursement of RPICC obstetrical and neonatal professional providers. For the definition of terms, see **Appendix B on page 21**. RPICC hospitals that comply with statutory requirements receive special RPICC disproportionate share funds when allocated by the legislature in addition to any other disproportionate share funds they may receive from Medicaid. It should be noted that Lee Memorial Hospital does not receive RPICC disproportionate share funds, because its funding cannot negatively impact the disproportionate share funds of the other centers. For a comprehensive RPICC Program timeline, see **Appendix A on page 20**.

Each year, CMS contracts with hospitals and physicians to provide RPICC Program services to all medically and financially eligible patients. Obstetrical and neonatal services are funded by Medicaid. During FY 2006-2007, 12 hospitals participated in the RPICC Program as 11 designated centers. Bayfront Medical Center and All Children's Hospital together are considered one center.

Throughout the history of the RPICC Program, faculty and staff of designated centers have made significant contributions to perinatal care in Florida. In addition to providing care and treatment for RPICC patients and their families, RPICC staff have been involved in the following:

- ✓ Participation in the National Perinatal Information Center study to assess the status of regionalized perinatal care in Florida.
- ✓ Involvement in the Florida Perinatal Association.
- ✓ Using neonatal morbidity and mortality data for quality assurance indicators.
- ✓ Participation in efforts to stop mandatory early maternal discharge after delivery.
- ✓ Involvement in family-centered care in the neonatal intensive care unit and in maternity units.
- ✓ Assessment of quality assurance and improvement activities to assure the provision of quality, state-of-the-art care for women with high-risk pregnancies and sick/low birth-weight infants.
- ✓ Analysis of data to determine the long-term impact of the care in neonatal intensive care unit on school performance.
- ✓ Participation in workgroups that ensure the continued provision of quality neonatal transport services.
- ✓ Participation in the Pregnancy-Associated Mortality Review workgroup in the Department of Health.

The provision of perinatal intensive care services continues to have a beneficial impact on the quality of life for residents of Florida. Since 1977, when the program expanded to include obstetrics, more than **190,308** women with high-risk pregnancies have been provided prenatal and obstetrical intensive care services.

The neonatal mortality rate in Florida has decreased from 13.6 deaths per 1000 live births in 1974, to **4.7 deaths per 1000** live births in 2006. Since the RPICC Program began in 1974, more than **159,122** critically ill newborns have been served in the RPICC-designated hospitals.

## TRANSPORTATION

The provision of a transport system to bring low birth-weight or sick newborns and high-risk pregnant women to the 11 centers is contractually required. Each center has a ground transport system for the inter-hospital transfer of patients within the center's general catchment area. Six of the 11 centers have developed the capability to provide air transports from referring hospitals over a distance of 75 miles from the center. These center-based transport systems focus on neonatal rather than maternal transports. The referring physician, who uses the emergency medical services providers available within their geographic area, arranges obstetrical patient transports. This applies to the majority of the centers, which require transport services. However, two centers have specialized obstetrical transport systems to move high-risk patients directly to the center. The statewide aspect of the RPICC Program often means that patients must be transported long distances to access the nearest available intensive care bed. During FY 2006-2007, Children's Medical Services continued to contract with Shands Teaching Hospital to provide long distance, (greater than 75 miles), and inter-hospital air transports. Transports are required when the receiving center cannot conduct the transport to move the patient to critically needed perinatal intensive care services.

## EDUCATION AND COORDINATION

The education and coordination component is an important aspect of the RPICC Program. This component enhances the education and training of healthcare professionals who participate in the delivery of high-risk neonatal and obstetrical care. In addition, healthcare professionals in the local communities target educational enhancements to expand knowledge and experience in service delivery to high-risk pregnant women and neonates in community-based settings. During the year, each center provides staff development programs for its own staff. RPICC personnel provide educational outreach programs to community hospital and county public health unit personnel. These outreach programs for staff at community hospitals are held at either the local hospitals or the centers. The knowledge and skills acquired by community hospital personnel enhance their ability to deal with maternal and neonatal emergencies when they arise in their facilities. The educational outreach activities have resulted in an increase in the number and the appropriateness of both maternal and neonatal referrals to the RPICCs. In FY 2006-2007, the centers provided more than 400 educational programs. Approximately **25 percent** of the programs were outreach education programs.

## RPICC DATA SYSTEM

The need to collect data to assess the impact of the RPICC Program on perinatal mortality and morbidity was recognized when the program began in 1974. From 1974 until 1979, Sacred Heart Hospital collected data about neonates receiving neonatal intensive care services in the centers. In 1977, Shands Teaching Hospital at the University of Florida began to collect and analyze data about infants and children receiving developmental evaluation component services. An integrated, comprehensive, online, computerized data system was implemented in 1980. A computer terminal is located at each center for the entry of data about RPICC Program patients receiving services under each of the program components. The RPICC data system expanded in 1992 to collect patient information for the High-Risk Obstetrical Satellite Clinic Program. In FY 2006-2007, the cumulative database of the RPICC Data System contained demographic and medical information for more than **159,122** newborns who received neonatal intensive care services in a RPICC neonatal intensive care center. Data for more than **190,308** women with high-risk pregnancies have been collected since 1980. Data for approximately **19,297** women who were served in the high-risk obstetrical satellite clinics have been collected. This extensive database provides the foundation for analysis of the Florida RPICC Program service delivery system.

## OBSTETRICAL COMPONENT AND DATA

The obstetrical component of the RPICC Program is designed to provide comprehensive obstetrical services to pregnant women with a medical condition that would adversely affect the normal pattern of pregnancy, labor, and/or delivery. The overall objective of the obstetrical component is to provide specialized prenatal care, either on an episodic or continuous basis, to protect the lives and health of high-risk pregnant women and their unborn babies.

It is preferred that pregnant women, for whom a high-risk delivery or delivery of an infant requiring neonatal intensive care is anticipated, deliver their infants at a RPICC facility where a high level of expertise in both obstetrics and neonatology is available. This ensures the most favorable outcome possible for mother and newborn. All of the 11 RPICCs provide high-risk obstetrical services to eligible pregnant women. However, access to these regional centers for high-risk prenatal care and delivery is often limited due to the distance between the woman's residence and the nearest RPICC. In response to this barrier of care, the RPICC High-Risk Obstetrical Satellite Clinic Program was initiated in 1988. For more information about the Obstetrical Satellite Clinic Program, see **page 12**.

The only valid grounds for refusal to admit a high-risk pregnant woman to a RPICC are the lack of functional bed space for the woman and/or expected neonate, or the lack of available transportation for the woman to the center. A woman must meet medical and financial eligibility criteria to become a CMS RPICC Program patient.

The Obstetrical Care Group is a prospective pricing system implemented for the obstetrical component of the RPICC Program on July 1, 1986. This system is a modification of the federal diagnosis-related groups' prospective payment system. It places patients into homogeneous groups based on clinical factors that include delivery type, complications, and antepartum and postpartum hospitalizations.

The Medicaid program adopted the Obstetrical Care Group reimbursement methodology for RPICC Program patients in FY 1989-1990. Medicaid provides all funding for center-based services for RPICC Program obstetrical patients. Therefore, all RPICC patients must meet financial eligibility criteria to be potential Medicaid recipients. To offset the lack of funding for patients that receive program services who do not become Medicaid recipients, 10 of the RPICC hospitals are eligible to receive RPICC disproportionate share funds when allocated by the legislature. RPICC consultant obstetricians receive Medicaid reimbursements based on the Obstetrical Care Group rates established by the Department of Health for RPICC-eligible patients who have Medicaid coverage. RPICC hospital services, reimbursed by Medicaid, are based on the hospital per diem rate for RPICC-eligible patients who have Medicaid coverage.

Because cesarean rates more than quadrupled from 1970 to 1990, the Florida Legislature responded to concerns about inappropriate utilization of cesarean delivery and the rapidly increasing cost of health care by mandating the Agency for Health Care Administration (AHCA) annually assess the cesarean rate in Florida hospitals. The average cesarean rate for 2006 was **36.08** percent for RPICC hospitals while the average for all of the hospitals in Florida was **36.64** percent.

During FY 2006-2007, RPICC Program services were provided for **11,406** women with high-risk pregnancies. This represents a stable number of pregnant women served during FY 2006-2007 compared to the number served in FY 2005-2006. The RPICC obstetrical caseload initially declined after FY 1990-1991, when Medicaid's reimbursement rate for prenatal care and delivery was increased. However, referrals for RPICC Program services have increased 33.3 percent since FY 1994-1995.

There are two points of entry into the RPICC high-risk obstetrical program:

- 1) Referral into the clinic for consultation or ongoing prenatal care (**79** percent entered the program via referral to the high-risk clinic).
- 2) Entry into the program during hospitalization – either at delivery or during an antepartum inpatient stay, (**21** percent of the patients served during the past fiscal year entered the RPICC Program during hospitalization).

Entry into the RPICC Program during hospitalization has been less than **23** percent over the past three years. Of those patients referred into the clinic:

- **30.6** percent came from county health departments.
- **33.0** percent were referred from a low-risk center clinic.
- **22.9** percent were referred from hospital-based clinics or other sources.
- **13.5** percent were received from private providers.

In addition, **75** pregnant women received evaluations at the RPICCs and were not medically eligible for RPICC Program services. During FY 2006-2007, **9,987** program patients were hospitalized, delivered, and discharged. Of these patients served, there were **10,222** live births.

During FY 2006-2007, there were **5,661** infants born to obstetrical patients who entered the program at delivery. Of the **5,534** live births:

- **3,612**, or **63.8** percent, went to regular newborn care.
- **1,301**, or **23** percent, went to neonatal intensive care unit care.
- **734**, or **13** percent, went to intermediate care.
- **14**, or **0.25** percent, expired after delivery.

Of the remaining **127** births:

- **56** expired prior to delivery.
- **36** expired at an unknown time.
- **35** had unknown outcomes, other dispositions, and invalid codes.

There were **4,198** births to women who received RPICC Program prenatal care. Of the **4,102** live births:

- **3,269**, or **79.7** percent, went to regular newborn care.
- **481**, or **11.7** percent, went to level three neonatal intensive care unit care.
- **338**, or **8.2** percent, went to level two neonatal intensive care.
- **14**, or **0.3** percent, expired after delivery.

Of the remaining **95** births,

- **40** expired prior to delivery.
- **22** expired at an unknown time.
- **33** had other or unknown outcomes.

There is a large difference in the neonatal intensive care unit utilization for infants from the two groups of high-risk RPICC Program obstetrical patients for FY 2006-2007. Based on the experience of the high-risk patients who received no RPICC prenatal care, it would have been expected that **1,301** or **23** percent of the infants born to high-risk obstetrical patients with prenatal care would have required care in the neonatal intensive care unit. However, only **481** infants, or **11.7** percent, required level three neonatal intensive care services.

The provision of RPICC Program prenatal care contributed to **485** newborns that did not require care in the neonatal intensive care unit. The neonatal cost avoidance of providing RPICC Program prenatal care to pregnant women can be estimated by multiplying the average total cost per day for neonatal intensive care (**\$1,599.84**) by the number of bed days for the infants that did not require care in the neonatal intensive care unit (**18973.2** bed days). This estimation does not include the cost of prenatal care or normal newborn care. **However, a cost avoidance of approximately \$30,354,084.28 in FY 2006-2007 hospital and physician reimbursements associated with neonatal intensive care unit services may have been realized by providing RPICC Program prenatal care.**

The average age of the RPICC Program obstetrical patients at delivery was **27.8** years for FY 2006-2007. The Office of Vital Statistics reported the average age of all women delivering during **2006** was approximately **27.6** years. There were **1.24** percent of the RPICC obstetrical patients 16 years old or younger compared to **1.6** percent of the general population for this age group in 2006. In addition, **19.85** percent of the RPICC obstetrical population were age 35 or older, as opposed to **14.4** percent of the general population. The breakdown of RPICC Obstetrical Program patients by age is:

- **124**, or **1.24** percent, were younger than **17 years old**.
- **863**, or **8.63** percent, were **17 to 19 years old**.
- **2,766**, or **27.67** percent, were **20 to 24 years old**.
- **2,489**, or **24.9** percent, were **25 to 29 years old**.
- **1,771**, or **17.72** percent, were **30 to 34 years old**.
- **1,984**, or **19.85** percent, were **35 years old or older**.

The racial make-up of RPICC Program women discharged during FY 2006-2007 was:

- **5,163**, or **49.2** percent, White.
- **4,233**, or **40.4** percent, Black.
- **106**, or **1.0** percent, Asian, Haitian, Hispanic, and Native American.
- **982**, or **9.4** percent, listed as Other.

The average number of pregnancies for each patient was **3.0**. A total of **402** RPICC Program patients had **387** sets of twins, **13** sets of triplets and **2** sets of quadruplets.

The RPICC Program obstetrical patients had an average educational level of **11.1** years. The average family size for each patient was **3.7** members. Of the program obstetrical patients:

- **44.2** percent were never married.
- **27.0** percent were married.
- **5.9** percent were divorced or separated.
- **22.7** percent were living together.
- **0.2** percent were widowed.

RPICC hospitals are located in the larger cities in Florida and have a large number of deliveries every year. Because high-risk patients deliver there, it is expected that a significant number of the recorded maternal deaths would occur at one of the RPICCs. Between 1985 and 2006, between **2** and **34** percent of the maternal deaths each year did occur at a RPICC. In 2006, **one** of the **44** maternal deaths, or **2.7** percent, recorded with the Office of Vital Statistics was a patient of the Regional Perinatal Intensive Care Center Program.

A total of **4102** women who delivered while in the program, or **39.4** percent, entered the program during the prenatal period in FY 2006-2007. A total of **4,452** program patients, many of whom had not delivered by the end of the fiscal year, received prenatal services through **29,008** high-risk obstetrical clinic visits. Each program patient averaged **6.5** RPICC high-risk obstetrical clinic prenatal visits during the fiscal year.

In FY 2006-2007, the average number of hospitalization days for RPICC Program obstetrical patients discharged was **3.9** days, which represents an **increase of 0.3** percent from the average length of stay during FY 2005-2006. An average stay of **3.9** days includes hospital days during the ante partum, delivery, and postpartum periods.

The investment in high-risk prenatal care includes RPICC-based prenatal care, as well as outreach education, Women, Infants and Children (WIC) Nutrition Services, and other programs. The results of these investments are a:

- ✓ Reduced risk of neonatal disabilities/developmental delays.
- ✓ Reduced neonatal morbidity and mortality rates.
- ✓ Reduced maternal morbidity and mortality rates.

Medicaid has reimbursed RPICC physician providers **\$11,461,192.00** for Obstetrical Care Groups. These reimbursements are for patients whose dates of service occurred during FY 2006-2007 and whose claims were adjudicated through August 2007. It should be noted that providers have one year from the date of service to bill Medicaid for reimbursements. Therefore, not all claims have been submitted for patients whose dates of service occurred during FY 2006-2007.

The FY 2006-2007 RPICC Program obstetrical caseload by center provided in **Table 1 on page 11**, and the obstetrical caseloads by year between FY 1980-1981 and FY 2006-2007 depicted in **Graph 1 on page 11**. Medicaid rates for obstetrical care groups' reimbursement to RPICC physicians is provided in **Chart 1 on page 10**.

**Chart 1:**

**Medicaid Rates For Obstetrical Care Groups\***

<i>OBCG</i>	<i>Description</i>	<i>Payment amount Age 0-20</i>	<i>Payment amount Age 20+</i>	<i>LOS</i>	<i>Days Through</i>	<i>Begin Date</i>	<i>Outlier #1 Per Diem Age 0-20+</i>	<i>Outlier #1 Per Diem Age 20+</i>
370A	C-section, no complications	1,568	1,508	10	1-10	11+	88	85
370B	C-section, 1 complication	1,676	1,612	15	1-15	16+	96	93
370C	C-section, 2 complications	1,785	1,716	15	1-15	16+	104	100
470A	C-section with tubal ligation	1,676	1,612	15	1-15	16+	96	93
470B	C-section with hysterectomy and 1 or more complication	1,785	1,716	15	1-15	16+	104	100
470C	C-section with tubal ligation and 1 or more complications	1,785	1,716	15	1-15	16+	104	100
372A	Vaginal delivery, no complications	1,568	1,508	8	1-8	9+	88	85
372B	Vaginal delivery, 1 complication	1,676	1,612	10	1-10	11+	96	93
372C	Vaginal delivery, 2 or more complications	1,785	1,716	10	1-10	11+	104	100
472A	Vaginal delivery with tubal ligation	1,676	1,612	10	1-10	11+	97	93
472B	Vaginal delivery with hysterectomy and 1 or more complications	1,785	1,716	10	1-10	11+	104	100
472C	Vaginal delivery with tubal ligation and 1 or more complications	1,785	1,716	10	1-10	11+	104	100
376A	Postpartum hospitalization	357	343	15	1-15	16+	36	35
476A	Postpartum hospitalization with hysterectomy	1,244	1,196	10	1-10	11+	88	85
383A	Antepartum hospital, no complications	487	468	10	1-10	11+	56	54
383B	Antepartum hospital, 1 complication	584	562	15	1-15	16+	53	51
383C	Antepartum hospital, 2 or more complications	725	697	15	1-15	16+	53	51

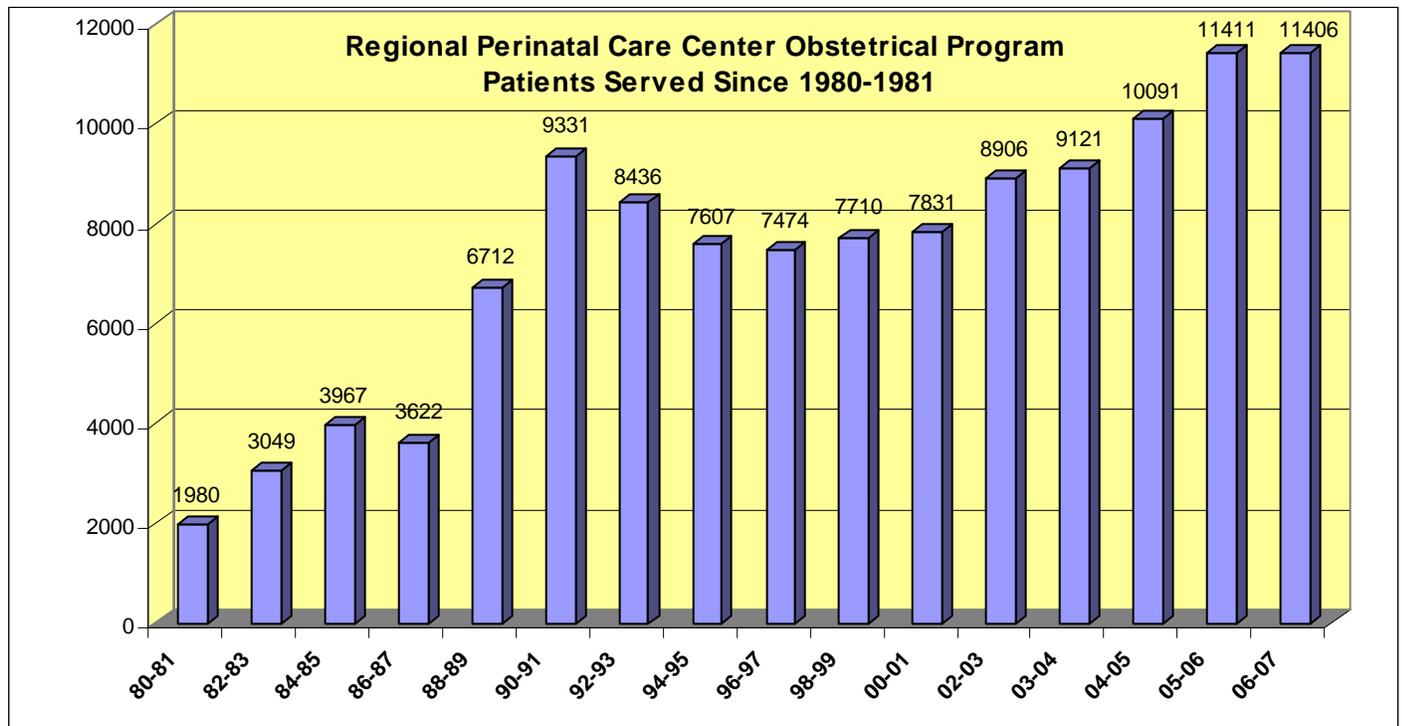
- Rates listed were effective through January 1, 2007.

**Table 1:**

**Regional Perinatal Intensive Care Center Obstetrical Program**

<b>Patients Served for FY 2006-2007 Center #</b>	<b>RPICC</b>	<b># of RPICC obstetrical patients</b>	<b># of deliveries reported on the pre-site questionnaire</b>	<b>% of RPICC deliveries</b>
01	Tampa General Hospital (TGH) Tampa	1189	5183	22.94%
02	Shands Teaching Hospital (STH) Gainesville	383	2,616	14.64%
03	Shands-Jacksonville (S-Jax) Jacksonville	1,252	3,531	35.46%
04	Jackson Memorial Hospital (JMH) Miami	3,248	6,236	52.08%
05	Sacred Heart Hospital (SHH) Pensacola	554	3,754	14.76%
06	Arnold Palmer Hospital (APH) Orlando	1,663	12,032	13.57%
07	Bayfront Medical Center (BMC) Saint Petersburg	982	3,239	30.32%
08	Saint Mary's Hospital (STM) West Palm Beach	1196	3,671	32.58%
10	Broward General Hospital (BGH) Fort Lauderdale	591	3,432	17.22%
11	Memorial Regional Hospital (MHH) Hollywood	133	4,351	3.06%
53	Lee Memorial Hospital (LMH) Fort Myers	245	3,874	6.32%
<b>Statewide Total</b>		<b>11,406</b>	<b>51,919</b>	<b>22.08%</b>

**Graph 1:**



## OBSTETRICAL SATELLITE CLINIC PROGRAM COMPONENT AND DATA

The RPICC Program provides medical services to women with high-risk pregnancies at 11 designated hospitals throughout Florida. However, inadequate transportation resources and geographic distances of more than 100 miles sometimes limit access to RPICC services for women living in rural areas. In an effort to address these problems, Children's Medical Services established a model High-Risk Obstetrical Satellite Clinic Program in Naples, Florida, in 1988. Based on the experience in the Naples Obstetrical Satellite Clinic, the Florida Legislature in 1991 provided funding to expand the program to 12 sites as a part of the Healthy Start Initiative. In FY 1993-1994, the Legislature increased funding to expand the services to additional sites statewide.

The prenatal care picture in Florida is constantly changing, with perinatologists moving into and out of areas, an increase in managed care, and county health departments discontinuing the provision of prenatal care. During FY 1995-1996, two clinics closed (Bartow, Lakeland) and one clinic was initiated (Crestview), making 15 clinics operational in FY 1995-1996. The Bartow clinic closed as a result of the local hospital closing. An additional change in FY 1995-1996 was the relocation of the satellite clinic in Citrus County from Inverness to Lecanto. In April 1998, the clinic in Brooksville closed and the clinic in Ruskin opened. In July 1998, the clinic in Lake City closed, and in May 1999, the clinic in Fort Pierce closed. In December 1999, the clinic in Palatka closed. In FY 2000-2001, the Crestview clinic moved to Fort Walton and the Daytona Beach clinic moved to Deland. In 2002-2003, the clinic at Umatilla relocated to Leesburg. In 2003-2004, Bayfront Hospital discontinued services at the OB Satellite clinic at New Port Richey and Tampa General agreed to start providing services to the clinic. Due to a shortage of qualified Maternal Fetal Medicine specialists, in 2005-2006 Sacred Heart closed the clinics in Panama City and Fort Walton. Later, in 2006 Sacred Heart opened an OB Satellite clinic at Miramar Beach.

As of June 30, 2007, there were **11** RPICC high-risk obstetrical satellite clinics operational in the following locations: Ocala, Lecanto, Leesburg, Ruskin, Winter Haven, Dade City, New Port Richey, Deland, Rockledge, Sebring and Miramar Beach. Jackson Memorial OB Satellite clinic located in Opa-Locka began serving patients at the end of FY 2006-2007.

The clinics provide tertiary-level consultative services by a Children's Medical Services maternal-fetal specialist and the multidisciplinary team services of an obstetrical nurse, an ultrasound technician, and in some locations, a genetic counselor. This team works with the local prenatal care provider, either periodically or on an ongoing basis, to provide comprehensive, appropriate prenatal care in the woman's local community.

While the clinics serve high-risk pregnant women with low incomes, private patients are served in most of the clinics on a fee-for-service basis. In this way, the expertise of the high-risk perinatal staff is available to the entire community. The majority of these clinics are conducted in county health departments; however, several are located in community health centers or in local hospitals.

In-service educational programs are provided to community physicians and other healthcare providers on topics related to high-risk obstetrical care. During FY 2006-2007, approximately 18 in-service education programs were provided. The primary goals of the obstetrical satellite clinics are:

- ✓ To increase the number of high-risk pregnant women receiving prenatal care and delivery in their local community.
- ✓ To decrease the number of sick/low birth-weight newborns that require neonatal intensive care services that are born to these women.

During FY 2006-2007, **1,705** low-income pregnant women were provided services in the obstetrical satellite clinics (or were served during the previous fiscal year and delivered during this fiscal year). This represents a **12.0** percent increase in the number of women served this fiscal year compared to those served in FY 2005-2006. During this time, private patients were provided services in the clinic. Since no data was collected for the private patients, all data presented in this report represent only the low-income patients served in the satellite clinics.

There were **2,228** clinic visits made by the women served in FY 2006-2007, or **1.36** visits per patient. This is a slight decrease in the number of per-patient visits recorded in FY 2005-2006. There were **2018** ultrasound examinations and **72** amniocenteses performed on these patients. The number of clinic visits per patient continues to support the goal of providing consultative services, with the ongoing prenatal care provided by the community physician. Some patients' medical condition requires transfer to a RPICC hospital for ongoing care after one or two visits to the obstetrical satellite clinic.

Performance indicators, against which program effectiveness is measured, include the following:

- ✓ At least 70 percent of the high-risk pregnant women enrolled in the satellite clinic program will be delivered in community-based hospital facilities.
- ✓ No more than 9 percent of the infants born to women enrolled in the satellite clinic program will require neonatal intensive care services.

Of the **816** women who received RPICC obstetrical satellite clinic services and for whom the subsequent delivery hospital is known, **22.4** percent delivered in a RPICC facility. This number represents **8.4 percent more** women delivering in a RPICC than during the previous fiscal year. This outcome meets the first performance indicator stated above. In addition, of the **914** live-born neonates born to these women, only **29**, or **3.17** percent, required level three neonatal intensive care. This outcome meets the second performance indicator stated above.

The outcomes of all live-born neonates were as follows:

- **852**, or **93.22** percent, went to the newborn nursery.
- **29**, or **3.17** percent, went to a level two neonatal unit.
- **29**, or **3.17** percent, required level three neonatal intensive care.
- **4**, or **.04** percent, expired after delivery.

Of the **1,473** patients for whom educational level is known:

- **627**, or **42.6** percent, had less than a high school education.
- **583**, or **39.3** percent, completed 12 years of school.
- **258**, or **17.5** percent, completed some or all of college.
- **6**, or **0.4** percent, completed some post-graduate coursework.

The average age of the obstetrical satellite clinic patients was **28.7** years with a median age of **30.5** years. Of the **1,703** patients for whom age is known:

- **20**, or **1.17** percent, were younger than age 17-years old.
- **151**, or **8.87** percent, were 17 to 19 years old.
- **405**, or **23.78** percent, were 20 to 24 years old.
- **387**, or **22.73** percent, were 25 to 29 years old.
- **265**, or **15.56** percent, were 30 to 34 years old.
- **475**, or **27.89** percent, were older than 34 years old.

Of the **1,552** patients for whom marital status is known:

- **614**, or **39.5** percent, were married.
- **147**, or **9.5** percent, were divorced or separated.
- **602**, or **38.8** percent, were never married.
- **185**, or **11.9** percent, were living together.
- **5**, or **0.3** percent, were widowed.

Of the **1,708** patients for whom race was recorded:

- **1,270**, or **74.4** percent, were White.
- **201**, or **11.7** percent, were Black.
- **206**, or **12.0** percent, were listed as Other.
- **31**, or **1.8** percent, were listed as Hispanic (**2**), Haitian (**1**), Asian (**19**), and Native American (**1**).

Of the **872** infants born to mothers enrolled in the satellite clinic program for whom birth weights are known:

- **24**, or **2.7** percent, weighed less than 1,500 grams (3 pounds, 8 ounces).
- **103**, or **11.8** percent, weighed between 1,500 and 2,499 grams.
- **745**, or **85.4** percent, weighed 2,500 grams (5 pounds, 8 ounces.) or more.

The most common reasons for referral into this program were:

- Advanced maternal age.
- Abruption.
- Possible congenital fetal anomaly.
- Gestational diabetes.
- Multiple gestation.
- Prior cesarean section.
- Hemoglobinopathies.
- Past History of Anomaly.

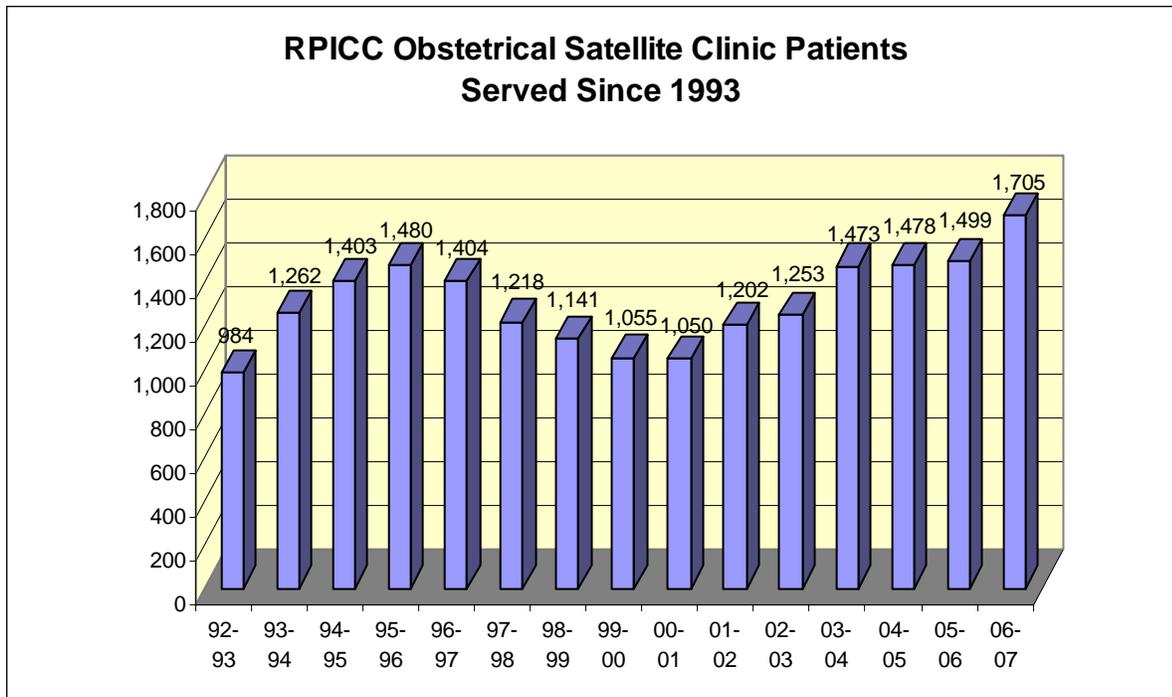
The FY 2006-2007 RPICC Program obstetrical satellite clinic caseload by center is provided in **Table 2 on page 15**, and the caseloads by year between FY 1992-1993 to the present are depicted in **Graph 2 on page 15**.

**Table 2:**

**Obstetrical Satellite Clinic Program Non-Private Patients  
Served in FY 2006-2007**

<b>Associated RPICC Center</b>	<b>Clinic #</b>	<b>Clinic Site</b>	<b>Number of obstetrical satellite patients FY 2006-2007</b>
Tampa General Hospital	1	Polk County – Winter Haven	165
Tampa General Hospital	7	Pasco County – Dade City	102
Tampa General Hospital	21	Hillsborough – Ruskin	52
Shands Hospital	2	Marion County – Ocala	158
Shands Hospital	4	Lake County – Leesburg	172
Shands Hospital	18	Citrus County – Lecanto (previously Inverness)	357
Sacred Heart Hospital	23	Miramar-Okaloosa County	45
Arnold Palmer Hospital	15	Brevard County – Rockledge	295
Arnold Palmer Hospital	16	Volusia County – Deland (moved from Daytona Beach)	129
Arnold Palmer Hospital	17	Highlands County – Sebring	145
Tampa General Hospital	8	Pasco County – New Port Richey	85
<b>Statewide Total</b>			<b>1,705</b>

**Graph 2:**



## NEONATAL COMPONENT AND DATA

The neonatal component of the RPICC Program was designed to provide level three neonatal intensive care services to sick/low birth-weight neonates and level two neonatal intensive care services for the RPICC level three graduates who continue to require special care. A major goal of the neonatal component is to decrease neonatal mortality and morbidity rates through the provision of optimal medical care to sick/low birth-weight neonates, and through the early identification of infants at risk for disease, death, or disabling conditions.

Neonatal intensive care services are provided at the RPICC hospitals in specialized intensive care units. With advances in technology, the very sick and/or extremely small neonates may receive total life support through special equipment and expert medical care from professionals trained in neonatal care in these centers.

Level two neonatal intensive care services are a less intensive continuum of highly specialized neonatal services for infants who have received care in a RPICC level three neonatal intensive care unit. Generally, they no longer require total support to maintain life, but still require the services of a neonatologist, close observation, and partial life support.

The centers also have transport systems to bring sick neonates to the centers for care. All neonates who are born in Florida and require neonatal intensive care are eligible to access services at a RPICC neonatal intensive care center. The only valid grounds for a RPICC to refuse admission of a neonate are the lack of functional bed space or unavailability of transportation for the neonate to a center.

All neonates are screened for RPICC Program eligibility upon admission to a RPICC neonatal intensive care center. Eligibility for the RPICC Program is limited to neonates who meet certain medical criteria that focus on severe medical problems and/or low birth weight. The neonate's family must also meet financial eligibility criteria for the neonate to be eligible for the RPICC Program. However, RPICC Program eligibility does not impact an individual neonate's ability to access RPICC neonatal intensive care center services. Every neonate born in Florida, regardless of the family's financial status, is afforded the same access to needed services.

The Neonatal Care Group is a prospective pricing system that was implemented for the neonatal component of the RPICC Program on July 1, 1985. This system is a modification of the federal diagnosis-related groups' prospective payment system. It places neonates into homogeneous groups based on clinical factors that include birth weight, ventilation, surgery, and survival status.

The Medicaid program adopted the Neonatal Care Group reimbursement methodology for RPICC Program patients in FY 1989-1990. Medicaid provides funding for center-based services for RPICC Program patients. Therefore, all RPICC patients must meet financial eligibility criteria to be Medicaid recipients. RPICC consultant neonatologists receive Medicaid reimbursements based on the Neonatal Care Group rates established by the department for RPICC eligible patients who have Medicaid coverage. Medicaid reimbursed the RPICC hospital services based on the hospital per diem rate for RPICC-eligible patients who have Medicaid coverage. Eleven of the 12 RPICC hospitals are eligible to receive RPICC disproportionate share funds when allocated by the legislature to offset the lack of funding for program services for those obstetrical and neonatal patients who do not become Medicaid recipients. No funds were allocated by the legislature for the FY 2006-2007.

There were **10,580** neonates admitted into a RPICC level three neonatal intensive care center during FY 2006-2007. National statistics indicate that approximately 4 percent to 8 percent of all live births require intensive care services. Using the 6 percent mean, the target population for FY 2006-2007 would have been **14,227** neonates (**237,116** live births in Florida during 2005 multiplied by .06). Therefore, the 12 designated RPICCs served **74.4** percent of the projected need this fiscal year. This represents a **.6 percent decrease** as compared to need served for FY 2005-2006.

The RPICC neonatal intensive care centers served **10,580** neonates in FY 2006-2007, which represents a **3.9 percent increase** caseload from FY 2006-2007. Of the **10,580** neonates served by the RPICC neonatal intensive care centers during FY 2006-2007, **3,008** or **34** percent, were RPICC Program patients, including **13** patients receiving extra corporeal membrane oxygenation treatment. The number of RPICC Program patients remained stable from FY 2005-2006.

With the RPICC Program changes that occurred in FY 1989-1990, all RPICC patients are potentially eligible for Medicaid. The percentage of unfunded neonatal patients is **2.0** percent. This is an increase of **1** percent over last fiscal year. The percentage of eligible neonatal patients with major medical insurance was **9.0** percent. The percentage of eligible neonatal patients with Medicaid coverage (including Medicaid health maintenance organizations) was **84** percent.

Of those RPICC neonates discharged from the RPICC neonatal intensive care centers during FY 2006-2007, the racial distribution was:

- **52.6** percent White, including Hispanic.
- **40.6** percent Black.
- **0.56** percent Asian.
- **0.04** percent Native American.
- **6.1** percent listed as Other.

Of all RPICC discharged neonates, **1,553**, or **54.4** percent, were male and **1,301**, or **45.6** percent, were female. The average gestational age was **32.1** weeks. Those neonates admitted into the level three neonatal intensive care centers in the RPICCs, whose birth weight was greater than 500 grams and less than 1,500 grams, accounted for **28.5** percent of all admissions, while **72.0** percent had birth weights of 2,500 grams or greater.

For FY 2006-2007, the average length of stay for program neonates discharged from the RPICC was **39.0**, which was a slight decrease of **4.6** percent in the average length of stay in FY 2005-2006.

Of all neonates born in the RPICCs and admitted to the level three neonatal intensive care units, **96.5** percent survived through the neonatal period. It should be noted that infants with a birth weight between 750 and 1,000 grams now have a better than 85 percent chance of survival if admitted to a level three RPICC. The survival curve is essentially flat after that weight, approaching a 100 percent survival rate for the inborn population. Survival by weight class for all neonates born at a RPICC and admitted to a level-three neonatal intensive care unit was:

- **36.2** percent for 0-500 grams.
- **69.1** percent for 501-750 grams.
- **90.6** percent for 751-1,000 grams.
- **96.3** percent for 1,001-1,500 grams.
- **98.6** percent for 1,501-2,000 grams.
- **99.5** percent for 2,001-2,500 grams
- **99.9** percent for neonates that weighed more than 2,500 grams.

Medicaid has reimbursed RPICC physician providers for Neonatal Care Groups a total of **\$18,351,172**. These reimbursements are for patients who received RPICC services and were discharged during FY 2006-2007, and for whom claims were adjudicated through August 2007. It should be noted that providers have one year from the date of service to bill Medicaid for reimbursements. Therefore, not all claims for patients, whose dates of service occurred during FY 2006-2007, have been submitted.

The FY 2006-2007 RPICC Program neonatal caseload by center is provided in **Table 3 on page 19**, and the neonatal caseloads by year between FY 1980-1981 and 2006-2007 is depicted in **Graph 3 on page 19**. Medicaid rates for neonatal care groups' reimbursement to RPICC physicians is shown in **Chart 2** below.

**Chart 2: Medicaid Rates For Neonatal Care Groups\***

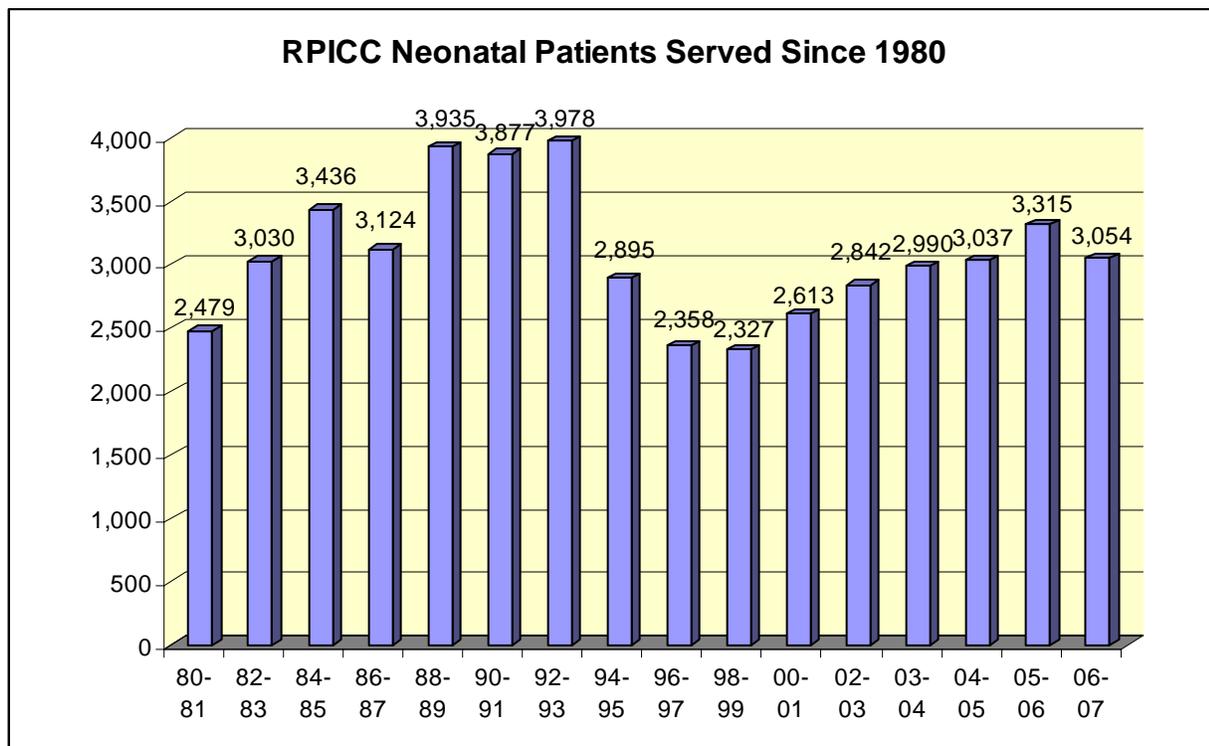
<i>NCG</i>	<i>Description</i>	<i>Payment Amount</i>	<i>LOS through</i>	<i>Outlier #1 Begin date</i>	<i>Outlier #1 Per diem</i>	<i>Outlier #2 Begin date</i>	<i>Outlier #2 Per diem</i>
385A	Died 0 to 5 days	1,445	--	--	--	--	--
385B	Died 6 to 10 days	3,407	--	--	--	--	--
385C	Died 11 to 15 days	5,721	--	--	--	--	--
385D	Died 16 plus days	16,072	96	97	106	193	54
386A	Extreme prematurity less than 750 g	24,366	124	125	116	249	58
386B	Premature 750-999 g w/o ventilation	11,187	74	75	104	149	54
386V	Premature 750-999g w/ ventilation	16,683	93	94	114	187	57
387L	Premature 1,000-1,499g w/ ventilation	7,265	55	56	104	111	54
388L	Premature 1,000-1,499g w/o ventilation	4,275	48	49	76	97	54
387H	Premature 1,500-2,499g w/ ventilation	3,729	37	38	109	75	55
388H	Premature 1,500-2,499g w/o ventilation	2,024	31	32	91	63	54
389	Full term more than 2,500g w/ ventilation	3,214	32	33	134	65	66
390	Full term more than 2,500 g w/o ventilation	1,414	26	27	117	53	58
389S	Complex surgery more than 1,500 g	4,596	51	52	74	103	54
389E	Extracorporeal oxygenation	6,760	9	--	--	--	--

- Rates listed were effective January 1, 2007.
- g = grams; w/ = with; w/o = without

**Table 3: Regional Perinatal Intensive Care Center Neonatal Program Patients Served for FY 2006-2007**

Center #	RPICC	# Of RPICC patients served	# Of NICU admissions	% Of RPICC patients/NICU admissions
01	Tampa General Hospital (TGH) Tampa	189	700	27.0%
02	Shands Teaching Hospital (STH) Gainesville	298	793	37.6%
03	Shands-Jacksonville (S-Jax) Jacksonville	291	610	47.7%
04	Jackson Memorial Hospital (JMH) Miami	470	2,599	18.1%
05	Sacred Heart Hospital (SHH) Pensacola	180	851	22.0%
06	Arnold Palmer Hospital (APH) Orlando	371	1,595	23.3%
07	All Children's Hospital (ACH) Saint Petersburg	372	658	56.5%
08	Saint Mary's Hospital (STM) West Palm Beach	202	783	25.8%
10	Broward General Hospital (BGH) Fort Lauderdale	284	854	33.3%
11	Memorial Regional Hospital (MRH) Hollywood	169	638	26.5%
53	Lee Memorial Hospital (LMH) Fort Myers	228	497	45.9%
<b>Statewide Total</b>		<b>3054</b>	<b>10,580</b>	<b>28.9%</b>

**Graph 3:**



## Appendix A: Regional Perinatal Intensive Care Center Program Timeline

- 1974-1975 Initial funding for five Regional Neonatal Intensive Care Centers located in Alachua, Escambia, Duval, Hillsborough, and Dade Counties. The centers were located at Tampa General, Shands Teaching Hospital, University Medical Center, Jackson Memorial Hospital, Sacred Heart Hospital.
- 1975-1976 Funding expanded to include a sixth Regional Neonatal Intensive Care Center located in Orange County. (Arnold Palmer Hospital)
- 1976-1977 Funding expanded to include a seventh Regional Neonatal Intensive Care Center located in Pinellas County. (All Children's Hospital)  
Section 383.12-21, *Florida Statutes*, enacted to give statutory authority for program.
- 1977-1978 Program expanded to serve high-risk pregnant women and renamed Regional Perinatal Intensive Care Centers (RPICC) Program. Funding expanded to designate three additional centers located in Broward and Palm Beach counties, and a second center in Dade County. (Saint Mary's Hospital, Broward General Hospital)  
Statewide Communication and Referral Line established to assist with the placement of infants in need of neonatal intensive care.
- 1980-1981 Online, computerized data system implemented.
- 1982-1983 Program expanded to include step-down neonatal special care centers and provide limited inter-hospital, air transportation services to facilitate patient access to needed intensive care services.
- 1985-1986 The Neonatal Care Group system, a prospective pricing system, was implemented for neonatal hospital services.
- 1986-1987 First high-risk obstetrical satellite clinic established in Key West.  
Obstetrical Care Group system, a prospective pricing system, was implemented for both inpatient and outpatient obstetrical hospital services.
- 1987-1988 Second high-risk obstetrical satellite clinic established in Naples.  
Neonatal Care Group and Obstetrical Care Group systems implemented.
- 1988-1989 Section 383.20, *Florida Statutes*, authorizing the Perinatal Advisory Council, was repealed by the Legislature.
- 1989-1990 The RPICC Program no longer includes step-down neonatal special care centers.  
Physician charges are reimbursed through Medicaid on the Obstetrical Care Group and Neonatal Care Group methodology.  
Hospital charges are reimbursed through Medicaid at the current Medicaid per diem rate.
- 1991-1992 Memorial Hospital of Hollywood became the tenth RPICC.  
Governor Chiles' Healthy Start Initiative provided for the expansion of 12 obstetrical satellite clinics.
- 1992-1993 Legislative funding received to expand the obstetrical satellite clinic program to 18 sites.
- 1993-1994 Section 383.15-21, *Florida Statutes*, revised to increase the number of RPICCs to 11 and renumber the Early Intervention Program section as a separate statute.
- 1994-1995 Lee Memorial Hospital became the eleventh RPICC.
- 1999-2000 Obstetrical Satellite Clinic online data moved from DOS-based to web-based program.
- 2000-2001 RPICC neonatal and obstetrical components online data moved to web-based program.
- 2004-2005 Bayfront Hospital discontinued OB Satellite clinic services at New port Richey and Tampa General Hospital providers agreed to add this OBSAT Clinic to their contract.
- 2005-2006 Sacred Heart Hospital discontinued OB Satellite clinic services in Ft. Walton Beach and Panama City. In 2006, Sacred Heart began OB Satellite clinic in Miramar Beach.
- 2006-2007 Jackson Memorial Hospital began OB Satellite clinic in Opa-Locka.

## Appendix B: Definitions of Terms

**Children's Medical Services (CMS) Program Office:** The organizational unit within the Department of Health that is responsible for general, statewide supervision of the administration of the RPICC Program and for the RPICC data system.

**High-Risk Infant (neonate):** An infant of a complicated pregnancy or delivery, which puts the infant at risk for disease, death, or disability; or a newborn infant whose prematurity, congenital anomaly, or illness places that infant at high risk for disease, death, or disability immediately after birth.

**High-Risk Pregnancy:** Major medical condition(s) in a pregnant woman that may significantly alter the usual management of the pregnancy and/or the infant.

**Low Birth Weight:** Less than 2,500 grams (5 pounds, 8 ounces) at birth.

**Neonate:** An infant less than 29 days old, or for the purpose of the RPICC Program, a RPICC Program infant past the age of 28 days who requires continuance of neonatal intensive care services.

**Neonatal Care Group (NCG) Payment System:** A payment system developed by CMS, which classifies neonatal illness into groups expected to present similar medical needs and will result in approximately equal use of resources.

**Non-Eligible Patient (NN) (Private Patients):** Neonates admitted to a RPICC neonatal intensive care unit that do not meet the medical and/or financial eligibility criteria for the RPICC Program, and pregnant women, seen in a RPICC high-risk obstetrical clinic to determine medical eligibility for the RPICC Program, who are determined to be ineligible for the program.

**Obstetrical Care Group (OBCG) Payment System:** A payment system developed by CMS, which classifies obstetrical illness into groups expected to present similar needs and will result in approximately equal use of resources.

**Perinatal Period:** For the purpose of this program, it is that period from medical diagnosis of pregnancy through 28 days after birth.

**Preterm birth:** A delivery before 37 weeks gestation.

**Regional Perinatal Intensive Care Centers (RPICC or centers):** Specialized units within hospitals specifically designed to provide a full range of health services to women with high-risk pregnancies and a full range of newborn intensive care services, which have been designated by the Department of Health and meet certain standards for facilities, staffing, and services, or committed to meet and maintain these standards within three years of designation as centers.

**RPICC Data System:** A comprehensive, automated microcomputer-based system that collects and correlates data from all components of the RPICC Program, and provides periodic analysis of RPICC Program data.

**RPICC High-Risk Obstetrical Satellite Clinic:** A facility located outside the RPICC that provides comprehensive, high-risk, outpatient obstetrical services that are staffed by RPICC perinatal teams per contractual agreements in areas distant to the RPICC, where there is

limited access to public transportation or the unavailability of medical expertise in high-risk obstetrics for indigent women.

**RPICC Insurance-Eligible Patients (IE):** All patients who meet medical and financial eligibility criteria as outlined in the RPICC Neonatal and Obstetrical standards in Chapter 64C-6, *Florida Administrative Code*, and who have been determined by the center to have adequate major medical insurance coverage.

**RPICC Level Two Neonatal Intensive Care Unit:** A designated level two patient care area in a RPICC with the capability of delivering specialized care to newborns who have received care in a CMS RPICC Program level three neonatal intensive care unit and may require specialized nutritional support, or whose oxygen requirement does not exceed 40 percent at ambient pressure, and/or whose weight or medical/surgical diagnosis precludes discharge to recovery care. Such care requires a minimum of a 1:4 ratio of nurses to patients.

**RPICC Level Three Neonatal Intensive Care Unit:** A designated level three patient care area within a RPICC having patient care stations with the capability of delivering total intensive care to newborns including, but not limited to, total respiratory support, supplemental parenteral alimentation, constant mechanical monitoring of vital signs, and long-term arterial catheterization. Such care requires a minimum of a 1:2 ratio of nurses to patients.

**RPICC Medicaid-Eligible Patients (EL):** All patients who meet medical and financial eligibility criteria as outlined in the RPICC Neonatal and Obstetrical standards in Chapter 64C-6, *Florida Administrative Code*, and who are eligible for Medicaid funding.

**RPICC Medicaid Health Maintenance Organization Patients (HM):** All neonates and pregnant women who meet both medical and financial criteria, as outlined in Chapter 64C-6, *Florida Administrative Code*, and in the *RPICC Handbook*, who have been determined by the center to have medical coverage through a Medicaid health maintenance organization.

**RPICC Program Patients:** All neonatal and obstetrical patients who meet medical and financial eligibility criteria as outlined in the RPICC standards in Chapter 64C-6, *Florida Administrative Code*. This phrase does not indicate any specific RPICC Program status (for example, IE, EL, UF, HM).

**RPICC Unfunded Patients (UF):** All patients who meet medical and financial eligibility criteria as outlined in the RPICC neonatal and obstetrical standards in Chapter 64C-6, *Florida Administrative Code*, who have no third party resources.

**Two-Point Transports:** Those transports provided by a RPICC transport team for patients from a referring hospital to the receiving RPICC, or from the RPICC back to the referring hospital or another appropriate facility.

**Three-Point Transports:** Those transports provided by a RPICC transport team originating from one RPICC and transporting patients from a referring hospital to another RPICC or designated facility, or from another RPICC back to the referring hospital or another appropriate facility (other than the RPICC doing the transport).

**Very Low Birth Weight:** Less than 1,500 grams (3 pounds, 8 ounces) at birth.



## Appendix D: FY 2006-2007 Florida High-Risk Obstetrical (OB) Satellite Clinic Program

