Health Plan Performance Improvement Project (PIP)

Health Plan: Aetna Better Health of Louisiana

PIP Title: Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: Persons 18 years of age or older (or 16 years and up for Pfizer vaccine only)

PIP Implementation Period: April 2021- ongoing

Project Phase: Baseline

Submission Dates:

	Proposal/ Baseline	Interim	Final
Version 1	05/07/2021		
Version 2	10/21/2021		12/31/2021

MCO Contact Information

1. Principal MCO Contact Person

[PERSON RESPONSIBLE FOR COMPLETING THIS REPORT AND WHO CAN BE CONTACTED FOR QUESTIONS]

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2. Additional Contact(s)

[PERSON(S) RESPONSIBLE IN THE EVENT THAT THE PRINCIPAL CONTACT PERSON IS UNAVAILABLE]

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Title: Quality Management Director
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First and last name: Melder Burton
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3. External Collaborators (if applicable):

- Louisiana Department of Health Vaccination Strike Teams
- Vaccine Providers
- Office of Public Health
- Grambling State University

Attestation

Plan Name: Aetna Better Health of Louisiana
Title of Project: Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: Persons 18 years of age or older (or 16 years and up for Pfizer vaccine only)

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

Medical Director signature: Madelyn M Meyn, MD
First and last name: Madelyn Meyn, M.D.
Date: 05/07/2021

CEO signature: Richard C Born
First and last name: Richard C. Born
Date: 05/07/2021:

Quality Director signature: Arlene Goldsmith
First and last name: Arlene Goldsmith
Date: 05/07/2021:

IS Director signature (if applicable): _____
First and last name: Kenneth Landry
Date: 05/07/2021

Updates to the PIP

For Interim and Final Reports Only: Report all changes in methodology and/or data collection from initial proposal submission in the table below.
[EXAMPLES INCLUDE: ADDED NEW INTERVENTIONS, ADDED A NEW SURVEY, CHANGE IN INDICATOR DEFINITION OR DATA COLLECTION, DEVIATED FROM HEDIS® SPECIFICATIONS, REDUCED SAMPLE SIZE(S)]

Table 1: Updates to PIP

Change	Date of change	Area of change	Brief Description of change
Change 1 1a ITM was modified to ensure alignment with the MCO's, IPRO and LDH updated definitions	October 8, 2021	☐ Project Topic ☒ Methodology ☐ Barrier Analysis / Intervention ☐ Other	Numerators must refer to successful outcomes showing member engagement, for example, "appointments made" or "vaccines received." A numerator cannot be, for example, "successful contacts," "calls made," or "outreach attempts" because these do not necessarily indicate member engagement.
Change 2 Calculation 1b ITM was modified to ensure alignment with the MCO's, IPRO and LDH updated definitions	October 8, 2021	☐ Project Topic ☒ Methodology ☐ Barrier Analysis / Intervention ☐ Other	Numerators must refer to successful outcomes showing member engagement, for example, "appointments made" or "vaccines received." A numerator cannot be, for example, "successful contacts," "calls made," or "outreach attempts" because these do not necessarily indicate member engagement.
Change 3 **Modified PIP to include 12+**	July 2, 2021	☐ Project Topic ☐ Methodology ☐ Barrier Analysis / Intervention ☒ Other	The PIP template was updated to incorporate vaccines for children 12-15 years old
Change 4		☐ Project Topic ☐ Methodology ☐ Barrier Analysis / Intervention ☐ Other	

Abstract

For Final Report submission only. Do not exceed 1 page.

Project Topic/Rationale: The project rational is to increase the number of eligible members in receiving the complete course of the COVID vaccine. Per the state requirements the intent was to ensure that approximately 70% of the MCO's Medicaid population be vaccinated by July 1, 2021

Objective of the PIP:
For ABHLA to assist Louisiana Department of Health (LDH) in getting members fully vaccinated. Initially ABHLA was tasked with the population 16+, and to adjust vaccinations efforts as CDC and FDA requirements mandate.

Methodology: ABHLA analyzes results in workgroups with key leaders and COVID 19 committee members, comparing prior months/years and target goals by conducting 5 whys, barrier analysis, root-cause analysis, and PDSAs to find opportunities for improvement and/or barriers that impact intervention success. In addition, ABHLA may use Quality Improvement process data generated from the following tools: fishbone diagram, priority matrix, and the SWOT diagram. ABHLA regularly conducts evaluations using both quantitative and qualitative (when applicable) methods. Both key performance indicators and intervention tracking measures are continuously monitored to evaluate the plan's path to attaining the target rates of the PIP and its corresponding goals.

Interventions: ABHLA integrates educational opportunities in community outreach events/activities, partner with organizations like Grambling State University, Louisiana Department of Health (LDH), and other community specific partners. In conjunction with these partnerships the plan developed a communication mechanism and gap report for providers to assist with appropriate identification of those members on their panels requiring vaccination and encourage vaccination by this trusted source.

Results:
The progression of members receiving the COVID vaccine continues to have a slow but steady pace for ABHLA. Although, the plan has many initiatives and incentives for both member and providers, the push for members to become vaccinated still hinges on the members desire to receive the vaccination. However, we continue to think of innovative ways to share knowledge with our population as well as looking for ways to make vaccinations more convenient. In October of 2021, ABHLA began the process of polling members who had received telephonic education calls via CM's and CMA's outreach as a method to identify additional ways to assist members in moving in the direction of becoming vaccinated. From October 21st to January 5th of 2022, we were able to identify that 123 members stated that they were hesitant to receive the vaccination for various reasons, 3 identified that they were reluctant to receive the vaccine because it was not convenient, 2 identified that transportation was a concern and 205 noted other as their rational for not becoming vaccinated. Weekly breakdown in grid below:

Members Reasons	10/21/2021 - 10/27/2021	10/28/2021 - 11/3/2021	11/04/2021 - 11/10/2021	11/11/2021 - 11/17/2021	11/18/2021 - 11/24/2021	11/25/2021 - 12/1/2021	12/2/2021 - 12/8/2021	12/9/2021 - 12/15/2021	12/16/2021 - 12/22/2021	12/23/2021 - 12/29/2021	12/30/2021 - 1/5/2022
Hesitancy	9	7	3	10	9	6	20	11	19	15	14
Convenience	2	0	0	0	0	1	0	0	0	0	0
Transportation	0	0	0	1	0	0	0	0	0	1	0
Other	11	13	12	19	17	16	32	26	26	13	20

As we continue to poll and educate ABHLA members on the importance of receiving the COVID vaccine, the team is looking at ways to address the rationale given above for not wanting to receive the vaccine. ABHLA in collaboration with the other MCO's have discussed various communication avenues, such as social media campaign, utilization of LDH website, and other activities to communicate and dispel myths shared by members. In addition to the educational efforts being conducted, the plan has paid out $18,700 dollars in incentives to 748 members from August 2021 – December 2021.

ABHLA has also received positive feedback from those providers receiving gaps in care reporting. The plan is working to update monthly reporting to assist providers with their success in closing gaps. In 2021, ABHLA has calculated $105,700.00 in provider incentives to be paid out.

Conclusion: The COVID 19 PIP was new to the plan in 2021 and due to this pandemic, there were many limitations encountered by ABHLA regarding members concerns with taking a newly developed vaccine. The initial kick-off meeting was in April of 2021, however ABHLA had begun various activities in January to assist members in getting access to the vaccine. The community outreach team hosted multiple events in various regions to provide vaccines in the highly populous areas of ABHLA membership. In August of 2021, ABHLA partnered with an HBCU in Region 8 to host a COVID event for their athletic team. Region 8 is housed in the 5th Congressional District:

- 25.1 percent below poverty
- Children below poverty 35.5%
- Second poorest district in the state
- One of the 20 poorest districts in the country

In building this alliance around the COVID incentive, ABHLA utilized the partnership to focus on health equity concerns such as:

- Raise awareness in targeted HBCU and surrounding communities about the preventive health and screenings as well as COVID education
- Increase partnerships with trusted champions with access to uninsured Louisianans enrolled in HBCUs and surrounding communities
- Reduce health disparities among members at HBCUs
- Increase access to future professionals that match the populations we serve
- Foster inter-university collaboration regarding minority SDOH

The COVID 19 PIP will be continuing into 2022 and the age group 5-11 has been included in the upcoming revision of this PIP. As we continue to forge forward with this initiative it is important to take inventory of the lessons learned based on updated SWOT found in Appendix C and information obtained from member and provider feedback, which will help drive solutions to some of the various 2021 barriers.

Next Steps: Activities and incentives around COVID are ongoing, the list below contains information on the various incentives that the plan has in place as well as some the activities implemented to assist in moving members to a decision to become vaccinated.

- Continuing to work with community partners to conduct COVID Clinic
- Regional Outcome Directors are working with Providers to share COVID vaccine information, which includes Provider incentives
- Incentivize members by providing $25 per COVID dose
- Developed campaigns to address members who were eligible or past due
- Using all resources to continue to look at events, like back to school, where AETNA can incorporate the COVID vaccine along with Flu
- Collaborative MCO effort for possible combined events with wider state coverage

Project Topic

To be completed upon Proposal submission. Do not exceed 2 pages.

Describe Project Topic and Rationale for Topic Selection

- **Describe how PIP Topic addresses your enrollee needs and why it is important to your enrollees:**

- **Describe vaccine eligibility:** The Louisiana Department of Health website (https://ldh.la.gov/index.cfm/page/4137, 2021) lists vaccine eligibility. Currently, all individuals age 16 or greater are eligible for COVID-19 vaccination. It is anticipated that eligibility will expand to younger members once a pediatric vaccine is approved.

- **Describe current research support for topic (e.g., clinical guidelines/standards):** The Advisory Committee on Immunization Practices (ACIP) issued interim recommendations on the use of available COVID-19 vaccines to prevent COVID-19 (Oliver et al., 2020b). The State of Louisiana COVID-19 Vaccination Playbook's rationale for prioritizing persons with these conditions is to protect the most vulnerable, and cites the current CDC guidelines (CDC, 2020). Effective Tuesday, March 9, 2021, the State of Louisiana expanded eligibility for COVID-19 vaccines to include people who have health conditions that may result in a higher risk of disease (https://ldh.la.gov/index.cfm/page/4137, 2021).

Aims, Objectives and Goals

Aim: **Ensure access to COVID-19 vaccination for Healthy Louisiana enrollees.**

Objective:

- **The key objective of this PIP is to facilitate COVID-19 vaccination of all eligible enrollees.**

Interventions:

A. Enrollee Interventions will be the focus of this PIP, as follows:

1. Refer and facilitate making appointments for eligible enrollees engaged in case management to COVID-19 vaccination sites.
2. Refer and facilitate making appointments for eligible enrollees NOT engaged in case management to COVID-19 vaccination sites.
3. Educate and inform enrollees on vaccine merits, safety and accessibility with comprehensive and clear communication in accordance with the State of Louisiana communication plan for the COVID-19 vaccine [e.g., LDH COVID-19 website: Louisiana Coronavirus COVID-19 | Department of Health | State of Louisiana (la.gov)].
4. Provide enrollees with second dose reminders for those overdue.

B. Provider Interventions

5. Distribute listings of COVID-19 vaccine-eligible enrollees, as well as listings of pharmacy vaccination sites and other LINK-enrolled providers, to PCPs.
6. Conduct training and education of providers, when necessary, using LINKS training videos and CDC/ACIP evidence-based guidance in collaboration with the Tri-Regional LINKS Outreach Coordinators.

C. Collaborate with state and local partners

7. Outreach to racial/ethnic minority enrollees. Utilize COVID-19 vaccination coverage reports generated in LINKS to track and monitor COVID-19 vaccination rates and to determine pockets of need (e.g., zip code and region level). Collaborate and coordinate with the Louisiana Department of Health Vaccination Strike Teams to vaccinate hard-to-reach target populations in Louisiana.
8. Collaborate with the Office of Public Health on vaccine education materials.

Table 2: Goals

Indicators	Baseline Rate[2] Measurement Period: ULM provided data 4/1/2021	01/01/21 – 12/13/21	Target Rate[3]	Rationale for Target Rate[4]
Indicator 1: Receipt of COVID-19 vaccine **Measure A: Receipt of at least one dose of COVID-19 vaccine** **Measure B: Receipt of a complete vaccine series[1]**	N:18,604 D:108,202 R:17.19% N:17,540 D:108,202 R:16.21%	N:54,143 D:113,062 R:47.88% N:47,337 D:113,062 R:41.86% :	R: 27.19 R: 26.21	Internal Goals 10% increase **State required target rate 70%**
Indicator 2: Racial/ethnic disparity in receipt of at least one dose of COVID-19 vaccine: **Measure A: White enrollees receiving at least one dose** **Measure B: Black enrollees receiving at least one dose** **Measure C: Hispanic/Latino enrollees receiving at least one dose** **Measure D: Enrollees of other, missing, or unknown race/ethnicity receiving at least one dose**	N:6,019 D:40,320 R:14.93% N:6,901 D:41,693 R:16.55% N:185 D:975 R:18.97% N:5,499 D:25,214 R:21.81%	N:16,847 D:40,018 R:42.10% N:21,639 D:42,042 R:51.47% N:4,651 D:10,875 R:42.77% N:11,006 D:20,127 R:54.68%	R: 24.93 R: 26.55 R: 28.97 R: 31.81	Internal Goals 10% increase **State required target rate 70%**
Indicator 3: Racial/ethnic disparity in receipt of a complete COVID-19 vaccine course[1]: **Measure A: White enrollees receiving a complete COVID-19 vaccine course**	N:5;647 D:40,320 R:14.01%	N:14,602 D:40,018 R:36.49%	R: 24.01	Internal Goals 10% increase **State required target rate 70%**

Indicators	Baseline Rate[2] Measurement Period: ULM provided data 4/1/2021	01/01/21 – 12/13/21	Target Rate[3]	Rationale for Target Rate[4]
Measure B: Black enrollees receiving a complete COVID-19 vaccine course	N:6;540 D:41,693 R:15.69%	N:18,824 D:42,042 R:44.77%	R: 25.69	
Measure C: Hispanic/Latino enrollees receiving a complete COVID-19 vaccine course	N:178 D:975 R:18.26%	N:3,945 D:10,875 R:36.28%	R: 28.26	
Measure D: Enrollees of other, missing, or unknown race/ethnicity receiving a complete COVID-19 vaccine course	N:5,195 D:25,214 R:20.60%	N:9.966 D:20,127 R:49.52%	R: 30.60	
Indicator 4: Receipt of COVID-19 vaccine by children[5]				Internal Goals 10% increase
Measure A: Receipt of at least one dose of COVID-19 vaccine	N:0 D:0 R:0	N:2,731 D:23,049 R:11.85%	R: 10.00	**State required target rate 70%**
Measure B: Receipt of a complete vaccine series[1]	N:0 D:0 R:0	N:2,192 D:23,049 R:9.51%%	R: 10.00	

1. This refers to completion of a 2-dose series for 2-dose vaccines (e.g., Pfizer and Moderna) and receipt of one dose for vaccines only requiring one dose (e.g., Johnson and Johnson).
2. LDH to provide data.
3. Upon evaluation of progress, consideration should be given to improving the target rate, if it has been met or exceeded at that time.
4. Indicate the rationale, e.g., percentage point improvement based upon the strength of interventions.
5. This is a future indicator which will not be measured until a pediatric vaccine is authorized

Methodology

To be completed upon Proposal submission.

Table 3: Performance Indicators

Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
Indicator 1	Receipt of COVID-19 vaccine	**Numerator:** State immunization registry (LINKS) **Denominator:** Medicaid enrollment data	All Medicaid enrollees, age 16+	---	Measure A: Persons who received at least one vaccine dose Measure B: Persons who received a complete vaccine course[1]	All Medicaid enrollees, age 16+
Indicator 2	Indicator 2: Racial/ethnic disparity in receipt of at least one dose of COVID-19 vaccine: Measure A: White enrollees receiving at least one dose Measure B: Black enrollees receiving at least one dose Measure C: Hispanic/Latino enrollees receiving at least one dose Measure D: Enrollees of other, missing, or unknown race/ethnicity receiving at least one dose	**Numerator:** State immunization registry (LINKS) **Denominator:** Medicaid enrollment data	All Medicaid enrollees, stratified by race/ethnicity, age 16+	--	Persons who received at least one vaccine dose	Eligible individuals as listed in LDH Report
Indicator 3	Indicator 3: Racial/ethnic disparity	**Numerator:** State immunization		--	Persons who received a complete COVID-19	All Medicaid enrollees

Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
	in receipt of a complete COVID-19 vaccine course[1]: Measure A: White enrollees receiving a complete COVID-19 vaccine course Measure B: Black enrollees receiving of a complete COVID-19 vaccine course Measure C: Hispanic/Latino enrollees receiving a complete COVID-19 vaccine course Measure D: Enrollees of other, missing, or unknown race/ethnicity receiving a complete COVID-19 vaccine course	registry (LINKS) **Denominator:** Medicaid enrollment data	All Medicaid enrollees, stratified by race/ethnicity, age 16+		vaccine course[1]	
Indicator 4	Receipt of COVID-19 vaccine by children[2]	**Numerator:** State immunization registry (LINKS) **Denominator:** Medicaid enrollment data	All Medicaid enrollees, age 0-15	---	Measure A: Persons who received at least one vaccine dose Measure B: Persons who received a complete vaccine series[1]	All Medicaid enrollees, age 0 to 15
[1]This refers to completion of a 2-dose series for 2-dose vaccines (e.g., Pfizer and Moderna) and receipt of one dose for vaccines only requiring one dose (e.g., Johnson and Johnson). [2]This is a future indicator which will not be measured until a pediatric vaccine is authorized						

Data Collection and Analysis Procedures

Is the entire eligible population being targeted by PIP interventions? If not, why?

Sampling Procedures

If sampling was employed (for targeting interventions, medical record review, or survey distribution, for instance), the sampling methodology should consider the required sample size, specify the true (or estimated) frequency of the event, the confidence level to be used, and the margin of error that will be acceptable.

- **Describe sampling methodology:** Due to the nature and focus of this PIP, sampling is not required.

Data Collection

Describe who will collect the performance indicator and intervention tracking measure data (using staff titles and qualifications), when they will perform collection, and data collection tools used (abstraction tools, software, surveys, etc.). If a survey is used, indicate survey method (phone, mail, face-to-face), the number of surveys distributed and completed, and the follow-up attempts to increase response rate.

- **Describe data collection:**
  Data collection will be performed by the Quality department's Analyst as well as the data received from ULM for members. Data collection will be setup weekly utilizing the below software and methods:
  - **Annual Population Assessment**: Annual report generated integrating member enrollment demographic data, Elli data software linked to State claims received with diagnoses codes, ABH QNXT claims data base.
  - **Vendor Reports:** Received monthly, quarterly, and final annual rates of text messages and IVR calls to members.

Validity and Reliability

Describe efforts used to ensure performance indicator and intervention tracking measure data validity and reliability. For medical record abstraction, describe abstractor training, inter-rater reliability (IRR) testing, quality monitoring, and edits in the data entry tool. For surveys, indicate if the survey instrument has been validated. For administrative data, describe validation that has occurred, methods to address missing data and audits that have been conducted.

- **Describe validity and reliability:**
  - **Annual Population Assessment**: Member demographic and claims information validated by Aetna IT informatics and Health Care Equities Director. We utilize Elli data software program, which is linked to State claims received, ABH QNXT claims received, and member enrollment data to produce reliable data over time.
  - **Pharmacy Rates**: Data file validation by CVS pharmacy and Aetna Pharmacy Director
  - **Vendor Reports**: Vendor data file reports of text messages, mailers, and IVR calls generated validated by QI Director, Project Manager and/or designee. Aetna IT generation of member lists utilizing same logic. Discrepancies discussed with vendor during monthly meetings.

Data Analysis

*Explain the data analysis procedures and, if statistical testing is conducted, specify the procedures used (note that hypothesis testing should only be used to test significant differences between **independent** samples; for instance, differences between health outcomes among sub-populations within the baseline period is appropriate).Describe the methods that will be used to analyze data, whether measurements will be compared to prior results or similar studies, and if results will be compared among regions, provider sites, or other subsets or benchmarks. Indicate when data analysis will be performed (monthly, quarterly, etc.).*
Describe how plan will interpret improvement relative to goal.
Describe how the plan will monitor intervention tracking measures (ITMs) for ongoing quality improvement (e.g., stagnating or worsening quarterly ITM trends will trigger barrier/root cause analysis, with findings used to inform modifications to interventions).

- **Describe data analysis procedures:**
  - Our data collection for identifying, measuring, and reporting for needs related to COVID 19 are generated from ULM data and Pharmacy data received. In addition, data is stratified by at risk populations identified for COVID 19 including key clinical factors. Data is further stratified by some of the following categories: age, gender, ethnicity, city, zip code, parish, region, urban/rural. Stratification of the data supports the analysis and identification of variables for consideration in intervention design and implementation. We analyze results in workgroups with key leaders and PIP COVID 19 committee members, comparing target goals by conducting five whys, barrier analysis, root-cause analysis, and PDSAs to find opportunities for improvement and/or barriers that impact intervention success. In addition, ABH-LA may use QI process data generated from the following tools: fishbone diagram, priority matrix, and the SWOT diagram.

ABH-LA regularly conducts evaluation using both quantitative and qualitative (when applicable) methods. Both key performance indicators and intervention tracking measures are continuously monitored to evaluate the plan's path to attaining the target rates of the Global Developmental Screenings PIP and its corresponding goals.

- **Describe how plan will interpret improvement relative to goal:**
    - In identifying reasons for variations in provision of care and evaluating practice variation, we assess the effectiveness of care rendered, adherence to evidence-based guidelines, treatment options chosen, and frequency of use of clinical activities as it relates to the capacity of our healthcare system, such as services rendered, emergency and hospital admissions. Inappropriate variation occurs when non-evidence-based care is provided, or the care lacks wide acceptance, and the high level of variation cannot be supported on a quality or outcomes basis which can lead to disparate outcomes for enrollees, higher utilization, costs, and waste. We analyze data reports, provider patterns of over-and-under utilization of services, regional, member, and provider demographic variations, to identify variation in access and health care services. We also examine any social determinants or disparity prevalence and cost-ratios, incorporating outreach activities and care management strategies to further engage enrollees to initiative and/or continue to engage in screening and active treatment.
- **Describe how plan will monitor ITMs for ongoing QI:**
    - The plan will create custom reoccurring reports around this PIP and will host reoccurring meetings to monitor the progress. If positive progress is being observed through these reports, we will continue to scale the efforts to increase improvements. If little to no impact is being observed, then our efforts will be revisited and optimized further to create a greater impact.

PIP Timeline

Start Date: April 9, 2021
Baseline Measurement Period: COVID-19 Vaccine Report as of 3/25/21

PIP Interventions (New or Enhanced) Initiated: 4/9/2021

Submission of Baseline Report Due: 5/7/2021

Submission of Final Report Due: 12/31/2021

Barrier Analysis, Interventions, and Monitoring

To be completed upon Proposal submission (to be updated for baseline, interim and final reports).

Table 4: Alignment of Barriers, Interventions and Tracking Measures

Barrier 1: Enrollees need help with accessing COVID-19 vaccine.		***April 2021***	***May 2021***	***June 2021***	***July 2021***	***Aug 2021***	***Sept 2021***	***Oct 2021***	***Nov 2021***	***Dec 2021***
Intervention to address barrier 1: Cumulative Reporting 1a. Develop and implement COVID-19 vaccination outreach to enrollees engaged in case management. Planned Start Date: April 2021 Actual Start Date: April 2021	Intervention tracking measure 1a: *Percentage of enrollees age 16+ who are engaged in CM and had an appointment made for COVID-19 vaccination or identified that they would be receiving a vaccination* N: *# enrollees with appointments made at any vaccine provider or promise of vaccine* D: *# enrollees otherwise engaged in case management*	N: 20 D: 147 R: 13.61%	N:62 D:302 R: 20.53%	N:89 D:671 R: 13.26%	N: 170 D: 2,521 R: 6.74%	N:286 D:2211 R: 12.94%	N:326 D:2659 R:12.26%	N: 389 D: 2682 R: 14.50%	N: 450 D: 2420 R: 18.59%	N:539 D:2888 R:18.66%
Intervention to address barrier 1: Cumulative Reporting 1b. Develop and implement COVID-19 vaccination outreach to enrollees not engaged in case management. Planned Start Date: April 2021 Actual Start Date:	Intervention tracking measure 1b: *Percentage of enrollees age 16+ who are NOT engaged in CM and had an appointment made for COVID-19 vaccination or identified that they would be receiving a vaccination* *N: # enrollees with appointments made at any vaccine provider or promise of vaccine* *D: # enrollees NOT engaged in case management*	N:18604 D:108055 R:17.22%	N: 30852 D: 108055 R: 28.55%	N: 32874 D 115139 R : 28.55%	N: 34301 D: 114098 R: 30.06%	N:40953 D:107828 R: 37.98%	N:44846 D:106594 R: 42.07%	N:47422 D:108331 R: 43.78%	N:49142 D:109282 R: 44.97%	N:51701 D:113062 R: 45.73%
Barrier 2:Due to the large volume of eligible enrollees ABHLA will develop mechanisms for communications outside of CM.		***April 2021***	***May 2021***	***June 2021***	***July 2021***	***Aug 2021***	***Sept 2021***	***Oct 2021***	***Nov 2021***	***Dec 2021***

Intervention to address barrier 2: 2. Distribute eligible enrollee lists and vaccination site lists to PCPs and facilitate referrals as needed. Planned Start Date: April 2021 Actual Start Date: August 2021 End Date (if applicable):	Intervention tracking measure 2: *Percentage of eligible members where PCPs were provided with their eligible patient list and list of vaccine providers* *N The numbers of eligible member's in GIC report distributed to PCP's D: # eligible members*	N: N/A D:147 R: N/A	N: N/A D: 75206 R: N/A	N: N/A D: 81267 R: N/A	N: N/A D: 78266 R: N/A	N:4742 D:66109 R:7.17%	N:0 D:61865 R:0.0%	N: 6554 D:62941 R:10.41%	N: 7020 D: 68817 R: 10.20%	N:5531 D:61767 R:8.95%
Barrier 3: Enrollees may need reminders for the second dose in a 2-dose series		***April 2021***	***May 2021***	***June 2021***	***July 2021***	***Aug 2021***	***Sept 2021***	***Oct 2021***	***Nov 2021***	***Dec 2021***
Intervention to address barrier 3: 3. Develop campaign for members who require second dose of the vaccination. Planned Start Date: May 2021 Actual Start Date: October 2021 End Date (if applicable):	Intervention tracking measure 3a: MCO to develop. N: Members outreached with reminder for second dose. D: Members requiring 2nd dose for vaccinations	N: 0 D: 0 R: 0.00	N: 0 D: 0 R: 0.00	N: 0 D: 0 R: 0.00	N: 0 D:0 R:0.00	N: 0 D: 0 R: 0.00	N: 0 D: 0 R: 0.00	N: 189 D: 5214 R: 3.62%	N:229 D:5514 R: 4.15%	N: 248 D:5892 R: 4.21%
	Intervention tracking measure 3b: MCO to develop. N: Members who received the second dose D: Members outreached with reminder for second dose	N: 0 D: 0 R: 0.00	N: 0 D: 0 R: 0.00%	N: 0 D: 0 R: 0.00%	N:0 D:0 R:0.00%	N:0 D:0 R:0.00%	N:0 D:0 R:0.00%	N: 27 D: 189 R: 14.29%	N: 22 D: 229 R: 9.61%	N: 8 D:248 R: 3.23%
Barrier 4: There may be disparities in receipt of COVID-19 vaccines		***April 2021***	***May 2021***	***June 2021***	***July 2021***	***Aug 2021***	***Sept 2021***	***Oct 2021***	***Nov 2021***	***Dec 2021***
Intervention to address barrier: 4. Identify the regions and areas of the state where vaccination hesitancy is high; identify the populations within	Intervention tracking measure 4a: N: Region eligible members not vaccinated (Al) D: Eligible members in the regions 1	N: 0 D: 0 R: 0.00%	N: 17369 D: 28668 R: 60.59%	N: 18253 D: 30183 R:60.47%	N: 17186 D: 30424 R: 56.49%	N:15428 D:29445 R:52.40%	N:16751 D:30559 R:54.82%	N: 15909 D:30845 R:51.58%	N:15651 D:31020 R:50.45%	N:16250 D:34900 R:46.56%

that region that are most hesitant and work to relay issues (Region 1 Black Enrollees 4a – 4b and Region 5 White Non-Hispanic Enrollees (4c – 4d)) Planned Start Date: June 2021 Actual Start Date: May 2021 End Date (if applicable):	Intervention tracking measure 4b: N: Regional Minority (Black) Population with no vaccination D: Minority eligible members in the region 1	N: 0 D: 0 R: 0.00%	N: 6687 D: 10176 R: 65.71%	N: 7454 D: 11390 R: 65.44%	N: 7073 D: 11532 R: 61.33%	N:6313 D:11132 R:56.71%	N:6723 D:11555 R:58.18%	N:6323 D:11677 R:54.15%	N:6189 D:11740 R:52.72%	N:7016 D:14808 R:47.38%
	Intervention tracking measure 4c: N: Region eligible members not vaccinated (All) D: Eligible members in region 5	N: 0 D: 0 R: 0.00%	N: 3403 D: 4385 R: 77.61%	N: 3611 D: 4618 R: 78.19%	N:3692 D:4683 R:78.84%	N:3333 D:4550 R:73.25%	N:3433 D:4644 R:73.92%	N:3388 D:4726 R:71.69%	N:3361 D:4748 R:70.79%	N:3514 D:5271 R:66.67%
	Intervention tracking measure 4d: N: Regional Minority (White Non-Hispanic) population with no vaccination D: Eligible members in region 5	N: 0 D: 0 R: 0.00%	N: 1300 D: 1534 R: 84.75%	N: 684 D: 1692 R: 40.43%	N: 1449 D: 3546 R: 40.86%	N:1384 D:1693 R:81.75%	N:1394 D:1713 R:81.38%	N:1383 D:1742 R:79.39%	N:1367 D:1752 R:78.03%	N:1729 D:2442 R:70.80%
Barrier 5: Enrollees may have difficulties with transportation or be homebound		***April 2021***	***May 2021***	***June 2021***	***July 2021***	***Aug 2021***	***Sept 2021***	***Oct 2021***	***Nov 2021***	***Dec 2021***
Intervention to address barrier: 5. Developing a process for homebound members to receive the COVID 19 vaccination Planned Start Date: June 2021 Actual Start Date: May 2021 End Date (if applicable):	Intervention tracking measure 5a: N: Number of homebound members receiving vaccination D: Number of members who are homebound (CM will provide this data)	N: 0 D: 0 R: 0.00	N: 34 D: 877 R: 3.88%	N:35 D: 886 R: 3.95%	N: 16 D: 902 R: 1.77%	N: 54 D: 905 R: 5.97%	N: 31 D: 851 R:3.64%	N: 30 D: 820 R: 3.66%	N: 10 D:790 R:1.27%	N: 6 D:780 R: 0.77%

Results

To be completed upon Baseline, Interim and Final Report submissions. The results section should present project findings related to performance indicators. ***Do not*** interpret the results in this section.

Table 5: Results

Indicator	Description	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Target
Indicator 1	Measure A: Persons who received at least one vaccine dose Measure B: Persons who received a complete vaccine course	A 19646 R: 17.98% B 10555 R: 9.66% D: 109244	A 27531 R: 25.40% B 22768 R: 21.01% D: 108374	A 30751 R: 28.27% B 26746 R: 24.58% D: 108792	A 33532 R: 30.47% B 30175 R: 27.42% D: 110039	A 42054 R: 37.87% B 34660 R: 31.21% D: 111041	A 44957 R 40.72% B 37486 R 33.95% D: 110401	A 46927 R 42.02% B 40711 R 36.46% D: 111669	A 48809 R 43.57% B 42626 R 38.05% D: 112033	A 50595 R 44.66% B 44363 R 39.16% D: 113283	**A: R: 27.19%** **B: R: 26.21%**
Indicator 2	Racial/ethnic disparity in receipt of at least one dose of COVID-19 vaccine Measure A: Difference between the percentage of eligible White and Black individuals receiving at least one dose Measure B: Difference between the percentage of eligible White and Hispanic/Latino individuals receiving at least one dose Measure C: Difference between the percentage of eligible White and those of Other, Unknown, or Missing race/ethnicity receiving at least one dose	A: Black: 29% White: 19% Diff:10% B: White: 19% Hisp: 5% Diff: 14% C: White: 19% Other: 48% Diff: -29%	A: Black: 25.80% White: 20.78% Diff: 5.02% B: White: 20.78% Hisp: 19.65% Diff: 1.13% C: White: 20.78% Other: 29.31% Diff: -8.53%	A: Black: 28.88% White: 22.84% Diff: 6.04% B: White: 22.84% Hisp: 22.84% Diff: 0.00% C: White: 22.84% Other: 33.40% Diff: -10.56%	A: Black: 31.24% White: 24.64% Diff: 6.60% B: White: 24.64% Hisp: 24.56% Diff: 0.08% C: White: 24.64% Other: 36.10% Diff: -11.46%	A: Black: 39.45% White: 31.16% Diff: 8.29% B: White: 31.16% Hisp: 31.93% Diff: -0.77% C: White: 31.16% Other: 44.50% Diff: -13.34%	A: Black: 42.52% White: 33.36% Diff: 9.16% B: White: 33.36% Hisp: 34.59% Diff: -1.23% C: White: 33.36% Other: 46.75% Diff: -13.39%	A: Black: 44.37% White: 34.79% Diff: 9.58% B: White: 34.79% Hisp: 36.40% Diff: -1.61% C: White: 34.79% Other: 48.26% Diff: -13.47%	A: Black: 46.24% White: 36.19% Diff: 10.05% B: White: 36.19% Hisp: 37.92% Diff: -1.73% C: White: 36.19% Other: 46.58% Diff: -10.39%	A: Black: 48.26% White: 39.24% Diff: 9.02% B: White: 39.24% Hisp: 38.95% Diff: 0.29% C: White: 39.24% Other: 51.06% Diff: -11.82%	**A: R: 24.93%** **B: R: 26.55%** **C: R: 28.97%** **D: R: 31.81%**
Indicator 3	Racial/ethnic disparity in receipt of a complete COVID-19 vaccine series[1]	A: Black:10 .44%	A: Black: 21.31%	A: Black: 24.95%	A: Black: 28.01%	A: Black: 32.08%	A: Black: 34.94%	A: Black: 38.11%	A: Black: 40.04%	A: Black: 41.94%	**A: R: 24.01%**

Indicator	Description	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Target
	Measure A: Difference between the percentage of eligible White and Black individuals receiving a complete vaccine series Measure B: Difference between the percentage of eligible White and Hispanic/Latino individuals receiving a complete vaccine series Measure C: Difference between the percentage of eligible White and those of Other, Unknown, or Missing race/ethnicity receiving a complete vaccine series	White: 7.36% Diff:3.08 B: White: 7.36% Hisp: 5.92% Diff: 1.44% C: White7.36%: Other: 11.06% Diff: -3.7%	White: 17.13% Diff: 4.18% B: White: 17.13% Hisp: 15.44% Diff: 1.69% C: White: 17.13% Other: 24.50% Diff: -7.37%	White: 19.96% Diff: 4.99% B: White: 19.96% Hisp: 18.94% Diff: 1.02% C: White: 19.96% Other: 29.35% Diff: -9.39%	White: 22.07% Diff: 5.94% B: White: 22.07% Hisp: 21.77% Diff: 0.30% C: White: 22.07% Other: 32.76% Diff: -10.69	White: 25.05% Diff: 7.03% B: White: 25.05% Hisp: 25.24% Diff: -0.19% C: White: 25.05% Other: 38.14% Diff: -13.09	White: 27.25% Diff: 7.69% B: White: 27.25% Hisp: 27.62% Diff: -0.37% C: White: 27.25% Other: 40.48% Diff: -13.23	White: 29.81% Diff: 8.30% B: White: 29.81% Hisp: 30.44% Diff: -0.63% C: White: 29.81% Other: 43.02% Diff: -13.21	White: 31.19% Diff: 8.85% B: White: 31.19% Hisp: 32.00% Diff: -0.81% C: White: 31.19% Other: 44.49% Diff: -13.30	White: 34.32% Diff: 7.62% B: White: 34.32% Hisp: 33.10% Diff: 1.22% C: White: 34.32% Other: 46.32% Diff: -12.00	**B: R: 25.69%** **C: R: 28.26%** **D: R: 30.60%**
Indicator 4	Measure A: Children (0-15) who received at least one vaccine dose Measure B: Children (0-15) who received a complete vaccine series				A N: 617 D: 7658 R: 8.06% B N: 446 D: 7658 R: 5.82%	A N: 1594 D: 7783 R: 20.48% B N: 910 D: 7783 R: 11.69%	A N: 1796 D: 7778 R: 23.09% B N: 1231 D: 7778 R: 15.83%	A N: 1919 D: 7808 R: 24.58% B N: 1493 D: 7808 R: 19.12%	A N: 1976 D: 7864 R: 25.13% B N: 1600 D: 7864 R: 20.35%	A N: 2058 D: 7945 R: 25.90% B N: 1665 D: 7945 R: 20.96%	**A: R: 10.00%** **B: R: 10.00%**

[1]This refers to completion of a 2-dose series for 2-dose vaccines (e.g., Pfizer and Moderna) and receipt of one dose for vaccines only requiring one dose (e.g., Johnson and Johnson).
[2]This is a future indicator which will not be measured until a pediatric vaccine is authorized.

Discussion

To be completed upon Interim and Final Report submissions. The discussion section is for explanation and interpretation of the results. In the Final Report Discussion, revise the Interim Discussion so that the Final Discussion Section represents one comprehensive and integrated interpretation of results, rather than a separate add-on to the Interim discussion.

Discussion of Results

- **Interpret the performance indicator rates for each measurement period,** i.e., describe whether rates improved or declined between baseline and interim, between interim and final and between baseline and final measurement periods.

  Due to the rapid cycle of the COVID PIP ABHLA will only be reporting for the baseline and final measurement periods. In reviewing the data on Table 2 in the document, ABHLA made significant strides from the ULM Baseline to Final reporting. Although, the ABHLA identified great momentum in the indicators, the goals set by the state of 70% was not realized during this reporting period. However, the internal goals set by ABHLA of 10% points over baseline data, which was aggressive based on the normal 2-3% point increase recommended for most PIPs, the plan met or exceeded 8 of 12 indicators designed by LDH and of the 4 that did not meet the internal goal they increased by >9 percentage points. In addition, ABHLA remained the top MCO month over month in the percentage of members being vaccinated.

  During the measurement period of this PIP for 2021, ABHLA was able to work with other MCO's, IPRO, and LDH to identify and standardize the way plans were reporting on ITM's 1a and 1b, which included the ability to use data collected by CM and CMA's as to members identifying that they will be scheduling COVID vaccines if they did not want to schedule at the time of the outreach. IPRO defined numerator success as "Numerators must refer to successful outcomes showing member engagement, for example, "appointments made" or "vaccines received." A numerator cannot be, for example, "successful contacts," "calls made," or "outreach attempts" because these do not necessarily indicate member engagement." In addition, IPRO defined the denominator as "For ITMs related to members in Case Management, the denominator should be all vaccine-eligible members enrolled in Case Management." These modifications to the ITM's allowed the reporting to be more aligned across all MCO's and in ITM's 1a and 1b ABHLA maintain small increments of success month over month of those members being outreach by CM/CMA's receiving or identifying that they would be scheduling their vaccination.

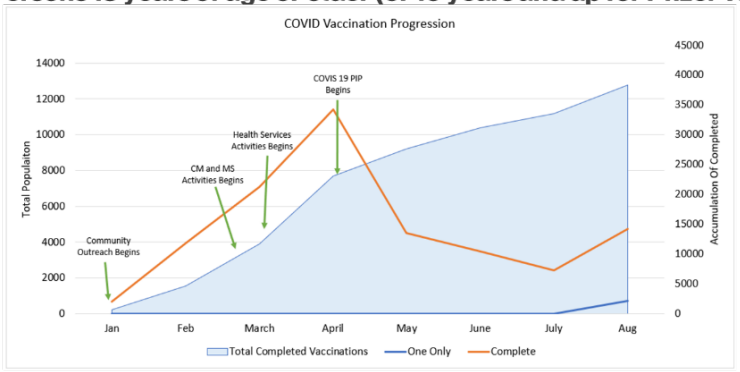
  When reviewing ITM's 2, 4a, b, c, and d all showed improvement with fluctuation month over month. However, all of the ITM's showed a decrease in December, which could be contributed to the holidays, since this was during Christmas time and members receiving the vaccine may have been concerned with any side effects that could have been suffered. Overall, many of the ITM's showed success, however ITM #5 showed the least progress, and it was determined that this should not be a metric that will be utilized in 2022 as we continue to move this PIP forward.

ABHLA continues it work to tear down barriers associated with getting the vaccine we will continue to partner within our communities as well as combine efforts with all the other MCO's to move this initiative forward. In addition, we will be looking to implement stretch goals for those metrics that we have met and/or exceed the internal targets/goals.

Explain and interpret the results by reviewing the degree to which objectives and goals were achieved. Use your ITM data to support your interpretations**.**

Several of the goals and objectives were met during this reporting period, ABHLA identified that ITM 4d, a metric derived from using the disproportionate grid developed with 2020 data. Region 5 was selected to increase the population of White Non-Hispanic members being vaccinated, which yielded significant increases except for May and June, where the plan saw its lowest percentage of increase over the measurement period. In reviewing ITMs 1a, and 1b, which are cumulative metrics, we can see that our staff made significant progress in getting members not only scheduled or verbal commitment but seeing the increase in claims being received. The graph below speaks to the progress made in eligible members being vaccinated and speaks to the success of ABHLA in meeting MCIP COVID AIA protocol of achieving 30% or greater or improve by 10 points, without rounding on metrics.

Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: Persons 18 years of age or older (or 16 years and up for Pfizer vaccine only)

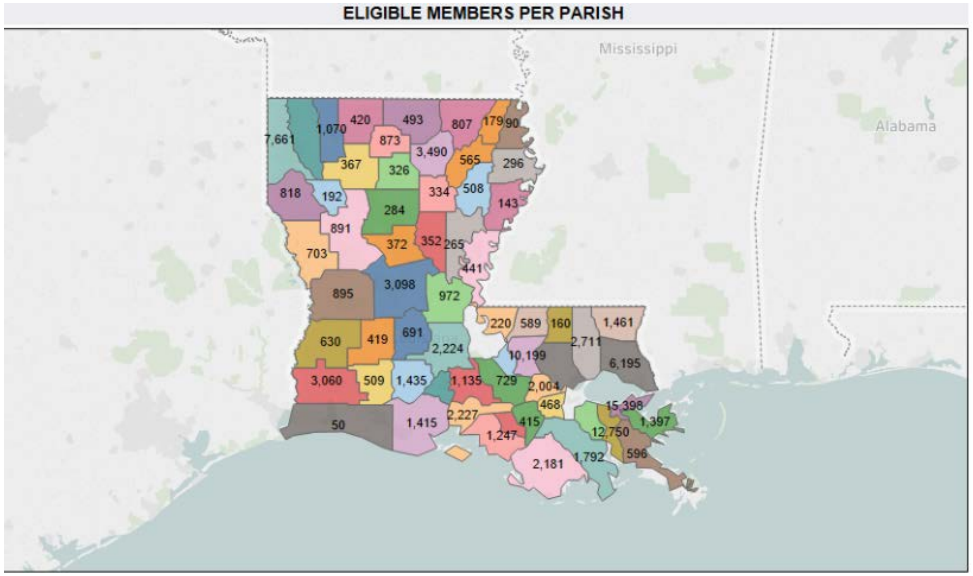


New Activities and Accomplishments:

- MCIP COVID AIA protocol – AETNA was the only plan that met the requirements for the 1st goal by achieving 30% or greater or improve by 10 points, without rounding on metrics.
- Aetna continues to lead all MCO's in getting members vaccinated
- Community Outreach is working to get mobile units to assist with vaccination efforts

- **What factors were associated with success or failure?** For example, in response to stagnating or declining ITM rates, describe any findings from the barrier analysis triggered by lack of intervention progress, and how those findings were used to inform modifications to interventions.

ABHLA success can be contributed to the multifaceted approach taken to educate and communicate with members regarding the importance/benefits of receiving the vaccination. As depicted in the tableau dashboard below we utilized data to identify our largest population who were eligible to receive the vaccine. This assisted the plan in the distribution of resources for COVID events. In addition, ABHLA shared information at the PAC, provider newsletters and one to one meeting with the Regional outcome directors to gain PCP support in getting members vaccinated.



- **PIP Highlights:**
  ABHLA highlights can be found in the attached document of the various programs that have been implemented through the implementation process of the COVID PIP to increase the percentage of members being vaccinated.

COVID_Activities_mb_updates 9.29.2021

When reviewing the two most robust interventions for ABHLA members and providers, the efforts around outreach, collaboration, and education has been a part of every aspect of contact. The ABHLA Community Outreach Team has been participating in various COVID Vaccine Clinics. ABHLA along with other MCOs provided swag, educational material and entertainment geared towards children at these events. Vaccines were provided to children and adults. Our team continues to participate in other upcoming vaccine clinics throughout the state and offer the service at ABHLA led events. Below is a list of some of those events:

Nov 21- Quarters/Baton Rouge- ~500+ vaccines
Nov 23- Family Fall Community Outreach Event/Baton Rouge MLK Center- ~36 vaccines
Nov 26-27- Bayou Classic/New Orleans- ~154 vaccines
Dec 4- We Can Do this/Baton Rouge- ~350+ vaccines
Dec 11- Shots with Santa/ Santa on the Rowe/Baton Rouge- We have not received the numbers from the state
Dec 12- Health & Resources Fair- Food & Coat Giveaway/Slidell- 0
Dec 18- Shots with Santa/Shreveport- TBD

In addition, to the activities of the community outreach team ABHLA has taken the approach of focusing on the community vs membership to assist the state with getting individuals vaccinated. Thinking outside of the box to partner with universities and placing a focus on rural communities with less access.

The most robust intervention to discuss for our provider population are the personal touches that our Regional Outcome Directors have taken by reviewing the gaps in care reports with the facilities and looking for ways to partner with them to get those members who are still eligible, and the work being done to partner with FQHC to sponsor COVID clinics.

Limitations

As in any population health study, there are study design limitations for a PIP. Address the limitations of your project design, i.e., challenges identified when conducting the PIP (e.g., 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?**
  Definition and examples: internal validity means that the data are measuring what they were intended to measure. For instance, if the PIP data source was meant to capture all children 5-11 years of age with an asthma diagnosis, but instead the PIP data source omitted some children due to inaccurate ICD-10 coding, there is an internal validity problem.
  No, there is no threat to the internal validity to the data findings.

- **Were there any threats to the external validity the findings?**
  Definition and examples: external validity describes the extent that findings can be applied or generalized to the larger/entire enrollee population, e.g., a sample that was not randomly selected from the eligible population or that includes too many/too few enrollees from a certain subpopulation (e.g., under-representation from a certain region).
  No, there is no threat to the external validity of the findings.

- **Describe any data collection challenges.**
  Definition and examples: data collection challenges include low survey response rates, low medical record retrieval rates, difficulty in retrieving claims data, or difficulty tracking case management interventions.
  Initially ABHLA met with the Louisiana Department of Health (LDH) regarding the “Current_ELIG_ID” vs the “ORIGINAL_ELIG_ID”, based on those discussion it was determined that both fields would be added to the current weekly files being delivered to the MCO’s by ULM. In addition, to that the discussions the MCO’s also identified the need to receive the completed file from ULM to ensure accuracy of reporting.

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 beyond the PIP timeframe.

Table 6: Next Steps

Description of Intervention	Lessons Learned	System-Level Changes Made and/or Planned	Next Steps
1a. Develop and implement COVID-19 vaccination outreach to enrollees engaged in case management.	Initially identified that the method used to calculate success was flawed, therefore all MCO's were required to re-evaluate how the methodology used to calculate the data. We found that members choose to make their own appointments and felt as if the plan was being pushy when asked about assisting them to schedule for their COVID shots. In addition, in October ABHLA started to collect data from members who were receiving telephonic outreach via CM/CMA's and based on the outcome data members are still reluctant to receiving the vaccine due to hesitancy of the effects, information provided on social media, convenience and various other reasons.	Utilize technology to better track this sort of data.	This is an outreach metric and will continue in 2022, however the plan will be looking at how to best capture the data. In the current process, this is a manual process. In addition, the plan will be reviewing other mechanism to reach members and share better information surrounding dispelling the methods.
1b. Develop and implement COVID-19 vaccination outreach to enrollees not engaged in case management.	Initially identified that the method used to calculate success was flawed, therefore all MCO's were required to re-evaluate how the methodology used to calculate the data.	Utilize technology to better track this sort of data.	This is an outreach metric and will continue in 2022, however the plan will be looking at how to best capture the data. In the current process, this is a manual process.

	It was difficult to get individuals to commit to getting the vaccine		
2. Distribute eligible enrollee lists and vaccination site lists to PCPs and facilitate referrals as needed	Due to the rapid nature of this PIP, it took longer than expected to develop the Gaps in Care (GIC) reports for providers. However, ABHLA Regional Outcome Directors were able to identify that providers were engaged and interested in receiving monthly GIC reporting that allow them to identify the gaps that had been closed as well as those opportunities to close gaps.	Currently, working with the national team to automate the developmental GIC report.	We will be working with our National team to develop a mechanism that will allow ABHLA to automate the GIC reports for providers. Looking to partner with facilities for COVID events and working with HEDIS team to include vaccine opportunities at wellness events.
3a. Develop campaign for members who require second dose of the vaccination.	The largest lesson learned on this avenue is that approval processes take much longer than the idea and content did to come together. Now that we have a better understanding of timelines, we can plan for better 'start' dates.	No additional changes have been made for this intervention,	Vendor collaboration and management of campaigns will continue moving forward into 2022.
3b. Members who were outreached and received the second dose of the vaccine	The second dose messaging was initially understood to be straight forward then it was determined that the time between vaccines might change the message and require members to start over. In addition, to that it took more time than expected to start the communications to these members due to approval complications for campaign.	No additional changes have been made for this intervention,	In October of 2021, we completed the approval process and have been working with the vendor on delivering the campaign to members who are requiring the second dose.
4. Identify the regions and areas of the state where vaccination hesitancy is high; identify the populations within that region that are most hesitant and work to relay issues (Region 1 Black Enrollees 4a – 4b and Region 5 White Non-Hispanic Enrollees (4c – 4d))		No additional changes have been made for this intervention,	Based on data analysis the regions, race and ethnicity may change for the susceptible population.

5. Developing a process for homebound members to receive the COVID 19 vaccination	The lack of resources available in getting homebound members vaccinations in their home setting	Internally looking at investing in a mobile unit. As well as looking at viable vendors that can be contracted to do this sort of outreach.	Looking to partner with vendors wh will be able to assist getting members who are homebound access to the vaccine as well as working with our national team in t investment of a mobile unit.

References

Include a list of references for any sources of information used to formulate the project.

Centers for Disease Control and Prevention (CDC). People with Certain Medical Conditions. Updated December1, 2020. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html [Accessed 18 December 2020]

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Oliver SE, Gargano JW, Marin M, Wallace M, Curran KG, Chamberland M, et al. The Advisory Committee on Immunization Practices' Interim Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine---United States, December 2020. Morbidity and Mortality Weekly Report, US Department of Health and Human Services/Centers for Disease Control and Prevention, December 18, 2020b; 69(50): 1922-1924.

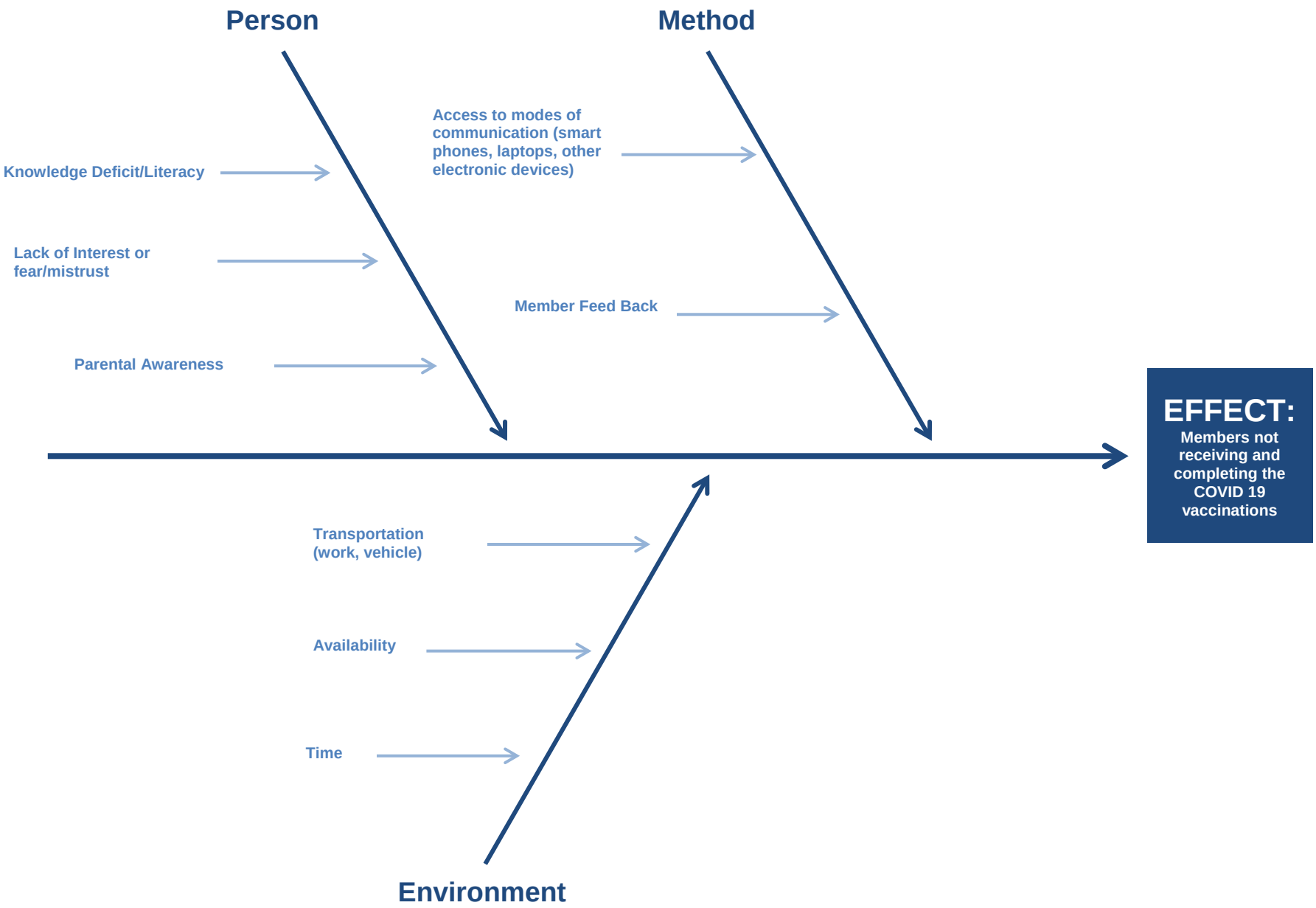
Glossary of PIP Terms

Table 7: PIP Terms

PIP Term	Also Known as…	Purpose	Definition
Aim	• Purpose	To state what the MCO is trying to accomplish by implementing their PIP.	An aim clearly articulates the goal or objective of the work being performed for the PIP. It describes the desired outcome. The Aim answers the questions "How much improvement, to what, for whom, and by when?"
Barrier	• Obstacle • Hurdle • Roadblock	To inform meaningful and specific intervention development addressing enrollees, providers, and MCO staff.	Barriers are obstacles that need to be overcome in order for the MCO to be successful in reaching the PIP Aim or target goals. The root cause (s) of barriers should be identified so that interventions can be developed to overcome these barriers and produce improvement for enrollees/providers/MCOs. A barrier analysis should include analyses of both quantitative (e.g., MCO claims data) and qualitative (such as surveys, access and availability data or focus groups and interviews) data as well as a review of published literature where appropriate to root out the issues preventing implementation of interventions.
Baseline rate	• Starting point	To evaluate the MCO's performance in the year prior to implementation of the PIP.	The baseline rate refers to the rate of performance of a given indicator in the year prior to PIP implementation. The baseline rate must be measured for the period before PIP interventions begin.
Benchmark rate	• Standard • Gauge	To establish a comparison standard against which the MCO can evaluate its own performance.	The benchmark rate refers to a standard that the MCO aims to meet or exceed during the PIP period. For example, this rate can be obtained from the statewide average, or Quality Compass.
Goal	• Target • Aspiration	To establish a desired level of performance.	A goal is a measurable target that is realistic relative to baseline performance, yet ambitious, and that is directly tied to the PIP aim and objectives.
Intervention tracking measure	• Process Measure	To gauge the effectiveness of interventions (on a quarterly or monthly basis).	Intervention tracking measures are monthly or quarterly measures of the success of, or barriers to, each intervention, and are used to show where changes in PIP interventions might be necessary to improve success rates on an ongoing basis.

PIP Term	Also Known as…	Purpose	Definition
Limitation	• Challenges • Constraints • Problems	To reveal challenges faced by the MCO, and the MCO's ability to conduct a valid PIP.	Limitations are challenges encountered by the MCO when conducting the PIP that might impact the validity of results. Examples include difficulty collecting/ analyzing data, or lack of resources / insufficient nurses for chart abstraction.
Performance indicator	• Indicator • Performance Measure (terminology used in HEDIS) • Outcome measure	To measure or gauge health care performance improvement (on a yearly basis).	Performance indicators evaluate the success of a PIP annually. They are a valid and measurable gauge, for example, of improvement in health care status, delivery processes, or access.
Objective	• Intention	To state how the MCO intends to accomplish their aim.	Objectives describe the intervention approaches the MCO plans to implement in order to reach its goal(s).

Appendix A: Fishbone (Cause and Effect) Diagram- OPTIONAL



Appendix B: Priority Matrix- OPTIONAL

Which of the Root Causes Are . . .	Very Important	Less Important
Very Feasible to Address	• Educate Member on need to receive the vaccination • Work w/community outreach team to develop partnerships with community organization to leverage assets to build trust. • Looking at mobile transportation for deployment to get homebound members vaccinated • Vaccine supply • Logistical islands, members in remote areas by either location or need	• Messaging Approval Process • Web Portal Readiness • Guinea pig mentalities • Conspiracy Theories
Less Feasible to Address	• Working to get providers the vaccines in their offices • Ride share vendors, who will take members to the vaccine • Getting those who are hesitant to get the second shot due to reactions of the first	

Appendix C: Strengths, Weaknesses, Opportunities, and Threats (SWOT) Diagram- OPTIONAL

	Positives	**Negatives**
INTERNAL ***under your control***	***build on*** **STRENGTHS** ***Examples:*** Multidisciplinary Team Reporting Capabilities Mass communication avenues COVID 19 Vaccine Events Vaccine supply	***minimize*** **WEAKNESSES** ***Examples:*** Delivery model built on members coming to the vaccine sites Missing some members at community events despite mass communications Having vaccine options at each event
EXTERNAL ***not under your control, but can impact your work***	***pursue*** **OPPORTUNITIES** ***Examples:*** Use an interactive tool that allows members to request vaccination and method for delivery Doing regular vaccinations to build knowledge in the region, like every Friday at this Church Take the vaccine to the arm, find ways to bridge the gap Use OTP's and other 'member' gathering places for vaccinations	***protect from*** **THREATS** ***Examples:*** Over communication – tune out Political rhetoric Media coverage of 'nominal issues'

Appendix C: Strengths, Weaknesses, Opportunities, and Threats (SWOT) Diagram- OPTIONAL (Updated: 11/22/2021)

	Positives	Negatives
INTERNAL ***under your control***	***build on*** **STRENGTHS** ***Examples:*** Multidisciplinary Team Reporting Capabilities Mass communication avenues COVID 19 Vaccine Events Vaccine supply Relationship w/ROD's, Provider Advisory Council, Collaborative meeting w/other MCO's Building partnerships within the communities that are under served (Grambling Partnership) All of Care Management – Outreach to educate members on the importance of the receiving the COVID vaccine	***minimize*** **WEAKNESSES** ***Examples:*** Delivery model built on members coming to the vaccine sites Missing some members at community events despite mass communications Having vaccine options at each event Not having a mobile van to do homebound members Working with Provider face to face to share information surrounding COVID/Gaps in Care/Incentives Partnerships with other entities that can support this project (Internal Departments and External based organizations) Breakdown communication between CVS and Plan
EXTERNAL ***not under your control, but***	***pursue*** **OPPORTUNITIES** ***Examples:*** Use an interactive tool that allows members to request vaccination and method for delivery Doing regular vaccinations to build knowledge in the region, like every Friday at this Church Take the vaccine to the arm, find ways to bridge the gap Use OTP's and other 'member' gathering places for vaccinations Identify internal deadlines for collaborative efforts with National and communication of work arounds (Plan A, Plan B)	***protect from*** **THREATS** ***Examples:*** Over communication – tune out Political rhetoric Media coverage of 'nominal issues' Conflicting messages coming from AETNA outside Alignment with National Not knowing the appropriate contacts at our National level (who do we email) Not having the right resources or enough resources for some of the requirements placed LDH/PIP's, etc.

Appendix D: Driver Diagram- OPTIONAL

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	INTERVENTIONS

Appendix E: Plan-Do-Study-Act Worksheet- OPTIONAL

	Pilot Testing	Measurement #1	Measurement #2
Intervention #1:			
Plan: Document the plan for conducting the intervention.	•	•	•
Do: Document implementation of the intervention.	•	•	•
Study: Document what you learned from the study of your work to this point, including impact on secondary drivers.	•	•	•
Act: Document how you will improve the plan for the subsequent phase of your work based on the study and analysis of the intervention.	•	•	•
Intervention #2:			
Plan: Document the plan for conducting the intervention.	•	•	•
Do: Document implementation of the intervention.	•	•	•
Study: Document what you learned from the study of your work to this point, including impact on secondary drivers.	•	•	•
Act: Document how you will improve the plan for the subsequent phase of your work based on the study and analysis of the intervention.	•	•	•