2021 MeridianComplete Work Plan Evaluation

I. Introduction

MeridianComplete's (Meridian) mission is to transform the health of the community, one person at a time. Meridian 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. Meridian is committed to the provision of a well-designed and well-implemented Quality Improvement (QI) Program. Meridian 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 Meridian 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.

Meridian 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® MY2020 and HEDIS® MY2021. In 2021, health plan, provider, and member priorities were restructured due to the ongoing impacts of the pandemic. Meridian witnessed a continued 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

MeridianComplete is a Medicare-Medicaid plan servicing approximately 5,142 dual-eligible enrollees in the State of Michigan as of December 2021. Meridian's service area encompasses eight counties: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren. Meridian's population is historically English-speaking, however, in 2021, 53.59% of members did not provide their spoken language. Caucasian continues to be the most prevalent race at 66.20%, followed by 21.85% reporting as Black (Non-Hispanic), and 2.63% as Hispanic. The majority of the population is ages 61 years or older.

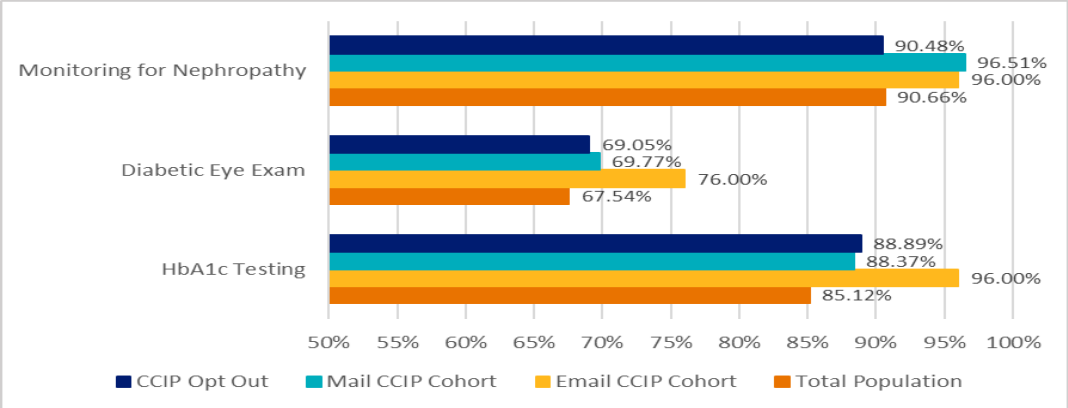
V. Disease Management Program

Meridian continued to maintain the multi-year Chronic Care Improvement Program (CCIP) which focuses on assisting diabetic members with engagement and 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. The final evaluation for the CCIP was submitted in 2021. The program fell short on achieving the targeted improvement goals for HbA1c Testing, Diabetic Eye Exam and Monitoring for Diabetic Nephropathy. However, when comparing the total population to those participating in the mail and email CCIP cohorts, members completed CDC measures more often. The email cohort specifically completed CDC measures at least 5% more than the population as whole. A new CCIP three- year cycle will start in in 2022.

Table 1: Diabetes CCIP Final Results - 2021

Measures	Initial Baseline (From 2018)	Target Goal	2021 Result	Was Goal Met?
HbA1c Testing	91.22%	Improve by 1% Annually – 93.22%	78.95%	No
Diabetic Eye Exam	78.30%	Improve by 2% Annually – 80.30%	41.93%	No
Diabetic Nephropathy	92.67%	Improve by 1% Annually - 94.67%	86.12%	No

Table 2: Total Population Comparison to CCIP Cohorts



VI. Quality Improvement Project

In 2021, Meridian concluded the MDHHS selected multi-year Quality Improvement Project (QIP), 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 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 a met status was received for the FUH Quality Improvement Project (QIP) remeasurement/final submission in 2021.

The table below displays the baseline performance measured in the 2018 calendar year and the performance through Remeasurement year 2 for the 2020 calendar year.

Table 3: CCIP 2018-2020 Trends

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
01/01/2020-12/31/2020	Remeasurement 2	51	86	59.3%	Chi Square test, Chi Square Value = 10.4828, *p* Value = 0.001

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 2 yielded a rate of 59.3%. The most recent FUH rate demonstrated an increase of 36.2% over the 2018 baseline, however it was a decrease of 8% year over year. Meridian met the statistical significance goal for improvement.
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.
C. 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 (BH) 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's 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 works collaboratively with SWMBH to jointly coordinate members' care. Regular meetings are held to discuss and address pertinent member needs and key indicators.

VIII. 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. Meridian and Michigan Complete Health 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 512 members and SPH Analytics conducted telephonic follow up to members that did not respond to the mailed survey. The survey concluded with an 21.4% 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 4: 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 compared to those stating they have had no improvement.

IX. Provider Satisfaction

Meridian conducts a provider satisfaction survey collecting a sample of physician network to obtain information regarding provider knowledge, use of, and satisfaction with Meridian'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 Meridian in 2021, Meridian contracted with SPH to conduct a provider satisfaction survey. The survey included PCPs, specialists, and behavioral health providers. Meridian experienced a decline of 1.8% in 2021 provider satisfaction survey responses. Of the 2,500 providers included in the sample, Meridian received a response rate of 12.6%.
B. Key Takeaways
    i. Meridian had a Net Satisfaction Score of 53.8% which is an 2.4% increase from the 2020 Net Satisfaction Score of 51.4%. and a Net Loyalty Score of 41.0%, which is a significant increase of 13.1% from last year's Loyalty Score of 27.9%.
    ii. Providers rated Meridian in the top three highest health plans for Overall Satisfaction. Meridian had a score of 70%, which was 15% below the top-rated plan. Meridian had a Net Satisfaction Score of 53.8% which is an 2.4% increase from the 2020 Net Satisfaction Score of 51.4%.
    iii. In 2022, Meridian will continue to work proactively with providers and staff to improve upon providers' overall satisfaction. Meridian will continue the interdepartmental Member and Provider Satisfaction Work Group that partners closely with stakeholders from across the organization to address opportunities to improve overall provider satisfaction.

Table 5: Top Six Correlations for 2021

Highest Rated Composites	Lowest Rated Composites
Likelihood to Recommend	Pharmacy
Comparative Rating to All Other Plans	Provider Relations
Overall Satisfaction	Network/Coordination of Care

C. Meridian will continue to train providers on the different processes, increase applicable communication, and assist providers in best serving members.
D. In 2021, Meridian 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, Meridian 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

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

XI. Care Coordination

All Meridian members are enrolled in Care Coordination. Meridian 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 using a person-centered approach. Meridian'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.

XII. 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 SPH, a CMS and NCQA certified vendor
    ii. The 2021 response rate was 25.7%%, which is slightly higher (1.9%) when compared to the 2020 response rate of 23.8%.
    iii. In 2022 Meridian plans to conduct interventions, including a Member and Provider Satisfaction workgroup and an off-cycle mock survey, to address these barriers and improve satisfaction.
    iv. Performance on the following composites was noted:

Table 6: Member Satisfaction Composites

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
   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. In 2021, Meridian obtained member feedback via a virtual meeting setting due to COVID precautions. The CAC had an average attendance of eight members, this is down three members from last year. 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 member dental access, member portal, provider communications, member communications, and educational materials, and members' satisfaction Care Management services. Meridian 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, Meridian 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 Meridian established standards, and Meridian initiates actions as needed to improve access.

A. In 2021, all Meridian MI Health Link members had access to the necessary PCPs and specialists throughout the state. The 90% goal was met for all provider types. Results are shared with the Network Management and Contracting teams for visibility and to provide insight into which areas may need additional support. It was determined that Meridian's network is sufficient to meet the needs of its membership and is able to provide appropriate access and availability to members.
B. Meridian maintains the high level of passing audit requirements for all of the Specialist measures, including High Volume and High Impact specialists. All standards have been met for the past two years.
C. Meridian maintains the high level of passing audit requirements for all of the Behavioral Health measures. All standards have been met for the past two years.
D. Meridian 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. Meridian plans to review the survey administration process to identify improvements and continues to work collaboratively with Network Management.

E. Meridian works closely the contracted vendor DentaQuest to ensure dental services are available in the communities that the members live in.

XIV. Availability of Practitioners

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

XV. Cultural Competency

Meridian 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 Meridian's goal to reduce healthcare disparities and increase access to care by providing high quality, culturally competent healthcare through strong doctor-patient relationships. Meridian 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). Meridian 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.

Meridian 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.

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

XVII. 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 2021, Meridian 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. Meridian 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. Meridian continues to promote wellness through regular primary care and managing chronic conditions. In 2021, 27 of the 47 monitored measures exceeded the MMP state average. The most improved measure YOY is, Transition of Care – Medication Reconciliation Post Discharge with a rate of 62.29% which is an increase of 45.73% YOY and exceeds the MMP state average of 37.65% by 24.64%. In addition, the Initiation of Alcohol and Other Drug Dependence Treatment measure which, increased YOY by 31.79% and exceeded the benchmark of 36.65% by 44.14%.

D. Meridian had positive outcomes for the Comprehensive Diabetes Care – Poor HbA1c Control (>9.0%) measure decreased 3.40% to 37.23% and achieved a lower rate than the MMP state average of 44.52% by 7.29% . In addition, the Comprehensive Diabetes Care – Blood Pressure Control <140/90 measure increased 3.87% and surpassed the MMP state average of 56.67% by 9.49%. Additionally, the Annual Dental Visit measure increased by 3.77%.

E. 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.

F. The table below represents some key measures that Meridian monitors:

Table 7: HEDIS® 2019-2021 Trends

Domain	Measure	HEDIS® 2020 (MY2019)	HEDIS® 2021 (MY2020)	HEDIS® MY 2021 (MY2021)	HEDIS® YOY % Change	MMP State Average~	Target Met YES/NO
Preventive and Screening	Breast Cancer Screening (BCS)	66.44%	55.29%	52.53%	-2.76%	56.31%	NO
	Colorectal Cancer Screening (COL)	56.69%	59.21%	56.45%	-2.76%	56.77%	NO
	Care for Older Adults – Advance Care Planning (COA)	45.50%	20.92%	27.74%	6.82%	42.46%	NO
	Care for Older Adults – Medication Review (COA)	86.86%	74.94%	77.13%	2.19%	66.63%	YES
	Care for Older Adults – Functional Status Assessment (COA)	71.05%	22.63%	28.47%	5.84%	56.52%	NO

	Care for Older Adults – Pain Assessment	84.43%	73.24%	74.21%	0.97%	67.04%	YES
Respiratory Conditions	Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	26.19%	26.17%	22.22%	-3.95%	24.27%	NO
	Pharmacotherapy Management of COPD Exacerbation – Systemic Corticosteroid (PCE)	70.64%	72.25%	42.67%	-29.58%	71.84%	NO
	Pharmacotherapy Management of COPD Exacerbation – Bronchodilator (PCE)	86.81%	86.13%	87.33%	1.2%	90.73%	NO
Cardiovascular Conditions	Controlling Blood Pressure (CBP)	64.72%	62.77%	66.18%	3.41%	56.89%	YES
	Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	100%	88.89%	100%	11.11%	89.59%	YES
	Statin Therapy for Patients with Cardiovascular Disease – Received Statin Therapy (SPC)	81.41%	80.09%	79.74%	-0.35%	80.63%	NO
	Statin Therapy for Patients with Cardiovascular Disease –Statin Adherence 80% (SPC)	80.37%	81.36%	77.35%	-4.01%	80.11%	NO
Diabetes Care	Comprehensive Diabetes Care – HbA1c Testing (CDC)	91.24%	86.37%	91.73%	5.36%	84.70%	YES
	*Comprehensive Diabetes Care – Poor HbA1c Control (>9.0%) (CDC)	34.55%	40.63%	37.23%	3.40%	44.54%	YES
	Comprehensive Diabetes Care – HbA1c Control (<8.0%) (CDC)	56.69%	51.34%	54.26%	2.92%	47.38%	YES
	Comprehensive Diabetes Care – Eye Exam (CDC)	63.50%	60.34%	61.07%	0.73%	55.61%	YES
	Comprehensive Diabetes Care – Medical Attention for Diabetic Nephropathy (CDC)	92.21%	92.46%	89.93%	-2.53%	91.69%	NO
	Comprehensive Diabetes Care – Blood Pressure Control <140/90 mmHg (CDC)	71.05%	62.29%	66.16%	3.87%	56.67%	YES
	Comprehensive Diabetes Care - Statin Therapy for Patients with Diabetes – Received Therapy (SPD)	76.37%	76.95%	80.70%	3.75%	76.52%	YES
	Comprehensive Diabetes Care - - Statin Therapy for Patients with Diabetes – Adherence 80% (SPD)	78.44%	83.76%	80.39%	-3.37%	81.68%	NO
Musculoskeletal Conditions	^Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	82.98%	95.65%	96.00%	0.35%	71.75%	YES
	Osteoporosis Management in Women Who Had a Fracture (OMW)	NR	NR	NR	NR	6.97%	NR

Behavioral Health	Antidepressant Medication Management – Effective Acute Phase Treatment (AMM)	66.16%	71.57%	72.46%	0.89%	70.43%	YES
	Antidepressant Medication Management – Continuation Phase Treatment (AMM)	46.46%	54.82%	53.89%	-0.93%	55.06%	NO
	Follow-Up After Hospitalization for Mental Illness – 7 Days (FUH)	38.61%	18.60%	26.32%	7.72%	29.65%	NO
	Follow-Up After Hospitalization for Mental Illness – 30 Days (FUH)	67.33%	59.30%	42.11%	-17.19%	57.00%	NO
	Follow-Up After Emergency Department Visit for Mental Illness – 7 Days (FUM)	50.70%	41.07%	47.62%	6.55%	31.68%	YES
	Follow-Up After Emergency Department Visit for Mental Illness – 30 Days (FUM)	70.42%	50.00%	65.48%	15.48%	49.24%	YES
Medication Management & Care Coordination	Transition of Care - Notification of Inpatient Admission (TRC)	NR	2.43%	29.68%	27.25%	11.77%	YES
	Transition of Care – Receipt of Discharge Information (TRC)	NR	2.92%	29.93%	27.01%	11.34%	YES
	Transition of Care – Patient Engagement After Inpatient Discharge (TRC)	NR	64.72%	84.67%	21.95%	75.36%	YES
	Transition of Care – Medication Reconciliation Post Discharge (TRC)	NR	16.55%	62.29%	45.73%	30.96%	YES
Overuse & Appropriateness	*Non-Recommended PSA – Based Screening in Older Men (PSA)	14.71%	14.65%	20.74%	6.09%	21.36%	YES
	*Potentially Harmful Drug-Disease Interactions in Older Adults (DDE)	33.60%	33.33%	30.70%	2.63%	32.83%	YES
	*Use of High-Risk Medication in Older Adults – High-Risk to Avoid (DAE)	NR	6.96%	18.55%	11.59%	18.05%	NO
	*Use of High-Risk Medication in Older Adults – High-Risk to Avoid Except for Appropriated Diagnosis (DAE)	NR	4.99%	5.92%	0.93%	5.37%	NO
	*Use of High-Risk Medication in Older Adults – Total (DAE)	NR	10.89%	22.53%	11.64%	21.46%	NO
Access/Availability of Care	Adults' Access to Preventive/Ambulatory Health Services – 20-44 Years (AAP)	88.54%	84.36%	84.73%	0.37%	82.27%	YES
	Adults' Access to Preventive/Ambulatory Health Services – 45-64 Years (APP)	96.40%	94.55%	93.65%	-0.90%	92.90%	YES
	Adults' Access to Preventive/Ambulatory Health Services – 65 and Older (AAP)	94.67%	93.43%	93.26%	-0.17%	89.79%	YES

	Adults' Access to Preventive/Ambulatory Health Services – Total (AAP)	94.16%	92.07%	91.62%	-0.45%	89.49%	YES
	Initiation of Alcohol and Other Drug Dependence Treatment (IET)	27.22%	50.00%	81.79%	31.79%	37.65%	YES
	Engagement of Alcohol and Other Drug Dependence Treatment (IET)	2.85%	8.98%	11.43%	2.45%	6.59%	YES
Risk- Adjusted Utilization	*Plan All Cause Readmissions – Observed to Expected Ration (Ages 18-64) (PCR)	0.96	1.13	1.27	0.14	1.20	No
	*Plan All Cause Readmissions – Observed to Expected Ration (Ages 65+) (PCR)	1.49	0.83	1.31	0.48	1.15	No
Dental	Annual Dental Visit (HEDIS® - like State Measure)	29.79%	21.30%	25.07%	3.77%	21.4%	Yes

XVIII. Overall Summary

In 2021, Meridian continued to experience barriers related to the COVID-19 pandemic, which impacted 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 the beginning of 2022, Michigan Complete Health (MCH) novated contracts with MeridianComplete. Through this novation Meridian will continue to focus on improving quality and access to care for all members served. In 2022, Meridian will implement new CCIP and QIP improvement cycles. Meridian will continue strengthening its partnership with PIHP partners to improve collaboration efforts on the behavioral health transition of care process (TOC). Meridian will also continue to focus on implementing initiatives towards increasing Comprehensive Diabetes Care measures, Behavioral Health measures, COA 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.