

## 2020 MI Health Link Annual Evaluation Overview

### I. Introduction

MeridianComplete (Meridian) is a health plan that contracts with both Medicare and Michigan Medicaid to provide the benefits of both programs to qualifying enrollees under the MI Health Link demonstration program. In July 2020, WellCare Health Plans, Inc. was acquired by Centene to create a premier health care enterprise insuring more than 23 million lives, nationally. In addition to being the largest Medicaid Managed Care Organization in the United States, Centene is proud to be a national leader in managed care long-term services and support. Meridian evaluates its MI Health Link Quality Improvement (QI) program, annually, to identify best practices, as well as identify opportunities for improvement. This document summarizes the findings from the MI Health Link Quality Improvement Program Annual Evaluation. The full Annual Evaluation is available to in-network providers upon request.

### II. The COVID-19 Pandemic Impact

In March 2020, the State of Michigan declared a state of emergency due to the ongoing coronavirus disease 2019 (COVID-19) pandemic. The “Stay at Home” Executive Order had an exhaustive effect upon every facet of the United States healthcare system, from postponed/cancelled non-emergent or elective medical procedures and appointments to widespread provider office closures and extremely limited physician availability. Once State mandated restrictions were partially lifted, members’ hesitancy to attend in-person office visits remained at an all-time high. Furthermore, revised federal mandates considerably modified eligibility requirements, Meridian’s member enrollments and retention rates increased and disenrollments ceased in 2020. In efforts to support the community during difficult times, Meridian established various member-focused initiatives such as health and safety guidance, mass mask distribution, care coordination services, COVID-19 testing facilitation and vaccination education.

### III. Population Overview

MeridianComplete is a Medicare-Medicaid plan servicing 5,170 dual-eligible enrollees in the State of Michigan as of December 2020. Meridian’s service area encompasses eight counties: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren. Meridian’s population is 98% English-speaking with 70.27% of enrollees reporting their race as Caucasian, 20.91% as Black (Non-Hispanic), and 2.63% as Hispanic. The majority of the population is ages 61 years or older.

### IV. Disease Management Program

Meridian continued to successfully maintain the multi-year Chronic Care Improvement Program (CCIP) which focuses on assisting diabetic members with the management of their condition. The program educates members on diabetes self-management by promoting healthy lifestyle changes through consistent reminders and useful educational tools and resources. More specifically, members are guided throughout the year on three focus areas; the importance of healthy eating, physical activity and medication adherence. As a direct result of the COVID-19 impact, Meridian didn’t realize the program goals set forth for the CCIP program in 2020. Meridian is now more committed than ever to improving the Comprehensive Diabetes Care (CDC) rates in 2021 and engaging many more program members before its final evaluation in 2021 and establishment of a new program in 2022.

### V. Quality Improvement Project

In 2020, Meridian continued the MDHHS selected multi-year Quality Improvement Project (QIP), Follow-Up After Hospitalization for Mental Illness within 30 days (FUH). The three-year initiative focuses on increasing the rate at which enrollees follow-up after hospitalizations due to a behavioral health diagnosis. The goal of the QIP is to specifically increase compliance of 30-day follow-up visits with a

mental health provider after the occurrence of a behavioral health admission. Meridian is proud to report full points were received on its first FUH Quality Improvement Project (QIP) remeasurement submission in 2020.

The table below displays the baseline performance measured in the 2018 calendar year and the performance of Remeasurement 1 for the 2019 calendar year.

Measurement Period	Indicator Measurement	Numerator	Denominator	Percentage	Statistical Test Used, Statistical Significance, and p Value
01/01/2018-12/31/2018	Baseline	6	26	23.1%	N/A for baseline
01/01/2019-12/31/2019	Remeasurement 1	68	101	67.3%	Chi Square test, Chi Square Value = 16.6500, p Value = 4E-05

- A. Year over year comparison to the baseline year (2018) of the FUH HEDIS® measure rates are utilized to determine overall QIP success. The baseline measurement (2018) for FUH yielded a rate of 23.1%. Remeasurement 1 yielded a rate of 67.3%. The most recent FUH rate demonstrated an increase of 44.2% which resulted in 2020 FUH QIP success.
- B. The significant rate improvement is attributed to targeted interventions for the QIP which involves intensive member engagement process via Meridian’s Transition of Care program, provider education and collaboration with external partners.

**VI. Behavioral Health**

- A. Many behavioral health services covered by MI Health Link are a carve-out and are managed by Michigan Prepaid Inpatient Health Plans (PIHPs). The PIHPs are organizations that the Department of Community Health contracts with to administer the Medicaid-covered community mental health benefit. Meridian’s PIHP partner is Southwest Michigan Behavioral Health (SWMBH). BH services are provided for people with mental illness, intellectual/developmental disability, and/or substance use disorder. Meridian and SWMDH works collaboratively to jointly coordinate members’ care. Routine meetings are held to discuss and address pertinent member needs and key indicators.

**VII. Long Term Support Services (LTSS)**

LTSS is a comprehensive benefit offered to all Meridian enrollees. The goal of LTSS is to improve health and maximize independence. LTSS is covered by the MI Health Link program and includes services such as preventive nursing services, respite, home delivered meals and much more. MI Health Link has a unique benefit with a rigorous qualification process called the Home and Community Based Services (HCBS) Waiver.

- A. A few of the services offered to MI Health Link program members include but are not limited to the following; personal emergency response systems (PERS), chore services, adult day program, non-medical transportation, adaptive medical equipment, environmental modifications.
- B. The top three utilized LTSS for Meridian members in 2020 were personal care services, PERS and chore services. In 2020, 3.12% (174) of Meridian members received HCBS services and 7.02% (393) received nursing facility services.

**VIII. Provider Satisfaction**

- A. To assess provider satisfaction for MeridianComplete in 2020, Meridian contracted with a vendor to conduct a provider satisfaction survey. Meridian experienced a decline in 2020 provider satisfaction survey responses, which is attributed to the impact of COVID-19 pandemic. Of the 1,975 providers included in the sample, Meridian received a response rate of 14.4%.
- B. Key Takeaways
  - i. Providers rated Meridian in the top three highest health plans for Overall Satisfaction
  - ii. Seven out of the eight composite measures increased or maintained their percentile rating when compared to 2019
  - iii. In 2021, Meridian will continue to work proactively with provider offices to improve upon providers’ overall satisfaction

Highest Rated Composites	Lowest Rated Composites
Health Plan Call Center Service Staff	Pharmacy
Provider Relations	Network/Care Coordination
Comparative Rating to All Other Plans	Utilization and Quality Management

- C. Meridian plans to review the results in the internal Member and Provider Satisfaction Work Group to plan interventions in an effort to improve overall provider satisfaction.

**IX. Patient Safety**

MeridianComplete is committed to improving the safety of clinical care provided to members in any patient care setting. MeridianComplete actively seeks out opportunities and addresses member safety issues as they arise. MeridianComplete recognizes the role that culture, literacy, and disparities play in the provision of safe and effective health care and works to reduce the impact of these factors.

- A. MeridianComplete promotes the use of Michigan Quality Improvement Consortium (MQIC) Clinical Practice Guidelines (CPGs) for the MeridianComplete Provider Network to reference. In addition, MeridianComplete references other CPGs which include, but are not limited to:
  - i. American Heart Association
  - ii. Department of Veterans Affairs (VA)
  - iii. National Institute for Health & Clinical Excellence (NICE)
  - iv. The National Practice Guideline
- B. The active CPGs are available to providers and are located on MeridianComplete’s website. At least every two years, each CPG is reviewed internally to determine relevance and if it is still a best practice. Providers are notified via the Provider Newsletter, email, fax, or other correspondence when CPGs are updated, changed, or retired. CPGs are available for both medical and behavioral health needs
- C. MeridianComplete works with the provider network and PIHP partner to ensure critical incidents are reported timely and accurately. Critical incidents, quality of care grievances, and adverse event summaries are reviewed at the Quality Improvement Committee meeting.

**X. Care Coordination**

MeridianComplete has a robust Care Coordination model that promotes the organization of member care activities between two or more participants (including the member) involved in a member’s care. The services provided by Care Coordination are to facilitate the appropriate delivery of long-term support, community, specialty, and behavioral and physical healthcare services. MeridianComplete’s Care Coordination team collaborates with the provider network, including long-term support services, medical,

behavioral health, and pharmaceutical services. Overall effectiveness of Care Coordination is discussed at the Quality Improvement Committee meeting.

**XI. Member Satisfaction**

Meridian values and utilizes feedback provided by members to implement new or improve upon processes that will increase overall member satisfaction. In 2020, Meridian focused on the following quality initiatives to increase member satisfaction:

A. Enrollee Satisfaction Surveys

- i. Meridian’s Quality Improvement department analyzes data from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey, which is conducted annually through a certified vendor. Although CMS eliminated 2020 survey data submission requirements for MA & PDP CAHPS due to COVID-19, Meridian’s surveys were previously distributed in the field so data received was used for QI purposes.
- ii. Performance on the following composites was noted:

Highest Rated Composite Measures*	Lowest Rated Composite Measures*
Rating of Specialist	Getting Care Quickly
Customer Service	Getting Needed Care
Getting Prescription Drugs	Rating of Health Care

\*Compared to the National MMP average for 2019

B. Consumer Advisory Committee

- i. Quarterly Consumer Advisory Committee (CAC) meetings are conducted to obtain direct member feedback. The feedback obtained from the CAC meetings is used to enhance the MI Health Link program, better serve the needs of members, and improve overall member satisfaction. New for 2020, Meridian obtained member feedback via a virtual meeting setting. The CAC had an average attendance of 11 members, up two members from last year. Various topics were discussed during the 2020 CAC meetings including, but not limited to; COVID-19’s impact on health and member needs, COVID-19 and telehealth, feedback on member educational materials, and members’ satisfaction of MeridianRx and Care Coordination services. Meridian will continue conducting quarterly CAC meetings into 2021 and will continue encouraging members to lead the discussion on topics of choice. Member feedback will be utilized to inform and strengthen QI interventions.

**XII. Accessibility of Practitioners**

- A. In 2020, Meridian completed the annual Access and Availability Study on primary care providers (PCP) and specialty and behavioral health (BH) providers to assess the ease with which enrollees could obtain services at the time they are needed.
- B. MeridianComplete strives to achieve a 90% pass rate for each of the appointment categories. The 90% goal for five out of six of the PCP standards were met. Four of the six standards exceeded 2019 rates. Meridian behavioral health practitioners met six of the seven goals for appointment standards for the 2020 Accessibility of BH Services audit. Meridian’s high-volume specialists met all six appointment standard goal for the 2020 Accessibility of Services Specialty Care audit. All six also achieved a score of 100%. Meridian saw an increase in Accessibility standards due to the usage of virtual appointments in 2020.
- C. MeridianComplete plans to review the survey administration process to identify improvements and continues to work with Network Management.

### **XIII. Availability of Practitioners**

- A. Each year, MeridianComplete conducts an analysis of the contracted provider network to ensure compliance with the Centers for Medicare and Medicaid (CMS) network adequacy criteria
- B. MeridianComplete is required to ensure that a minimum of 90% of enrollees within each county can access care within specified time and distance standards. In 2020, all Meridian MI Health Link members had access to the necessary PCPs, behavioral health providers and specialists throughout the state. Primary care providers continue to be abundantly available for MI Health Link member.

### **XIV. Culturally and Linguistically Appropriate Services Analysis**

- A. In 2020, MeridianComplete conducted the annual assessment of cultural, ethnic, and linguistic needs of the member population to ensure that composition of the provider network adequately supports member needs
- B. MeridianComplete's goal is for at least 98% of members in the 12 largest counties to have access to a provider who speaks their language. Achieving this 98% goal is one way MeridianComplete works to improve quality of care and reduce disparities in care. The 12 largest counties were chosen based on the enrollment file received from the State of Michigan. The rate of access was determined to be 99.81%, which met MeridianComplete's goal.
- C. MeridianComplete continues to offer educational materials to providers to help encourage them to use cultural competency in their practices. Annual cultural competency training is required for all in network providers. Practices that improve cultural competency skills can result in a reduction in misdiagnoses and increased member engagement. Internal associates are required to complete annual training on cultural competency to ensure they are doing their part to improve member satisfaction
- D. Meridian's Network Development team will continue to acquire more diverse physicians within all service areas. This will include targeting providers and health systems in counties outside of the service area to address future growth

### **XV. Utilization Management**

- A. Utilization Management clinical associates are responsible for utilization management decisions that involve the application of clinical criteria. All clinical associates complete an inter-rater assessment biannually to assess consistency and accuracy in application of clinical criteria. These results are shared at the quarterly Quality Improvement Committee meeting
- B. MeridianComplete analyzes denial data quarterly to determine patterns in utilization, make necessary policy changes, and identify opportunities for improvement

### **XVI. HEDIS®**

- A. Meridian participates annually in HEDIS® reporting. HEDIS® performance, in combination with CAHPS® performance, has been shown to be an effective means of displaying a reliable method for assessing the evolution of health plan quality performance. During calendar year 2020, Meridian was successfully audited for HEDIS® compliance, as is required for all health plans reporting HEDIS® data.
- B. In 2020, many measure impacts were seen as a result of COVID-19 on the ability of members to attend regular primary care visits and complete preventive services. In addition, the pandemic affected Meridian's ability to collect hybrid medical records and conduct year round medical record abstraction for supplemental data.
- C. Meridian will continue to work toward improving performance on all HEDIS® measures, with an emphasis on improving Prevention and Screening measures, Diabetes Care and Cardiovascular

Condition measures through various channels of member and provider outreach, education, and engagement

D. The table below represents some key measures that MeridianComplete monitors:

Domain	Measure	HEDIS® 2019	HEDIS® 2020	HEDIS® 2021	MMP State Average^	HEDIS® 2020 - HEDIS® 2021 % Change
Prevention and Screening	Breast Cancer Screening	64.40%	66.44%	55.29%	58.8%	-11.15%
	Colorectal Cancer Screening	60.86%	56.69%	59.21%	50.9%	2.52%
	Care for Older Adults: Advance Care Planning	39.66%	45.50%	20.92%	47.2%	-24.58%
	Care for Older Adults - Medication Review	83.45%	86.86%	74.94%	73.8%	-11.92%
	Care for Older Adults - Functional Status Assessment	64.23%	71.05%	22.63%	64.2%	-48.42%
	Care for Older Adults – Pain Assessment	81.75%	84.43%	73.24%	73.7%	-11.19%
	Pharmacotherapy Management of COPD Exacerbation – Systemic Corticosteroid	75.68%	70.64%	72.25%	70.2%	1.61%
	Pharmacotherapy Management of COPD Exacerbation – Bronchodilator	89.53%	86.81%	86.13%	88.9%	-0.68%
Cardiovascular Conditions	Controlling High Blood Pressure	67.64%	64.72%	62.77%	63.9%	-1.95%
Diabetes Care	Comprehensive Diabetes Care – HbA1c Testing	92.46%	91.24%	86.37%	88.7%	-4.87%
	Comprehensive Diabetes Care – Poor HbA1c Control*	35.04%	34.55%	40.63%	39.1%	6.08%
	Comprehensive Diabetes Care – HbA1c Control (<8.0%)	56.93%	56.69%	51.34%	51.4%	-5.35%
	Comprehensive Diabetes Care – Eye Exams	93.29%	63.50%	60.34%	64.2%	-3.16%
	Comprehensive Diabetes Care – Medical Attention for Diabetic Nephropathy	70.07%	92.21%	92.46%	93.2%	0.25%
	Comprehensive Diabetes Care – Blood Pressure Control <140/90	79.32%	71.05%	62.29%	60.4%	-8.76%
Behavioral Health	Antidepressant Medication Management – Effective Acute Phase Treatment	65.33%	66.16%	71.57%	61.6%	5.41%
	Antidepressant Medication Management – Effect Continuation Phase Treatment	48.00%	46.46%	54.82%	46.3%	8.36%
	Follow-Up After Hospitalization for Mental Illness – 30 Days	NA	67.33%	59.30%	48.7%	-8.03%

<b>Risk Adjusted Utilization</b>	Plan All-Cause Readmissions – Observed to Expected Ratio (ages 18-64)*	0.66	0.96	1.13	0.66	0.17
	Plan All-Cause Readmissions – Observed to Expected Ratio (ages 65+)*	0.47	1.49	0.83	0.68	0.66

(\*)Lower rates indicate better performance

^MMP State Average is displayed for 2019 for HEDIS® measures due to CMS reporting requirements changed as a result of COVID-19

### XVII. Overall Summary

In 2020, the COVID-19 pandemic added an additional layer of complexity to Meridian’s efforts to successfully close health care gaps across the entire enterprise and improve overall satisfaction. Meridian’s QI Program was considered effective as it achieved its QI Program objectives. In 2021, Meridian will continue strengthening its partnership with SMWBH and improve collaboration efforts on the behavioral health transition of care process. This focus will be an effort to improve upon the FUH rate for the QIP, as well as improve Quality Withhold performance. Meridian will also continue to focus on implementing initiatives towards increasing Comprehensive Diabetes Care measures, Behavioral Health measures, and other preventive health measures where performance declined. Meridian will also focus on continuing efforts to improve member and provider satisfaction, and further integration of BH and Long Term Supports and Services (LTSS) within the Quality Improvement Program.