

**Healthy Louisiana  
Performance  
Improvement  
Project Prematurity  
(PIP)**

**MCO Name: Amerihealth Caritas  
Louisiana**

**Improving Prenatal and Postpartum Care to Reduce the Risk  
for Preterm Birth**

**2015- 2017**

**(with planned extension through 2018)**

**Project Phase:** Baseline

**Original Submission Date:** 6/30/2016

**Revised Submission Date:**

**Project Phase:** Interim

**Submission Date:** 6/30/2017

**Revised Submission Date:** 9/30/2017

**Project Phase:** Interim

**Submission Date:** 4/11/2018

**Revised Submission Date:**

**Project Phase:** Final

**Submission Date:** 6/29/2018

**Revised Submission Date:**

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Submission to: IPRO

**State: Louisiana Department of Health**

## MCO Contact Information

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|---|-----------|
| <b>Baseline Report:</b> Rhonda Baird            | 6/30/2016 |
| <b>Interim Report:</b> <i>Cindy Leatherwood</i> | 6/30/2017 |
| <b>Final Report:</b> <i>Cindy Leatherwood</i>   | 6/28/2018 |

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**3. External Collaborators (if applicable):** N/A

### 4. For Final Reports Only: If Applicable, Summarize and Report All Changes in Methodology and/or Data Collection from Initial Proposal Submission:

ACLA reduced sample sizes for HEDIS® 2017 and 2018. The HEDIS® 2017/2018 PPC measure is reported with a reduced sample size. Due to Medicaid expansion, reports to identify newly pregnant members have been expanded to include multiple resources. From 2015 to 2016 the membership went from 167,976 to 208,414 members. This is an increase of 40,438 members due mostly to Medicaid Expansion which took effect in July of 2016. From 2016 to December 2017, membership increased slightly by 116 members, 208,414 to 208,298 members.

## 5. Attestation

**Managed CarePlan Name:** AmeriHealth Caritas

**Title of Project:** Reducing Premature Births

**Required Attestation signatures for PIP Proposal and PIP Final Report:**

(1) Rodney Wise, MD; (2) Mary Scorsone, RN

**The undersigned approve this PIP Proposal and assure involvement in the PIP throughout the course of the project.**



6/30/2016

Rodney Wise, M.D.



6/30/2016

Mary Scorsone, RN

IS Director Signature (when applicable)  
Printed Name

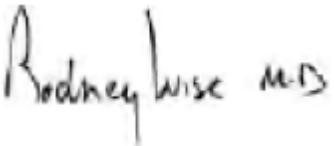
Date



6/30/2016

Kyle Viator

**The undersigned approve this FINAL PIP Report:**



6/29/2018

Rodney Wise, ND



6/29/2018

Mary Scorsone, RN

IS Director Signature (when applicable)  
Printed Name

Date



6/29/2018

Kyle Viator

# Abstract

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The Abstract should be drafted for the Interim Report and finalized for the Final Report submission. Should not exceed 2 pages. Complete

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*Provide an abstract of the PIP highlighting the project topic, rationale and aims, briefly describe the methodology and interventions, and summarize results and major conclusions of the project (refer to instructions in full report template or appendix).*

## Project Topic/Rationale/Aims

**Title of Project:** Reducing Premature Births.

**Rationale for Project:** The State of Louisiana's premature birth rate was 15.1% in 2013, and the State pledged to reduce the preterm birth rate by 8% in 2014 (March of Dimes Foundation, 2014). Further, Louisiana's Department of Health (LDH) targets a 15% reduction in the statewide prematurity rate by 2017. Early prenatal care is recommended by the Centers for Disease Control and Prevention (CDC) as a means for women to reduce the risk for preterm birth (CDC, 2014a), yet only two of the five Healthy Louisiana plans scored at or above the HEDIS® 2014 national Medicaid HMO 50<sup>th</sup> percentile for the measure of early initiation of prenatal care, and none of the plans rates scored at the 95<sup>th</sup> percentile. ACLA is committed to helping reduce the state's premature birth rate and improve infant health outcomes.

**Project Aims:** The AIM of this PIP is to reduce Prematurity Rates through improving the performance indicators and process measures located in the PIP below.

## Methodology

**Eligible Population:** See below

### 1. Prematurity Rates:

- a. March of Dimes Method (2) - The percentage of women 15-45 years of age with a live birth during the measurement year with a live preterm (<37 weeks completed gestation) delivery during the measurement year.
- b. State Method (1) – Women who have evidence of a previous pre-term singleton live birth event. (i) *Overall:* Women with a live preterm (<37 weeks completed gestation) singleton delivery during the measurement year; (ii) *Extremely Preterm*<sup>1</sup>: Women with a live *extremely* preterm (<28 weeks gestation) singleton delivery during the measurement year; (iii) *Very Preterm*<sup>1</sup>: Women with a live *very* preterm (28 to <32 weeks gestation) singleton delivery during the measurement year; (iv) *Moderate to Late Preterm*<sup>1</sup>: Women with a live *moderate to late* preterm (32 to <37 weeks gestation) singleton delivery during the measurement year.

### 2. Measure Specification

- a. 17P PIP Measure Specification: The percentage of women 15-45 years of age with evidence of a previous pre-term singleton birth event (<37 weeks completed gestation) who received one or more Progesterone injections between the 16<sup>th</sup> and 21<sup>st</sup> week of gestation.
  - b. 17P Incentive Measure Specification: The percentage of women 15-45 years of age with evidence of a previous pre-term singleton birth event (24-36 weeks completed gestation) who received one or more Progesterone injections between the 16<sup>th</sup> and 24<sup>th</sup> week of gestation for deliveries during the measurement year.
3. The percentage of women aged 16 years and older who delivered a live birth and had at least one test for Chlamydia during pregnancy.
  4. The percentage of women who delivered a live birth and had at least one test for HIV during pregnancy.

5. The percentage of women who delivered a live birth and had at least one test for syphilis during pregnancy.
6. The percentage of postpartum women who:
  - a. Adopt use of a most effective FDA-approved method of contraception, i.e., (i) female sterilization or (ii) Long-Acting Reversible Contraception (LARC), i.e., contraceptive implants, or intrauterine devices of systems (IUD/IUS)
  - b. Adopt use of a moderately effective method of contraception, i.e., use of injectables, oral pills, patch, ring or diaphragm.
  - c. Adopt use of either a most or moderately effective FDA-approved method of contraception.
7. The percentage of women with a postpartum visit as per the HEDIS® PPC postpartum measure.

**Description of Annual Performance Indicators:** ACLA has implemented the following performance indicators to aid in reducing prematurity rates; Measuring prematurity rates (State method and March of Dimes method), 17 P administration, STD screenings, Contraceptive use and Postpartum follow-up visits.

**Sampling Method:** ACLA reduced sample sizes for HEDIS® 2017 and 2018. The HEDIS® 2017/2018 PPC measure is reported with a reduced sample size. Due to Medicaid expansion, reports to identify newly pregnant members have been expanded to include multiple resources.

**Baseline and Re-measurement Periods:** Baseline- 11/6/2014-11/5/2015, Interim-11/6/2015-11/5/2016, Final-11/6/2016-11/5/2017.

**Data Collection Procedures:** Data is collected by Administrative Claims and Hybrid Medical Record Review.

## Interventions

**Member Barriers Identified:** Member adherence to recommendations continues to be a barrier to reducing preterm births. Failure to report pregnancy early, missed appointments, lack of case management engagement, lack of knowledge and unable to contact members continued to be noted challenges.

**Interventions to address member barriers:** The plan continues to identify newly high risk members and attempt to engage them in Case Management. The plan initiated a new intervention in 2017 and now monitors how many woman are engaged in Case Management that delivered < 37 weeks gestation. The plan also updated the contraception outreach to members and now tracks how many members receive contraception that are engaged in Case Management or received a Care Coordination call. STD screenings are monitored and the plan monitors members who are engaged in Case Management or received a Care Coordination call and received a STD screening. Postpartum outreach is monitored via outreach calls and having a successful visit as well as Community Education outreach to unable to contact members. The plan also developed a new process for identification of Quality of Care concerns with premature deliveries who qualified for 17P but did not receive it

**Provider Barriers Identified:** Lack of adherence to clinical guidelines and recommendations, identified providers not administering 17P to high risk OB members, early identification of high risk pregnant members, lack of provider knowledge regarding benefit coverage, billing & coding for progesterone and contraception interventions, providers not aware of maternity programs offered by plan.

**Interventions to address provider barriers:** ACLA continues to offer the Perinatal Quality Enhancement Program (PQEP) to providers who participate and provide obstetrical care. Providers continue to fax in the Notice of Pregnancy form, however The Notice of Pregnancy provider incentive submission process has been changed to improve form collection and payment accuracy. Payments are now based on NOP forms submitted versus claims submitted. Account Executives and/or Medical Director continue to schedule and distribute materials to targeted providers (educational visits). LARC Guide faxed to OB Providers. Additionally, ACLA's OB Consultant conducts peer to peer provider outreach to targeted providers who are not utilizing 17P with eligible members.

## Results

**Report Data for Annual Performance Indicators:**

17 P PIP Specification- This measure increased from Baseline 12.32% to 14.2% at Interim and 18.1% at Final.

17 P Incentive Specification- This measure trended upward for the three year measurement periods; Baseline 14.48%, Interim 20.65% and 25.12% Final.

Chlamydia Screening- This measure trended upward for the three year measurement periods; Baseline 86%, Interim 96.6% and Final 97%.

HIV Screening- This measure increased for Interim and then had a decrease at Final; Baseline 79.6%, Interim 87.5% and Final 80.3%.

Syphilis Screening- This measure increased for Interim and then had a decrease at Final, Baseline 84.2%, Interim 93.7% and Final 84.8%

Most effective contraception- This measure demonstrated a decrease during the three measurement years; Baseline 15.37%, Interim 8.4% and Final 7.2%.

Moderately effective contraception- This measure increased at interim and decreased slightly at final. Baseline 12.2%, Interim 38.5% and 34.4% Final.

LARC during delivery hospitalization- This measure demonstrated a decrease during the three measurement years; Baseline 1.2%, Interim 0.4% and Final 0.3%.

LARC outpatient 56 days postpartum- This measure demonstrated a decrease during the three measurement years; Baseline 6.0%, Interim 4.3% and Final 3.8%.

HEDIS PPC postpartum measure- This measure decreased at Interim and then increased at Final. Baseline 64.65%, Interim 57.11% and Final 63.28%

## Conclusions

### Interpret improvement in terms of whether or not Target Rates were met for annual performance indicators:

17 P PIP Specification- The target goal of 18% was met for the final measurement year.

17 P Incentive Specification- The target goal of 20% was met for the Interim and final measurement years.

Chlamydia Screening- The target goal of 89% was met for the Interim MY therefore the goal was increased to 97.3% for the final MY. The final rate of 97.0 nearly met the updated goal of 97.3%

HIV Screening- The target goal of 82.6% was met for the Interim MY therefore the goal was increased to 88.7% for the final MY. The final rate of 80.3% did not meet the updated goal of 88.7%

Syphilis Screening- The target goal of 87.2% was met for the Interim MY therefore the goal was increased to 94.6% for the final MY. The final rate of 84.8% did not meet the updated goal of 94.6%

Most Effective Contraceptive Use- The target goal of 18.37% was not met for the three cycles of this PIP.

Moderately Effective Contraceptive Use-- The final rate of 34.4% did not meet the updated goal of 45 %.

LARC during delivery hospitalization- The target goal of 1.5% was not met for the three cycles of this PIP.

LARC outpatient 56 days postpartum- The target goal of 6.7% was not met for the three cycles of this PIP.

Post-Partum - The target goal of 69.5% was not met for the Interim MY. The goal was updated to reflect the State goal of 63.12 for the Final MY, the goal was met (63.28% final)

### Indicate interventions that did and did not work in terms of quarterly intervention tracking measure trends:

- # of NOP forms submitted to the health plans / # of newly pregnant eligible members (Retired end of 2016)
- # of NOP forms triggering case management / # of NOP forms submitted (Retired end of 2016)
- # NOP forms triggering CM / # engaged in CM (Retired end of 2016)
- # referred to CM / # of newly pregnant eligible members (Retired end of 2016)
- Total # engaged in CM / # newly pregnant eligible members (Retired end of 2016)
- # had Postpartum visit: total / Members due for Post-Partum visit per quarter (Retired end of 2016)
- Had Postpartum visit: 21-56 days / Members due for Post-Partum visit per quarter (Retired end of 2016)

**Study Design Limitations:** The plan faced numerous challenges with data collection for process measures focused on case management / care management outreach. Limitations relative to the data pulls from the plan's integrated care management software resulted in under-represented Case Management / Care Management member interactions. Furthermore, administrative measure accuracy that are specified using diagnosis or procedure codes are limited to the extent that providers and coders enter the correct codes and

the accuracy of hybrid measures specified using chart review findings are limited to the extent that documentation addresses all services provided.

**Lessons Learned and Next Steps:** System changes have been implemented to improve member interaction documentation in the plan's integrated care management software; thereby, allowing data extraction to accurately capture all outreach. The plan will continue to outreach providers for education but will further stratify outreach and prioritize targeted low performing providers. The plan will further analyze the utilization of 17P by comparing prematurity rates of those members initiating 17P timely but not completing the course of treatment to those member who initiated 17P timely and completed the course of treatment. With Medicaid expansion, identifying newly pregnant member has become a greater challenge for early intervention. The plan recognized this limitation and developed an enhanced report utilizing numerous data sources to assist in the early identification of newly pregnant members. ACLA will continue to enhance and update this report as new data sources are identified.



# 1. Project Topic/ Rationale and 2. Aim

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Suggested length: 2 pages

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## 1. Describe Project Topic and Rationale for Topic Selection

- **Describe how PIP Topic addresses your member needs and why it is important to your members (e.g., disease prevalence stratified by demographic subgroups):**
- **Describe current research support for topic (e.g., clinical guidelines/standards):** The March of Dimes aims for a national premature birth rate no higher than 9.6% by 2020 (March of Dimes Foundation, 2014). Early prenatal care allows for timely identification and intervention for actionable risk factors. According to the American College of Obstetricians and Gynecologists, prior preterm birth is one of the strongest risk factors for preterm birth (ACOG, 2012a), and between 5 and 8% of preterm deliveries are attributable to maternal smoking (ACOG, 2010). There is strong evidence for effective interventions to minimize these risks, including pregnancy-tailored tobacco cessation counseling (ACOG, 2010) and progesterone therapy for prior spontaneous preterm birth (ACOG, 2008; Preconception Health Council of California, 2012). Untreated sexually transmitted infections (STI) have been associated with adverse birth outcomes such as preterm delivery (Rours et al, 2011) and stillbirth (USPSTF, 2009), and intrauterine and perinatally transmitted STIs can adversely affect pregnant women and their fetuses (CDC, 2010). The CDC recommends screening pregnant women for STI, including *Chlamydia trachomatis* and syphilis, early in pregnancy, and screening for *Neisseria gonorrhoeae* for pregnant women at risk or living in areas with high prevalence (CDC, 2010). Further, rescreening for STI in the third trimester is recommended for women at high risk for infection. The U.S. Preventive Services Task Force recommends that all pregnant women should be screened for HIV infection as early in pregnancy as possible (Chou et al., 2012; Moyer and USPSTF, 2013). Developing strategies to minimize barriers to early initiation of prenatal care and evidence-based care such as tobacco cessation counseling, progesterone therapy and/or STI screening, referral and treatment, can potentially reduce risk for preterm birth. Risk factors for preterm birth can also be addressed in the postpartum period. For example, approximately 50%-60% of women who quit smoking during pregnancy relapse in the first year postpartum, and postpartum visits provide an opportunity to initiate interconception smoking cessation interventions (ACOG, 2010). The postpartum period is also an opportune time to address pregnancy intention and birth spacing. In light of evidence that birth to pregnancy (BTP) intervals of 18 months or less are associated with preterm delivery, the recommended interval before attempting the next pregnancy is at least 24 months (WHO, 2006; Sober and Schreiber, 2014). Long-acting reversible contraception (LARC) methods are the most effective reversible contraceptives, and immediate postpartum insertion may provide a safe and effective means to reduce unintended pregnancy among eligible women, including eligible adolescent mothers, who are at high risk for rapid, repeat pregnancy (ACOG, 2011; Sober and Schreiber, 2014; ACOG, 2012b ). It should be noted that although the inter-pregnancy postpartum visit affords opportunities to potentially reduce the likelihood of preterm birth and improve pregnancy outcomes, all of the Bayou Health Plans scored below the HEDIS 2014 national Medicaid HMO 50th percentile for the measure of attendance at a postpartum visit.
- **Explain why there is opportunity for MCO improvement in this area:** The State of Louisiana's premature birth rate was 15.1% in 2013, and the State pledged to reduce the preterm birth rate by 8% in 2014 (March of Dimes Foundation, 2014). Further, the Department of Health and Hospitals of the State of Louisiana targets a 15% reduction in the statewide prematurity rate by 2017. Healthy People 2020 specifically targets reductions in preterm births (<37 weeks gestational age) and very preterm births (<32 weeks gestational age) to 11.4% and 1.8%, respectively, and corresponding percentages in Louisiana (LA) are higher, at 12.4% and 2.3% (DHH-LA, 2014). Racial disparities are evident among the LA population. Across all LA regions, preterm birth rates are highest among the black subpopulation, with the highest rates in Region 7, i.e., 20.5% for preterm and 4.1% for very preterm births (DHH-LA, 2014). Disparities are also evident by type of insurance coverage. In Louisiana, 15.6% (95% CI=12.0-19.1) of publicly insured children were born premature, compared to 10.5% (95% CI=10.0-11.1) of privately insured children nationwide (NSCH, 2011/12). Among the LA subpopulation insured by Medicaid at preconception, the percentage with a prior preterm birth in 2008 was 16.7%

(DHH-LA, 2008); this represents a susceptible subpopulation that may benefit from performance improvement project initiatives to improve prenatal, postpartum and inter-conception care. Early prenatal care is recommended by the Centers for Disease Control and Prevention (CDC) as a means for women to reduce the risk for preterm birth (CDC, 2014a), yet only two of the five Bayou Health plans scored at or above the HEDIS 2014 national Medicaid HMO 50<sup>th</sup> percentile for the measure of early initiation of prenatal care, and none of the plans rates scored at the 95<sup>th</sup> percentile. AmeriHealth Caritas Louisiana (ACLA) is a Medicaid Managed Care program that serves the state as a Managed Care Organization pursuant to a contract with Louisiana's Department of Health (LDH). ACLA was established in 2011 and began serving the Louisiana Medicaid population in 2012. ACLA currently serves an estimated 155,000 members across the state of Louisiana. ACLA is committed to helping reduce the state's premature birth rate and improve infant health outcomes. ACLA is dedicated to providing pregnant members with high-quality care and support throughout their pregnancy and after birth. ACLA understands that lifelong health complications can follow babies who are born premature or at low birth rates, and that establishing a healthy population begins with supporting the health of Louisiana's youngest citizens. ACLA has developed several key programs, partnerships and strategies to reduce pre-term births and improve perinatal outcomes. Conversely, ACLA recognizes numerous barriers that present challenges in this endeavor. Early identification of members who are at higher risk for pre-term births can be difficult. ACLA requests that providers alert our maternity program, Bright Start, when they discover that one of our members is pregnant. In the past, the plan has noted low provider participation with submission of the ACLA Obstetrical Needs Assessment Form (OBNAF), receiving a total of 1694 forms for 2015. With the implementation of the new LDH standardized Notice of Pregnancy (NOP) form in 2015 and continued provider incentives for submission of the form, ACLA expects an increase in the number of forms submitted to the plan. Outside of provider notifications, ACLA identifies pregnant members through eligibility information, as well as claims and laboratory data. ACLA member materials, including the member handbook and member newsletters, also encourage members to self-report pregnancies. Members are then enrolled in Bright Start, which helps members coordinate prenatal care and provides members with intensive case management. ACLA recognizes early identification of members who are at high risk for pre-term birth as an opportunity for improvement. The Louisiana Electronic Event Registration System (LEERS) file provided to the plan from vital records greatly assist the care managers to quickly identify high-risk members in order to provide education and targeted interventions. The plan has noted the need for additional data on the LEERS file to appropriately identify members and accurately measure data for injectable progesterone and the caesarean rate for low-risk first birth women. Upon receipt of these files, ACLA anticipates improvement in accurate data collection for the aforementioned measures. Conversely, ACLA anticipates new barriers with early identification of pregnant members with the discontinuation of the state eligibility file for pregnancy due to Medicaid Expansion. ACLA is actively working to identify newly pregnant members through other sources. ACLA supports our providers in caring for our members. We develop close relationships with providers and deliver resources that help them to be effective in offering the care members need to achieve and maintain their health goals. An important part of this support is information on the quality of care providers deliver. ACLA uses data and metrics to assess the quality and performance of our network providers in various measures, including HEDIS®, as well as areas of focus identified by LDH or targeted for enterprise-wide improvement by the AmeriHealth Caritas Family of Companies (ACFC). To help improve provider adherence to clinical guidelines and recommendations, the plan has placed a strong emphasis on educating network providers on the use of Navinet with an increased focus on Navinet's Clinical Summary Report and Care Gaps. Report cards and care gaps will reflect practice performance and identify members needing targeted screenings. Additionally, ACLA is implementing an Obstetrical Provider Toolkit that includes valuable resources to be delivered to providers during outreach and education. Hoping to improve provider performance in key measures, ACLA has initiated a quality enhancement program for providers who offer perinatal care. The Perinatal Quality Enhancement Program (PQEP) is a unique reimbursement system developed by ACLA for participating obstetrics, midwives and family practice practitioners who provide obstetric care. The PQEP is intended to be a fair and open system that provides incentives for high-quality and cost effective care, and submission of accurate and complete health data. ACLA has noted several barriers to accurate data collection for performance measures and process measures. The plan is currently initiating improvements to data collection systems, intervention processes and tracking/reporting of intervention processes. Collaborative efforts within ACLA's various departments

has generated numerous procedural changes for data collection and reporting. Obstetrical bundled codes presented difficulties with ACLA's ability to accurately capture postpartum care visits during 2015. On June 1<sup>st</sup>, 2015 LDH unbundled the obstetrical delivery and postpartum codes to be paid separately. Obstetric bundled code reports were researched and analyzed by ACLA to identify missed data for postpartum visits. As a result, numerous postpartum visits were identified and captured during the plan's HEDIS® Medical Record Review. Of note, ACLA produced a 21.59% increase in the postpartum care visit rate for measurement year 2015. Third Party Liability (TPL) was identified as another data source presenting challenges with accurate data collection. The plan opted to remove all qualifying periods of TPL for all HEDIS® and non-HEDIS® measures per National Committee for Quality Assurance (NCQA) and auditor guidelines. Member adherence to recommendations has been identified as a barrier to reducing pre-term births. Failure to report pregnancy early, missed appointments, lack of case management engagement, lack of knowledge and unable to contact members are noted challenges. ACLA has numerous initiatives to address these barriers and improve the provider/member relationship. ACLA participates in local and enterprise wide maternity workgroups to improve resources and provide intervention building opportunities to identified barriers. Lessons shared and learned are used to help clinical staff for future planning.

## 2. **Aim Statement, Objectives and Goals**

The Collaborative PIP aims to decrease the preterm birth rate by implementing a robust set of health plan, member and provider interventions to improve rates of the following performance indicators:

1. The percentage of women 15-45 years of age with evidence of a previous pre-term singleton birth event (<37 weeks completed gestation) who received one or more Progesterone injections between the 16th and 21st week of gestation (also reported as in the PTB incentive measure).
2. The percentage of women aged 16 years and older who delivered a live birth and had at least one test for Chlamydia during pregnancy.
3. The percentage of women who delivered a live birth and had at least one test for HIV during pregnancy.
4. The percentage of women who delivered a live birth and had at least one test for syphilis during pregnancy.
5. The percentage of postpartum women who:
  - a. Adopt use of a most effective FDA-approved method of contraception, i.e., (i) female sterilization or (ii) Long-Acting Reversible Contraception (LARC), i.e., contraceptive implants, or intrauterine devices of systems (IUD/IUS)
  - b. Adopt use of a moderately effective method of contraception, i.e., use of injectables, oral pills, patch, ring or diaphragm.
  - c. Adopt use of LARC during delivery hospitalization
  - d. Adopt use of LARC outpatient within 56 days postpartum
6. The percentage of women with a postpartum visit as per the HEDIS PPC postpartum measure

**Objectives:** Reduce the risk for preterm birth by implementing a robust set of member, provider and health plan interventions to address the following intervention strategies: (1) Notice of Pregnancy (NOP) provider to plan communication; (2) High Risk Registry Plan to provider communication; (3) Provider education (Medicaid 101); and (4) Prenatal Care Management Outreach and Engagement Program Targeted to High Risk Members.

### **Goal(s):**

Each of the 9 performance indicators (1-6, above) should have its own unique goal. Enter a goal statement for each performance indicator, below:

1. The percentage of women 15-45 years of age with evidence of a previous pre-term singleton birth event (<37 weeks completed gestation) who received one or more Progesterone injections between the 16th and 21st week of gestation (also as reported in the PTB incentive measure).

**Baseline to final measurement goal: (PIP Specification)** Increase the percent of women 15-45 years of age with evidence of a previous pre-term singleton birth event (<37weeks completed gestation) who received one

or more Progesterone injections between the 16th and 21st week of gestation by 5.68 percentage points (from 12.32 % to 18 %) in order to meet the plan's goal of 18 % by December 2018.

2. The percentage of women aged 16 years and older who delivered a live birth and had at least one test for Chlamydia during pregnancy.  
**Baseline to final measurement goal:** Increase the percentage of women aged 16 years and older who delivered a live birth and had at least one test for Chlamydia during pregnancy by 11.3 percentage points (from 86 % to 97.3 %) in order to meet the plan's goal of 97.3 % by December 2018.
3. The percentage of women who delivered a live birth and had at least one test for HIV during pregnancy.  
**Baseline to final measurement goal:** Increase the percentage of women who delivered a live birth and had at least one test for HIV during pregnancy by 9.1 percentage points (from 79.6% to 88.7%) in order to meet the plan's goal of 88.7% by December 2018.
4. The percentage of women who delivered a live birth and had at least one test for syphilis during pregnancy.  
**Baseline to final measurement goal:** Increase the percentage of women who delivered a live birth and had at least one test for syphilis during pregnancy by 10.4 points (from 84.2 % to 94.6 %) in order to meet the plan's goal of 94.6% by December 2018.
5. The percentage of postpartum women who:
  - a. Adopt use of a most effective FDA-approved method of contraception, i.e., (i) female sterilization or (ii) Long-Acting Reversible Contraception (LARC), i.e., contraceptive implants, or intrauterine devices of systems (IUD/IUS)  
**Baseline to final measurement goal:** Increase the percentage of postpartum women who: a. Adopt use of a most effective FDA-approved method of contraception, i.e., (i) female sterilization or (ii) Long-Acting Reversible Contraception (LARC), i.e., contraceptive implants, or intrauterine devices of systems (IUD/IUS) by 3 points (from 15.37 % to 18.37 %) in order to meet the plan's goal of 18.37% by December 2018..
  - b. Adopt use of a moderately effective method of contraception, i.e., use of injectables, oral pills, patch, ring or diaphragm.  
**Baseline to final measurement goal:** Increase the use of a moderately effective method of contraception, i.e., use of injectables, oral pills, patch, ring or diaphragm by 32.8 points (from 12.2 % to 45 %) in order to meet the plan's goal of 45 % by December 2018.
  - c. Adopt use of LARC during delivery hospitalization  
**Baseline to final measurement goal:** Increase the use of LARC during delivery hospitalization by 0.3 points (1.2% to 1.5%) in order to meet the plan's goal of 1.5% by December 2018.
  - d. Adopt use of LARC outpatient within 56 days postpartum  
**Baseline to final measurement goal:** Increase the use of LARC outpatient within 56 days postpartum by 0.7 points (from 6.0% to 6.7%) in order to meet the plan's goal of 6.7% by December 2018.
6. The percentage of women with a postpartum visit as per the HEDIS PPC postpartum measure  
**Baseline to final measurement goal:** Increase the percentage of women with a postpartum visit as per the HEDIS PPC postpartum measure by 4.85 points (64.65% to 69.5%) in order to meet the plan's goal of 69.5% by December 2018. The goal was updated after the Interim year to reflect the State goal of 63.12%

# 3. Methodology

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## Performance Indicators

Utilize the Prematurity PIP Performance Measures specifications referenced below for each performance indicator.

1. The percentage of women 15-45 years of age with evidence of a previous pre-term singleton birth event (<37 weeks completed gestation) who received one or more Progesterone injections between the 16th and 21st week of gestation: 17P\_PIP\_Measure\_5\_17\_16\_clean.docx
2. The percentage of women 15-45 years of age with evidence of a previous pre-term singleton birth event (<37 weeks completed gestation) who received one or more Progesterone injections between the 16th and 24th week of gestation (PTB incentive measure): LA Performance Measure Submission Guide
3. The percentage of women aged 16 years and older who delivered a live birth and had at least one test for Chlamydia during pregnancy: chlamydia\_screening\_7\_25\_15.docx
4. The percentage of women who delivered a live birth and had at least one test for HIV during pregnancy: HIV\_and\_syphilis\_screening\_10\_27\_15.docx
5. The percentage of women who delivered a live birth and had at least one test for syphilis during pregnancy: HIV\_and\_syphilis\_screening\_10\_27\_15.docx.
6. The percentage of postpartum women who:  
(LA\_Prematurity\_PIP\_contraceptive\_measure\_revised\_5\_17\_16clean.docx; group to discuss use of CMS Adult Core Set measure CCP-AD Contraceptive Care Postpartum Women age 21-44 years and CMS Child Core Set measure CCP-CH Contraceptive Care Postpartum Women age 15-20 years as next step for PIP extension measurement year 2018):
  - a. Adopt use of a most effective FDA-approved method of contraception, i.e., (i) female sterilization or (ii) Long-Acting Reversible Contraception (LARC), i.e., contraceptive implants, or intrauterine devices of systems (IUD/IUS)
  - b. Adopt use of a moderately effective method of contraception, i.e., use of injectables, oral pills, patch, ring or diaphragm
  - c. Adopt use of LARC during delivery hospitalization
  - d. Adopt use of LARC outpatient within 56 days postpartum
7. The percentage of women with a postpartum visit as per the HEDIS PPC postpartum measure

## Data Collection and Analysis Procedures

**Is the entire eligible population being targeted by PIP interventions?** Yes, the entire population is targeted for interventions.

**If sampling was employed:** NA

**Describe sampling methodology:** NA

**Sample Size and Justification:** NA

### Data Collection:

AmeriHealth Caritas Louisiana's Medical Economics (Informatics) Department will collect data from claims/encounter files of all eligible members. Data sources may include: claims/encounter data (administrative data) and hybrid (medical/treatment records and administrative). Data collection and analysis cycles are conducted monthly. Unless otherwise specified, medical claims that are paid, adjusted or denied are included.

For pharmacy claims, only paid or adjusted claims are included. These rates are calculated using administrative claims data found in the Data Warehouse unless otherwise specified. All measures are calculated with a 3-month lag time to allow adequate time for the claim submission and payment process. The plan utilizes Inovalon software for HEDIS® data measure calculation and 17P incentive measure calculation. Member episodic interaction is sourced from from ZeOmega’s integrated care management software, JIVA®.

**Validity and Reliability**

(For definitions, refer to Glossary of PIP Terms in HEALTHY\_LOUISIANA\_PIP\_TEMPLATE\_w\_example):

Administrative data is collected by the Medical Informatics team. All HEDIS® measures are reviewed and audited via the Plan’s NCQA accredited auditor. The audit also includes review of the plan’s HEDIS® Medical Record Review Process. Non-HEDIS measures are validated through an internal quality audit process. For Baseline and Interim years, medical record review abstractions and over-reads were conducted by ALCA’s contracted vendor, Inovalon®. Staff participated in HEDIS® medical record abstraction training and inter-rater reliability training. For Final year data, HEDIS® medical record reviews and over-reads were conducted by the plan’s quality staff who underwent HEDIS® medical record abstraction training and inter-rater reliability testing.

**Data Analysis:**

- ACLA has reviewed and analyzed the plan’s Preterm data (method 1 and 2). The data was analyzed to evaluate members who previously had a preterm delivery to evaluate any contributing factors and/or barriers to care. The following items were analyzed below;
  - 17 P administration (members who received 17P)
  - Member engaged in Case Management
  - Age of member at delivery (17 and younger and 18 and older)
  - Secondary/Tertiary diagnosis prenatal and postpartum
  - Access to care data- OB/MFM providers
- Rates for all measures from Baseline to Interim and Interim to Final were reviewed and analyzed for tracking and trending purposes.
- HEDIS data is trended monthly as well as reviewed annually and rates are compared to Quality Compass Benchmarks.
- Provider Dashboards are utilized to identify rates for individual providers as well as demographics and Race, Ethnicity and Language.

**Timeline**

| Event                             | Timeframe                           |
|-----------------------------------|-------------------------------------|
| Baseline Measurement Period       | November 6, 2104 –November 5, 2015  |
| Interim Measurement Period        | November 6, 2015 – November 5, 2016 |
| Submission of Interim Report      | June 30, 2017                       |
| Final Re-measurement Period       | November 6, 2016 – November 5, 2017 |
| Intervention Implementation       | November 6, 2015 – November 5, 2017 |
| Analysis of Project Data          | Ongoing                             |
| Submission of Final Report        | June 30, 2018                       |
| Extension Measurement Period      | November , 2017- November 5, 2018   |
| Submission of Extended PIP Report | June 30, 2019                       |

# 4. Barriers and 5. Interventions

Populate the tables below with relevant information, based upon instructions in the footnotes.

Add rows as needed.

Table of Barriers Identified and the Interventions Designed to Overcome Each Barrier.

| Description of Barrier <sup>2</sup>  | Method and Source of Barrier Identification <sup>3</sup>                    | Number of Intervention | Description of Intervention Designed to Overcome Barrier <sup>4</sup>   | Intervention Timeframe <sup>5</sup>   |
|--|---|------------------------|---|---|
| <p>Lack of provider knowledge regarding benefit coverage, billing &amp; coding for progesterone and contraception interventions</p> <p>Lack of adherence to clinical guidelines and recommendations</p> <p>Providers not aware of maternity programs offered by plan</p> | <p>Claims IHCM/Provider Mgt Departments</p>                                 | <p>1</p>               | <p>Provider Toolkit-Account Executives and/or Medical Director will schedule and distribute materials (educational literature/forms to targeted providers (educational visits)</p> <ul style="list-style-type: none"> <li>○ Medicaid 101 Presentation</li> <li>○ Notice of Pregnancy form</li> <li>○ LARC Ordering Guide</li> <li>○ 17P Ordering Guide</li> <li>○ Bright Start Overview</li> <li>○ Performance Metric Guide</li> <li>○ Provider QEP Report Cards</li> <li>○ Bright Start Brochure</li> <li>○ Let Us Know Forms</li> <li>○ Optum Referral Form</li> </ul> <p>ACLA will make resources available on the provider portal.</p> <p>OB Providers faxed LARC Guide</p> | <p><i>Planned Start: 1/2016</i></p> <p><i>Actual Start: 1/2016</i></p> <p><i>Date Revised: 5/2016</i></p> |
| <p>Providers do not complete the Obstetrical Needs Assessment Form</p> <p>Plan lacks accurate and complete data to identify pregnant high risk members for active care coordination</p> <p>Early identification of high risk members</p>                                 | <p>Providers IHCM/Provider Mgt Departments</p> <p>Preterm Birth Hx file</p> | <p>2</p>               | <p>Implementation of Standard Notice of Pregnancy (NOP) communication from provider to plan;</p> <p>NOP distribution</p> <ul style="list-style-type: none"> <li>• Provider Toolkit, Provider Portal, Fax blast. ACLA will receive NOP form from provider via fax. Information entered into JIVA®. High risk members trigger Case Management.</li> <li>• Implementation of Standard Notice of Pregnancy (NOP) communication from provider to plan. <u>Jan 2017</u>- ACLA implemented a new workflow for receiving and entering the NOP forms.</li> </ul>   | <p><i>Planned Start: 5/2016</i></p> <p><i>Actual Start: 6/2016</i></p> <p><i>Date Revised: 1/2017</i></p> |

| Description of Barrier <sup>2</sup>   | Method and Source of Barrier Identification <sup>3</sup> | Number of Intervention | Description of Intervention Designed to Overcome Barrier <sup>4</sup>  | Intervention Timeframe <sup>5</sup>   |
|---|--|------------------------|--|---|
| Improvement in accurate data collection   |  |                        | Payments are now made based on forms received versus codes submitted.  |   |
| Lack of member knowledge<br><br>Unable to contact member<br><br>Lack of member adherence to recommendations | Member<br><br>IHCM dept                                  | 3                      | Enhanced Obstetric Care Management Engagement and Outreach Program: <ul style="list-style-type: none"> <li>• <u>Members with the Bright Start phone app</u>. Engaging member through social media may reach members that would not normally engage through other means. An engaged member is more likely to adhere to recommendations, make appointments with the app reminders and access educational materials, resources and available programs.</li> </ul> | <i>Planned Start: 4/2016</i><br><i>Actual Start: 7/2016</i><br><i>Date Revised:</i> |



| Description of Barrier <sup>2</sup>   | Method and Source of Barrier Identification <sup>3</sup>  | Number of Intervention | Description of Intervention Designed to Overcome Barrier <sup>4</sup>   | Intervention Timeframe <sup>5</sup>   |
|---|---|------------------------|---|---|
| <p>Lack of member adherence to recommendations</p> <p>Lack of member knowledge</p> <p>Unable to contact member</p> <p>Lack of high risk member relationship with provider</p> <p>Lack of high risk member awareness of appropriate treatment</p> <p>Tracking of services/data</p> | <p>Member IHCM dept</p> <p>Claims (17 P, Contraception and preterm data)</p> <p>Preterm birth Hx file</p> | <p>3</p>               | <p>Enhanced Obstetric Care Management Engagement and Outreach Program:</p> <ul style="list-style-type: none"> <li>• High risk member telephonic outreach for CM engagement (enhanced identification of members and tracking of data). Improvement in prenatal care management for high risk members may result in increased use of 17P, increased STI screenings and fewer premature births</li> <li>• Centering Pregnancy mailings and referrals (this may improve member compliance)</li> <li>• Women’s Health Flyer targeted to child bearing age females, Improve early notification of pregnancy, increase STI screenings and preventive health screenings, improve birth spacing between pregnancies</li> <li>• “Prepare for Your Doctor Visit Brochure”</li> <li>• Improvement in postpartum care management for high risk members may result in improvement contraception usage, improvement in birth spacing and fewer premature births</li> <li>• Contraception information to members. This intervention has been updated. Contraception information is now offered during the “Pediatrician Call” which takes place at the 28th week of pregnancy. Contraception is discussed and material is mailed to the member if requested.</li> <li>• Tracking of information to members who are not engaged in Case Management, but however receive Care Coordination Services from the plans Care Connectors.</li> <li>• Implementation of the “keys to Your Care” program. This is a special texting and outreach program for AmeriHealth Caritas Louisiana members who are pregnant. Keys to Your Care will send text messages every week during the member’s pregnancy, and for the first 15 months after their baby is born.</li> </ul> | <p><i>Planned Start: 1/2016</i></p> <p><i>Actual Start: 1/2016</i></p> <p><i>Date Revised: 6/2016</i></p> <p><i>7/2017</i></p> <p><i>9/2017</i></p> <p><i>10/2017</i></p> <p><i>12/2017</i></p> |

| Description of Barrier <sup>2</sup>                                  | Method and Source of Barrier Identification <sup>3</sup> | Number of Intervention | Description of Intervention Designed to Overcome Barrier <sup>4</sup>   | Intervention Timeframe <sup>5</sup>   |
|--|--|------------------------|---|---|
| Unable to contact members<br><br>Member adherence to recommendations | Member<br><br>IHCM Department                            | 4                      | Increase Community Education face to face outreach to unable to contact members<br><u>Potential Impact:</u> <ul style="list-style-type: none"> <li>Avoid missed prenatal and postpartum visits</li> <li>Increase educational opportunities</li> <li>Provide resources (transportation, appointment assistance, child care needs)</li> <li>Increase participation in Case Management</li> </ul>  | <i>Planned Start: 1/2016</i><br><i>Actual Start: 1/2016</i><br><i>Date Revised:</i>   |
| Lack of adherence to clinical guidelines and recommendations         | Claims   | 5                      | Perinatal Quality Enhancement Program (PQEP). Providers are paid Q 6 months. Measure and reward providers for achieving quality performance measures; <ul style="list-style-type: none"> <li>Frequency of prenatal care</li> <li>Timeliness of prenatal care</li> <li>Postpartum care</li> <li>Antenatal progesterone administration</li> <li>STI Screenings for HIV, syphilis, chlamydia, and gonorrhea for pregnant women</li> <li>Completion of the Obstetrical Needs Assessment Form</li> <li>Network Cesarean Section Performance</li> </ul> | <i>Planned Start: 10/2015</i><br><i>Actual Start: 10/2015</i><br><i>Date Revised:</i> |
| Identified Providers not administering 17P to high risk OB members   | Claims<br>IHCM Department                                | 6                      | Development of a new process for identification of quality of care concerns with premature deliveries who qualified for 17P but did not receive 17P   | <i>Planned Start: 1/2017</i><br><i>Actual Start: 6/2017</i><br><i>Date Revised:</i>   |
|  |  |                        |   |   |
|  |  |                        |   |   |

2,3,4,5: See PIP HEALTHY\_LOUISIANA\_PIP\_TEMPLATE\_w\_examples for examples and additional guidance.

**Monitoring Table YEAR 1: Quarterly Reporting of Rates for Intervention Tracking Measures, with corresponding intervention numbers.  
Add rows as needed.**

| Number of Intervention | Description of Intervention Tracking Measures <sup>6</sup>              | Q1 2016                           | Q2 2016                           | Q3 2016                           | Q4 2016                           |
|------------------------|---|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| 1                      | Describe intervention tracking measure that corresponds to intervention | Numerator: 14<br>Denominator: 504 | Numerator: 19<br>Denominator: 504 | Numerator: 39<br>Denominator: 504 | Numerator: 30<br>Denominator: 504 |

| Number of Intervention | Description of Intervention Tracking Measures <sup>6</sup>  | Q1 2016  | Q2 2016   | Q3 2016  | Q4 2016   |
|------------------------|---|--|---|--|---|
|                        | #2<br>Num: Number of OB Providers outreach to for education.<br>Denom: Total number of OB Providers   | Rate: 2.8%   | Rate: 3.8%  | Rate: 7.7%   | Rate: 6%  |
| 1                      | Describe intervention tracking measure that corresponds to intervention #2<br>Num: Total number of OB providers faxed LARC Guide<br>Denom: Total number of OB Providers   | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: NA | Numerator: 728<br>Denominator: 728<br>Rate: 100%% | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: NA | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate NA |
| 2                      | Describe intervention tracking measure that corresponds to intervention #3<br>Num: Total number of OB Providers faxed NOP Form Information<br>Denom: Total number of OB providers   | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: NA | Numerator: 728<br>Denominator: 728<br>Rate: 100%  | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: NA | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate NA |
| 2                      | Describe intervention tracking measure that corresponds to intervention #4<br>Num: Total number of NOP forms submitted to the health plan<br>Denom: Total number of newly pregnant eligible members (retired end of 2016) | Numerator: 121<br>Denominator: 1034<br>Rate: 11.7%           | Numerator: 30<br>Denominator: 743<br>Rate: 4.04%  | Numerator: 37<br>Denominator: 597<br>Rate: 6.2%              | Numerator: 11<br>Denominator: 507<br>Rate 2.17%             |
| 2                      | Describe intervention tracking measure that corresponds to intervention #5<br>Num: Total number of NOP forms triggering Case Management<br>Denom: Total number of NOP forms submitted (retired end of 2016)               | Numerator: 27<br>Denominator: 121<br>Rate: 22.31%            | Numerator: 8<br>Denominator: 30<br>Rate: 26.67%   | Numerator: 20<br>Denominator: 37<br>Rate: 54.05%             | Numerator: 8<br>Denominator: 11<br>Rate 72.73%              |
| 2                      | Describe intervention tracking measure that corresponds to intervention #5<br>Num: Total number of NOP forms triggering Case Management<br>Denom: Total number engaged in Case Management (retired end of 2016)           | Numerator: 16<br>Denominator: 27<br>Rate: 59.26%             | Numerator: 5<br>Denominator: 8<br>Rate: 62.50%    | Numerator: 12<br>Denominator: 20<br>Rate: 60%                | Numerator: 8<br>Denominator: 8<br>Rate: 100%                |

| Number of Intervention | Description of Intervention Tracking Measures <sup>6</sup>  | Q1 2016  | Q2 2016  | Q3 2016  | Q4 2016  |
|------------------------|---|--|--|--|--|
| 3                      | Describe intervention tracking measure that corresponds to intervention #5<br><u>Num</u> : NA<br><u>Denom</u> : Total number of members with Bright Start Application   | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: NA | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: 71 | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: 44 | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: 44 |
| 3                      | Describe intervention tracking measure that corresponds to intervention #5<br><u>Num</u> : Total number referred to Case Management<br><u>Denom</u> : Total number of newly pregnant eligible members (retired end of 2016)                             | Numerator: 134<br>Denominator: 1034<br>Rate: 12.96%          | Numerator: 140<br>Denominator: 743<br>Rate: 18.84%           | Numerator: 121<br>Denominator: 597<br>Rate: 20.27%           | Numerator: 81<br>Denominator: 507<br>Rate: 15.98%            |
| 3                      | Describe intervention tracking measure that corresponds to intervention #5<br><u>Num</u> : Total number of members engaged in Case Management<br><u>Denom</u> : Total number of newly identified high risk pregnant members referred to Case Management | Numerator: 143<br>Denominator: 327<br>Rate: 43.73%           | Numerator: 211<br>Denominator: 334<br>Rate: 63.17%           | Numerator: 269<br>Denominator: 470<br>Rate: 57.23%           | Numerator: 229<br>Denominator: 344<br>Rate: 66.57%           |
| 3                      | Describe intervention tracking measure that corresponds to intervention #5<br><u>Num</u> : Total number engaged in Case Management<br><u>Denom</u> : Total number of newly pregnant eligible members (retired end of 2016)                              | Numerator: 101<br>Denominator: 1034<br>Rate: 9.77%           | Numerator: 100<br>Denominator: 743<br>Rate: 13.46%           | Numerator: 80<br>Denominator: 597<br>Rate: 13.4%             | Numerator: 60<br>Denominator: 507<br>Rate: 11.83%            |
| 3                      | Describe intervention tracking measure that corresponds to intervention #5<br><u>Num</u> : Total number of members that had a postpartum visit<br><u>Denom</u> : Total number of members due for a postpartum visit per Qtr (retired end of 2016)       | Numerator: 632<br>Denominator: 1078<br>Rate: 58.63%          | Numerator: 602<br>Denominator: 985<br>Rate: 61.12%           | Numerator: 702<br>Denominator: 1190<br>Rate: 58.99%          | Numerator: 585<br>Denominator: 1139<br>Rate: 51.36%          |
| 3                      | Describe intervention tracking measure that corresponds to intervention #2  | Numerator: 479<br>Denominator: 1078<br>Rate: 44.43%          | Numerator: 469<br>Denominator: 985<br>Rate: 47.61%           | Numerator: 574<br>Denominator: 1190<br>Rate: 48.24%          | Numerator: 464<br>Denominator: 1139<br>Rate: 40.74%          |

| Number of Intervention | Description of Intervention Tracking Measures <sup>6</sup>  | Q1 2016   | Q2 2016  | Q3 2016  | Q4 2016   |
|------------------------|---|---|--|--|---|
|                        | <p><u>Num</u>: Total number of members that had a postpartum visit within 21-56 days</p> <p><u>Denom</u>: Total number of members due for a postpartum visit per Qtr (retired end of 2016)</p>  |   |  |  |   |
| 3                      | <p>Describe intervention tracking measure that corresponds to intervention #2</p> <p><u>Num</u>: Total number of members that had a postpartum visit outside 21-56 days</p> <p><u>Denom</u>: Total number of members due for a postpartum visit per Qtr (retired end of 2016)</p> | <p>Numerator: 153</p> <p>Denominator: 1078</p> <p>Rate: 14.19%</p>  | <p>Numerator: 133</p> <p>Denominator: 985</p> <p>Rate: 13.50%</p>  | <p>Numerator: 128</p> <p>Denominator: 1190</p> <p>Rate: 10.76%</p>   | <p>Numerator: 121</p> <p>Denominator: 1139</p> <p>Rate: 10.62%</p>  |
| 3                      | <p>Describe intervention tracking measure that corresponds to intervention #2</p> <p><u>Num</u>: Total number of successful postpartum outreach calls.</p> <p><u>Denom</u>: Total number of members that had a postpartum visit</p>   | <p>Numerator: 253</p> <p>Denominator: 559</p> <p>Rate: 45.26%</p>   | <p>Numerator: 254</p> <p>Denominator: 524</p> <p>Rate: 48.47%</p>  | <p>Numerator: 380</p> <p>Denominator: 649</p> <p>Rate: 58.55%</p>  | <p>Numerator: 336</p> <p>Denominator: 635</p> <p>Rate: 52.91%</p>   |
| 3                      | <p>Describe intervention tracking measure that corresponds to intervention #2</p> <p><u>Num</u>: Number of Brochures sent for Centering Pregnancy</p> <p><u>Denom</u>: Total number of members enrolled in Centering Pregnancy Program (retired end of 2016)</p>                  | <p>Numerator: 57</p> <p>Denominator: Unable to capture members participating at this time</p> <p>Rate: na</p> | <p>Numerator: 70</p> <p>Brochures sent for Centering Pregnancy</p> <p>Denominator: 40 total enrolled</p> <p>Rate: Enter results of num÷denom</p> | <p>Numerator: 93</p> <p>Brochures sent for Centering Pregnancy</p> <p>Denominator: 11 total enrolled</p> <p>Rate: Enter results of num÷denom</p> | <p>Numerator: 105</p> <p>Brochures sent for Centering Pregnancy</p> <p>Denominator: 10 total enrolled</p> <p>Rate: Enter results of num÷denom</p> |
| 4                      | <p>Describe intervention tracking measure that corresponds to intervention #2</p> <p><u>Num</u>: Total number of Community Education successful contacts</p> <p><u>Denom</u>: Total number of Community Education referrals for unable to contact for post partum visits</p>      | <p>Numerator: 14</p> <p>Denominator: 55</p> <p>Rate: 25%</p>  | <p>Numerator: 2</p> <p>Denominator: 19</p> <p>Rate: 10.5%</p>  | <p>Numerator: 21</p> <p>Denominator: 41</p> <p>Rate: 51%</p>   | <p>Numerator: 20</p> <p>Denominator: 50</p> <p>Rate: 40%</p>  |
| 5                      | <p>Describe intervention tracking measure that corresponds to intervention</p>  | <p>Numerator: Enter #</p> <p>Denominator:</p>   | <p>Numerator: 17</p> <p>Denominator: 33</p>  | <p>Numerator: Enter #</p> <p>Denominator:</p>  | <p>Numerator: 21</p> <p>Denominator: 38</p>   |

| Number of Intervention | Description of Intervention Tracking Measures <sup>6</sup>   | Q1 2016  | Q2 2016  | Q3 2016  | Q4 2016  |
|------------------------|--|--|--|--|--|
|                        | #2<br><u>Num</u> : Total number of OB Providers receiving enhancement payments<br><u>Denom</u> : Total number of eligible OB providers           | Enter #<br>Rate: 0<br>payments 1 <sup>st</sup> Qtr                                   | Rate: 51%  | Enter #<br>Rate: 0<br>payments 3 <sup>rd</sup> Qtr                                   | Rate: 55.26%   |
|                        | Describe intervention tracking measure that corresponds to intervention #2<br><u>Num</u> : Enter description<br><u>Denom</u> : Enter description | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: Enter results of num÷denom | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: Enter results of num÷denom | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: Enter results of num÷denom | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: Enter results of num÷denom |

6: See PIP HEALTHY\_LOUISIANA\_PIP\_TEMPLATE\_w\_examples for examples and additional guidance.

**Monitoring Table YEAR 2: Quarterly Reporting of Rates for Intervention Tracking Measures, with corresponding intervention numbers.  
Add rows as needed.**

| Number of Intervention | Description of Intervention Tracking Measures <sup>6</sup>   | Q1 2017   | Q2 2017   | Q3 2017   | Q4 2017   |
|------------------------|--|---|---|---|---|
| 1                      | Describe intervention tracking measure that corresponds to intervention #1<br><u>Num</u> : Number of OB Providers outreached to for education<br><u>Denom</u> : Total number of OB Providers | Numerator: 30<br>Denominator: 440<br>Rate: 6.8%                           | Numerator: 38<br>Denominator: 440<br>Rate: 8.6%                           | Numerator: 28<br>Denominator: 440<br>Rate: 6.3%                           | Numerator: 12<br>Denominator: 440<br>Rate: 2.7%                           |
| 2                      | Describe intervention tracking measure that corresponds to intervention #2<br><u>Num</u> : na<br><u>Denom</u> : Total number of NOP forms received   | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: 361 forms rec'd | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: 373 forms rec'd | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: 262 forms rec'd | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: 210 forms rec'd |
| 3                      | Describe intervention tracking measure that corresponds to intervention #2<br><u>Num</u> : na<br><u>Denom</u> : Total number of members with Bright Start Application                        | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: 25 members      | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: 35 members      | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: 35 members      | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: 36 members      |
| 3                      | Describe intervention tracking measure that corresponds to intervention #3<br><u>Num</u> : Total number of members engaged in Case   | Numerator: 185<br>Denominator: 335<br>Rate: 55.22%                        | Numerator: 242<br>Denominator: 388<br>Rate: 62.37%                        | Numerator: 127<br>Denominator: 143<br>Rate: 88.81%                        | Numerator: 111<br>Denominator: 134<br>Rate: 82.84%                        |

| Number of Intervention | Description of Intervention Tracking Measures <sup>6</sup>   | Q1 2017  | Q2 2017  | Q3 2017  | Q4 2017  |
|------------------------|--|--|--|--|--|
|                        | Management<br><u>Denom</u> :Total number of newly identified high risk pregnant members referred to Case Management  |  |  |  |  |
| 3                      | Describe intervention tracking measure that corresponds to intervention #2<br><u>Num</u> : Total number of members engaged in Case Management<br><u>Denom</u> :Total number of pregnant members delivering <37 weeks gestation                                   | Numerator: 55<br>Denominator: 175<br>Rate: 31.43%            | Numerator: 39<br>Denominator: 169<br>Rate: 23.08%            | Numerator: 51<br>Denominator: 178<br>Rate: 28.65%            | Numerator: 38<br>Denominator: 191<br>Rate: 19.90%  |
| 3                      | Describe intervention tracking measure that corresponds to intervention #2<br><u>Num</u> : Total number of pregnant members delivering <37 weeks<br><u>Denom</u> :The total number of members that received a successful care coordination call                  | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: NA | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: NA | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: NA | Numerator: 26<br>Denominator: 645<br>Rate: 4.03%   |
| 3                      | Describe intervention tracking measure that corresponds to intervention #4<br><u>Num</u> : Total number of successful postpartum outreach calls.<br><u>Denom</u> :Total number of members that had a postpartum visit  | Numerator: 299<br>Denominator: 631<br>Rate: 47.39%           | Numerator: 295<br>Denominator: 578<br>Rate: 51.04%           | Numerator: 374<br>Denominator: 736<br>Rate: 50.82%           | Numerator: 347<br>Denominator: 639<br>Rate 54.30%  |
| 3                      | Describe intervention tracking measure that corresponds to intervention #2<br><u>Num</u> : Total number of pregnant members receiving contraception that delivered in each Qtr<br><u>Denom</u> :Total number of members engaged in Case Management and delivered | Numerator: 115<br>Denominator: 229<br>Rate: 50.22%           | Numerator: 110<br>Denominator: 201<br>Rate: 54.73%           | Numerator: 126<br>Denominator: 236<br>Rate: 53.39%           | Numerator: 91<br>Denominator: 208<br>Rate: 43.75%  |
| 3                      | Describe intervention tracking measure that corresponds to intervention #2<br><u>Num</u> : Total number of pregnant members receiving contraception that delivered   | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: na | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: na | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: na | Numerator: 194<br>Denominator: 645<br>Rate: 30.08% |

| Number of Intervention | Description of Intervention Tracking Measures <sup>6</sup>   | Q1 2017  | Q2 2017  | Q3 2017  | Q4 2017  |
|------------------------|--|--|--|--|--|
|                        | in each Qtr<br><u>Denom</u> :Total number of members receiving successful care coordination call   |  |  |  |  |
| 3                      | Describe intervention tracking measure that corresponds to intervention #2<br><u>Num</u> : Total number of pregnant members that received at least 1 chlamydia screening<br><u>Denom</u> :Total number of high risk pregnant members engaged in Case Management      | Numerator: 129<br>Denominator: 185<br>Rate: 69.73%           | Numerator: 185<br>Denominator: 242<br>Rate: 76.45%           | Numerator: 78<br>Denominator: 127<br>Rate: 61.42%            | Numerator: 84<br>Denominator: 111<br>Rate: 75.68%  |
| 3                      | Describe intervention tracking measure that corresponds to intervention #2<br><u>Num</u> : Total number of pregnant members that received at least 1 syphilis screening<br><u>Denom</u> :Total number of high risk pregnant members engaged in Case Management       | Numerator: 121<br>Denominator: 185<br>Rate: 65.41%           | Numerator: 167<br>Denominator: 242<br>Rate: 69.01%           | Numerator: 78<br>Denominator: 127<br>Rate: 61.42%            | Numerator: 75<br>Denominator: 111<br>Rate: 67.57%  |
| 3                      | Describe intervention tracking measure that corresponds to intervention #2<br><u>Num</u> : Total number of pregnant members that received at least 1 HIV screening<br><u>Denom</u> :Total number of high risk pregnant members engaged in Case Management            | Numerator: 117<br>Denominator: 185<br>Rate: 63.24%           | Numerator: 158<br>Denominator: 242<br>Rate: 65.29%           | Numerator: 73<br>Denominator: 127<br>Rate: 57.48%            | Numerator: 73<br>Denominator: 111<br>Rate: 65.77%  |
| 3                      | Describe intervention tracking measure that corresponds to intervention #2<br><u>Num</u> : Total number of pregnant members that received at least 1 chlamydia screening<br><u>Denom</u> :Total number of low risk pregnant members receiving care coordination call | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: NA | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: NA | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: NA | Numerator: 375<br>Denominator: 645<br>Rate: 58.14% |
| 3                      | Describe intervention tracking measure that corresponds to intervention  | Numerator:<br>Enter #<br>Denominator:                        | Numerator:<br>Enter #<br>Denominator:                        | Numerator:<br>Enter #<br>Denominator:                        | Numerator: 352<br>Denominator: 645                 |



| Number of Intervention | Description of Intervention Tracking Measures <sup>6</sup>  | Q1 2017   | Q2 2017  | Q3 2017   | Q4 2017   |
|------------------------|---|---|--|---|---|
|                        | #2<br><u>Num</u> : Total number of pregnant members that received at least 1 syphilis screening<br><u>Denom</u> : Total number of low risk pregnant members receiving care coordination call  | Enter #<br>Rate: NA   | Enter #<br>Rate: NA  | Enter #<br>Rate: NA   | Rate: 54.57%  |
| 3                      | Describe intervention tracking measure that corresponds to intervention #2<br><u>Num</u> : Total number of pregnant members that received at least 1 HIV screening<br><u>Denom</u> : Total number of low risk pregnant members receiving care coordination call   | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: NA                                | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: NA | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: NA                                | Numerator: 340<br>Denominator: 645<br>Rate: 52.71%                      |
| 4                      | Describe intervention tracking measure that corresponds to intervention #5<br><u>Num</u> : Total number of Community Education successful contacts<br><u>Denom</u> : Total number of Community Education referrals for unable to contact for postpartum visits  | Numerator: 39<br>Denominator: 76<br>Rate: 51%   | Numerator: 39<br>Denominator: 67<br>Rate: 58%                | Numerator: 58<br>Denominator: 128<br>Rate: 45.3%  | Numerator: 153<br>Denominator: 417<br>Rate 36.7%                        |
| 5                      | Describe intervention tracking measure that corresponds to intervention #5<br><u>Num</u> : Total number of OB Providers receiving enhancement payments<br><u>Denom</u> : Total number of eligible OB providers  | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: 0<br>payments 1 <sup>st</sup> Qtr | Numerator: 23<br>Denominator: 35<br>Rate: 65.71%             | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: 0<br>payments 3 <sup>rd</sup> Qtr | Numerator: 30<br>Denominator: 39<br>Rate: 76.9%                         |
| 6                      | Describe intervention tracking measure that corresponds to intervention #2<br><u>Num</u> : Total number of cases qualifying as actual Quality of Care<br><u>Denom</u> : Total number of Quality of Care referrals for 17P candidates that had a previous preterm birth and delivered preterm again but didn't receive 17P | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: NA                                | Numerator: 1<br>Denominator: 2<br>Rate: 50%                  | Numerator: 0<br>Denominator: 1<br>Rate: 0%  | Numerator:<br>Enter #<br>Denominator:<br>Enter #<br>Rate: none received |
|                        |   |   |  |   |   |

# 6. Results

**Results Table.**

| Performance Indicator   | Administrative (A) or Hybrid (H) Measure? | Baseline Period 2015   | Interim Period 2016  | Final Period 2017   | Final Goal/Target Rate  |
|---|---|--|--|---|---|
| Indicator #1<br>17 P PIP<br>Specification<br>The percentage of women 15-45 years of age with evidence of a previous pre-term singleton birth event (<37 weeks completed gestation) who received one or more Progesterone injections between the 16th and 21st week of gestation.                              | A   | Eligible Population=Enter #<br>Exclusions = 0<br>If "H", Sample size = NA<br>Numerator = 26<br>Denominator = 211<br><br>Rate = 12.32%    | Eligible Population =Enter #<br>Exclusions= 0<br>If "H", Sample size = NA<br>Numerator = 38<br>Denominator = 268<br><br>Rate = 14.2%     | Eligible Population = Enter #<br>Exclusions= 0<br>If "H", Sample size = NA<br>Numerator = 59<br>Denominator = 326<br><br>Rate = 18.1%     | Target Rate: 18%<br><br>Rationale: The goal was set above the upper 95 <sup>th</sup> confidence interval. : |
| Indicator #2<br>17 P Incentive<br>Specification<br>The percentage of women 15-45 years of age with evidence of a previous pre-term singleton birth event (<37 weeks completed gestation) who received one or more Progesterone injections between the 16th and 24th week of gestation (PTB incentive measure) | A   | Eligible Population = 297<br>Exclusions= Enter #<br>If "H", Sample size = NA<br>Numerator = 43<br>Denominator = 297<br><br>Rate = 14.48% | Eligible Population = 402<br>Exclusions= Enter #<br>If "H", Sample size = NA<br>Numerator = 83<br>Denominator = 402<br><br>Rate = 20.65% | Eligible Population = 422<br>Exclusions= Enter #<br>If "H", Sample size = NA<br>Numerator = 106<br>Denominator = 422<br><br>Rate = 25.12% | Target Rate:20%<br><br>Rationale: The goal was set above the upper 95 <sup>th</sup> confidence interval.    |
| Indicator #3<br>The percentage of women aged 16 years and older who delivered a live birth and had at   | A   | Eligible Population = 4516<br>Exclusions= Enter #<br>If "H", Sample size = NA  | Eligible Population = 3818<br>Exclusions= Enter #<br>If "H", Sample size = NA  | Eligible Population = 4095<br>Exclusions= Enter #<br>If "H", Sample size = NA   | Target Rate:89%, Updated Goal for MY 2017 97.3%<br><br>Rationale: The goal was set above the upper          |

|  |   |  |   |   |   |
|--|---|--|---|---|---|
| least one test for Chlamydia during pregnancy  |   | Numerator = 3886<br>Denominator = 4516<br><br>Rate = 86%   | Numerator = 3687<br>Denominator = 3818<br><br>Rate = 96.6%  | Numerator = 3971<br>Denominator = 4095<br><br>Rate = 97%  | 95 <sup>th</sup> confidence interval.   |
| Indicator #4<br>The percentage of women aged 16 years and older who delivered a live birth and had at least one test for HIV during pregnancy      | A | Eligible Population = 5018<br>Exclusions= Enter #<br>If "H", Sample size = NA<br>Numerator = 3993<br>Denominator = 5018<br><br>Rate = 79.6%    | Eligible Population = 3839<br>Exclusions= Enter #<br>If "H", Sample size = NA<br>Numerator = 3360<br>Denominator = 3839<br><br>Rate = 87.5% | Eligible Population = 4095<br>Exclusions= Enter #<br>If "H", Sample size = NA<br>Numerator = 3287<br>Denominator = 4095<br><br>Rate = 80.3% | Target Rate: 82.6%<br>Updated Goal for MY 2017 88.7%<br><br>Rationale: The goal was set above the upper 95 <sup>th</sup> confidence interval. |
| Indicator #5<br>The percentage of women aged 16 years and older who delivered a live birth and had at least one test for syphilis during pregnancy | A | Eligible Population = 5018<br>Exclusions= Enter #<br>If "H", Sample size = NA<br>Numerator = 4223<br>Denominator = 5018<br><br>Rate = 84.2%    | Eligible Population = 3839<br>Exclusions= Enter #<br>If "H", Sample size = NA<br>Numerator = 3599<br>Denominator = 3839<br><br>Rate = 93.7% | Eligible Population = 4095<br>Exclusions= Enter #<br>If "H", Sample size = NA<br>Numerator = 3471<br>Denominator = 4095<br><br>Rate = 84.8% | Target Rate: 87.2%<br>Updated Goal for MY 2017 94.6%<br><br>Rationale: The goal was set above the upper 95 <sup>th</sup> confidence interval. |
| Indicator #6a<br>The percentage of women who adopt use of a <u>most effective</u> FDA-approved method of contraception                             | A | Eligible Population = Enter #<br>Exclusions= Enter #<br>If "H", Sample size = NA<br>Numerator = 752<br>Denominator = 4894<br><br>Rate = 15.37% | Eligible Population = 3838<br>Exclusions= Enter #<br>If "H", Sample size = NA<br>Numerator = 322<br>Denominator = 3838<br><br>Rate = 8.4%   | Eligible Population = 4111<br>Exclusions= Enter #<br>If "H", Sample size = NA<br>Numerator = 295<br>Denominator = 4111<br><br>Rate = 7.2%   | Target Rate: 18.37%<br><br>Rationale: The goal was set above the upper 95 <sup>th</sup> confidence interval.                                  |
| Indicator #6b<br>The percentage of women who adopt use of a <u>moderately effective</u> FDA-approved method of contraception                       | A | Eligible Population = Enter #<br>Exclusions= Enter #<br>If "H", Sample size = NA<br>Numerator = 597<br>Denominator = 4894<br><br>Rate = 12.2%  | Eligible Population = 3838<br>Exclusions= Enter #<br>If "H", Sample size = NA<br>Numerator = 1479<br>Denominator = 3838<br><br>Rate = 38.5% | Eligible Population = 4111<br>Exclusions= Enter #<br>If "H", Sample size = NA<br>Numerator = 1413<br>Denominator = 4111<br><br>Rate = 34.4% | Target Rate: 15.2%<br>Updated Goal for MY 2017 45%<br><br>Rationale: The goal was set above the upper 95 <sup>th</sup> confidence interval.   |

|   |   |  |  |  |   |
|---|---|--|--|--|---|
| <p>Indicator #6c<br/>The percentage of women who adopt use of LARC during delivery hospitalization</p>          | A | <p>Eligible Population = 4894<br/>Exclusions= Enter #<br/>If "H", Sample size = NA<br/>Numerator = 59<br/>Denominator = 4894<br/><br/>Rate = 1.2%</p>  | <p>Eligible Population = 3838<br/>Exclusions= Enter #<br/>If "H", Sample size = NA<br/>Numerator = 16<br/>Denominator = 3838<br/><br/>Rate = 0.4%</p>  | <p>Eligible Population = 4111<br/>Exclusions= Enter #<br/>If "H", Sample size = NA<br/>Numerator = 12<br/>Denominator = 4111<br/><br/>Rate = 0.3%</p>  | <p>Target Rate: 1.5%</p> <p>Rationale: The goal was set above the upper 95<sup>th</sup> confidence interval.</p>  |
| <p>Indicator #6d<br/>The percentage of women who adopt use of LARC outpatient 56 days postpartum</p>            | A | <p>Eligible Population = 4894<br/>Exclusions= Enter #<br/>If "H", Sample size = NA<br/>Numerator = 295<br/>Denominator = 4894<br/><br/>Rate = 6.0%</p> | <p>Eligible Population = 3838<br/>Exclusions= Enter #<br/>If "H", Sample size = NA<br/>Numerator = 165<br/>Denominator = 3838<br/><br/>Rate = 4.3%</p> | <p>Eligible Population = 4111<br/>Exclusions= Enter #<br/>If "H", Sample size = NA<br/>Numerator = 156<br/>Denominator = 4111<br/><br/>Rate = 3.8%</p> | <p>Target Rate: 6.7%</p> <p>Rationale: The goal was set above the upper 95<sup>th</sup> confidence interval.</p>  |
| <p>Indicator #7<br/>The percentage of women with a postpartum visit as per the HEDIS PPC postpartum measure</p> | H | <p>Eligible Population = 5022<br/>Exclusions= 2<br/>If "H", Sample size = 411<br/>Numerator = 278<br/>Denominator = 430<br/>Rate = 64.65%</p>          | <p>Eligible Population = 3848<br/>Exclusions= 8<br/>If "H", Sample size = 399<br/>Numerator = 217<br/>Denominator = 380<br/>Rate = 57.11%</p>          | <p>Eligible Population = 4121<br/>Exclusions= 0<br/>If "H", Sample size = 403<br/>Numerator = 255<br/>Denominator = 403<br/>Rate = 63.28%</p>          | <p>Target Rate: 69.5%</p> <p>Updated Goal for MY 2017 63.12%</p> <p>Rationale: The goal is the State LDH goal</p> |

# 7. Discussion

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The discussion section is for explanation and interpretation of the results. Please draft a preliminary explanation and interpretation of results, limitations and member participation for the Interim Report, then update, integrate and comprehensively interpret all findings for the Final Report. Address dissemination of findings in the Final Report.

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## Discussion of Results

**Interpret the performance indicator rates for each measurement period, i.e., indicate whether or not target rates were met, describe whether rates improved or declined between baseline and interim, between interim and final and between baseline and final measurement periods:**

17 P PIP Specification- The 17 P PIP Measure Specification increased 1.88 % from the 2015 baseline MY year to the 2016 interim MY, (12.32% to 14.2%) and 3.9% from the 2016 interim MY to the 2017 final MY, (14.2 % to 18.1%). There was a 5.78 % increase from the baseline to the final MY, (12.32% to 18.1%). The target goal of 18% was met for the final measurement year.

17 P Incentive Specification- The 17 P Incentive Measure Specification increased 6.17 % from the 2015 baseline MY year to the 2016 interim MY, (14.48% to 20.65%) and 4.47% from the 2016 interim MY to the 2017 final MY, (20.65% to 25.12%). There was a 10.64 % increase from the baseline to the final MY, (14.48% to 25.12%). The target goal of 20% was met for the Interim and final measurement years.

Chlamydia Screening- The Chlamydia Screening Measure increased 10.6 % from the 2015 baseline MY year to the 2016 interim MY, (86% to 96.6%) and 0.4% from the 2016 interim MY to the 2017 final MY, (96.6% to 97%). There was an 11 % increase from the baseline to the final MY, (86% to 97%). The target goal of 89% was met for the Interim MY therefore the goal was increased to 97.3% for the final MY. The final rate of 97.0 nearly met the updated goal of 97.3%

HIV Screening- The HIV Screening Measure increased 7.9 % from the 2015 baseline MY year to the 2016 interim MY, (79.6% to 87.5%) and decreased 7.2% from the 2016 interim MY to the 2017 final MY, (87.5% to 80.3%). There was a 0.7 % increase from the baseline to the final MY, (79.6% to 80.3%). The target goal of 82.6% was met for the Interim MY therefore the goal was increased to 88.7% for the final MY. The final rate of 80.3% did not meet the updated goal of 88.7%

Syphilis Screening- The Syphilis Screening Measure increased 9.5 % from the 2015 baseline MY year to the 2016 interim MY, (84.2% to 93.7%) and decreased 8.9% from the 2016 interim MY to the 2017 final MY, (93.7% to 84.8%). There was a 0.6 % increase from the baseline to the final MY, (84.2% to 84.8%). The target goal of 87.2% was met for the Interim MY therefore the goal was increased to 94.6% for the final MY. The final rate of 84.8% did not meet the updated goal of 94.6%

Most Effective Contraceptive Use-- The Most Effective Contraceptive Use Measure decreased 6.97 % from the 2015 baseline MY year to the 2016 interim MY, (15.37% to 8.4%) and decreased 1.2% from the 2016 interim MY to the 2017 final MY, (8.4% to 7.2%). There was an 8.17 % decrease from the baseline to the final MY, (15.37% to 7.2%). The target goal of 18.37% was not met for the three cycles of this PIP.

Moderately Effective Contraceptive Use-- The Moderately Effective Contraceptive Use Measure increased 26.3 % from the 2015 baseline MY year to the 2016 interim MY, (12.2% to 38.5%) and decreased 4.1% from the 2016 interim MY to the 2017 final MY, (38.5% to 34.4%). There was a 22.2 % increase from the baseline to the final MY, (12.2% to 34.4%). The target goal of 15.2% was met for the Interim MY therefore the goal was increased to 45% for the final MY. The final rate of 34.4% did not meet the updated goal of 44 %.

LARC during delivery hospitalization- The LARC during delivery hospitalization Measure decreased 0.8% from the 2015 baseline MY year to the 2016 interim MY, (1.2% to 0.4%) and decreased 0.1% from the 2016 interim MY to the 2017 final MY, (0.4% to 0.3%). There was a 0.9 % decrease from the baseline to the final MY, (1.2% to 0.3%). The target goal of 1.5% was not met for the three cycles of this PIP.

LARC outpatient 56 days postpartum- The LARC outpatient 56 days postpartum Measure decreased 1.7% from the 2015 baseline MY year to the 2016 interim MY, (6.0% to 4.3%) and decreased 0.5% from the 2016 interim MY to the 2017 final MY, (4.3% to 3.8%). There was a 2.2 % decrease from the baseline to the final MY, (6.0% to 3.8%). The target goal of 6.7% was not met for the three cycles of this PIP.

Post-Partum - The Postpartum Measure decreased 7.54 % from the 2015 baseline MY year to the 2016 interim MY, (64.65% to 57.11%) and increased 6.17% from the 2016 interim MY to the 2017 final MY, (57.11% to 63.28%). There was a 1.37 % decrease from the baseline to the final MY, (64.65% to 63.28%). The target goal of 69.5% was not met for the Interim MY. The goal was updated to reflect the State goal of 63.12 and was met for the final MY%.

**Explain and interpret the extent to which improvement was or was not attributable to the interventions, by interpreting quarterly or monthly intervention tracking measure trends:**

Educational outreach to OB providers- The rate for OB outreach for education has remained below 10% over the past two years, the plan acknowledges this and will work on increasing outreach to OB providers as well as look at additional opportunities to provide education to these providers.

NOP forms submitted to the health plan- Due to the lack of NOP forms being submitted to the plan, the process measures for NOP triggering Case Management/engaged in Case Management were retired at the end of 2016. In Jan 2017 ACLA implemented a new workflow for receiving and entering the NOP forms. Payments are now made based on forms received versus codes submitted. The plan now monitors how many NOP forms are received monthly. The rate for this measure decreased in 2017. The plan is continuing to work on barriers/opportunities to encourage providers to submit the NOP form to the plan timely and accurately.

Case Management Process Measures-

The process measure of “Total number of members referred to and engaged in Case Mgt/ “Total number of newly eligible pregnant members yielded low rates in 2016 (< 20%), this measure was retired at the end of 2016 and the plan continues to track “Total number of members engaged in Case mgt/ Total number of newly identified *high risk* pregnant members referred to Case Mgt”. This measure demonstrated an increase in all four quarters of 2017, 55.22%, 62.37%, 88.81% and 82.84% for the 4<sup>th</sup> Qtr of 2017.

The plan also begun monitoring “The total number of members engaged in Case Mgt/The total number of members delivering <37 weeks gestation” in 2017. The plan acknowledges that there is room for improvement in this measure as the highest Qtr was 31.43%, the plan is working on identifying barriers/opportunities to increase case management for members who are high risk and have the potential to deliver early. As of the 4<sup>th</sup> Qtr of 2017, the plan now tracks when members receive Care Coordination services to identify those members not engaged in Case Management but receive services from the plan’s Care Coordinators.

The plan updated the Postpartum process measure in 2017 and now only tracks “The total number of successful postpartum outreach calls/The total number of members that had a postpartum visit”. In 2017 the rate for this measure was between 47% to 54%. The plan acknowledges the need to improve post-partum follow-up and will continue to work on improving these rates.

The plan (Case Management) also works close with the Community Education department and refers members that they are unable to contact for postpartum education. The Community Education department attempts to contact the member via phone or a face to face visit. The number of referrals increased for this measure in 2017 and the successful contact rate was 36.7 % for the 4<sup>th</sup> Qtr of 2017. The plan will evaluate the increase in the denominator for this measure as well as barriers/opportunities for members that are unable to be contacted.

Contraception information to members. This intervention has been updated. Contraception information is now offered during the “Pediatrician Call” which takes place at the 28th week of pregnancy. Contraception is discussed and material is mailed to the member if requested. The plan is now tracking how many members receive some type of Contraception in each Qtr from the total number of members that received a successful

Care Coordination call as well as members who were engaged in Case Management and delivered. . This rate was 30.08% for members receiving a Care Coordination Call for the 4<sup>th</sup> Qtr of 2017 and 43.75% for members engaged in Case Mgt and delivered. The plan will continue to work on barriers/opportunities to improve contraception information to members.

The plan has enhanced tracking of services/data by not only tracking information to members who are engaged in Case Management, but also to members who receive Care Coordination Services from the plans Care Connectors. The plan is now monitoring how many members receive a successful Care Coordination call and how many members were engaged in Case Management that received a STD screening (Chlamydia, Syphilis, and HIV). The rate for members who were engaged in Case Management and received a STD screening was between 65% to 75% for the 4<sup>th</sup> Qtr of 2017. The rate for members who received a successful Care Coordination call and had a STD screening was between 52% to 58% for the 4<sup>th</sup> of 2017. The plan will continue to work on tracking this information as well as barriers to receiving the testing.

The plan has also developed a new process for identification of Quality of Care concerns with premature deliveries. The Quality department is now reviewing Quality of Care cases for members who qualified for 17P but did not receive it. The plan developed a process measure for this and is now tracking the "Total number of QOC referrals for 17P candidates that had a previous preterm birth and delivered again but did not receive 17P". The plan received 3 referrals for 2017 and is currently working with Case Management on the referral process to ensure all cases are referred timely and appropriately.

**What factors were associated with success or failure?** See above as well as information listed below for failures;

- Early identification of pregnant members.
- Members are unable to be contacted for engagement into the plans Case Management program and/or for educational purposes.
- Members do not complete their postpartum visit within the required time frame of 21-56 days post-delivery.
- Providers do not submit NOP forms accurately or in a timely manner.
- Providers and Members lack the knowledge of the benefits of receiving 17P.

**Limitations** (For definitions and examples, refer to HEALTHY\_LOUISIANA\_PIP\_TEMPLATE\_w\_example)

As in any population health study, there are study design limitations for a PIP. Address the limitations of your project design. Examples of study limitations include: Accuracy of administrative measures that are specified using diagnosis or procedure codes are limited to the extent that providers and coders enter the correct codes; Accuracy of hybrid measures specified using chart review findings are limited to the extent that documentation addresses all services provided.

- **Were there any factors that may pose a threat to the internal validity the findings?** Threats to the internal validity of the findings include care management/ case management process measure data accuracy due to the limitations of episodic documentation and data abstractions from the plan's integrated care management software.
- **Were there any threats to the external validity the findings?** Threats to the external validity of the findings include administrative measure accuracy that are specified using diagnosis or procedure codes are limited to the extent that providers and coders enter the correct codes and the accuracy of hybrid measures specified using chart review findings are limited to the extent that documentation addresses all services provided.
- **Describe any data collection challenges.** The plan faced numerous challenges with data collection for process measures focused on case management / care management outreach. Limitations relative to the episodic documentation and data abstraction from the plan's integrated care management software resulted in under-represented Case Management / Care Management member interactions. Additionally, data collection challenges include locating and obtaining requested medical records for the annual HEDIS® project.

## Member Participation

Pregnant Members are invited to participate in the plans “Community Baby Showers”. The showers are a positive way to help expectant moms understand the importance of caring for themselves and their babies-to-be. AmeriHealth Caritas care manager’s partner with local obstetricians and community organizations to provide health information and resources. Free dental screenings, vital to prenatal care, are performed on site. And special attention is paid to identify members with depression.

Members are also outreached to through the plan’s Bright Start Program. Members are outreached to via phone (Case Management and/or Care Coordination) outreach as well as educational mailings.

Describe methods utilized to solicit or encourage membership participation: Members are outreached to through several methods including, Bright Start Outreach (telephonic and member mailings), Community Education also outreaches to members.

**10/2018-Update from PIP Feedback:** Member feedback is received from the member during direct member outreach by the plan’s Case Manager/Care Coordinator. Feedback is received on many things such as; social determinant needs, questions on their prenatal/postpartum care, and infant care. Member feedback is also received in the form of the Plan’s annual Member Satisfaction Survey. The plan also has a Member Advisory Council (MAC), members are asked to contribute to the development of health education programs to improve the member’s quality of care. Feedback is received from members as well.

### Provider Feedback:

Provider feedback is received by the plan via various methods, ie; Provider Satisfaction Survey, Quality Committee Meetings, The Prematurity PIP as well as Prenatal/Post-Partum and 17P Rates are reviewed and input is received from both internal and external providers. One example of a prenatal topic that was discussed in the committee meeting was information on “early notification of pregnant members”. There was discussion centered on early identification of pregnant members and ways to incentive the member for notifying the plan that they were pregnant.

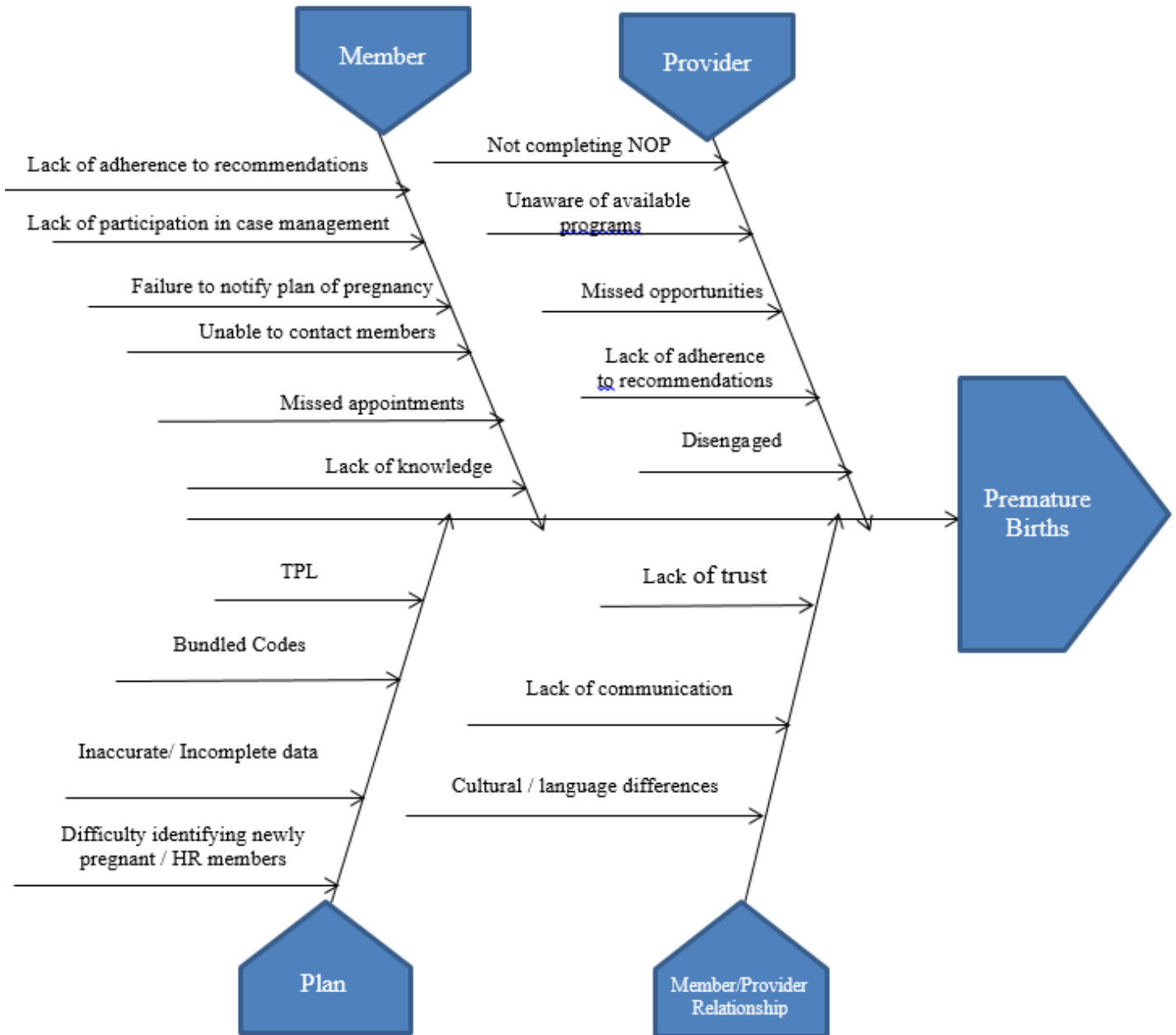
The plan’s Bright Start Team/Case Management also reaches out to providers at times to discuss items such as 17P, treatment plan for preterm delivery, discuss possible referrals to Optum services for hyperemesis, preeclampsia, and diabetes programs, and also to discuss if the member is a candidate for ASA therapy.

## Dissemination of Findings

- **Describe the methods used to make the findings available to members, providers, or other interested parties:** Updates from the Prematurity PIP are provided quarterly at the plan’s Quality of Clinical Care Committee meetings. The plan also has a Quarterly workgroup meeting to review/discuss the Prematurity PIP.



Figure 1: Ishikawa / Fishbone Diagram



# 8. Next Steps

This section is completed for the Final Report. For each intervention, summarize lessons learned, system-level changes made and/or planned, and outline next steps for ongoing improvement through the PIP extension period.

| Description of Intervention   | Lessons Learned   | System-level changes made and/or planned   | Next Steps  |
|---|---|--|---|
| Educational outreach to Providers   | The plan acknowledges that provider education needs to be improved and enhanced to ensure providers are adhering to clinical guidelines and recommendations | The plan will continue to outreach providers for education but will further stratify outreach and prioritize targeting low performing providers  | Improve/enhance provider outreach and target low performing providers             |
| Implementation of Standard Notice of Pregnancy (NOP) communication from provider to plan  | The plan acknowledges that providers are not faxing in the NOP form in accurately or in a timely manner.  | Jan 2017- ACLA implemented a new workflow for receiving and entering the NOP forms. Payments are now made based on forms received versus codes submitted.  | Continue to work with Providers on completing the NOP form timely and accurately. |
| Enhanced Obstetric Care Management Engagement and Outreach Program Interventions:   | The need to improve member interaction documentation in the plan's integrated care management software  | System changes have been implemented to improve member interaction documentation in the plan's integrated care management software thereby, allowing data extraction to accurately capture all outreach...   | Monitor the Care Management Software to ensure all data is being captured.        |
| Increase Community Education face-to-face outreach to unable to contact members   | Unable to contact members are at risk for missing appointments, missing Case Management interventions well as educational opportunities.                    | The plan continues to work with the Community Education department on outreaching the plans unable to contact members.   | Continue member outreach to the unable to contact population                      |
| Perinatal Quality Enhancement Program (PQEP)<br>Measure and reward providers for achieving quality performance measures;                            | All Providers are not aware of this program.  | No system changes.   | Continue to educate providers on the PQEP program.                                |
| Development of a new process for identification of quality of care concerns with premature deliveries who qualified for 17P but did not receive 17P | The plan needs to evaluate those members that qualified for 17P but did not receive it.   | The plan will further analyze the utilization of 17P by comparing prematurity rates of those members initiating 17P timely but not completing the course of treatment to those member who initiated 17P timely and completed the course of treatment | Continue to analyze the utilization of 17P  |