Health Plan Performance Improvement Project (PIP)

Health Plan: UnitedHealthcare Community Plan of Louisiana (UHCCP LA)

PIP Title: Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees

PIP Implementation Period: April 2021- ongoing

Project Phase: Proposal

Submission Dates:

	Baseline	Interim	Final
Version 1	05/07/2021		
Version 2	03/01/2023		

MCO Contact Information

1. Principal MCO Contact Person

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

First and last name: Coleen Stokes BSN, RN
Title: Senior Clinical Quality RN
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2. Additional Contact(s)

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

First and last name: Lauren Wetzlau BSN, RN, CSSGB
Title: Associate Director of Quality
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First and last name: Paula Morris MSN, RN, CSSGB
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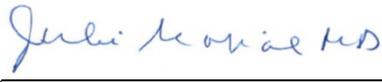Phone number: 225-237-2050
Email: paula_morris@uhc.com

3. External Collaborators (if applicable): Louisiana Department of Health Vaccination Strike Teams; Vaccine Providers; Office of Public Health

Attestation

Plan Name: UnitedHealthcare Community Plan of Louisiana (UHCCP LA)
Title of Project: Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees

The undersigned approve this PIP and assure involvement in the PIP throughout the course of the project.
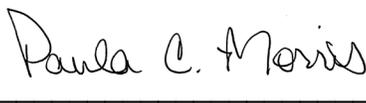
Medical Director signature: _____
First and last name: Julie Morial MD
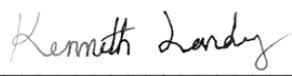Date:03/01/2023

CEO signature: _____
First and last name: Karl Lirette
Date: 03/01/2023

Quality Director signature: _____
First and last name: Paula Morris MSN, RN
Date: 03/01/2023

IS Director signature (if applicable): _____
First and last name: Kenneth Landry
Date: 03/01/2023

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: Indicate each new barrier analysis finding, MM/YY of modified intervention & summarize how interventions were modified to address newly identified barriers. Add rows as needed.
Change 1 Changed reporting for members engaged in case management vs. members identified eligible for case management	July 2021	☐ Project Topic ☒ Methodology ☐ Barrier Analysis and Interventions ☐ Other	Prior to 07.01.2021 reporting of case management numbers was based on members identified as eligible for case management. Numbers have been changed to reflect those members identified, willing, and accepting of case management services.
Change 2 Pediatric members 12–15-year-old eligible for Pfizer vaccination	July 2021	☐ Project Topic ☐ Methodology ☐ Barrier Analysis and Interventions ☒ Other	Per CDC guidance children ages 11-15 are now able to receive COVID-19 vaccination
Change 3 Pediatric members aged 5+ eligible for vaccination	November 2021	☐ Project Topic ☐ Methodology ☐ Barrier Analysis and Intervention ☒ Other	Per CDC guidance children ages 5-11 are now able to receive COVID-19 vaccination
Change 4 Pediatric members aged 6 months to 4 years old eligible for vaccination	July 2022	☐ Project Topic ☐ Methodology ☐ Barrier Analysis and Intervention ☒ Other	Per CDC guidance children ages 5-11 are now able to receive COVID-19 vaccination

Abstract

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

Provide a high-level summary of the PIP, including the project topic and rationale (include baseline and benchmark data), objectives, description of the methodology and interventions, results and major conclusions of the project, and next steps.

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:** The unprecedented pandemic of Covid-19 has impacted our nation, state, and community with devastating amounts of sickness and death. The unforeseen events have shown us many opportunities for improvement on an individual level as well as globally. This highlights the need for a strong healthcare system that is both fluid and flexible in serving its members. Facilitating the vaccination of Covid-19 is vitally important to our enrollees, not only because vaccination aids in the "return to normal" from a community perspective allowing us to enjoy the company of our friends and family but also because Covid-19 is so devastating to our medically fragile members. The dynamic nature of the COVID-19 pandemic has put added stress, strain, and heartache into each of our lives. We are a community rich in culture with an amalgamation of diverse backgrounds, race, ethnicities, and religions, who have all been unilaterally affected to various degrees by the devastating unbiased effects of Covid-19.

- **Describe vaccine eligibility:** The Louisiana Department of Health website (https://ldh.la.gov/index.cfm/page/4137, 2021) lists vaccine eligibility.

- **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).

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:	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:49,130 D:298,680 R:16% N:29,928 D:298,680 R:10%	R: 70% R: 70%	On May 4th,2021 President Biden set forth the goal to administer at least one vaccine shot to 70% of the U.S. adult population. All MCO's have adopted this as their target rate moving forward as we continue to work towards this goal across our population.
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:6,282 D:70,936 R: 8.86% N:12,227 D:92,297 R:13.25% N:1,632 D:17,708 R:9.22% N:18,024 D:120,121 R:15.00%	R:70% R:70% R:70% R:70%	Same as above
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** **Measure B: Black enrollees receiving a complete COVID-19 vaccine course**	 N:2,964 D:70,936 R: 4.18% N:6,151 D:92,297 R:6.66%	 R:70% R:70%	Same as above

Indicators	Baseline Rate[2] Measurement Period:	Target Rate[3]	Rationale for Target Rate[4]
Measure C: Hispanic/Latino enrollees receiving a complete COVID-19 vaccine course	N:757 D:17,708 R:4.27%	R:70%	
Measure D: Enrollees of other, missing, or unknown race/ethnicity receiving a complete COVID-19 vaccine course	N:9,131 D:120,121 R:7.60%	R:70%	
Indicator 4: Receipt of COVID-19 vaccine by the pediatric population[5]			Same as above
Measure A: Receipt of at least one dose of COVID-19 vaccine: children ages 12-15 years	N:3,348 D:50,161 R:6%	R:70%	
Measure B: Receipt of a complete vaccine series[1]: children ages 12-15 years	N:2,225 D:50,161 R:4%	R:70%	
Measure C: Receipt of at least one dose of COVID-19 vaccine: children ages 5-11 years	N:3,342 D:85,329 R:3.92%	R:70%	
Measure D: Receipt of a complete vaccine series[1]: children ages 5-11 years	N:997 D:85,329 R:1.17%	R:70%	
Measure E: Receipt of at least one dose of COVID-19 vaccine: children ages 6 months - 4 years	N:74 D:52,382 R:0.14%	R:70%	
Measure F: Receipt of a complete vaccine series[1]: children ages 6 months - 4 years	N:5 D:52,382 R:0.01%	R:70%	

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/ULM Report as of 4/1/21.
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. For the pediatric population, the denominator equals the number of eligible members based on the FDA authorization. The denominator will change significantly as the age range of pediatric authorization changes. The baseline period for children ages 12-15 years will start with the 7/2/2021 COVID-19 Vaccine Summary Report. The baseline period for children ages 5-11 years will start with the 12/9/21 COVID-19 Vaccine Summary Report.

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 in receipt of a complete COVID-19 vaccine course[1]: Measure A: White enrollees receiving a complete COVID-19 vaccine course	**Numerator:** State immunization registry (LINKS) **Denominator:** Medicaid enrollment data	All Medicaid enrollees, stratified by race/ethnicity, age 16+	--	Persons who received a complete COVID-19 vaccine course[1]	All Medicaid enrollees

Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
	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					
Indicator 4	Receipt of COVID-19 vaccine by the pediatric population[2]	**Numerator:** State immunization registry (LINKS) **Denominator:** Eligible members based on the FDA authorization	All Medicaid pediatric population enrollees who are eligible based on the FDA authorization	---	Measure A: Persons who received at least one vaccine dose Measure B: Persons who received a complete vaccine series[1]	All Medicaid pediatric population enrollees

[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]For the pediatric population, the denominator equals the number of eligible members based on the FDA authorization. The denominator will change significantly as the age range of pediatric authorization changes. The baseline period for children ages 12-15 years will start with the 7/2/2021 COVID-19 Vaccine Summary Report. The baseline period for children ages 5-11 years will start with the 12/9/21 COVID-19 Vaccine Summary Report.

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:** No sampling method utilized. Identified members provided by Louisiana Department of Health.

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: :** Vaccination data collected and disseminated to MCO by Louisiana Department of Health weekly. Shnay Wright-Richardson, Senior Business Analyst, adds Primary Care Provider information (address, telephone number) and includes member telephone number. Data is then given to individual department leads for dissemination to specific providers as described below:
    - Ulette Daniels, RN, Sr. Regional Director, list provided for dissemination to ACO contracted practices.
    - Rhonda Pena, MBA, Manager of Provider Relations Service Advocacy, list provided for dissemination to Provider Advocates to be shared with individual Providers.
    - Lauren Wetzlau BSN, RN Associate Director of Quality, for dissemination to Population Health Consultants to be shared with individual Providers.
    - Mary McCrary BSN, RN, CCM Director of Medical Clinical Operations, for dissemination to case management staff.

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:** The UnitedHealthcare Community & State of Louisiana Analytics Team validated data submitted for the vaccination of Covid-19 Performance Improvement Project by verifying that the data from Louisiana Department of Health coincided with data that had been entered in ICUE or Community Care (Clinical Documentation Systems); moreover, random sampling and cross reference checks from the claims data extracts ensures validity of what has been entered in either systems. SMART Analytics, SAP Orbit, and CSP Facets are the databases where all UHCLA Member and Provider data is stored and where the claims data is extracted accordingly. ICUE and Community Care are clinical documentation interfaces where our Clinical/Non-Clinical Staff documents a Member's Utilization and Case Management information. Additionally, the team utilizes an ongoing review of the LINKS system as a supplementation data resource. As a result of the UHCLA Analytics Team data validation procedures, the UHCLA Analytics Team produced accurate and concise data that insured content validity of the data that was received by the Louisiana Department of Health for the Covid-19 baseline data extracts which adhered to Performance Indicators definition as well as continued to monitor the Intervention tracking measures.

<u>**Data Analysis**</u>

*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: :** Data is pulled from the LINKS system by the Louisiana Department of Health. Data is then disseminated to appropriate Managed Health Plan Organizations. The data is then analyzed, and additional criteria are assigned appropriately such at PCP and contact information.
- **Describe how plan will interpret improvement relative to goal:** Improvement of overall vaccination rate and a noted decline in eligible members receiving vaccinations will be a positive indication of overall improved outcomes via the successful outreach and education to both our Providers and Members.
- **Describe how plan will monitor ITMs for ongoing QI:** On an ongoing weekly basis, case management member calls and outreach are reported and tracked. Documentation of confounding factors with continual reassessment will provide timely feedback for interventional modifications and assistance. Monthly rates will be analyzed for progression towards goal.

PIP Timeline

Start Date: April 9, 2021

Baseline Measurement Period: COVID-19 Vaccine Report as of 4/1/21, except for the pediatric population, for whom the baseline period starts with the 7/2/2021 COVID-19 Vaccine Summary Report

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

Submission of Baseline Report Due: 5/7/2021

Submission of Interim Report Due: 12/31/2021

Submission of Final Report Due: 12/31/2023

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. MCO-identified Barriers (indicate month, and elaborate in footnote as needed beneath table)		January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023
Intervention to address barrier 1: 1a. Develop and implement COVID-19 vaccination outreach to enrollees engaged in case management. **Planned Start Date:** 04/09/2021 **Actual Start Date:** 04/09/2021	**Intervention tracking measure 1a:** *Percentage of enrollees age 16+ who are engaged in CM and had an appointment made for COVID-19 vaccination* **N:** *# enrollees with appointments made at any vaccine provider* **D:** *# enrollees otherwise engaged in case management*	N:TBD[1] D:TBD R:TBD	N:TBD D:TBD R:TBD	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:

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[1] Actively enrolled case management member data is pulled from PQ039 report which was previously reported out monthly. This report has now been transitioned to quarterly per LDH request. Data will be obtained in April 2023 and retro data obtained and placed into monthly columns.

Intervention to address barrier 1: 1b. Develop and implement COVID-19 vaccination outreach to enrollees not engaged in case management. **Planned Start Date:** 04/09/2021 **Actual Start Date**: 04/09/2021 **Revised Intervention to address MCO-identified barrier:** **Revision Date**:N/A	**Intervention tracking measure 1b:** *Percentage of enrollees age 16+ who are NOT engaged in CM and had an appointment made for COVID-19 vaccination* *N: # enrollees with appointments made at any vaccine provider* *D: # enrollees NOT engaged in case management*	N:TBD[2] D:TBD R:TBD	N:TBD D:TBD R:TBD	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:
Intervention to address barrier 1 for the pediatric population: 1c. Develop and implement COVID-19 vaccination outreach to	**Intervention tracking measure 1c:** **Percentage of the eligible pediatric population based on authorization who had an appointment made for COVID-19 vaccination**	N:24,418 D:162,697 R:15.01%	N:25,194 D:135,797 R:18.55%	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:

[2] Actively enrolled case management member data is pulled from PQ039 report which was previously reported out monthly. This report has now been transitioned to quarterly per LDH request. Members in case management must be removed from total enrollees to obtain accurate data. Data will be obtained in April 2023 and retro data obtained and placed into monthly columns.

		January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023
the pediatric population. **Planned Start Date:** 01/01/2022 **Actual Start Date:** 01/01/2022 **Revised Intervention to address MCO-identified barrier:** N/A **Revision date:** N/A	**N: # enrollees with appointment made at any vaccine provider D: # eligible pediatric population based on authorization**													
Barrier 2: The large volume of eligible enrollees poses a challenge to enrollee reach via CM outreach alone. MCO-identified Barriers (indicate month, and elaborate in footnote as needed beneath table)													
Intervention to address barrier 2a: Distribute eligible enrollee lists and vaccination site lists to PCPs and facilitate referrals as needed.	**Intervention tracking measure 2a:** *Percentage of enrollees age 16+ where PCPs were provided with their eligible patient list and list of vaccine providers N: # enrollees whose PCP was provided with their list of eligible patients D: # eligible individuals*	N:1,196 D:4,966 R:24.1%	N:TBD D:TBD R:TBD	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R

		January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023
2b. COVID19 Provider Toolkit education to most disparate region **Planned Start Date:** 03/15/2023 **Actual Start Date:** TBD **Revised Intervention to address MCO-identified barrier:** N/A **Revision date:** N/A	**2b.** *Percentage of providers where PCPs were provided with the COVID19 Provider Toolkit* *N: The number of providers educated with Toolkit* *D:The number of relevant PCP's in identified region (5).*	N:N/A D:N/A R:N/A	N:N/A D:N/A R:N/A	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R
Barrier 3: Enrollees may need reminders for the second dose in a 2-dose series **MCO-identified Barriers (indicate month, and elaborate in footnote as needed beneath table)**													
Intervention to address barrier 3: 3. MCO to develop. **Planned Start Date:** 01/01/2022 **Actual Start Date:** 01/01/2022	**Intervention tracking measure 3:** *Percentage of enrollees overdue for 2nd dose vaccination who received a live call for reminder and offered scheduling assistance.* *N:Number of enrollees overdue for 2nd dose vaccination*	N:1,151 D:26,435 R:4.4%	N:TBD D:TBD RTBD	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R

		January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023
Revised Intervention to address MCO-identified barrier: 01/01/2022 **Revision Date**: N/A	*who received live telephonic communication* D: *Number of enrollees overdue for 2nd dose vaccination per the last LDH overdue vaccination file of each month*												
Barrier 4: There may be disparities in receipt of COVID-19 vaccines **MCO-identified Barriers (indicate month, and elaborate in footnote as needed beneath table)**													
Intervention to address barrier: 4. MCO to develop interventions tailored and targeted to susceptible subpopulations to address each observed disparity. **Planned Start Date:** 03/01/2023 **Actual Start Date**: TBD **Revised Intervention to address MCO-**	**Intervention tracking measure 4a:** Multiple community partnerships/events – meeting members where they are at, providing education, and having open conversations. **N:** Estimated Vaccinations Given **D:** Estimated attendance between the vaccination sites	N:48 D:550 R:8.73%	N:TBD D:TBD R:TBD	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R
	Intervention tracking measure 4b: COVID/HIV/CCS PIP Alignment	N:N/A D:N/A R:N/A	N:N/A D:N/A R:N/A	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R

identified barrier: N/A **Revision Date**: N/A	**N:** HIV & CCS members who have completed screening and completed the COVID19 vaccine course **D:** COVID19 vaccine eligible identified members												

Barrier 5: Enrollees may have difficulties with transportation or be homebound **MCO-identified Barriers (indicate month, and elaborate in footnote as needed beneath table)**		January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023
Intervention to address barrier: 5. MCO to develop interventions. **Planned Start Date:** 01/01/2022 **Actual Start Date:** 01/01/2022	**Intervention tracking measure 5a:** Transportation Vendor ModivCare Collaboration **N:** Number of members taken for vaccination administration. **D:** Number of UHC members enrolled with transportation services.	N:1 D:3,620 R:0.03%	N:TBD D:TBD RTBD	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R	N: D: R

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-all data are from the first report of the month

Indicator	Description	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 202	August 2023	September 2023	October 2023	November 2023	December 2023
Indicator 1	Measure A: Persons who received at least one vaccine dose	1A N:139,279 D:292,340 R:47.64%	1A N:140,531 D:294,718 R:47.68%	1A N: D: R:	1A N: D: R:	1A N: D: R:	1A N: D: R:	1A N: D: R:	1A N: D: R:	1A N: D: R:	1A N: D: R:	1A N: D: R:	1A N: D: R:
	Measure B: Persons who received a complete vaccine course Racial/ethnic disparity in receipt of at least one dose of COVID-19 vaccine	1B N:121,299 D:292,340 R:41.49%	1B N:122,395 D:294,718 R:41.53%	1B N: D: R:	1B N: D: R:	1B N: D: R:	1B N: D: R:	1B N: D: R:	1B N: D: R:	1B N: D: R:	1B N: D: R:	1B N: D: R:	1B N: D: R:

Indicator 2	Measure A: Difference between the percentage of eligible White and Black individuals receiving at least one dose	2A: W37.51% -B54.84% 17.33	2A: W37.42% -B54.97% 17.55	2A:	2A:	2A:	2A:	2A:	2A:	2A:	2A:	2A:	2A:
	Measure B: Difference between the percentage of eligible White and Hispanic/Latino individuals receiving at least one dose	2B: W37.51% -H43.13% 5.62	2B: W37.42% -H43.24% 5.82	2B:	2B:	2B:	2B:	2B:	2B:	2B:	2B:	2B:	2B:

	Measure C: Difference between the percentage of eligible White and those of Other, Unknown, or Missing race/ethnicity receiving at least one dose Racial/ethnic disparity in receipt of a complete COVID-19 vaccine series[1]	2C: W32.53% -H36.83% 4.3	2C: W37.42% -O56.26% 18.84	2C:	2C:	2C:	2C:	2C:	2C:	2C:	2C:	2C:	2C:

Indicator 3	Measure A: Difference between the percentage of eligible White and Black individuals receiving a complete vaccine series	3A: W32.53% -B47.42% 14.89	3A: W32.47% -B47.55% 15.08	3A:	3A:	3A:	3A:	3A:	3A:	3A:			
	Measure B: Difference between the percentage of eligible White and Hispanic/Latino individuals receiving a complete vaccine series	3B: W32.53% -H36.83% 4.3	3B: W32.47% -H36.87% 4.4	3B:	3B:	3B:	3B:	3B:	3B:	3B:	3B:	3B:	3B:
	Measure C: Difference between the percentage of eligible White and those of Other, Unknown, or Missing race/ethnicity receiving a complete vaccine series	3C: W32.53% -O51.13% 18.6	3C: W32.47% -O51.08% 18.61	3C:	3C:	3C:	3C:	3C:	3C:	3C:	3C:	3C:	3C:

Indicator 4[2]	Measure 1A: Children (12-15) who received at least one vaccine dose	1A: N:13,634 D:44,528 R:30.62%	1A: N:13,721 D:45,115 R:30.41%	1A: N: D: R:	1A: N: D: R:	1A: N: D: R:	1A: N: D: R:	1A: N: D: R:	1A: N: D: R:	1A: N: D: R:	1A: N: D: R:	1A: N: D: R:	1A: N: D: R:
	Measure 1B: Children (12-15) who received a complete vaccine series	1B: N:11,377 D:44,528 R:25.55%	1B: N:11,455 D:45,115 R:25.39%	1B: N: D: R:	1B: N: D: R:	1B: N: D: R:	1B: N: D: R:	1B: N: D: R:	1B: N: D: R:	1B: N: D: R:	1B: N: D: R:	1B: N: D: R:	1B: N: D: R:
	Measure 2A: Children (5-11) who received at least one vaccine dose	2A: N:10,213 D:74,477 R:13.71%	2A: N:10,350 D:75,704 R:13.67%	2A: N: D: R:	2A: N: D: R:	2A: N: D: R:	2A: N: D: R:	2A: N: D: R:	2A: N: D: R:	2A: N: D: R:	2A: N: D: R:	2A: N: D: R:	2A: N: D: R:
	Measure 2B: Children (5-11) who received a complete vaccine series	2B: N:7,837 D:74,477 R:10.52%	2B: N:7,956 D:75,704 R:10.51%	2B: N: D: R:	2B: N: D: R:	2B: N: D: R:	2B: N: D: R:	2B: N: D: R:	2B: N: D: R:	2B: N: D: R:	2B: N: D: R:	2B: N: D: R:	2B: N: D: R:
	Measure 3A: Children(6 months -4 years) who received at least one vaccine dose	3A: N:571 D:43,692 R:1.31%	3A: N:613 D:44,261 R:1.38%	3A: N: D: R:	3A: N: D: R:	3A: N: D: R:	3A: N: D: R:	3A: N: D: R:	3A: N: D: R:	3A: N: D: R:	3A: N: D: R:	3A: N: D: R:	3A: N: D: R:

	Measure 3B: Children (6 months – 4 years) who received a complete vaccine series	3B: N:370 D:43,692 R:1.31%	3B: N:403 D:44,261 R:0.91%	3B: N: D: R:	3B: N: D: R:	3B: N: D: R:	3B: N: D: R:	3B: N: D: R:	3B: N: D: R:	3B: N: D: R:	3B: N: D: R:	3B: N: D: R:	3B: N: D: R:

[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]For the pediatric population, the denominator equals the number of eligible members based on the FDA authorization. The denominator will change significantly as the age range of pediatric authorization changes. The baseline period for children ages 12-15 years will start with the 7/2/2021 COVID-19 Vaccine Summary Report. The baseline period for children ages 5-11 years will start with the 12/9/21 COVID-19 Vaccine Summary Report.

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.

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

- **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.

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.

- **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).

- **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.

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

References

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

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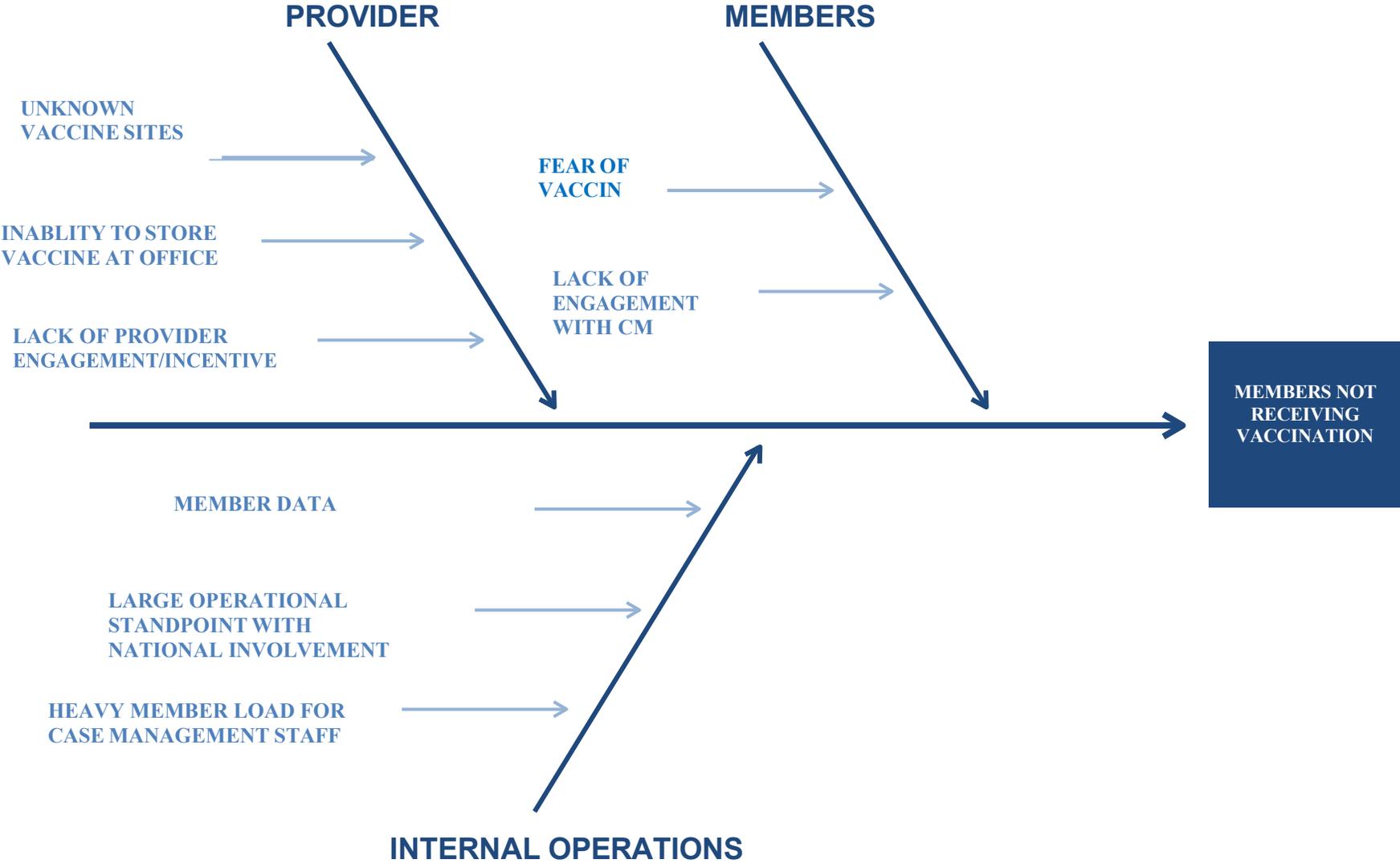
Glossary of PIP Terms

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 • Road block	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

PROVIDER

MEMBERS

UNKNOWN VACCINE SITES

FEAR OF VACCIN

INABLITY TO STORE VACCINE AT OFFICE

LACK OF ENGAGEMENT WITH CM

LACK OF PROVIDER ENGAGEMENT/INCENTIVE

MEMBERS NOT RECEIVING VACCINATION

MEMBER DATA

LARGE OPERATIONAL STANDPOINT WITH NATIONAL INVOLVEMENT

HEAVY MEMBER LOAD FOR CASE MANAGEMENT STAFF

INTERNAL OPERATIONS

Appendix B: Priority Matrix- OPTIONAL

Which of the Root Causes Are . . .	Very Important	Less Important
Very Feasible to Address	Lack of member knowledge regarding vaccination sites. Lack of member engagement in CM Lack of provider knowledge on Covid-19 Vaccination sites Targeted geographic areas SDoH – Transportation	
Less Feasible to Address	Member data variance	

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

	Positives	Negatives
INTERNAL *under your control*	*build on* **STRENGTHS** *Examples:* Strong process of utilizing weekly lists for outreach. Strong multifaceted approach to provider education on Covid-19 vaccination and vaccination sites.	*minimize* **WEAKNESSES** *Examples:* Process analysis of data
EXTERNAL *not under your control, but can impact your work*	*pursue* **OPPORTUNITIES** *Examples:* Continued provider and member education Member engagement with case management.	*protect from* **THREATS** *Examples:* Fear and apprehension of vaccination particularly with the recent information and stopping of Johnson and Johnson

Appendix D: Driver Diagram- OPTIONAL

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	INTERVENTIONS
Increase complete course of COVID-19 vaccination	Member education	Shot for 100,000	Disbursement of gift cards
		Transportation	Collaboration with transportation vendor
	Provider education	Sharing of member specific eligible, overdue, and complete lists	PHC, CTM, and Provider Advocates disseminating member specific lists
		Provider Expo COVID-19 Education	
	Marketing Strategy	COVID-19 Community Events	Sharing of COVID-19 information and vaccine administration when available

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.	•	•	•