Attachment III: Readmission & Prematurity Data

Plan Name: ___________________ Carrier Code(s) __________
(Use additional sheets as needed, marked with Plan Name & Carrier Code)

1. Please provide a brief description of up to three successful programs - beyond traditional case management and disease management - that you use to reduce readmissions, avoid preventable complications or decrease prematurity.

2. Do you require evidence of perinatal quality from network hospitals offering maternity services? Yes ____ No ____. If yes, what measures or toolkits do you find useful?