

**Federal Office of Rural Health Policy**  
**Community-Based Division**  
**Rural Maternity and Obstetrics Management Strategies (RMOMS) Program**  
**Performance Improvement and Measurement System (PIMS) Measures**

Public Burden Statement: The purpose of this program is to support networks that improve access to, and continuity of, maternal and obstetrics care in rural communities. The information gathered will be used in evaluating FORHP's progress in achieving the above purpose and goals of the program. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is XXXX-XXXX and it is valid until XX/XX/XXXX. This information collection is required to obtain or retain benefits (Section 330A(f) of the Public Health Service Act, 42 U.S.C. 254c f), as amended by section 201, P.L. 107-251 of the Health Care Safety Net Amendments of 2002). Public reporting burden for this collection of information is estimated to average 9 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

PIMS data are submitted to the EHBs. The EHB portal will open on September 1 immediately following the close of each reporting period and the PIMS measures are **due on September 30**.

## **Measures Overview**

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Pages 1-2 provide an overview of all data elements. To see more details of each data element, click on the links below to navigate to specific forms.

### **Form 1: Consortium/Network**

1. Identify the types and number of organizations in the network for your project
2. Total number of NEW member organizations that joined the network during this reporting period
3. How many policies or procedures were created during this reporting period
4. How many policies or procedures were amended during this reporting period
5. How many policies or procedures were implemented during this reporting period
6. As a result of being part of the network, how many network member organizations were able to integrate joint policies, procedures and/or best practices within their respective organizations during this reporting period
7. Are all network sites contributing to direct service encounter data
8. Number of network sites contributing direct service encounter data

### **Form 2: Sustainability**

9. Additional funding secured to assist in sustaining the network

OMB Number: XXXX-XXXX

Expiration Date: X/XX/XXXX

10. How many of the network members have provided the following in-kind services
11. Sources of sustainability
12. Which of the following activities have you engaged in to enhance your sustained impact  
*(Note: questions 13-15 only need to be answered in Year 4)*
13. What is your Ratio for Economic Impact vs. HRSA Program Funding
14. Will the network sustain after this federal funding period
15. Will any of the network's activities be sustained after this federal funding period

### **Form 3: Demographics**

16. Number of counties served in project
17. Number of people in the target population
18. Number of unique individuals from your target population who received direct services during this reporting period
19. Number of unique women from your target population who received direct services during this reporting period
20. Number of people served by ethnicity
21. Number of people served by race
22. Number of people served by age group

### **Form 4: Project-Specific Domain**

23. Health insurance status of women served during the reporting period in the continuum of care
24. Number of NICU stays for deliveries that occur within the network, including stays that are transferred outside of the network.
25. Number of live deliveries
26. Number of pregnancy-related deaths
27. Number of women who receive a prenatal visit
28. Number of women who receive a prenatal visit in the first trimester
29. Number of women who receive a postpartum visit
30. Number of women who receive case management contact
31. Number of network sites providing/using RMOMS relevant telehealth services
32. Number of women directly served by telehealth
33. Number of women receiving specialty care services via telehealth
34. Number of providers trained and/or supported through distance learning and/or telementoring

## Form 1: Network

**Table 1: Network Infrastructure**

**Table Instructions:** Please provide information about the network members and network operations. Network members are defined as members who have signed a Memorandum of Understanding or Memorandum of Agreement or have a letter of commitment to participate in the network.

Identify the types and number of organizations in the network for your project:						
		Type of Member Organizations in the Consortium/Network	Year 1 Planning	Year 2 Implementation	Year 3 Implementation	Year 4 Implementation
<b>1.a</b>	Non-Profit Organization	Area Health Education Center				
		Behavioral/Mental Health Organization				
		Community College				
		Community Health Center				
		Emergency Medical Services Entity				
		Faith-based Organization				
		Federally Qualified Health Center (FQHC)				
		FQHC Look-alike				
		Free Clinic				
		Health Department				
		Hospital – Critical Access Hospital (CAH)				
		Hospital – Small Rural (49 beds or less, non-CAH)				
		Hospital – Rural (50 beds or more, non-CAH)				
		Hospital – Urban				
		Hospital – other				
		Migrant Health Center				
		Private Practice				
		Rural Health Clinic				
		School District				
		State Medicaid Agency				
Social Services Organization						
University						
Other – Specify type						
		TOTAL for non-profit organization	<i>(Automatically calculated by system)</i>	<i>(Automatically calculated by system)</i>	<i>(Automatically calculated by system)</i>	<i>(Automatically calculated by system)</i>
<b>1.b</b>	For-Profit Organization	Hospital – Critical Access Hospital				
		Hospital – Small Rural (49 beds or less, non-CAH)				

	Hospital – Rural (50 beds or more, non-CAH)				
	Hospital – Urban				
	Hospital – Other				
	Private Practice				
	Rural Health Clinic				
	Other – Specify Type				
	TOTAL for-profit organization	<i>(Automatically calculated by system)</i>	<i>(Automatically calculated by system)</i>	<i>(Automatically calculated by system)</i>	<i>(Automatically calculated by system)</i>
2	<b>Total number of NEW member organizations that joined the network during this reporting period.</b> <i>Please attach to this form a document listing current network partners and noting any new or removed partners in the reporting period.</i>	Number			
3	<b>How many policies or procedures were created during this reporting period?</b>	Number			
4	<b>How many policies or procedures were amended during this reporting period?</b>	Number			
5	<b>How many policies or procedures were implemented during this reporting period?</b>	Number			
6	<b>As a result of being part of the network, how many network member organizations were able to integrate joint policies, procedures and/or best practices within their respective organizations during this reporting period?</b>	Number			
7	<b>Are all network sites contributing to direct service encounter data?</b> <i>Please indicate whether all funded network partner sites are contributing to the direct service encounter values included for the purposes of this reporting.</i>	Y/N			
8	<b>Number of network sites contributing direct service encounter data</b> <i>Please provide the total number of funded network partner sites contributing to the direct service encounter values included for the purposes of this reporting.</i>	Number			

## Form 2: Sustainability

**Table 2: Sustainability**

**Table Instructions:** Please provide information about the contribution by network members and the network’s sustainability efforts.

		<b>Year 1</b> Planning	<b>Year 2</b> Implementation	<b>Year 3</b> Implementation	<b>Year 4</b> Implementation
<b>9</b>	<b>Additional funding secured to assist in sustaining the network</b> <i>Please provide the amount of additional funding that has already been secured during this current reporting period to sustain the program.</i>	Number			
<b>10</b>	<b>How many of the network members have provided the following in-kind services:</b>				
	Goods (i.e.: equipment, food)	Number			
	Services (i.e.: education, screening)	Number			
	Staff Support	Number			
	Expertise (i.e.: legal, business, website/marketing development)	Number			
	Other (please specify)	Number			
<b>11</b>	<b>Sources of Sustainability</b> Select the type(s) of sources of funding for sustainability. Please check all that apply.	Selection list			
	None				
	Contractual services				
	Fees charged to individuals for services				
	Foundations				
	Fundraising/monetary donations				
	Grant – Federal				
	Grant – other				
	In-kind contributions (defined as donations of anything other than money, including goods or services/time.)				
	Membership fees/dues				
	Program revenue				
	Reimbursement from third-party payers (e.g. private insurance, Medicaid, etc.)				
	Other – specify type				
<b>12</b>	<b>Which of the following activities have you engaged in to enhance your sustained impact?</b> <i>Sustained impacts are long term effects that may or may not be dependent on the continuation of a program. Check all that</i>	Selection list			

	<i>apply.</i>				
	None				
	Community Engagement Activities				
	Local, State and Federal Policy Changes				
	Media Campaigns				
	Other – specify activity				
<b>Year 4 Sustainability Measures – To be collected during Year 4 reporting period only</b>					
13	<b>What is your Ratio for Economic Impact vs. HRSA Program Funding?</b> <i>Use the HRSA’s Economic Impact Analysis Tool (<a href="http://www.raconline.org/econtool/">http://www.raconline.org/econtool/</a>) to identify your ratio.</i>				Ratio
14	<b>Will the network sustain after this federal funding period?</b> <ul style="list-style-type: none"> <li>• Yes, the network and/or activities of the network are expected to operate after the period of performance.</li> <li>• No, the network is not expected to continue after the period of performance.</li> </ul>				Y/N
15	<b>Will any of the network’s activities be sustained after this federal funding period?</b> <i>If yes, please select how the activities will be sustained.</i>				Selection list
	Absorption of services or other means of in-kind support				
	Fees				
	Grant funding				
	Reimbursement by third party payers				
	Other: please describe				

### Form 3: Demographics

#### Access to Care

#### Definitions

**Direct Services:** A documented interaction between a patient/client and a clinical or non-clinical health professional. Examples of direct services include (but are not limited to) patient visits, counseling and education. This includes both face-to-face in-person encounters as well as non face-to-face encounters.

Note: Year 1 is the baseline year; you are to report on the services offered by network partners that meet the definition of direct services for your target population that were not supported by these award funds. Years 2-4 are implementation years; only report direct services that are funded with HRSA grant dollars.

#### Table 3: Service Area

**Table Instructions:** Please provide information to the following based on available information.

Service Area		Year 1 Planning	Year 2 Implementation	Year 3 Implementation	Year 4 Implementation
16	<b>Number of counties served in project</b> <i>This should be consistent with the figures reported in your grant application and should reflect your network's service area.</i>	Number			
17	<b>Number of people in the target population</b> <i>In the form comment box, please define your target population. This is the number of people targeted to receive services not the number of people who actually did receive direct services.</i>	Number			

**Table 4: Patient Population**

**Table Instructions:** Please provide information on the following based on your HRSA-funded network activities. Note that question 18 and 19 may be the same if your target population is exclusive to women of childbearing age.

	Numerator		Denominator		Percent of Targeted Patients Served
18	<b>18.a) Number of unique individuals from your target population who received direct services during this reporting period.</b> <i>This is the unduplicated count of patients/clients from your target population that received direct services from your network. Depending on the target population definition, this could include families/children.</i>	Number	<b>18.b) Total number of unique individuals in your target population during this reporting period.</b> <i>This is the unduplicated count of patients/clients from your target population (it should match the number reported in question 17)</i>	Number <i>(auto-populated from question 17)</i>	<i>(Automatically calculated by system)</i>

19	<p><b>19.a) Number of unique women from your target population who received direct services during this reporting period.</b>  <i>If your target population includes families/children, please report only the number of unique (i.e. the unduplicated count) <u>women of childbearing age</u> from your target population that received direct services from your network.</i></p>	Number	<p><b>19.b) Total number of unique individuals in your target population during this reporting period.</b>  <i>This is the unduplicated count of patients/clients from your target population (it should match the number reported in question 17)</i></p>	Number (auto-populated from question 17)	(Automatically calculated by system)
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**Table 5: Population Demographics Definitions**

**Hispanic or Latino Ethnicity**

- **Hispanic/Latino:** Report the number of persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, broken down by their racial identification and including those Hispanics/Latinos born in the United States. Do not count persons from Portugal, Brazil, or Haiti whose ethnicity is not tied to the Spanish language.
- **Non-Hispanic/Latino:** Report the number of all other people except those for whom there are neither racial nor Hispanic/Latino ethnicity data. If a person has chosen a race (described below) but has not made a selection for the Hispanic /non-Hispanic question, *the patient is presumed to be non-Hispanic/Latino.*
- **Unknown:** Report on only individuals who did not provide information regarding their race or ethnicity.

**Race**

All people must be classified in one of the racial categories (including a category for persons who are “Unknown”). This includes individuals who also consider themselves to be Hispanic or Latino. People who self-report race, but do not separately indicate if they are Hispanic or Latino, are presumed to be non-Hispanic/Latino and are to be reported on the appropriate race line.

People sometimes categorized as “Asian/Other Pacific Islander” in other systems are divided into two separate categories:

- **Asian:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Indonesia, Thailand, or Vietnam
- **Native Hawaiian or Other Pacific Islander:** Persons having origins in any of the original peoples of Hawaii or persons having origins in any of the original peoples of Guam, Samoa, Tonga, Palau, Truk, Yap, Saipan, Kosrae, Ebeye, Pohnpei or other Pacific Islands in Micronesia, Melanesia, or Polynesia



- **American Indian/Alaska Native:** Persons who trace their origins to any of the original peoples of North and South America (including Central America) and who maintain Tribal affiliation or community attachment.
- **More than one race:** Use this line only if your system captures multiple races (but not a race and an ethnicity) and the person has chosen two or more races. “More than one race” must not be used as a default for Hispanics/Latinos who do not check a separate race.

**Table Instructions:** This table collects information about an aggregate count of the people served by race, ethnicity, and age. The total for *each* of the following questions should equal the total number of unique individuals from your network’s intervention patient population who received direct services during this reporting period reported previously.

In year 1, please report on these measures to the extent possible for the network. If data/information is not available, please enter N/A and/or utilize the form comment box for provision of any additional necessary information needed for interpreting values reported in this section.

In years 2-4, please do **not** leave any sections blank. There should not be a N/A (not applicable) response since the measures are applicable to all awardees. If the number for a particular category is zero (0), please put zero in the appropriate section (i.e., if the total number that is Hispanic or Latino is zero (0), enter zero in that section).

		<b>Year 1</b> Planning	<b>Year 2</b> Implementation	<b>Year 3</b> Implementation	<b>Year 4</b> Implementation
<b>20</b>	<b>Number of people served by ethnicity</b>				
	Hispanic or Latino	Number			
	Not Hispanic or Latino	Number			
	Unknown	Number			
	Total (equal to the total of the number of unique individuals who received direct services)	<i>(Automatically calculated by system)</i>	<i>(Automatically calculated by system)</i>	<i>(Automatically calculated by system)</i>	<i>(Automatically calculated by system)</i>
<b>21</b>	<b>Number of people served by race</b>				
	American Indian or Alaska Native	Number			
	Asian	Number			
	Black or African American	Number			
	Native Hawaiian or Other Pacific Islander	Number			
	White	Number			
	More than one race	Number			

22	Unknown	Number			
	Total (equal to the total of the number of unique individuals who received direct services)	(Automatically calculated by system)	(Automatically calculated by system)	(Automatically calculated by system)	(Automatically calculated by system)
	<b>Number of people served by age group</b>				
	Children (0-12)	Number			
	Adolescents (13-17)	Number			
	Young Adults (18-35)	Number			
	Adults (35 and over)	Number			
	Unknown	Number			
	Total (equal to the total of the number of unique individuals who received direct services)	(Automatically calculated by system)	(Automatically calculated by system)	(Automatically calculated by system)	(Automatically calculated by system)

## Form 4: Project-Specific Domain

**Table 6: Core Data Elements**

### Definitions

#### **Telehealth Service**

A telehealth service is defined as any care or consultation arranged by the RMOMS network that takes place via telehealth. Examples of telehealth services may include telehealth meetings with case managers, support service providers, primary care providers, or specialists.

#### **Telehealth Specialty Care Service**

Telehealth specialty care is defined as care or consultation with a clinical specialist that takes place via telehealth. Examples of specialty providers may include maternal-fetal medicine specialists, mental health specialists, non-primary-care specialists (e.g., cardiologists), or, in some cases, OB/GYNs, for non-routine care.

**Table Instructions:** This table collects information about core measures resulting from services provided by your network to unique individuals who received direct services funded by this grant during this reporting period.

In year 1, please report on these measures to the extent possible for the network. If data/information is not available, please enter N/A and/or utilize the form comment box for provision of any additional necessary information needed for interpreting values reported in this section.

In years 2-4, please do **not** leave any sections blank. There should not be a N/A (not applicable) response since the measures are applicable to all awardees (with the exception of question 26, which is

optional). If the number for a particular category is zero (0), please put zero in the appropriate section.

Note: The number reported in PIMS measure 33 should be the same or less than the number reported in PIMS measure 32.

		<b>Year 1</b> Planning	<b>Year 2</b> Implementation	<b>Year 3</b> Implementation	<b>Year 4</b> Implementation
<b>23</b>	<b>Health insurance status of women served during the reporting period in the continuum of care</b> <i>Report on the “final” health insurance status for each unique individual woman directly served for the reporting period. Please enter a number for each category below.</i>				
	Medicaid/CHIP	Number			
	Private Insurance (i.e.: individual coverage, employer sponsored)	Number			
	Other (i.e. VA, Tricare, or other military health care, Indian Health Service, etc.)	Number			
	Uninsured	Number			
	Unknown	Number			
	Total (equal to the total of the number of unique individual women who received direct services)	<i>(Automatically calculated by system)</i>	<i>(Automatically calculated by system)</i>	<i>(Automatically calculated by system)</i>	<i>(Automatically calculated by system)</i>
<b>24</b>	<b>Number of NICU stays for deliveries that occur within the network, including stays that are transferred outside of the network</b> <i>This is an unduplicated count of all babies delivered by network partners and transferred to a level three or four NICU (regardless of whether the NICU is a network partner).</i>	Number			
<b>25</b>	<b>Number of live deliveries</b> <i>This is the total unduplicated count of live deliveries within the network.</i>	Number			
<b>26</b>	<b>Number of maternal deaths</b> <i>This is unduplicated count of women served by network partners who die during pregnancy, childbirth, or within one year of giving birth.</i>	Number			
<b>27</b>	<b>Number of women who receive a prenatal visit</b> <i>This is an unduplicated count of women who receive at least one prenatal visit by a network provider during the reporting period.</i>	Number			
<b>28</b>	<b>Number of women who receive a prenatal visit in the first trimester</b>	Number			

	<i>In the baseline year, this measure is optional. If your network is able to report this number, please do.</i>				
29	<b>Number of women who receive a postpartum visit</b> <i>This is an unduplicated count of women who receive at least one postpartum visit by a network provider during the reporting period.</i>	Number			
30	<b>Number of women who receive case management contact</b> <i>This is an unduplicated count of women who receive at least one case management contact by a network provider during the reporting period.</i>	Number			
31	<b>Number of network sites providing/using RMOMS relevant telehealth services</b> <i>If telehealth services are no longer available at any of the network sites, please detail this in the form comment box.</i>	Number			
32	<b>Number of women directly served by telehealth</b> <i>This is an unduplicated count of women who receive a telehealth service facilitated by the network during the reporting period (see definition in header).</i>	Number			
33	<b>Number of women receiving specialty care services via telehealth</b> <i>This is an unduplicated count of women who receive a telehealth specialty care service facilitated by the network during the reporting period (see definition in header). Use the form comment box to list the types of clinical specialists that provided specialty care.</i>	Number			
34	<b>Number of providers trained and/or supported through distance learning and/or telementoring</b> <i>Providers are inclusive of anyone on the care team. This is an unduplicated count of providers who were trained, educated or supported through telehealth during the reporting period.</i>	Number			