2021 Michigan Complete Health Work Plan Evaluation

I. Introduction

Michigan Complete Health's (MCH) mission is to transform the health of the community, one person at a time. MCH helps people live healthier lives, by providing access to high-quality health care, innovative programs and a wide range of health solutions that help families and individuals get well, stay well and be well. MCH is committed to the provision of a well-designed and well-implemented Quality Improvement (QI) Program. MCH monitors the success of the QI program through evaluations of quality measures such as HEDIS® (Healthcare Effectiveness of Data and Information Systems) and assesses MMP Member Experience through the review of the CAHPS® (Consumer Assessment of Health Plans Survey), Long Term Support Services (LTSS), and Behavioral Health (BH) surveys. Other quality measures include: provider satisfaction, safety of clinical care, clinical practice guidelines, vendor oversite and provider credentialing. The Plan also monitors member and provider grievances and appeals and conducts regularly scheduled advisory committee meetings with members and providers in order to elicit their feedback. The Plan sustains its mission with support from its national corporate partner, Centene Corporation. Plan performance is reported to the Quality Improvement Committee (QIC) quarterly and the MCH Board of Directors at least annually.

II. Quality Improvement Program

The QI Program utilizes a systematic approach to quality using reliable and valid methods of monitoring, analysis, evaluation, and improvement in the delivery of health care provided to all members, including those with special needs. The Plan utilizes the continuous quality improvement (CQI) methodology. This approach to quality improvement provides a continuous cycle for assessing the quality of care and services in such areas as preventive health, acute and chronic disease management, behavioral health, and satisfaction of health care and services. The QI Program includes identification of members at risk of developing conditions, the implementation of appropriate interventions, and designation of adequate resources to support the interventions. Plan objectives include maintaining the highest standards and most up-to-date, evidence-based clinical indicators and guidelines that support the quality of care and safety for its members. The Plan continually improves its Quality Program to meet regulatory requirements and accreditation standards as required. At least once per year, the QI Department facilitates a formal evaluation of the QI Program, presenting the results to the Quality Improvement Committee (QIC) as a critical aspect of continuous quality improvement.

MCH utilizes the Work Plan and confirms compliance with current needs, the most recent updates from the National Committee for Quality Assurance (NCQA) and assures the Work Plan reflects all current state or federal requirements. The Work Plan is a fluid document; designated staff make frequent updates to document progress of the QI Program.

III. The COVID-19 Pandemic Impact

The COVID-19 pandemic was and continues to be a significant barrier on HEDIS® performance outcomes for both HEDIS® 2020 and HEDIS® 2021. In 2021, health plan, provider, and member priorities were restructured due to the ongoing impacts of the pandemic. MCH witnessed an increasing hesitancy amongst members to prioritize or complete preventive screening measures that were not easily completed through telehealth visits. In addition, provider offices experienced high staffing challenges such as shortages and limited availability for non-COVID-19 related services.

IV. Population Overview

MCH has been operating in the State of Michigan as a Medicare-Medicaid managed care organization since March of 2015, servicing two counties: Wayne and Macomb. As a result of the acquisition of WellCare, MCH has been structurally integrated with MeridianComplete (Meridian). However, it remains a distinct health plan through the end of 2021 when the contracts novated. MCH is a Medicare-Medicaid plan servicing approximately 3,500 dual-eligible enrollees in the State of Michigan as of December 2021. MCH's population is historically 96.41% English-speaking with 50.14% of enrollees reporting their race as Black (Non-Hispanic), 39.19% as White (Non-Hispanic), and 1.65% as Hispanic. The majority of the population is ages 61 years or older, 62.21%.

V. Disease Management Program

MCH continued to successfully maintain the multi-year Chronic Care Improvement Program (CCIP) which focuses on assisting members on antidepressant medication and the management of their condition. Major depression can lead to serious impairment in daily functioning, including change in sleep patterns, appetite, concentration, energy, and self-esteem, and can lead to suicide, the 10th leading cause of death in the United States each year. The mission of MCH's CCIP is to engage members in the Antidepressant Medication Management (AMM) HEDIS® measure population with an increased outreach initiative to improve health outcomes and increase member satisfaction. The program promotes effective medication management, helps improves the care and health outcomes for impacted members in the population over a three-year span. Many behavioral health services are carved out in the State of Michigan. MCH works collaboratively with the State of Michigan behavioral health benefits administrator through Prepaid Inpatient Health Plans (PIHP). MCH worked collaboratively with the PIHPs to implement interventions to the target population to improve AMM performance. Though performance fell short of the program goals of meeting the HEDIS® 90th percentile in 2021, MCH exhibited increases for both the acute and continuation rate. MCH has concluded the AMM CCIP and will unite CCIP projects with MeridianComplete upon contract novation.

Table 1: 2018-2021 AMM Rates

Measure	HEDIS® 2018 (MY2017)	HEDIS® 2019 (MY2018)	HEDIS® 2020 (MY2020)	*HEDIS® 2021 (YTD2021)	Goal
Antidepressant Medication Management- Effective Acute Phase Treatment (EAPT)	73.13%	65.00%	70.00%	69.70%	82.00%
Antidepressant Medication Management- Effective Continuation Phase Treatment (ECPT)	50.75%	53.33%	60.00%	56.06%	70.00%

*Data as of CCIP submission in December 2021 and is not final MY2021 data

VI. Quality Improvement Project

In 2021, MCH concluded the MDHHS selected multi-year Quality Improvement Project (QIP) topic, Follow-Up After Hospitalization for Mental Illness within 30 days (FUH). The three-year initiative focused on increasing the rate at which enrollee's follow-up after hospitalizations due to a behavioral health diagnosis. The goal of the QIP was to increase compliance of 30-day follow-up visits with a mental health provider after the occurrence of a behavioral health admission. While MCH increased performance compared to baseline, MCH was unable to statistically significantly improve the FUH rate. MCH continues to work towards improving future performance of FUH. The table below displays the final performance results for the measure for years 2018-2020.

Table 2: HEDIS® FUH- 30 Day Rates

Measurement Period	Indicator Measurement	Numerator	Denominator	HEDIS® Rate	Statistical Test Used, Statistical Significance, and *p* Value
2018	Baseline	22	53	41.51%	NA for baseline
2019	Remeasurement 1	23	57	40.4%	Chi-Square statistic is 1.0152. The p-value is 0.90172. Not significant at p<.05.
2020	Remeasurement 2	33	67	49.3%	Chi-Square statistic is 0.7149. The p-value is 0.3978. Not significant at p<.05.

A. Year over year comparison to the baseline year's performance (2018) of the FUH HEDIS® measure rates are utilized to determine QIP success. The 2018 (Baseline year) FUH measurement yielded a rate of 41.5%. The 2019 measurement yielded a rate of 40.4%. In 2020, the FUH rate of 49.3%, demonstrated an increase of 7.79%.

B. The significant rate improvement in 2020 is attributed to targeted interventions for the QIP, which involves intensive member engagement process via MCH's Transition of Care program, transportation education, provider education and collaborations with external partners.

C. The goal for the three-year project was 56% and to demonstrate statistically significant improvement. Despite seeing rate improvement for FUH, MCH did not meet the QIP goals.
D. The FUH QIP concluded with the submission in 2021. A new QIP topic will be selected focusing on addressing health disparities. Measurement year 2021 will serve as the baseline data year.

VII. Behavioral Health

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. BH services are provided for people with mental illness, intellectual/developmental disability, and/or substance use disorder. MCH collaborates with the PIHPs to jointly coordinate members' care. Routine meetings were held to discuss pertinent member needs and key indicators.

VIII. Long Term Support Services (LTSS)

LTSS is a comprehensive benefit offered to all MCH 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. MCH and MeridianComplete surveys members that utilized LTSS services in the prior year. In 2021, SPH Analytics was contracted to conduct the survey. The survey focused on three main objectives: the overall experience with the long-term care program, the care manager and care management services, and long-term care plans. Survey questionnaires were mailed to 288 members and SPH Analytics conducted telephonic follow up to members that did not respond to the mailed survey. The survey concluded with a 16.5% completion rate.
C. SPH Analytics performed a correlation analysis using the Top-Two-Box (T2B) scores to define the degrees of liner association between the survey measures and the overall satisfaction rating of the LTSS program. A correlation rate of 0.500 or higher suggests a high positive correlation between the two variables. Below are the top six high performing areas identified through this analysis.

Table 3: Top Six Correlations for 2021

Question Number	Objective Category	Survey Measure	2021 Score	Correlation Rate
Q6	Long-term care program	Satisfaction with the number of services offered	79.7%	0.736
Q7	Long-term care program	Satisfaction with the type of services offered	81.9%	0.726
Q10	LTSS Care Manager	Able to receive care management services **that were** needed	85.6%	0.561
Q11	LTSS Care Manger	Able to receive care management services that **when** needed	86.3%	0.601
Q12	LTSS Care Manager	The care manager provided helpful and courteous assistance	90.0%	0.522
Q20	Long-term care plan services	Long-term care services were on time	89.6%	0.570

D. Overall, members were pleased with LTSS, and care coordination services. This is defined by a 74.3% of members reporting their quality of life has improved since enrolling in the program. In addition, there is a 13.6% higher percentage of members who feel their overall health has improved a little since enrolling in the program to those stating they have had no improvement.

IX. Provider Satisfaction

MCH conducts a provider satisfaction survey collecting a sample of physician network to obtain information regarding provider knowledge, use of, and satisfaction with MCH's personnel, services, and programs. Many organizations conduct a provider satisfaction survey to monitor provider satisfaction levels and to respond to one or more NCQA Health Plan Accreditation Standards.

A. To assess provider satisfaction for MCH in 2021, MCH contracted with a vendor to conduct a provider satisfaction survey. The survey included PCPs and specialist. Of the 602 providers included in the sample, MCH received a 58 completed for a response rate of 9.6%, an improvement of 2.7 percentage points compared to last year.

B. Key Takeaways:

   i. MCH scored at the 46th SPH Book of Business (BoB) percentile in overall satisfaction with the plan; and when compared to 2020 Summary rate scores improved in 2021 by 1.8 percentage points.

   ii. Providers rated MCH in the top three highest health plans for Overall Satisfaction amongst competitor plans in MI. MCH had a score of 69.2%, which was 6.3% below the top-rated plan.

   iii. MCH also had a Net Satisfaction Score of 57.7% and a Net Loyalty Score of 44.2%. MCH saw increases for both of these metrics, but a -1.8% reduction in the Net Promoter Score.

iv. In 2022, MCH will continue to work proactively with providers and office staff to improve upon overall provider satisfaction.

Table 4: Top Six Correlations for 2021

Highest Rated Composites	Lowest Rated Composites
Overall Satisfaction	Pharmacy
Likelihood to Recommend	Utilization and Quality Management
Health Plan Call Center Staff Service	Network/Care Coordination

D. MCH will continue to train providers on the different processes, increase applicable communication, and assist providers in best serving members.

E. In 2021, MCH providers contracted with Centene in Michigan were operating on multiple platforms for multiple lines of business, which may be causing abrasion with the provider network as a whole. In addition, MCH will continue the interdepartmental Member and Provider Satisfaction Workgroup that will partner closely with stakeholders from across the organization to address opportunities for improvement and address potential provider future provider abrasions

X. Patient Safety

MCH is committed to improving the safety of clinical care provided to members in any patient care setting. MCH actively seeks out opportunities and addresses member safety issues as they arise. MCH 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. MCH promotes the use of Michigan Quality Improvement Consortium (MQIC) Clinical Practice Guidelines (CPGs) for the MCH Provider Network to reference. In addition, MCH 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 the health plan'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. MCH 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 quarterly Quality Improvement Committee meetings.

XI. Care Coordination

All MCH members are enrolled in Care Coordination. MCH 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 health care services using a person-centered approach. MCH'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.

XII. Member Satisfaction

MCH values and utilizes feedback provided by members to implement new or improve upon processes that will increase overall member satisfaction. In 2021, MCH focused on the following quality initiatives to increase member satisfaction:

A. Enrollee Satisfaction Surveys
   i. MCH's Quality Improvement department analyzes data from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey, which is conducted annually through SPH, a CMS and NCQA certified vendor.
   ii. The 2021 response rate was 17.6%, which decreased 4.8 percentage points when compared to the 2020 response rate of 22.4%.
   iii. In 2022, MCH plans to conduct interventions, including a Member and Provider Satisfaction workgroup and an off-cycle mock survey that will be conducted to address barriers and improve satisfaction.
   iv. Performance on the following composites is noted below. Ratings were based on the SPH MMP BoB.

Table 5: Member Satisfaction Composite Measures

Highest Rated Composite Measures	Lowest Rated Composite Measures
Customer Service	Rating of Health Care Quality*
Getting Appointments and Care Quickly	Rating of Health Plan*
Rating of Drug Plan	Getting Prescription Drugs

* Very low reliability due to low response rate, interpret with caution

B. Consumer Advisory Committee 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. In 2021, MCH obtained member feedback via a virtual meeting setting due to COVID precautions. Various topics were discussed during the 2021 CAC meetings including, but not limited to; health reminders, flu shot barriers and benefits, COVID-19 vaccine, events, and materials, feedback on members dental access, member portal, provider

communications, member communications and educational materials, and members satisfaction with Care Management services. MCH will continue conducting quarterly CAC meetings into 2022 and will continue encouraging members to lead the discussion on topics of choice. Member feedback will be utilized to inform and strengthen QI interventions.

XIII. Network Adequacy and Availability

To ensure members can access needed care, Michigan Complete Health monitors provider access annually by practitioner type, appointment availability, after-hours access for primary care, and appointments for behavioral health and high-volume and high-impact specialty care. Appointment access is measured against Michigan Complete Health established standards, and Michigan Complete Health initiates actions as needed to improve access.

A. In 2021, all MCH provider types met the 90% access goals for Wayne County. In addition, all provider types met the 90% access goals, except Primary Care and Gastroenterology in Macomb County.
B. MCH maintains the high level of passing audit requirements for the routine care and urgent care PCP measures. The standards have been met for the past two years.
C. MCH maintains the high level of passing audit requirements for all Specialist measures, including High Volume and High Impact specialists. All standards have been met for the past two years.
D. MCH maintains the high level of passing audit requirements for all Behavioral Health measures. All standards have been met for the past two years.
E. MCH will continue to audit providers on appointment access and availability at least annually and ensure that failing providers are educated on the standards and the importance of maintaining them.
F. MCH works closely the contracted vendor Envolve to ensure dental services are available in the communities that the members live in. In 2021, MI Health Link Network Adequacy Validation results revealed a passing rate of 100% in the provider category for dental.

XIV. Cultural Competency

MCH is committed to establishing multicultural principles and practices throughout its organizational systems of service and programs as it works towards the critical goal of developing a diverse and culturally competent service system. It is the goal of MCH to reduce healthcare disparities and increase access to care by providing high quality, culturally competent healthcare through strong doctor-patient relationships. MCH believes all members deserve quality healthcare regardless of their background, and the Plan is committed to ensuring that members receive needed services in a manner that recognizes, values, affirms, and respects the worth of each individual by adhering to the National Standards on Cultural and Linguistically Appropriate Services (CLAS). MCH works to minimize all barriers to care and to preserve the dignity of our members by utilizing the fifteen CLAS standards, developed by the U.S. Department of Health and Human Services' Office of Minority Health.

MCH works to create a safe, accessible, and welcoming environment at key points of contact by:

A. **Education and Training–** Staff, including governance and leadership, providers, and ancillary services such as home health, receive ongoing education and training to ensure cultural competency. The Plan offers training, education, information and/or consultation on cultural and linguistic services to contracted providers and internal departments on a regular basis.
B. **Workforce Development –** The Plan supports workforce development by recruiting, hiring, developing, and promoting a culturally, linguistically, and disability-diverse workforce, including leadership, that reflects the diversity of the membership and has a familiarity with the counties served, cultural norms, and how people access health care.
C. **Intervention development –** the Plan uses an annual assessment; including disparity analysis, to coordinate interventions in partnership with quality improvement, utilization management and care coordination.

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. MCH reviews denial data quarterly to determine patterns in utilization, make necessary policy changes, and identify opportunities for improvement

XVI. HEDIS®

A. MCH 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. Calendar year 2021, MCH was successfully audited for HEDIS® compliance, as is required for all health plans reporting HEDIS® data.
B. The COVID-19 pandemic was and continues to be a significant barrier on HEDIS® performance outcomes for both HEDIS® 2020 and HEDIS® 2021. In 2021, health plan, provider, and member priorities were restructured due to the ongoing impacts of the pandemic. MCH witnessed an increasing hesitancy amongst members to prioritize or complete preventive screening measures that were not easily completed through telehealth visits. In addition, provider offices experienced high staffing challenges such as shortages and limited availability for non-COVID-19 related services
C. MCH promotes wellness through regular primary care and managing chronic conditions and experienced similar HEDIS® MY 2021 performance across the majority of the domains when compared to HEDIS® 2021 (MY2020) performance. In 2021, 13 of the 47 monitored measures exceeded the MMP state average. The most improved measure Initiation of Alcohol and Other Drug Dependence Treatment with a 42.87% increase YOY and exceeded the MMP state average of 37.65 by 42.72%.

D. MCH will continue to focus on enhancing efforts toward making improvements in the clinical process and outcomes of care a priority for members. In addition, MCH, will focus on reducing health disparities and SDoH factors within this vulnerable population. MCH continues to concentrate on measures prioritized by the State of Michigan to improve population health outcomes.

E. The table below represents some key measures that MCH monitors:

Table 6: HEDIS® 2019-2021 Trends

Domain	Measure	HEDIS® 2020 (MY2019)	HEDIS® 2021 (MY 2020)	HEDIS® MY2021 (MY2021)	HEDIS® YOY % Change	MMP State Average^	Target Met YES/NO
Preventive	Breast Cancer Screening (BCS)	54.42%	52.54%	46.09%	-6.45%	56.31%	NO
	Colorectal Cancer Screening (COL)	40.39%	41.36%	38.44%	-2.92%	56.77%	NO
	Care for Older Adults – Advance Care Planning (COA)	55.47%	29.44%	18.25%	-11.19%	42.46%	NO
	Care for Older Adults – Medication Review (COA)	95.13%	83.21%	85.89%	2.68%	66.63%	YES
	Care for Older Adults – Functional Status Assessment (COA)	71.53%	40.63%	35.77%	-4.86%	56.52%	NO
	Care for Older Adults – Pain Assessment	69.10%	43.07%	32.60%	-10.47%	67.04%	NO
Respiratory Conditions	Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	15.22%	18.00%	17.02%	-0.98%	24.27%	NO
	Pharmacotherapy Management of COPD Exacerbation – Systemic Corticosteroid (PCE)	59.70%	56.72%	71.15%	14.43%	71.84%	NO
	Pharmacotherapy Management of COPD Exacerbation – Bronchodilator (PCE)	95.52%	80.60%	84.62%	4.02%	90.73%	NO
Cardiovascular Conditions	Controlling Blood Pressure (CBP)	54.74%	41.12%	42.82%	1.70%	56.89%	NO
	Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	100%	60.00%	80.00%	20.00%	89.59%	NO
	Statin Therapy for Patients with Cardiovascular Disease – Received Statin Therapy (SPC)	76.71%	72.73%	83.33%	10.60%	80.63%	YES
	Statin Therapy for Patients with Cardiovascular Disease –Statin Adherence 80% (SPC)	71.43%	72.92%	74.67%	1.75%	80.11%	NO

Diabetes Care	Comprehensive Diabetes Care – HbA1c Testing (CDC)	86.30%	78.10%	79.81%	1.71%	84.70%	NO
	*Comprehensive Diabetes Care – Poor HbA1c Control (>9.0%) (CDC)	81.37%	70.07%	67.15%	2.92%	44.54%	YES
	Comprehensive Diabetes Care – HbA1c Control (<8.0%) (CDC)	15.34%	26.52%	28.95%	2.43%	47.38%	NO
	Comprehensive Diabetes Care – Eye Exam (CDC)	50.41%	37.71%	42.49%	4.78%	55.61%	NO
	Comprehensive Diabetes Care – Medical Attention for Diabetic Nephropathy (CDC)	90.14%	89.29%	87.35%	-1.94%	91.69%	NO
	Comprehensive Diabetes Care – Blood Pressure Control <140/90 mmHg (CDC)	35.34%	39.66%	41.61%	1.95%	56.67%	NO
	Comprehensive Diabetes Care - Statin Therapy for Patients with Diabetes – Received Therapy (SPD)	75.74%	77.31%	77.01%	-0.30%	76.52%	YES
	Comprehensive Diabetes Care - - Statin Therapy for Patients with Diabetes – Adherence 80% (SPD)	71.90%	85.63%	81.59%	-4.04%	81.68%	NO
Musculoskeletal Conditions	^Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	80.00%	NR	NR	NR	71.75%	NR
	Osteoporosis Management in Women Who Had a Fracture (OMW)	20.00%	NR	NR	NR	6.97%	NA
Behavioral Health	Antidepressant Medication Management – Effective Acute Phase Treatment (AMM)	61.54%	69.12%	69.01%	-0.11%	70.43%	NO
	Antidepressant Medication Management – Continuation Phase Treatment (AMM)	53.85%	61.76%	53.52%	-8.24%	55.06%	NO
	Follow-Up After Hospitalization for Mental Illness – 7 Days (FUH)	29.82%	28.36%	31.25%	2.89%	29.65%	YES
	Follow-Up After Hospitalization for Mental Illness – 30 Days (FUH)	40.35%	49.25%	48.44%	-0.81%	57.00%	NO
	Follow-Up After Emergency Department Visit for Mental Illness – 7 Days (FUM)	25.00%	19.05%	27.27%	8.22%	31.68%	NO
	Follow-Up After Emergency Department Visit for Mental Illness – 30 Days (FUM)	48.08%	38.10%	53.03%	14.93%	49.24%	YES
Medication Management & Care Coordination	Transition of Care - Notification of Inpatient Admission (TRC)	NR	7.06%	1.95%	-5.11%	11.77%	NO
	Transition of Care – Receipt of Discharge Information (TRC)	NR	8.52%	1.95%	-6.59%	11.34%	NO
	Transition of Care – Patient Engagement After Inpatient Discharge (TRC)	NR	77.37%	68.37%	-9.00%	75.36%	NO

	Transition of Care – Medication Reconciliation Post Discharge (TRC)	NR	21.41%	28.22%	6.81%	30.96%	NO
Overuse & Appropriateness	*Non-Recommended PSA – Based Screening in Older Men (PSA)	25.81%	23.56%	25.93%	2.37%	21.36%	NO
	*Potentially Harmful Drug-Disease Interactions in Older Adults (DDE)	25.76%	17.39%	26.22%	8.83%	32.83%	YES
	*Use of High-Risk Medication in Older Adults – High-Risk to Avoid (DAE)	NR	20.33%	8.87%	11.13%	18.05%	YES
	*Use of High-Risk Medication in Older Adults – High-Risk to Avoid Except for Appropriated Diagnosis (DAE)	NR	4.45%	5.02%	0.57%	5.37%	YES
	*Use of High-Risk Medication in Older Adults – Total (DAE)	NR	22.82%	12.60%	10.22%	21.46%	YES
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services – 20-44 Years (AAP)	75.97%	73.37%	75.48%	2.11%	82.27%	NO
	Adults' Access to Preventive/Ambulatory Health Services – 45-64 Years (AAP)	87.66%	87.31%	88.76%	1.45%	92.90%	NO
	Adults' Access to Preventive/Ambulatory Health Services – 65 and Older (AAP)	84.20%	82.71%	86.69%	3.98%	89.79%	NO
	Adults' Access to Preventive/Ambulatory Health Services – Total (AAP)	83.96%	82.38%	85.19%	2.81%	89.49%	NO
	Initiation of Alcohol and Other Drug Dependence Treatment (IET)	37.31%	37.50%	80.37%	42.87%	37.65%	YES
	Engagement of Alcohol and Other Drug Dependence Treatment (IET)	2.99%	6.67%	13.08%	6.41%	6.59%	YES
Risk- Adjusted Utilization	*Plan All Cause Readmissions – Observed to Expected Ration (Ages 18-64) (PCR)	0.86	1.075	1.33	0.255	1.20	No
	*Plan All Cause Readmissions – Observed to Expected Ration (Ages 65+) (PCR)	1.56	1.073	1.11	0.037	1.15	YES
Dental	Annual Dental Visit (HEDIS® - like State Measure)	18.33%	17.19%	17.34%	0.15%	21.4%	NO

~HEDIS® MY2020 MI Health Link statewide average, domains, and measures reported through EQRO 2020-2021
(*)Measures for which lower rates indicate better performance
^Centene Medicare MMP Star and Display Measure scorecard HEDIS® data as of May 2022
QSI-XL Regulatory MY2021 HEDIS® as of May 2022
IDSS Final CY2021 data
NR = Not Reported; Measures not reported indicate sample size that does not have the required minimum population size for reporting or due to measure changes was not reported in prior years

XVII. Overall Summary

In 2021, MCH continued to experience barriers related to the COVID-19 pandemic, which impacted MCH's efforts to successfully close health care gaps across the health plan and improve overall

satisfaction. MCH's QI Program was considered effective as it achieved its QI Program objectives. At the beginning of 2022, MCH novated contracts with its sister plan, MeridianComplete. MCH will utilize any identified opportunities for improvement from 2021 and best practices to continue improving the quality and access to care for the population that MCH served. MCH looks forward to implementing a new CCIP and QIP cycle under the MeridianComplete plan. MCH will also continue to focus on implementing initiatives towards increasing Cardiovascular Health, Diabetes Care measures, Behavioral Health measures, Care for Older Adult measures, and other preventive health measures where performance declined. MCH will continue strengthening its partnership with the PIHP partners and improve collaboration efforts on the behavioral health transition of care (TOC) process. MCH will also focus on continuing efforts to improve member and provider satisfaction, and further enhance BH and Long Term Supports and Services (LTSS) within the Quality Improvement Program.