

## **QUALITY IMPROVEMENT UPDATE FOR MEMBERS 2020**

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 2019, 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.

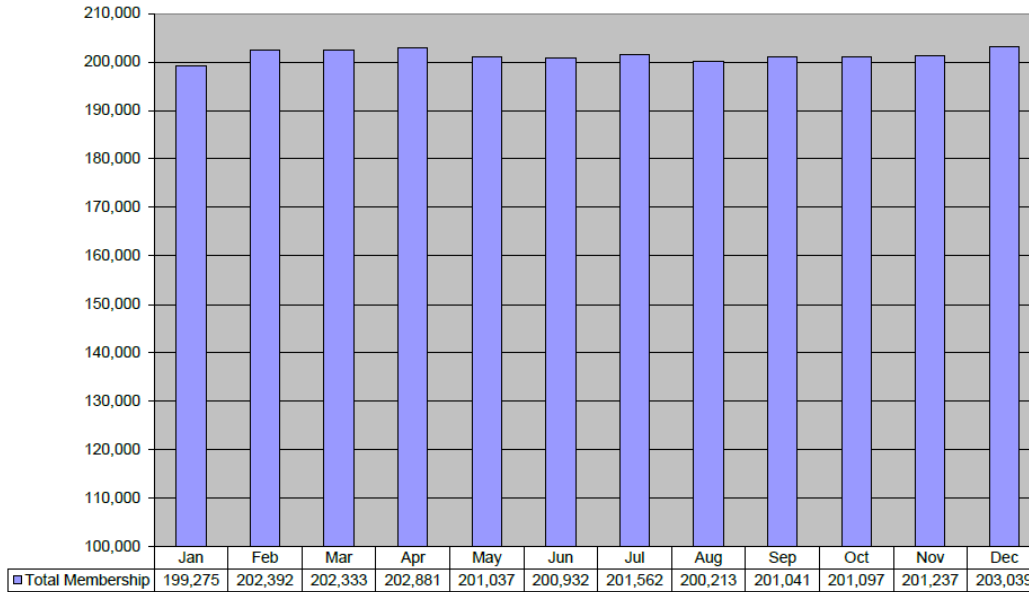
### **MEETING STATE PERFORMANCE MONITORING FOR MEDICAID**

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.

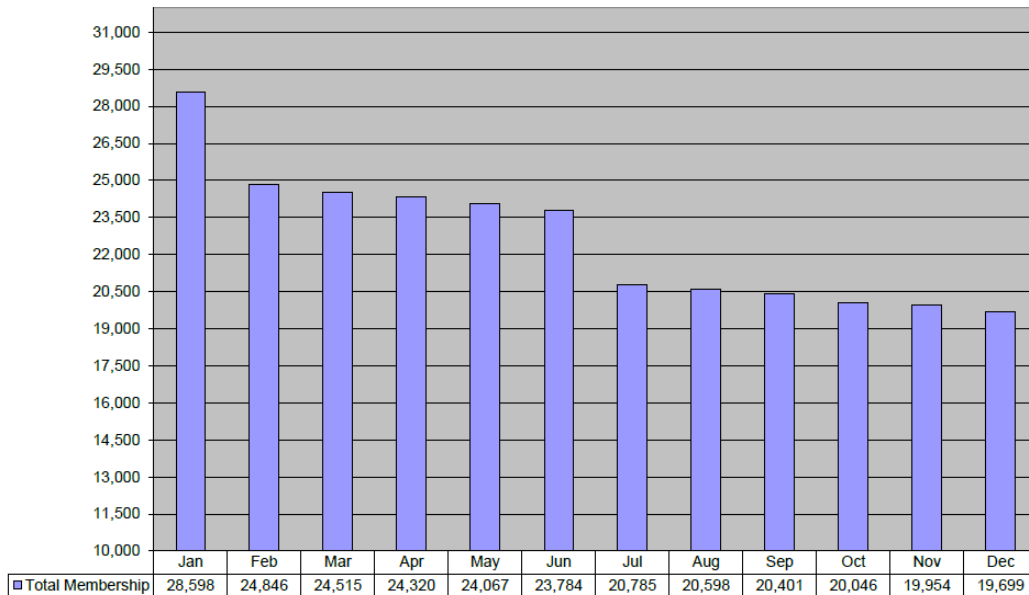
### **MAINTAINING CONTINUED MEMBERSHIP GROWTH**

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 2019 membership growth is displayed below. Medicaid membership gains were positive but at a slower pace than expected, as overall Medicaid recipients in Michigan declined. Adjustments were made in the Community (commercial) offerings, causing monthly variations. However, membership remained steady throughout the year.

**Medicaid Membership  
CY 2019**



**Commercial Membership  
CY 2019**



CAHPS® and HEDIS® are registered trademark of the National Committee for Quality Assurance (NCQA)

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.

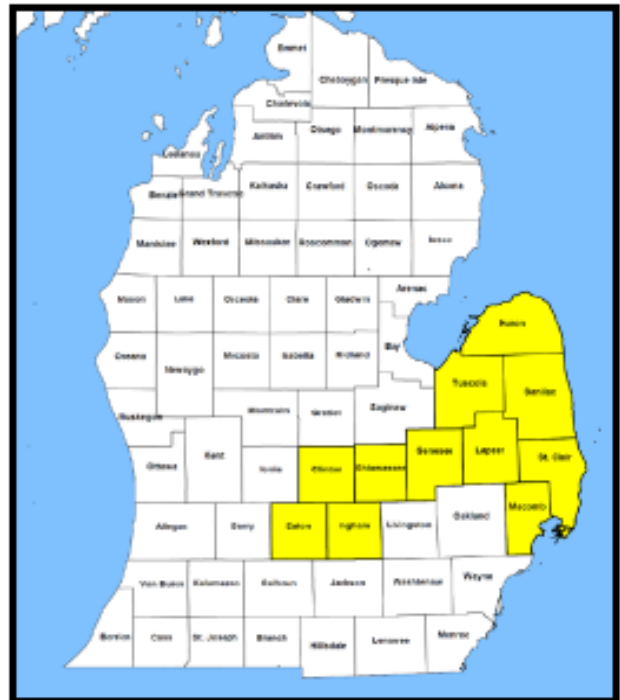
**McLaren**  
HEALTH PLAN

McLaren Health Plan Medicaid 1/1/16



**Service Area Approvals 2019  
Filing for Plan Year 2020**

McLaren Health Plan Community  
Select 1/1/20



CAHPS® and HEDIS® are registered trademark of the National Committee for Quality Assurance (NCQA)

## 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 2019. MHP received the following final 2019 scores for Medicaid:

<b>MHP - Medicaid</b>				
<b>Accreditation Category</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>	<b>2016</b>
HEDIS*	21.20	33.94	22.87	22.48
CAHPS	8.84	10.40	7.39	7.91
STANDARDS*	50.00	50.00	48.95	48.95
TOTAL POINTS	80.04	83.94	79.21	79.35

For McLaren Health Plan Community (commercial HMO) there was an increase in CAHPS and a decrease in HEDIS. The following final 2019 scores for Commercial, excluding Marketplace, were scored only on standards:

<b>MHP - Commercial</b>				
<b>Accreditation Category</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>	<b>2016</b>
HEDIS*	22.38	28.78	23.36	21.26
CAHPS	4.03	3.90	5.54	4.35
STANDARDS*	50.00	50.00	48.95	48.95
TOTAL POINTS	76.41	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.

2019 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 2019, 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.

CAHPS<sup>®</sup> and HEDIS<sup>®</sup> are registered trademark of the National Committee for Quality Assurance (NCQA)

- Incorporating procedures and processes to assist HMP members with work requirement activity being implemented by MDHHS. HMP members are required to report 80 hours of work requirements in order to maintain their medical and dental coverage, unless they have an exemption approved by MDHHS.
- HMP required an HRA and PCP visits for our HMP members. As of December, there were approximately 67,000 HMP members enrolled with MHP. In 2019 an average 11.2% had a completed HRA and 30% received a reduction in premium. Of special concern is only 50% had a PCP visit within 150 days of enrollment. This was a decrease of 2%.
- 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 >100% Community and 25.14% Medicaid; Asthma >100% Community and 10.33% Medicaid. Disease Management registry logic was changed in 2019 to mirror HEDIS specifications for both diseases in 2019. In addition, all Community members were moved to the same claims and care management system as Medicaid, accounting for the large increase in Community percentages. With the increased focus on population health management in 2019, 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 5300 pregnant members with 2827 deliveries, and about 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 90<sup>th</sup> percentile. Efforts will remain to move all measures at or above the 75<sup>th</sup> 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 75% of 2-year olds. Ongoing initiatives remain effective. In Genesee County, there was lead contamination of the drinking 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 RightFax program was operational

CAHPS<sup>®</sup> and HEDIS<sup>®</sup> are registered trademark of the National Committee for Quality Assurance (NCQA)

throughout 2019 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 2019, 90% of referrals were received electronically.

- Ongoing efforts to connect with the at-risk ABAD membership remained a priority in 2019. The disabled population continues to be targeted with the “Let’s Connect” program. Over 1,100 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 2019. The standardization of care is the foundation of case management programs with the emphasis on Clinical Practice Guidelines for 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 2019. 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 2019.
- Gap analysis was an ongoing activity throughout 2019 for all county/service areas. This review of the provider network resulted in over 4,900 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 9 were held in 2019. 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 2019, MHP remained focused on frequent utilizers. In cooperation with an MDHHS program requirement, our ER program was revamped to focus on 149 super users, this is defined as members with over 20 ER visits in 2019. The foundation of the program is member education coupled with PCP awareness of the members’ utilization patterns. Beginning in 2019, MHP also incorporated targeted education to members visiting the ER for a dental diagnosis with a focus on assisting them to appropriate dental covered services, getting the right care at the right plan and the right time. MHP educated nearly 700 members who had visited the ER for a dental diagnosis in 2019. In 2019, Community Health Workers were utilized to go into the field and connect with these members.

CAHPS<sup>®</sup> and HEDIS<sup>®</sup> are registered trademark of the National Committee for Quality Assurance (NCQA)

- During 2019, MHP held joint staff meetings with Network Development, Customer Service, Medical Management, and Provider Contracting and Servicing. Full staff meetings occurred once in 2019. Staff motivation and education are the main goals of these meetings and included an education on health care disparities and cultural competency.
- Operational since 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. 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 TEAM PODS, a new concept in the delivery of case management services for all members with simple and complex needs. Additionally, in 2019 there was expansion in the utilization TEAM PODS 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 2019, 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 and mid-year gaps in care analysis 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. 2019 chart review indicated 58% of diabetics were screened for depression. In addition, 81% of the OB charts had a postpartum depression tool included.
- Behavioral health focus in 2019 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.
- The Follow up after hospitalization (FUH) HEDIS measure was added to the PIHP/MHP coordination of care meetings in August 2019. 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.

CAHPS<sup>®</sup> and HEDIS<sup>®</sup> are registered trademark of the National Committee for Quality Assurance (NCQA)



- MHP has over 26 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.