

QUALITY IMPROVEMENT UPDATE FOR MEMBERS 2019

Since the start of McLaren Health Plan, Inc. (MHP) in November 1997, quality improvements have been a priority in order to improve the health plan. As a result, throughout 2018, MHP continued to build its Quality Performance Improvement Program (QPIP) to deliver high quality health care. The QPIP has many parts that we have summarized below to help you understand our quality focus, the goals and outcomes of our care.

In order to evaluate our accomplishments and look for improvement, we reviewed several areas. Based on what we find, MHP's initiatives for the following year are identified.

MEETING STATE PERFORMANCE MONITORING FOR MEDICAID

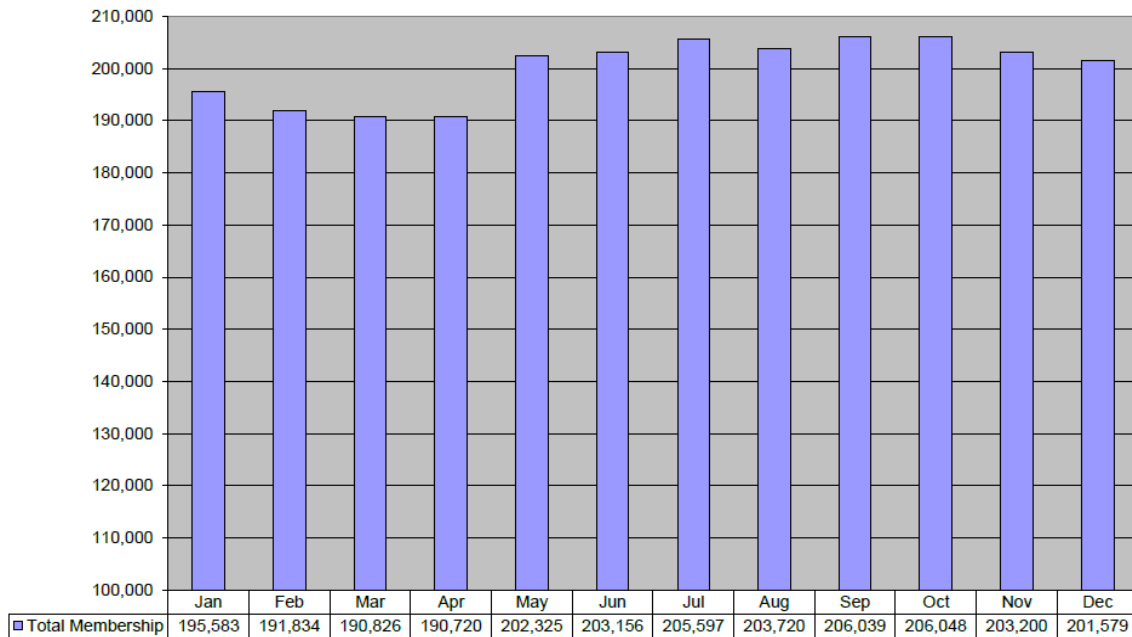
The purpose of performance monitoring by the state of Michigan is to have a process for checking how we are doing providing your care. We are measured based on many factors; for example, the rate of immunizations, women's health and pregnancy care. We also review member complaints and surveys to determine what areas need improvement.

MAINTAINING CONTINUED MEMBERSHIP GROWTH

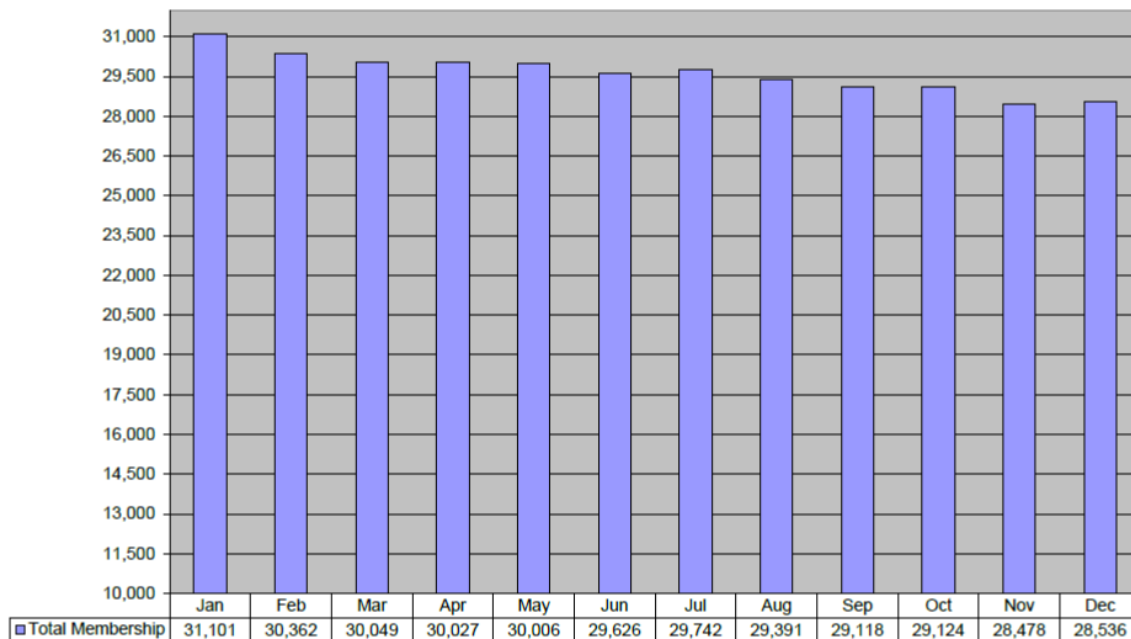
We watch our membership numbers to see if members are continuing with us and satisfied with the care they receive. The Michigan Insurance Marketplace members are included with the MHP Community (commercial) membership. The 2018 membership growth is displayed below. Medicaid membership gains were positive but at a slower pace than expected, as overall Medicaid recipients in Michigan declined. In the Community (commercial) offerings, membership numbers remained steady throughout the year.



**Medicaid Membership
CY 2018**



**Commercial Membership
CY 2018**



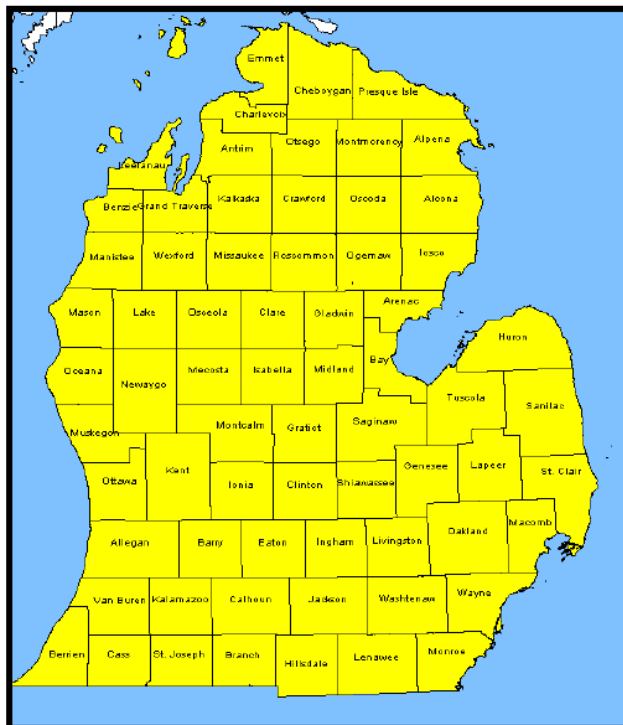
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Below is a map showing where MHP can deliver care. This means that we have enough doctors and hospitals to take care of our members.

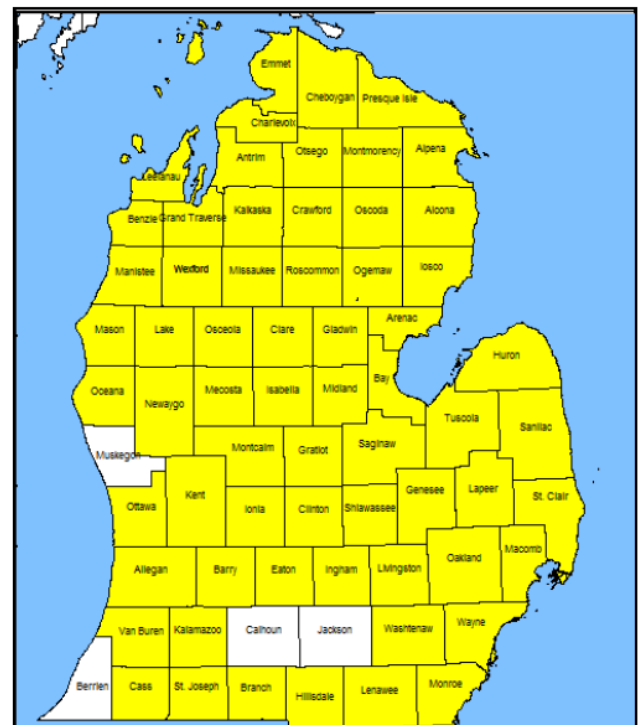


**Approved Service Area
December 2018**

McLaren Health Plan Medicaid



McLaren Health Plan Community*



Small Group and Individuals on/off exchange
*Large Group: Livingston and Oceana counties are partial approvals and Lenawee county is not approved

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MAINTAINING NCQA MANAGED CARE ORGANIZATION (MCO) ACCREDITATION

MHP completed the National Committee for Quality Assurance (NCQA) accreditation process for a MCO in July 2018 with an onsite review of the quality operations for the HMO product line. MHP's score resulted in an Accredited status. There was an increase in both CAHPS and HEDIS for 2018. MHP received the following final 2018 scores for Medicaid:

MHP - Medicaid			
Accreditation Category	2018	2017	2016
HEDIS*	33.94	22.87	22.48
CAHPS	10.40	7.39	7.91
STANDARDS*	50.00	48.95	48.95
TOTAL POINTS	83.94	79.21	79.35

For McLaren Health Plan Community (commercial HMO) there were decreases in both CAHPS and HEDIS. The following final 2018 scores for Commercial, excluding Marketplace, were scored only on standards:

MHP - Commercial			
Accreditation Category	2018	2017	2016
HEDIS*	28.78	23.36	21.26
CAHPS	3.90	5.54	4.35
STANDARDS*	50.00	48.95	48.95
TOTAL POINTS	78.78	77.85	74.56

On a monthly basis, MHP reviews results from many reports to help improve quality of care and member satisfaction. Any decreases in HEDIS and CAHPS scores are moved to a work group to focus on an action plan.

2018 has been a significant year for MHP. Many accomplishments were demonstrated and several opportunities for improvement were identified. As a result of the following successes in 2018, MHP continued to build on its reputation of being a premier HMO who provides access to quality care:

- Providing dental benefits for pregnant Medicaid women as part of a comprehensive maternity program.
- HMP required a HRA and PCP visits for our HMP members. As of December, there were 67,000 HMP members enrolled with MHP. 40% had a completed HRA (8% increase),

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67% were eligible for a gift card reward (the gift card incentive ended on 9/30/18), and 20% received a reduction in premium. Of special concern is only 52% had a PCP visit within 150 days of enrollment. This was a decrease of 1%.

- The successful launch of a Member Outreach team that supports our commitment to improving the care provided to our membership, with a focus on HEDIS scores, PCP relationships, and member satisfaction. The outreach team has touched over 75% of our contracted PCP offices.
- MHP increased the number of members identified in chronic conditions management programs as follows: Diabetes 3.6% Community and 8.65% Medicaid; Asthma 4.8% Community and 15.7% Medicaid. With the increased focus on population health management in 2018, MHP changed the direction of our outreach efforts for members with chronic conditions. New initiatives included collaboration with PCPs aimed at appropriate care for members with identified gaps in care.
- The McLaren MOMS program enrolled over 5200 pregnant members with 3749 deliveries, and 50% being contacted before delivery.
- For Medicaid, MDHHS identified 27 Key Measures from HEDIS. MHP Medicaid results included 55% of the measures increased and 30% of measures decreased. The goal of the NCQA 75th percentile was achieved in 37% of the measures, with 0% at the 90th percentile. Efforts will remain to move all measures at or above the 75th percentile benchmark.
- Lead screening remains a key performance measure for MDCH. The goal is 81% of 2 year olds having had a blood lead screening. MHP is currently at 79% of 2 year olds. Ongoing initiatives remain effective. In Genesee County, there was a lead contamination of the water discovered. MHP responded with increased member/provider education, and lead screening clinics with the local health department. There was a focus on the affected zip codes with notification to both the member and the primary care of the children NOT tested. Additionally, MHP continued targeted outreach interventions for members that lived in the affected zip codes during the Flint water crisis. Targeted outreach interventions included member education about special benefits available and referral to community-wide programs.
- Revision of the referral processes which allowed for less referral requirements and the ability to submit referrals electronically. The eFAX program was operational throughout 2018 and ensured that referrals are received and processed electronically, eliminating concerns for non-receipt of paper-based faxes. This new process is seamless to the provider. In 2018, 90% of referrals were received electronically.
- Ongoing efforts to connect with the at-risk ABAD membership remained a priority in 2018. The disabled population continues to be targeted with the “Let’s Connect” program. Over 1,500 members of this population were contacted with the goal of encouraging access to their PCP within 60 days of enrollment. 88% had a PCP visit within 60 days.
- The promotion of patient safety increased in 2018. The standardization of care has been introduced into the case management programs with the emphasis on Clinical Practice

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Guidelines as the basis for all treatment. Several educational sessions were held for the nurses. Distribution of the guidelines continued to all practitioners.

- Pharmaceutical management focused on monitoring capabilities that can be communicated to both the member and the providers regarding appropriateness of treatment. MHP continued the Drug Utilization Programs and formulary management during 2018. There are over 2000 members being monitored by the pharmacist for utilization patterns based on drug class and cost, and for quality edits. In addition, these members were reviewed for case management referral. MHP's clinical pharmacist works collaboratively with our PBM to administer a high quality, cost effective benefit.
- Population Health Management programs; tobacco cessation program, weight management program, *Taking It Off* and a blood pressure support program, *Down With Hypertension*. All MHP members who qualify are eligible for these programs. The focus on these programs is the promotion of life style changes. Both were fully operational throughout 2018.
- Gap analysis was an ongoing activity throughout 2018 for all county/service areas. This review of the provider network resulted in over 4600 newly contracted providers for our HMO business lines.
- Network Development continued to service and visit the network in record numbers. Reporting supported 100% of PCP with at least one visit and many with 2 or more. Provider forums were developed in 2014 and 3 were held in 2018. Specialty physicians and Hospitals remain a target for 2019 with ongoing review of the servicing plan.
- The Emergency Room Program (ERP) became operational in 2005. In 2018, MHP remained focused on frequent utilizers. In cooperation with an MDHHS program requirement, our ER program was revamped to focus on 416 super users. The foundation of the program is member education coupled with PCP awareness of the members' utilization patterns. In 2018, Community Health Workers were utilized to go into the field and connect with these members. Utilization for these 416 super users decreased over 10%.
- During 2018, MHP held joint staff meetings with Network Development, Customer Service, Medical Management, and Provider Contracting and Servicing. Full staff meetings occurred twice in 2018. Staff motivation and education are the main goals of these meetings and included an education on health care disparities and cultural competency.
- Operational in 2013 is a commercial customer service team that focuses on issues by product line, allowing for expertise in the claims arena for our commercial members. In 2018, six teams were further separated by member and provider. Continual evaluation occurred with call management as the bolus membership activity affected all call teams. Continual monitoring and assessment of speed to answer and abandonment rates allowed for identified opportunities for improvement and realization of improved processes to achieve efficiencies.
- Expansion of the established 2014 TEAM PODS, a new concept in the delivery of case management services for all members with simple and complex needs. Additionally, in

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2018 there was expansion in the utilization TEAM POD to allow for more consistency, improved turn-around times and improved case management opportunities.

- MHP delivered physician specific HEDIS reports and continues to research and institute internal processes to expand the tracking of provider data submission rates. This increased profiling capability will allow MHP to partner with providers to improve care delivery. In 2018, interim HEDIS reports were available which allows for real time data feeds. MHP contracted with a new HEDIS vendor to provide more timely reporting and valuable gaps in care reporting. This increased the delivery to PCPs and our ability to provide office assistance for patient scheduling by the Member Outreach team.
- MHP continued to focus on the management of behavioral health issues for all product lines with a focus on coordination with medical issues. Through frequent promotion of the depression guideline with follow up of members needing additional benefits, MHP continues to support our members. 2018 chart review indicated 60% of diabetics were screen for depression. In addition, 84% of the OB charts had a postpartum depression tool included.
- Behavioral health focus in 2018 was on care coordination between physical and mental health providers. Care coordination meetings began in 2015 and continue monthly between the Prepaid Inpatient Hospital Plans (PIHP), MHP case managers and involved practitioners supported by the members' plan of care. Targeted populations were dual enrollees, emergency room utilizers, medication compliance and chronic conditions.
- Follow up after hospitalization (FUH) HEDIS measure was added to the PIHP/MHP coordination of care meetings in August 2018. The purpose of this addition was to improve follow up care for members recently discharged from an inpatient behavioral health facility. MHP case managers coordinated with the PIHPs to ensure a follow up appointment within 30 days of discharge was made and kept by the patient.
- Behavioral/Physical Health protocols developed within the PIHP/MHP Statewide workgroup; members with a new diagnosis of COPD and diabetes screening for individuals with schizophrenia and bipolar disorder using anti-psychotic medications.
- MHP has over 24 outreach programs focusing on preventive care. Customer Service and Medical Management have championed this area and the increase in HEDIS and State Performance rates validate these programs.
- The fully insured commercial product (including those through the Marketplace) remains strong. All operations are compliant with the appropriate NCQA standards and management strategies that promote high quality, cost effective utilization. This product was successfully presented for NCQA accreditation in 2013.

If you would like to speak with someone about our quality programs, please call the Quality Department at (888) 327-0671, TTY: 711.

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