

Health Plan Performance Improvement Project (PIP)

MCO Name: AmeriHealth Caritas LA

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

PIP Implementation Period: April 2021- ongoing

Project Phase: Interim

Submission Dates:

	Baseline	Interim	Final
Version 1	5/7/2021	12/30/2021	
Version 2			

MCO Contact Information

1. Principal MCO Contact Person

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

Attestation

Plan Name:

Title of Project:

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

Medical Director Signature: Rodney Wise, MD

First and last name: Rodney Wise, MD

Date: 12/30/2021

CEO Signature: 

First and last name: Kyle Viator

Date: 12/30/2021

Quality Director Signature: Rhonda Baird

First and last name: Rhonda Baird

Date: 12/30/2021

IS Director Signature (if applicable): Trampas Cranford

First and last name: Trampas Cranford

Date: 12/30/2021

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	6/30/2021	<input type="checkbox"/> Project Topic <input type="checkbox"/> Methodology <input type="checkbox"/> Barrier Analysis / Intervention <input checked="" type="checkbox"/> Other	Retired 4a tracking due to data analysis exhibiting no reason to continue to support intervention.
Change 2	7/1/2021	<input checked="" type="checkbox"/> Project Topic <input type="checkbox"/> Methodology <input type="checkbox"/> Barrier Analysis / Intervention <input type="checkbox"/> Other	Pediatric population added as baseline intervention tracking.
Change 3	9/15/2021	<input type="checkbox"/> Project Topic <input type="checkbox"/> Methodology <input type="checkbox"/> Barrier Analysis / Intervention <input checked="" type="checkbox"/> Other	Updated data for better accuracy on ITM to address Barrier 2.
Change 4		<input type="checkbox"/> Project Topic <input type="checkbox"/> Methodology <input type="checkbox"/> Barrier Analysis / Intervention <input type="checkbox"/> Other	

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Abstract

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

Project Topic/Rationale

The COVID 19 Vaccine Performance Improvement Project (PIP) aims to ensure access to COVID-19 vaccination for Healthy Louisiana enrollees. In order to facilitate vaccination of all eligible enrollees, AmeriHealth Caritas Louisiana (ACLA) implemented robust sets of interventions to address two key intervention objectives:

1. **Member Intervention Objective:** Outreach and educate eligible enrollee(s) and facilitate appointment scheduling with any vaccine provider for COVID 19 vaccination and/or vaccination series.
2. **Provider Intervention Objective:** Educate providers on evidence-based recommendations and assist providers with identifying COVID-19 vaccine eligible enrollees.

Methodology

Baseline data for the COVID 19 Vaccine PIP was provided on the April 1, 2021 COVID 19 Vaccination Summary by Louisiana Department of Health (LDH). On May 4, 2021, President Biden set a goal, 70% of U.S. adults to have received at least one COVID-19 vaccine dose by July 4, 2021. Target rates established in the PIP were updated to reflect President Biden's set goal.

Interventions

A multi-disciplinary team from ACLA participated and continues to participate in developing, implementing, tracking, and adjusting numerous provider and member related interventions to address facilitating COVID 19 vaccinations amongst Healthy Louisiana enrollees. Direct enrollee outreach initiatives includes: Telephonic education with scheduling assistance, texting campaigns, ACLA website education, community events and robust social media campaigns. To further efforts to ensure access to the COVID 19 vaccine amongst Healthy Louisiana enrollees, both member and provider incentives were enacted. Provider outreach initiatives includes: Education regarding member and provider incentives, how to become a vaccine provider, utilization of the COVID 19 counseling code and use of provider portal COVID 19 Vaccine Status reports. Provider education is conducted during Provider Network Management meetings, Quality virtual meetings, and Provider Advisory Council meetings with both primary care and behavioral health practitioner groups. Additionally, provider alerts, COVID 19 news and updates, and provider newsletters are distributed and then published on ACLA's website.

Results

Monthly performance indicators and intervention tracking measures results were utilized to assist ACLA with ensuring COVID 19 vaccines to Healthy Louisiana enrollees. Each month the plan was able to compare rates and trends to the previous month and make adjustments, strategize and augment interventions to assist with successful outcomes. The monthly results were also used in our weekly interdepartmental meetings to drive conversations with key stakeholders, identify issues and problem solve, along with assisting in identifying best practices.

Conclusions

ACLA concludes that although the 70% or more vaccination rate goal was not achieved, any forward increase is a success. ACLA believes that the small COVID 19 Vaccination wins are key to the future success of ensuring COVID 19 Vaccinations amongst Healthy Louisiana enrollees. Prior to Hurricane Ida, the July percentage of enrollees 16+ enrolled in Case Management and had an appointment made at any vaccine provider was at an all-time high since beginning the PIP, at 22.16%. There were similar results for those vaccine eligible enrollees 16+ whom were not enrolled in case management.

Next Steps

Although ACLA did not meet target goals, meaningful interventions were implemented throughout the year for both enrollees and providers. ACLA also acknowledges the affects that the second-most damaging and intense hurricane make landfall, Hurricane Ida, had and continues to have on interventions. ACLA will continue building on current interventions in 2022, along with developing new interventions to assist in ensuring COVID 19 vaccinations amongst Healthy Louisiana enrollees.

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:**

COVID-19 vaccination rates are lower among Medicaid recipients than in the overall population, according to data provided by LDH. It is critical to ensure that ACLA enrollees have access to the immunization and that any barriers to acquiring the vaccination are addressed with interventions. It is also critical to increase our enrollees' vaccination rates in order to contribute to a healthier Louisiana.

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

The FDA awarded the first emergency use authorization (EUA) for the Pfizer-BioNTech and Moderna COVID-19 Vaccines in people aged 16 and over who are in high priority groups in December of 2020. The FDA issued the third EUA for the Janssen COVID-19 vaccination in people aged 18 and above who are in high priority groups in February of 2021. By May 1, 2021, the HHS Secretary issued a directive to expand COVID-19 vaccine eligibility to all people who are eligible for the vaccine, in accordance with the applicable EUA for such product. The White House stated on April 19, 2021, that all people aged 16 and up are eligible for the COVID-19 vaccine. On May 10, 2021, the FDA updated the EUA for the Pfizer-BioNTech COVID-19 vaccination to include adolescents aged 12 to 15. The FDA granted the EUA for the Pfizer-BioNTech COVID-19 Vaccine for the prevention of COVID-related diseases to children aged 5 to 11 years old on October 29, 2021.

- **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).

The Advisory Committee on Immunization Practices (ACIP) published an Interim Recommendation for Allocating Initial Supplies of COVID-19 Vaccine starting in December of 2020. Throughout 2021 and into 2022, ACIP continued to provide advice and guidance on the use of COVID-19 vaccines for the control of COVID-19 disease in the United States population. ACLA utilized the guidance from ACIP, as a way to guide efforts and interventions. The plan's strategy also used other reliable sources of guidelines and standards, such as those from the Centers for Disease Control (CDC). The CDC supplied 'Examples of Evidence-Based Solutions to Increase Confidence and Uptake', which provided ACLA with credible advice on how to boost our enrollees' vaccination rates and confidence. For COVID-19 Vaccination research and monitoring, the strategy has also turned to the Kaiser Family Foundation (KFF).

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 \(la.gov\)](https://www.louisiana.gov/COVID-19)].
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
<p>Indicator 1: Receipt of COVID-19 vaccine</p> <p>Measure A: Receipt of at least one dose of COVID-19 vaccine</p> <p>Measure B: Receipt of a complete vaccine series¹</p>	<p>N:20,122 D:142,744 R:14.10%</p> <p>N:10,478 D:142,744 R:7.34%</p>	<p>R: 70%</p> <p>R: 70%</p>	<p>70% compliance rate by July 4, 2021 per President Biden's goal set for US.</p>
<p>Indicator 2: Racial/ethnic disparity in receipt of at least one dose of COVID-19 vaccine:</p> <p>Measure A: White enrollees receiving at least one dose</p> <p>Measure B: Black enrollees receiving at least one dose</p> <p>Measure C: Hispanic/Latino enrollees receiving at least one dose</p> <p>Measure D: Enrollees of other, missing, or unknown race/ethnicity receiving at least one dose</p>	<p>N:3,238 D:30,525 R: 10.61%</p> <p>N:6,631 D:47,717 R:13.90%</p> <p>N:653 D:7,508 R:8.70%</p> <p>N:9,600 D:56,994 R:16.84%</p>	<p>R: 25.61%</p> <p>R: 28.90%</p> <p>R:23.70%</p> <p>R:31.84%</p>	<p>Increase from baseline by 15%</p>
<p>Indicator 3: Racial/ethnic disparity in receipt of a complete COVID-19 vaccine course¹:</p> <p>Measure A: White enrollees receiving a complete COVID-19 vaccine course</p> <p>Measure B: Black enrollees receiving a complete COVID-19 vaccine course</p> <p>Measure C: Hispanic/Latino enrollees receiving a complete COVID-19 vaccine course</p> <p>Measure D: Enrollees of other, missing, or unknown race/ethnicity receiving a complete COVID-19 vaccine course</p>	<p>N:1,672 D:30,525 R: 5.48%</p> <p>N:3,440 D:47,717 R:7.21%</p> <p>N:312 D:7,508 R:4.16%</p> <p>N:5,049 D:56,994 R:8.86%</p>	<p>R:20.48%</p> <p>R:22.21%</p> <p>R:19.16%</p> <p>R:23.86%</p>	<p>Increase from baseline by 15%</p>

Indicators	Baseline Rate ² Measurement Period:	Target Rate ³	Rationale for Target Rate ⁴
Indicator 4: Receipt of COVID-19 vaccine by the pediatric population⁵ Measure A: Receipt of at least one dose of COVID-19 vaccine Measure B: Receipt of a complete vaccine series¹	N:1,126 D:20,857 R:5.40% N:699 D:20,857 R:3.35%	R: 70% R: 70%	To be in line with adult population target rate, as proposed by President Biden.

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 will start with the 7/2/2021 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
	<p>Measure B: Black enrollees receiving of a complete COVID-19 vaccine course</p> <p>Measure C: Hispanic/Latino enrollees receiving a complete COVID-19 vaccine course</p> <p>Measure D: Enrollees of other, missing, or unknown race/ethnicity receiving a complete COVID-19 vaccine course</p>					
Indicator 4	Receipt of COVID-19 vaccine by the pediatric population ²	<p>Numerator: State immunization registry (LINKS)</p> <p>Denominator: Eligible members based on the FDA authorization</p>	All Medicaid pediatric population enrollees who are eligible based on the FDA authorization	---	<p>Measure A: Persons who received at least one vaccine dose</p> <p>Measure B: Persons who received a complete vaccine series¹</p>	All Medicaid pediatric population enrollees
<p>¹This 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).</p> <p>²For 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 will start with the 7/2/2021 COVID-19 Vaccine Summary Report.</p>						

Data Collection and Analysis Procedures

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

- The entire eligible population will be targeted by PIP interventions.

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:** NA

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:**

AmeriHealth Caritas of Louisiana's Populations Health Solutions Analyst collects data based utilizing the COVID-19 Vaccine files sent by LDH. Other data sources may include administrative data from claims (pharmacy, immunization and medical) of all eligible members. COVID 19 Vaccine files will be collected weekly. For Intervention Tracking Measures (ITM), data will be collected monthly, utilizing claims (pharmacy, immunization and medical), clinical documentation software and departmental tracking tools.

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:**

Performance Indicator and Intervention Tracking Measure data will be validated and monitored as appropriate through trending, PDSA cycles, run charts, and other QI tools to analyze impact and effectiveness. The process for verifying ITM data validity and reliability will be conducted by quality associates with each department

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:**

Analysis will address the comparability of baseline and re-measurement data, including factors that impact validity. Results with present numerical data that is accurate, clear, and easily understood. Interpretation will involve looking at all possible explanations for results and factors that may have affected them. Historical circumstances will be considered. Visual displays of data will facilitate analysis and communicate results.

- **Describe how plan will interpret improvement relative to goal:**
Data analysis will guide how well interventions are influencing performance indicator rates and outcomes. This data will be assessed against established goals and will drive decisions on effectiveness of change.
- **Describe how plan will monitor ITMs for ongoing QI:**
ITMs will be validated and monitored weekly and monthly as appropriate through trending, PDSA cycles, run charts, and other QI tools to analyze impact and effectiveness. The process for verifying ITM data validity and reliability will be conducted by quality associates with each department.

ACLA obtains direct member and provider feedback from members and providers regarding COVID-19 drivers and barriers through direct outreach, which is documented in clinical documentation tools and continuous member and provider advisory feedback. An interdepartmental workgroup meeting occurs on a regular basis for the multidisciplinary team to provide next steps and recommendation on feedback received, whether by provider(s), enrollees or the team assisting with outreach efforts.

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 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. MCO-identified Barriers (indicate month, and elaborate in footnote as needed beneath table)		Month 1 4/9-4/30	Month 2 5/1-5/31	Month 3 6/1-6/30	Month 4 7/1-7/31	Month 5 8/1-8/31	Month 6 9/1-9/30	Month 7 10/1-10/31	Month 8 11/1-11/30	Month 9 12/1-12-31
<p>Intervention to address barrier 1: Case Managers will telephonically outreach to members enrolled in CM to assist with scheduling vaccine appointment.</p> <p>Planned Start Date: 4/9/21 Actual Start Date:4/9/21 Revised Intervention to address MCO-identified barrier: Revision Date:</p>	<p>Intervention tracking measure 1: <i>Percentage of enrollees age 16+ who are engaged in CM and had an appointment made for COVID-19 vaccination</i></p> <p>1(a) N: # enrollees with appointments made at any vaccine provider D: # enrollees otherwise engaged in case management</p> <p>1(aa) N: # of enrollees 16+ engaged in CM successfully contacted D: # of enrollees 16+ engaged in CM who were outreached (successfully and unsuccessfully)</p> <p>1(aaa) N: # of enrollees 16+ engaged in CM with appointment made at any vaccine provider D: # of enrollees 16+ engaged in CM successfully contacted</p>	<p>N:199 D:1,598 R:12.45%</p> <p>N:334 D:416 R: 80.29%</p> <p>N:199 D:416 R:47.84%</p>	<p>N:157 D:1,521 R:10.32%</p> <p>N:254 D:299 R:84.95%</p> <p>N:157 D:254 R:61.81%</p>	<p>N:214 D:1,443 R:14.83%</p> <p>N:342 D:445 R:76.85%</p> <p>N:214 D:342 R: 62.57%</p>	<p>N:326 D:1,471 R:22.16%</p> <p>N: 471 D:627 R: 75.12%</p> <p>N:326 D:471 R: 69.21%</p>	<p>N:301 D:1,430 R:21.05%</p> <p>N:421 D:594 R: 70.88%</p> <p>N:301 D:421 R: 71.50%</p>	<p>N:142 D:1,227 R:11.57%</p> <p>N:205 D:307 R:66.78%</p> <p>N:142 D:205 R:69.27%</p>	<p>N:138 D:1,114 R:12.39%</p> <p>N:218 D:303 R:71.95%</p> <p>N:138 D:218 R:63.30%</p>	<p>N:131 D:1,036 R:12.64%</p> <p>N:193 D:259 R:74.52%</p> <p>N:131 D:193 R:67.88%</p>	<p>N:152 D:1,016 R:14.96%</p> <p>N:201 D:244 R:82.38%</p> <p>N:152 D:201 R: 75.62%</p>

<p>Intervention to address barrier 1: Care Coordinator and Community Navigator will telephonically outreach members not enrolled in CM to assist with scheduling vaccine appointment. .</p>	<p>Intervention tracking measure: <i>Percentage of enrollees age 16+ who are NOT engaged in CM and had an appointment made for COVID-19 vaccination</i></p> <p>1(b) N: # enrollees with appointments made at any vaccine provider D: # enrollees NOT engaged in case management</p> <p>1(bb) N: # of vaccine eligible enrollees 16+ NOT engaged in CM with successful contact D: # of vaccine eligible enrollees 16+ NOT engaged in CM outreached (successful and unsuccessful)</p> <p>1(bbb) N: # of vaccine eligible enrollees 16+ NOT engaged in CM successfully outreached with appointments made at any vaccine provider D: # of vaccine eligible enrollees 16+ NOT in CM successfully outreached.</p>	<p>N:280 D:113,111 R:0.25%</p> <p>N:512 D:1,137 R: 45.03%</p> <p>N:280 D: 512 R: 54.69%</p>	<p>N:549 D:109,802 R:0.50%</p> <p>N:975 D:2,316 R:42.10%</p> <p>N:549 D:975 R:56.31%</p>	<p>N:513 D:107,006 R:0.48%</p> <p>N:964 D:2,555 R:37.73%</p> <p>N:513 D:964 R:53.22%</p>	<p>N:1,636 D:105,042 R:1.56%</p> <p>N:3,174 D:6,533 R:48.58%</p> <p>N:1,636 D:3,174 R:51.54%</p>	<p>N:2,268 D:99,576 R:2.28%</p> <p>N:5,817 D:15,075 R:38.59%</p> <p>N:2,268 D:5,817 R:38.99%</p>	<p>N:1,021 D:91,717 R:1.11%</p> <p>N:1,959 D:3,600 R:54.42%</p> <p>N:1,021 D:1,959 R:52.12%</p>	<p>N:1,075 D:89,989 R:1.19%</p> <p>N:2,208 D:4,393 R:50.26%</p> <p>N:1,075 D:2,208 R:48.69%</p>	<p>N:794 D:87,617 R:0.91%</p> <p>N:1,810 D:3,019 R:59.95%</p> <p>N:794 D:1,810 R:43.87%</p>	<p>N:812 D:84,839 R:0.96%</p> <p>N:1,743 D:3,146 R:55.40%</p> <p>N:812 D:1,743 R: 46.59%</p>

<p>1c. Text message to eligible enrollees for COVID 19 vaccine.</p> <p>Planned Start Date: 4/1/21 Actual Start Date: 4/7/21 Revised Intervention to address MCO-identified barrier: Revision Date:</p>	<p>1(c) N: # of 16+ enrollees not vaccinated who received a text message regarding the COVID 19 vaccine D: # of 16+ enrollees who have not received a vaccine</p>	<p>N:50,464 D:114,709 R: 43.99%</p>	<p>N:56,614 D:111,323 R:50.86%</p>	<p>N:15,407 D:108,449 R:14.21%</p>	<p>N: 33,102 D: 106,513 R: 31.08%</p>	<p>N:23,252 D: 101,006 R: 23.02%</p>	<p>N:50,750 D:92,944 R:54.60%</p>	<p>N:52,315 D:91,103 R:57.42%</p>	<p>N: 45,654 D: 88,653 R: 51.50%</p>	<p>N:54,593 D:85,854 R: 63.59%</p>
<p>Intervention to address barrier 1 for the pediatric population: Develop and implement COVID-19 vaccination outreach to the pediatric population.</p> <p>Planned Start Date: 7/1/2021 Actual Start Date: 7/1/2021 Revised Intervention to address MCO-identified barrier: Revision date:</p>	<p>Intervention tracking measure 1d: Percentage of the eligible pediatric population based on authorization who had an appointment made for COVID-19 vaccination</p> <p>N: # 12-15 year olds (all eligible 12-15 year olds) with appointment made at any vaccine provider D: # eligible 12-15 year olds (all eligible 12-15 year olds)</p> <p>1d (b) N:# 12-15 year old enrollees engaged in Case Management with appointment made at any vaccine provider D: # 12-15 year old enrollees otherwise engaged in Case Management</p>	<p>N:N/A D: R:</p> <p>N:N/A D: R:</p>	<p>N:N/A D: R:</p> <p>N:N/A D: R:</p>	<p>N:N/A D: R:</p> <p>N:N/A D: R:</p>	<p>Baseline N:357 D:19,129 R:1.87%</p> <p>N:15 D:62 R:24.19%</p>	<p>N:508 D:17,652 R:2.88%</p> <p>N:19 D:58 R:32.76%</p>	<p>N:172 D:15,833 R:1.09%</p> <p>N:5 D:46 R:10.87%</p>	<p>N:170 D:15,547 R:1.09%</p> <p>N:7 D:44 R:15.91%</p>	<p>N:171 D:15,325 R:1.12%</p> <p>N:5 D:46 R:10.87%</p>	<p>N:135 D:14,988 R:0.90%</p> <p>N:5 D:41 R:12.20%</p>

	<p>N: # of enrollees 12-15 year olds engaged in CM successfully contacted D: # of enrollees 12-15 year olds engaged in CM who were outreached (successfully and unsuccessfully)</p> <p>N: # of enrollees 12-15 year olds engaged in CM with appointment made at any vaccine provider D: # of enrollees 12-15 year olds engaged in CM successfully contacted</p> <p>1d (c) N: # enrollees 12-15 years of age NOT engaged in Case Management with appointments made at any vaccine provider D: # enrollees 12-15 years of age NOT engaged in case management</p> <p>N: # of vaccine eligible enrollees 12-15 years old NOT engaged in CM with successful contact D: # of vaccine eligible enrollees 12-15 years old NOT engaged in CM outreached (successful and unsuccessful)</p> <p>N: # of vaccine eligible enrollees 12-15 year old NOT engaged in CM successfully outreached with appointments made at any vaccine provider D: # of vaccine eligible enrollees 12-15 year old NOT in CM successfully outreached.</p>	<p>N:N/A D: R:</p> <p>N:N/A D: R:</p> <p>N:N/A D: R:</p> <p>N:N/A D: R:</p> <p>N:N/A D: R:</p>	<p>N:N/A D: R:</p> <p>N:N/A D: R:</p> <p>N:N/A D: R:</p> <p>N:N/A D: R:</p> <p>N:N/A D: R:</p>	<p>N:N/A D: R:</p> <p>N:N/A D: R:</p> <p>N:N/A D: R:</p> <p>N:N/A D: R:</p> <p>N:N/A D: R:</p>	<p>N:17 D:23 R:73.91%</p> <p>N:15 D:17 R:88.24%</p> <p>N:342 D:19,067 R:1.79%</p> <p>N:603 D:1,458 R:41.36%</p> <p>N:342 D:603 R:56.72%</p>	<p>N:21 D:26 R:80.77%</p> <p>N:19 D:21 R:90.48%</p> <p>N:489 D:17,594 R:2.78%</p> <p>N:1,029 D:2,777 R:37.05%</p> <p>N:489 D:1,029 R:47.52%</p>	<p>N:10 D:14 R:71.43%</p> <p>N:5 D:10 R:50.00%</p> <p>N:167 D:15,787 R:1.06%</p> <p>N:348 D:708 R:49.15%</p> <p>N:167 D:348 R:47.99%</p>	<p>N:12 D:17 R:70.59%</p> <p>N:7 D:12 R:58.33%</p> <p>N:163 D:15,503 R:1.05%</p> <p>N:343 D:787 R:43.58%</p> <p>N:163 D:343 R:47.52%</p>	<p>N:12 D:18 R:66.67%</p> <p>N:5 D:12 R:41.67%</p> <p>N:166 D:15,279 R:1.09%</p> <p>N:331 D:605 R:54.71%</p> <p>N:166 D:331 R:50.15%</p>	<p>N:8 D:9 R:88.89%</p> <p>N:5 D:8 R:62.50%</p> <p>N:130 D:14,947 R:0.87%</p> <p>N:291 D:521 R:55.85%</p> <p>N:130 D:291 R:44.67%</p>
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	<p>1d (d) N: # of 12-15 enrollees not vaccinated who received a text message regarding the COVID 19 vaccine D: # of 12-15 enrollees who have not received a vaccine</p>	N:NA D: R:	N:N/A D: R:	N:N/A D: R:	N:4,327 D:19,129 R:22.62%	N:3,808 D:17,652 R:21.57%	N:4,135 D:15,833 R:26.12%	N:8,257 D:15,547 R:53.11%	N:6,297 D:15,325 R:41.09%	N:5,063 D:14,988 R:33.78%
<p>1d (e) N: # of vaccine eligible enrollees Homebound 12-15 year olds receiving at least one dose of the vaccine D: # of vaccine eligible enrollees Homebound 12-15 year olds whom have not received the vaccination</p>	N:N/A D: R:	N:N/A D: R:	N:N/A D: R:	N:7 D:77 R:9.09%	N:13 D:69 R:18.84%	N:8 D:58 R:13.79%	N:3 D:52 R:5.77%	N:2 D:47 R:4.26%	N:1 D:42 R:2.38%	
<p>1d (f) N:# of vaccine eligible enrollees ages 12-15 year olds successfully outreached and reminded of second dose of vaccine D: # of vaccine eligible enrollees ages 12-15 year olds requiring a second vaccine and/or overdue for second vaccine</p>	N:N/A D: R:	N:N/A D: R:	N:N/A D: R:	N: 0 D:52 R:0.00%	N:23 D:130 R:17.69%	N:81 D:770 R:10.52%	N:71 D:880 R:8.07%	N:108 D:807 R:13.38%	N:63 D:814 R:7.74%	
<p>N: # of vaccine eligible enrollees ages 12-15 year old successfully outreached and reminded of second dose vaccine D: # of vaccine eligible enrollees 12-15 year olds outreached to reminded of second vaccine (successful and unsuccessful)</p>	N:N/A D: R:	N:N/A D: R:	N:N/A D: R:	N: 0 D:11 R:0.00%	N:23 D:58 R:39.66%	N:81 D:218 R:37.16%	N:71 D:222 R:31.98%	N:108 D:218 R:49.54%	N:63 D:138 R:45.65%	

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)		<i>Month 1</i> <i>4/9-4/30</i>	<i>Month 2</i> <i>5/1-5/31</i>	<i>Month 3</i> <i>6/1-6/30</i>	<i>Month 4</i> <i>7/1-7/31</i>	<i>Month 5</i> <i>8/1-8/31</i>	<i>Month 6</i> <i>9/1-9/30</i>	<i>Month 7</i> <i>10/1-10/31</i>	<i>Month 8</i> <i>11/1-11/30</i>	<i>Month 9</i> <i>12/1-12/31</i>
Intervention to address barrier 2: Create reports that feed into ACLA Provider Portal with list of eligible members assigned to the provider for vaccine eligible and overdue status.	Intervention tracking measure 2A: <i>Percentage of enrollees age 16+ where PCPs were provided with their eligible patient list and list of vaccine providers</i> <i>N: # of providers registered to provider portal with vaccine eligible enrollees 16+</i> <i>D: # of providers with vaccine eligible enrollees ages 16+</i>	N:N/A D: R:	N:N/A D: R:	N:4,234 D:4,333 R:97.72%	N:4145 D:4245 R:97.64%	N:4001 D:4097 R:97.66%	N:4014 D:4104 R:97.81%	N:4047 D:4129 R:98.01%	N:3972 D:4059 R:97.86%	N:3946 D:4038 R:97.72%
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)		<i>Month 1</i> <i>4/9-4/30</i>	<i>Month 2</i> <i>5/1-5/31</i>	<i>Month 3</i> <i>6/1-6/30</i>	<i>Month 4</i> <i>7/1-7/31</i>	<i>Month 5</i> <i>8/1-8/31</i>	<i>Month 6</i> <i>9/1-9/30</i>	<i>Month 7</i> <i>10/1-10/31</i>	<i>Month 8</i> <i>11/1-11/30</i>	<i>Month 9</i> <i>12/1-12/31</i>
Intervention to address barrier 3: One week prior to due for 2 nd dose administration and overdue 2 nd dose, a telephonic outreach will be	Intervention tracking measure 3: MCO to develop. <i>N:# of vaccine eligible enrollees ages 16+</i>									

<p>utilized to remind and assist members with obtaining 2nd dose. This outreach is being performed by Case Managers, Care Coordinators and Community Navigators.</p> <p>Planned Start Date: 4/9/21 Actual Start Date: 4/9/21 Revised Intervention to address MCO-identified barrier: Revision Date:</p>	<p><i>successfully outreached and reminded of second dose of vaccine</i> D: # of vaccine eligible enrollees ages 16+ requiring a second vaccine and/or overdue for second vaccine (excluding Johnson & Johnson)</p> <p>3(a) N: # of vaccine eligible enrollees ages 16+ successfully outreached and reminded of second dose vaccine D: # of vaccine eligible enrollees 16+ outreached to reminded of second vaccine (successful and unsuccessful) (J&J excluded)</p>	<p>N:157 D:1,219 R:12.88%</p> <p>N:157 D:403 R:38.96%</p>	<p>N:177 D:1,595 R:11.10%</p> <p>N:177 D:517 R:34.24%</p>	<p>N:187 D:2,051 R:9.12%</p> <p>N:187 D:607 R:30.81%</p>	<p>N:87 D:2,173 R:4.00%</p> <p>N:87 D:304 R:28.62%</p>	<p>N:230 D:2,360 R:9.75%</p> <p>N:230 D:882 R:26.08%</p>	<p>N:443 D:4,958 R:8.94%</p> <p>N:443 D:1,448 R:30.59%</p>	<p>N:568 D:6,404 R:8.87%</p> <p>N:568 D:1,729 R:32.85%</p>	<p>N: 587 D:6,445 R:9.11%</p> <p>N:587 D:1,143 R:51.36%</p>	<p>N:533 D:6,755 R:7.89%</p> <p>N:533 D:968 R:55.06%</p>
<p>Barrier 4: There may be disparities in receipt of COVID-19 vaccines</p> <p>MCO-identified Barriers (indicate month, and elaborate in footnote as needed beneath table)</p>		<p>Month 1 4/9-4/30</p>	<p>Month 2 5/1-5/31</p>	<p>Month 3 6/1-6/30</p>	<p>Month 4 7/1-7/31</p>	<p>Month 5 8/1-8/31</p>	<p>Month 6 9/1-9/30</p>	<p>Month 7 10/1-10/31</p>	<p>Month 8 11/1-11/30</p>	<p>Month 9 12/1-12/31</p>
<p>Intervention to address barrier: 4a. Spanish speaking Community Health Educators to engage with Spanish speaking enrollees and assist with transportation benefit provided through ACLA</p>	<p>Intervention tracking measure 4a: N: # of Spanish speaking enrollees scheduling transportation to vaccination site</p>	<p>N: 0 D: 0 R: 0.00%</p>	<p>N: 0 D: 0 R: 0.00%</p>	<p>N: 0 D: 0 R: 0.00%</p>	<p>N: 0 D: 0 R: 0.00%</p>	<p>Retired</p>	<p>Retired</p>	<p>Retired</p>	<p>Retired</p>	<p>Retired</p>

<p>Revised Intervention to address MCO-identified barrier: Revision Date:6/31/2021 Retired</p>	<p>D:# of Spanish speaking enrollees reporting transportation difficulty</p> <p>4(aa) N:# of vaccine eligible Spanish speaking enrollees successfully outreached for vaccination D:# of vaccine eligible Spanish speaking enrollees 16+ outreached for vaccination (successful and unsuccessful)</p>	<p>N: 2 D: 6 R: 33.33%</p>	<p>N: 6 D: 12 R: 50.00%</p>	<p>N: 12 D: 18 R: 66.67%</p>	<p>N: 61 D: 121 R: 50.41%</p>	<p>N: 63 D: 101 R: 48.91%</p>	<p>N: 45 D: 92 R: 48.91%</p>	<p>N: 55 D: 90 R: 61.11%</p>	<p>N: 34 D: 69 R: 49.28%</p>	<p>N: 14 D: 36 R: 38.89%</p>
<p>4b. Telephonic outreach will be utilized to assist members enrolled in BH/SUD.</p> <p>Planned Start Date: 4/9/21 Actual Start Date: 4/9/21</p> <p>Revised Intervention to address MCO-identified barrier: Revision Date:</p>	<p>Intervention tracking measure 4b: <i>Percentage of vaccine eligible enrollees 16+ in BH/SUD that BH Case Managers assisted with obtaining vaccination.</i></p> <p>N:# of vaccine eligible enrollees 16+ enrolled in BH/SUD with appointment made at any provider D: # of vaccine eligible enrollees 16+ enrolled in BH/SUD who have not received a vaccine</p> <p>4(bb) N: # of vaccine eligible enrollees 16+ with BH/SUD in past 12 months successfully outreached for vaccine</p>	<p>N:213 D:25,859 R:0.82%</p> <p>N:352 D:599 R:58.76%</p>	<p>N:227 D:24,490 R:0.93%</p> <p>N:417 D:928 R:44.94%</p>	<p>N:260 D:23,551 R:1.10%</p> <p>N:472 D:1,198 R:39.40%</p>	<p>N:670 D:23,682 R:2.83%</p> <p>N:1,230 D:2,988 R:41.16%</p>	<p>N:791 D:22,369 R:3.54%</p> <p>N:1,318 D:3,238 R:40.70%</p>	<p>N:340 D:20,414 R:1.67%</p> <p>N:605 D:1,170 R:51.71%</p>	<p>N:415 D:19,889 R:2.09%</p> <p>N:805 D:1,943 R:41.43%</p>	<p>N:278 D:19,047 R:1.46%</p> <p>N:585 D:1,126 R:51.95%</p>	<p>N:307 D:18,170 R:1.69%</p> <p>N:566 D:1,107 R:51.13%</p>

<p>D: # of vaccine eligible enrollees 16+ with BH/SUD in past 12 months outreached (successfully or unsuccessfully) for vaccine</p> <p>4(bbb) N: # of vaccine eligible enrollees 16+ with BH/SUD in past 12 months with appointment made at any vaccine provider D: # of vaccine eligible enrollees 16+ with BH/SUD in past 12 months successfully outreached for vaccine</p>	<p>N:213 D:352 R:60.51%</p>	<p>N:227 D:417 R:54.44%</p>	<p>N:260 D:472 R:55.08%</p>	<p>N:670 D:1,230 R:54.47%</p>	<p>N:791 D:1,318 R:60.02%</p>	<p>N:340 D:605 R:56.20%</p>	<p>N:415 D:805 R:51.55%</p>	<p>N:278 D:585 R:47.52%</p>	<p>N:307 D:566 R:54.24%</p>
<p>Intervention tracking measure 4c:</p> <p>N:# of vaccine eligible enrollees 12-15 year old enrolled in BH/SUD with appointment made at any provider D: # of vaccine eligible enrollees 12-15 year old enrolled in BH/SUD who have not received a vaccine</p> <p>4(cc) N: # of vaccine eligible enrollees 12-15 year old with BH/SUD in past 12 months successfully outreached for vaccine D: # of vaccine eligible enrollees 12-15 year old with BH/SUD in past 12 months outreached (successfully or unsuccessfully) for vaccine</p>	<p>N:N/A D: R:</p> <p>N:N/A D: R:</p>	<p>N:N/A D: R:</p> <p>N:N/A D: R:</p>	<p>N:N/A D: R:</p> <p>N:N/A D: R:</p>	<p>Baseline N:144 D:4,365 R:3.30%</p> <p>N:229 D:635 R:36.06%</p>	<p>N:140 D:4,017 R:3.49%</p> <p>N:233 D:591 R:39.42%</p>	<p>N:47 D:3,520 R:1.34%</p> <p>N:99 D:159 R:62.26%</p>	<p>N:46 D:3,441 R:1.34%</p> <p>N:94 D:187 R:50.27%</p>	<p>N:49 D:3,366 R:1.46%</p> <p>N:90 D:150 R:60.00%</p>	<p>N:33 D:3,254 R:1.01%</p> <p>N:89 D:139 R:64.03%</p>

	<p>4(ccc) N: # of vaccine eligible enrollees 12-15 year old with BH/SUD in past 12 months with appointment made at any vaccine provider D: # of vaccine eligible enrollees 12-15 year old with BH/SUD in past 12 months successfully outreached for vaccine</p>	N:N/A D: R:	N:N/A D: R:	N:N/A D: R:	N:144 D:229 R:62.88%	N:140 D:233 R:60.09%	N:47 D:99 R:47.47%	N:46 D:94 R:48.94%	N:49 D:90 R:54.44%	N:33 D:89 R:37.08%
<p>Barrier 5: Enrollees may have difficulties with transportation or be homebound MCO-identified Barriers (indicate month, and elaborate in footnote as needed beneath table)</p>										
		<i>Month 1</i> <i>4/9-4/30</i>	<i>Month 2</i> <i>5/1-5/31</i>	<i>Month 3</i> <i>6/1-6/30</i>	<i>Month 4</i> <i>7/1-7/31</i>	<i>Month</i> <i>8/1-8/31</i>	<i>Month</i> <i>9/1-9/30</i>	<i>Month 7</i> <i>10/1-10/31</i>	<i>Month 8</i> <i>11/1-11/30</i>	<i>Month 9</i> <i>12/1-12/31</i>
<p>Intervention to address barrier: 5a. Provide transportation for enrollees reporting transportation difficulty</p>	<p>Intervention tracking measure 5a: N: # of vaccine eligible enrollees 16+ scheduling transportation to vaccination sites D: # of vaccine eligible enrollees 16+ not vaccinated, reporting transportation difficulty</p>	N:5 D:5 R:100.00%	N:8 D:8 R:100.00%	N:2 D:2 R:100.00%	N:8 D:8 R:100.00%	N:6 D:6 R:100.00%	N:4 D:4 R:100.00%	N:3 D:3 R:100.00%	N:2 D:2 R:100.00%	N:0 D:0 R:0.00%

<p>5b. Work with providers to assist homebound members with receiving the vaccination</p> <p>Planned Start Date: 4/9/21 Actual Start Date: 4/9/21</p> <p>Revised Intervention to address MCO-identified barrier: Revision Date:</p>	<p>Intervention tracking measure 5b: <i>N: # of vaccine eligible enrollees Homebound 16+ receiving at least one dose of the vaccine</i> <i>D: # of vaccine eligible enrollees Homebound 16+ whom have not received the vaccination</i></p>	<p>N:155 D:1,272 R:12.19%</p>	<p>N:98 D:1,114 R:8.80%</p>	<p>N:62 D:1,167 R:5.31%</p>	<p>N:88 D:952 R:9.24%</p>	<p>N:154 D:881 R:17.48%</p>	<p>N:101 D:751 R:13.45%</p>	<p>N:43 D:666 R:6.46%</p>	<p>N:34 D:637 R:5.34%</p>	<p>N:23 D:588 R:3.91%</p>
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Indicator	Description	April 2021 (Baseline)	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	January 7, 2022 Summary	Target
Indicator 1	Measure A: Persons who received at least one vaccine dose	N:20,122 D:142,744 R:14.10%	N:29,299 D:142,391 R:20.58%	N:33,126 D:142,960 R:23.17%	N:36,526 D:144,323 R:25.31%	N:42,917 D:144,811 R:29.64%	N: 52,121 D: 145,830 R:35.74%	N:54,254 D:146,585 R:37.01%	N:57,300 D:146,562 R:39.10%	N:59,839 D: 147,815 R:40.48%	N: 62,339 D:147,394 R:42.29%	R:70%
	Measure B: Persons who received a complete vaccine course	N:10,478 D:142,744 R:7.34%	N:23,720 D:142,391 R:16.66%	N:28,409 D:142,960 R:19.87%	N:32,403 D:144,323 R:22.45%	N:35,609 D:144,811 R:24.59%	N: 42,219 D:145,830 R: 28.95%	N:45,941 D:146,585 R:31.34%	N:49,192 D:146,562 R:33.56%	N: 51,544 D: 147,815 R: 34.87%	N: 53,651 D:147,394 R:36.40%	R:70%
Indicator 2	Racial/ethnic disparity in receipt of at least one dose of COVID-19 vaccine											0.0%
	Measure A: Difference between the percentage of eligible White and Black individuals receiving at least one dose (% of Black individuals minus %White individuals)	3.29%	4.87%	5.6%	6.49%	8.00%	9.48%	9.92%	11.01%	9.01%	9.95%	0.0%
	Measure B: Difference between the percentage of eligible White and Hispanic/Latino individuals receiving at least one dose	-1.91%	-0.73%	-0.15%	0.21%	1.29%	1.65%	1.95%	2.62%	-0.11%	0.43%	

	(% of Hispanic/Latino minus % White individuals) Measure C: Difference between the percentage of eligible White and those of Other, Unknown, or Missing race/ethnicity receiving at least one dose (% Other/Unknown/ Missing minus % White individuals)	6.23%	9.83%	12.10%	13.27%	15.88%	16.19%	16.21%	16.47%	15.87%	16.20%	0.0%
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Indicator 3	Racial/ethnic disparity in receipt of a complete COVID-19 vaccine series ¹											
	Measure A: Difference between the percentage of eligible White and Black individuals receiving a complete vaccine series (% of Black individuals minus %White individuals)	1.73%	3.83%	4.59%	5.36%	6.24%	7.70%	8.31%	9.30%	7.40%	8.01%	0.0%
	Measure B: Difference between the percentage of eligible White and Hispanic/Latino individuals receiving a complete vaccine series (% of Hispanic/Latino minus % White individuals)	-1.32%	-1.03%	-0.56%	0.17%	0.97%	0.99%	1.06%	1.76%	-0.93%	0.47%	0.0%
	Measure C: Difference between the percentage of eligible White and those of Other,											

	Unknown, or Missing race/ethnicity receiving a complete vaccine series (% Other/Unknown/ Missing minus % White individuals)	3.38%	8.06%	10.65%	12.17%	13.86%	15.39%	15.59%	15.91%	15.64%	15.72%	
Indicator 4 ²	Measure A: Pediatric population who received at least one vaccine dose	N/A	N/A	N/A	(Baseline) N:1,126 D:20,857 R:5.40%	N:2,743 D:20,904 R:13.12%	N:4,748 D:20,987 R: 22.62%	N:5,031 D:21,063 R:23.89%	N:5,328 D:21,026 R:25.34%	N:5,544 D: 21,163 R: 26.20%	N: 5,879 D: 21,012 R: 27.98%	R:70%
	Measure B: Pediatric population who received a complete vaccine series	N/A	N/A	N/A	N:699 D:20,857 R:3.35%	N:1,298 D:20,904 R:6.21%	N:3,151 D:20,987 R:15.01%	N:3,805 D:21,063 R:18.06%	N:4,255 D:21,026 R:20.24%	N: 4,479 D: 21,163 R: 21.16%	N: 4,674 D:21,012 R: 22.24%	R:70%

¹This 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).

²For 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 will start with the 7/2/2021 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.

Of the adult vaccine indicators, both receipt of one vaccine and receipt of the complete course, there was an increase in the rates month over month when compared to the baseline from April 2021. The plan saw a 26.38 percentage point increase from the baseline for adults with receipt of one vaccine, from 14.10% in April 2021 to 40.48% in December 2021. ACLA saw a 27.53 percentage point increase from the baseline for adults with receipt of complete course, from 7.34% in April 2021 to 34.87% in December 2021. The greatest increase in the 16+ vaccine eligible with one vaccine occurred between August and September, with a 6.10 percentage point increase. Similar results were seen with 16+ with complete course, with a 4.36 percentage point increase from August to September. The plan saw the slowest increase from September to October for 16+ vaccine eligible with one vaccine. The slowest increase for 16+ complete dose was from July to August, with only 2.14 percentage point increase.

Of the pediatric 12-15 year old indicators, both receipts of one vaccine and complete course there was a steady increase from the baseline month of July 2021, with the biggest increase from August to September in both indicators. The plan saw a 20.80 percentage point increase from the baseline for 12-15 year olds with receipt of one vaccine, from 5.40% in July 2021 to 26.20% in December 2021. ACLA saw a 17.81 percentage point increase from the baseline for 12-15 year olds with receipt of complete course, from 3.35% in July 2021 to 21.16% in December of 2021.

From September to October for both adult 16+ measures and for both pediatric 12-15 year old measures, a slower increase was seen from the prior month. The plan attributes this to Hurricane Ida, when efforts were concentrated on providing relief and assistance to those who had been impacted by the storm.

The specialized BH/SUD population that was the focus of ITM 4b, 4bb, 4bbb for the 16+ vaccine eligible enrollees with BH/SUD in the past 12 months. This ITM saw a slow increase in rates until July, where the rate increased by 2.01 percentage points from the baseline. The best rate for this ITM was in August, at 3.54%, decreasing in September, October and November. This decrease can be attributed to the affect that Hurricane Ida had on the company and enrollees.

The focus of ITM 4c, 4cc, 4ccc for the 12-15 year old vaccine eligible enrollees with BH/SUD in the past 12 months. This ITM was initiated in July 2021 and saw an increase in August. The rates for September, October and November declined and is attributed to the affect that Hurricane Ida had on the company and enrollees.

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

Although the plan did not meet target goals, meaningful interventions and strategies were developed and implemented throughout the PIP.

- The plan was able to target and organize outreach activities week by week based on previous week outcomes, based on all factors that the plan was able to track data on. When weekly successful call counts declined, threatening successful vaccine appointments established at any provider for 16+ in Case Management (ITM1aa) in September and 16+ not in Case Management (ITM 1bbb) in August, activities and interventions could be addressed quickly.
 - During the PIP, the plan worked with SBHC for two events to provide vaccines to vaccine-eligible school-aged children within a set radius of the SBHC, with more planned for future events, affecting ITM 1d rate.
 - Hurricane Ida had a significant impact on ITM rates in September 2021, and rates increased at a slower rate in October and November than expected. Most ITM's had this dip in rates starting in August and September and continued to be affected into October and November.
 - Successful live phone conversations led to successful appointments made at any provider for both the case managed and non-case managed and for both the 16+ eligible enrollees and the 12-15 year old eligible enrollees. (ITM 1aaa, 1bbb 1d (bbb) 1d (ccc)).
- **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.
 - AmeriHealth Caritas of Louisiana used an “all hands on deck” approach when it came to ITMs and Performance Indicator Rates. These two factors are likely to have contributed to Health Louisiana vaccine eligible participants receiving COVID-19 vaccinations. We made certain that no departments were left out, and we promoted attendance at weekly interdepartmental meetings. We used weekly statistics to guide our outreach initiatives, which were based on regional and enrollee outcomes.
 - Outreach lists were tailored to meet the department’s weekly outreach capacity and align with the priority, ensuring the success of both the plan’s associates and vaccination among enrollees.
 - Weekly interdepartmental meetings aided in the presentation and tracking of progress for both the ITM’s and the Performance Indicators. These meetings were beneficial in ensuring data validity and reliability, along with gaining a better understanding of the interventions. It supported the plan’s implementation of interventions and how they may be enhanced to have a greater impact. It allowed the various departments involved in the project to see how each contributed to the plan’s and enrollees’ positive immunization outcomes.
 - Account Executives from the Provider Network Management department were used across the PIP to drive initiatives to the providers who service our enrollees. They helped us educate our providers about member and provider incentives, COVID-19 Vaccination Eligibility and Overdue Report in the Provider Portal, notifications of provider alerts, how to become a vaccine provider, counseling codes for reimbursement on COVID-19 Vaccination counseling and/or risk factor reduction intervention(s), and COVID-19 information from ACLA. Quality Provider meetings and Provider Advisory Committee meetings, where instruction on the aforementioned was also delivered,

supplemented this. This was in reaction to ITM rates and Performance Indicator Rates, as well as our weekly outcomes and it was consistent with our “all hands on deck” strategy.

PIP Highlights (Highlight 1-2 most effective member interventions and 1-2 most effective provider interventions, and support with both quantitative ITM data and qualitative member/provider feedback data)

Member Interventions

The plan felt it was important from the start of the COVID-19 Vaccination Performance Improvement Project to track/report not only the number of appointments made over the total population, but also the total number of successful appointments made over both successful outreach and total outreach per month.

Adults in Case Management were telephonically live outreached by Case Managers. After the baseline month, the rate of 16+ engaged in CM with appointments made at any provider with successful contact were 61.81%-71.49%. This highlights the importance of good live outreach in supporting enrollees in receiving the vaccine. Members successfully contacted allowed Case Managers to assist with appointment scheduling, stating “Thanks, if you do not mind helping me make that appointment” and “I will make the appointment myself, but thanks for reminding me.” The plan believes in our Case Managers’ current relationships with the enrollees in Case Management and intends to continue to support this ITM as the project progresses. We did encounter members who provided feedback such as, “I am not getting that vaccination, I do not believe in it” and “My Aunt took that shot and she had a stroke.” We utilized Louisiana Department of Health myths and facts regarding the vaccination in debunking untruths, along with suggestions that the member should have a conversation and/or appointment with their trusted healthcare provider/PCP regarding the vaccination.

Provider Interventions

AmeriHealth Caritas of Louisiana developed COVID-19 Vaccination Eligibility and Overdue Report that feeds into the Provider Portal and is updated weekly. As a part of any provider engagement, including Quality Provider meetings, Account Executive encounters, and Provider Advisory Council meetings, the report is discussed, along with what ACLA is doing to assist the provider’s paneled membership in becoming vaccinated. The rate of providers who receive the list of eligible/overdue report in the Provider Portal over the number of contracted providers once the report was placed into production in June 2021, has remained at 97.64 to 98.01%. The plan is proud of the report and it’s potential to aid providers in visualizing vaccine eligible/overdue enrollees and making use of the report in order to assist in getting their membership vaccinated. Providers have expressed how easy it is to download the report in a useful format to utilize by their staff for vaccination outreach efforts. Providers did report that “I use the provider portal for eligibility and benefits only” and “We have so many different portals to access for payers.” During provider interactions, discussions and demonstrations were used to educate providers and staff on ease of provider portal access, along with where and how to access the report.

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.

Care management/case management process measure data accuracy is threatened by the limitations of episodic documentation and data abstractions from the plan's integrated care management software, which pose a threat to the findings' internal validity.

The administrative measure accuracy that are specified using pharmacy claims and procedure codes are limited to the extent that providers and coders enter the correct codes.

LINKS data is only as good as providers' ability to submit accurate patient/vaccination information in a timely way.

Data discrepancies due to member matching issues within the OPH data files presents a threat to the internal validity of the findings within the performance indicators.

- **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).

With the Unknown Race/Ethnicity/Declines to State population, there may be a disparity that exists but because of the unknown status cannot be identified.

- **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.

Data collection for process measures centered on case management / care management outreach presented various problems to the plan. Due to limitations in episodic documentation and data abstraction from the plan's integrated care management software, Case Management / Care Management member interactions may have been underrepresented.

Due to anomalies caused by a file match issue, the OPH data file understates the number of ACLA members who have been vaccinated and whose vaccination information was timely reported in LINKS.

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
Case Managers will telephonically outreach to members enrolled in case management	-relationships that exist matter		-Continue intervention
Care Coordinators and Community Navigators will telephonically outreach members not enrolled in case management	-strategic and purposeful outreach is vital	Use of different strategies provided by data to prioritize outreach list and make manageable week over week	-Continue to follow the data for list distribution, by strategizing ways for the associates and enrollees to be successful
Text Message campaigns	- one time enrollment in campaign may not make a difference	Important to let our enrollees know that vaccination is important to the company by re-enrolling member into the campaign	-Continue intervention
Provider Portal reports with COVID 19 vaccination status of paneled membership	- Low utilization of Provider Portal	Have Provider Network and any other provider facing interactions include education on COVID 19 vaccination status in provider portal and education on how to use the reports to their benefit	-Continue intervention -Plan face to face interactions in 2022
Telephonic outreach for 2 nd dose reminder	-do not assume that just because an enrollee received first dose that the second dose will follow timely		-Continue intervention
Spanish speaking CHE to engage with Spanish speaking enrollees to assist with vaccination appointment	-Peer to Peer outreach is helpful in breaking down barriers		-Continue intervention

Provide transportation to enrollees reporting transportation issues	-Low utilization for COVID-19 vaccine appointments	-Offer transportation for vaccine appointments	-Continue intervention
Work with providers to assist with homebound enrollees	-Difficult to find provider to meet members where they are	-Alert to incentivized re-imbursement for at home administration of the vaccination	-Continue intervention
-Face to face member interaction	-Face to Face interaction is an effective way of increasing vaccination uptake	-Collaboration with dependable and trusted community partners	-Increase participation in community events and community partnerships to improve vaccination rates with face to face interaction

References

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

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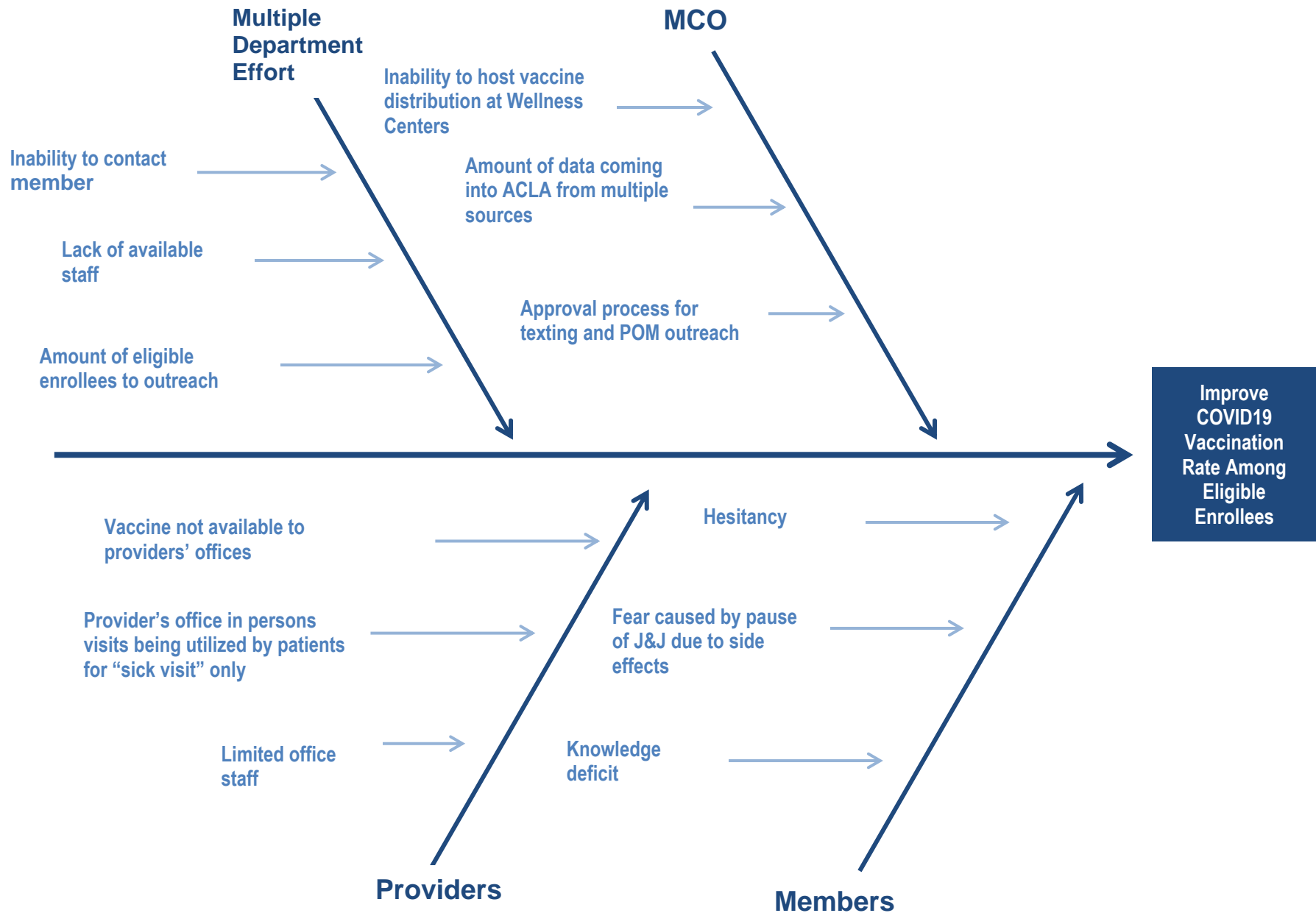
Glossary of PIP Terms

Table 7: PIP Terms

PIP Term	Also Known as...	Purpose	Definition
Aim	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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
<p>Very Feasible to Address</p>	<ul style="list-style-type: none"> • Member outreach and education to vaccine eligible enrollees 16+ • Transportation providers for homebound members • Latino/Hispanic eligible enrollees' understanding of the benefits of the vaccination, insurance benefits related to the vaccination and transportation benefits in a manner in which they have total understanding • Misinformation regarding vaccination 	<ul style="list-style-type: none"> • Internal approval processes • Opening AmeriHealth Caritas Wellness Centers in order to host vaccine events
<p>Less Feasible to Address</p>	<ul style="list-style-type: none"> • Members unable to contact • Mass hesitancy and increasing acceptance of the COVID-19 vaccines • Building trust in public health in a short period of time • Making it "easy" to get the vaccination 	<ul style="list-style-type: none"> • Locating homeless eligible enrollees • Staffing issues at provider offices • Vaccination availability at provider offices

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

	Positives	Negatives
INTERNAL <i>under your control</i>	<p style="text-align: center;"><i>build on</i> STRENGTHS</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Populations Health Solutions Analyst report timeliness • Supportive Medical Director • Ability to outreach on large scale 	<p style="text-align: center;"><i>minimize</i> WEAKNESSES</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Limited staff
EXTERNAL <i>not under your control, but can impact your work</i>	<p style="text-align: center;"><i>pursue</i> OPPORTUNITIES</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Vaccine administration sites • Provider usage of provider portal for monthly vaccine eligible and overdue for dose #2 report 	<p style="text-align: center;"><i>protect from</i> THREATS</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Unable to contact member • Provider participation

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.	•	•	•