

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?