

2022 MeridianComplete Quality Improvement Annual Program Evaluation Overview

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 (also referred to as the Plan) monitors the success of the QI program through evaluations of quality measures such as Healthcare Effectiveness of Data and Information Systems (HEDIS®) and assesses the Medicare-Medicaid Plan's (MMP's) Member Experience through the review of the Consumer Assessment of Health Plans Survey (CAHPS®), Long Term Support Services (LTSS), and Behavioral Health (BH) surveys. Other quality measures include: provider satisfaction, safety of clinical care, clinical practice guidelines, vendor oversight and provider credentialing. The Plan also monitors member and provider grievances and appeals as well as conducts regularly scheduled advisory committee meetings with members and providers to elicit feedback. The Plan sustains its mission with support from its national corporate partner, Centene Corporation. Meridian's 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 QIC as a critical aspect of continuous quality improvement.

The health plan's QI team includes, but is not limited to a Chief Medical Officer, a Senior Director of Quality Improvement, and a Director of Quality Improvement. The QI department provides oversight of Quality Improvement Program (QIP) functions and activities such as maintaining strong inter/intradepartmental working relationships, with support integrated throughout Meridian to address the priorities and goals of the Quality Program and assess effectiveness of the program. Collaborative activities include development of department objectives and plans, coordination of activities to achieve department goals, and participation in quality committees as needed to support the QI Program. The QI department collaborates across the health plan with several functional areas including but not limited to Medical Management, Pharmacy, Provider Engagement/Provider Relations, Population Health Management, Network/Contracting, Member Services, Compliance, and Grievances and Appeals.

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. Organizational changes during Evaluation Year

In 2022, Meridian finalized a two-year integration plan to align with Centene Corporate systems and processes. This effort resulted in the use of new systems, training, and programs that supports the 3-Way Contract, regulatory and accreditation requirements, and goals of the Quality Improvement Program. Through this integration a robust technological infrastructure with data analytics and reporting capabilities supports quality management and value-added health information systems that reflects the performance of standardized health outcome measures. Furthermore, a Population Health Management (PHM) Strategy focuses on four key areas of member health needs (keeping members healthy, managing members with emerging health risk, patient safety/outcomes across settings and managing multiple chronic illnesses) that offers interventions to address member needs in all stages of health and across all health care settings. However, the most notable integration for 2022 was the novation of the MeridianComplete and the Michigan Complete Health contracts. Although, each contract operated similarly, combining the two entities ensured more seamless operations and enhanced quality performance for MMP beneficiaries.

Meridian continued to address the residual impacts of the COVID-19 pandemic in 2022. Attitudes towards public health measures, such as masking, exhibited a negative shift after a significant wave of virus activity in Spring 2022. Meridian continued to educate members about the COVID-19 virus as well as encourage vaccination compliance. In 2022, Meridian increased efforts to urge members to resume health care treatment. Health plan enrollment totals remained historically high in 2022, as the Public Health Emergency (PHE) ceased beneficiary disenrollments from health plans.

IV. Population Overview

MeridianComplete is a Medicare-Medicaid plan servicing approximately 9,056 dual-eligible enrollees in the State of Michigan as of December 2022. Meridian's service area encompasses ten counties: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren, Macomb, and Wayne. 97.89% of Meridian's population reports English as a preferred language, followed by 0.92% of the population reporting Spanish and 0.78% reporting Arabic as a preferred language. White continues to be the most prevalent race at 47.96%, followed by 41.78% reporting as Black, and 1.63% as Hispanic. The majority of the population is ages 61 years or older.

V. Disease Management Program

In 2022, Meridian implemented a new multi-year Chronic Care Improvement Program (CCIP) which focuses on assisting diabetic members with engagement and management of their condition. The mission of Meridian's Diabetes CCIP is to engage targeted members through increased outreach initiatives to improve health outcomes and enhance member satisfaction. 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 four focus areas: the importance of healthy eating, physical activity, medication adherence, and routine screenings and treatment. The progress of the Diabetes CCIP is measured by the impact on CDC HEDIS® measures results. To test impact, Meridian examines the measure results for HbA1c Testing, HbA1c Control, Diabetic Eye Exam, and Diabetic Nephropathy Screening against the target goal.

Interventions include:

- A. Meridian developed quarterly MMP-CCIP Enrollment reports to identify targeted population members. The reports identified diabetic members through claims data and includes newly enrolled

MMP members as well as newly diagnosed diabetic members. Quarterly telephonic outreach is conducted to introduce the CCIP concept and offer members an opportunity to select their preferred method of education and resource communications, standard mail or email.

- B. Quarterly scheduled educational flyers promote healthy lifestyles, chronic condition management, and other topics including medication management, exercising, healthy eating, as well as routine screenings and treatment. In addition, community resources are provided to assist with addressing Social Determinants of Health (SDoH) needs.
- C. The Care Coordination team provides education and reminders to members during health risk assessments, health risk re-assessments, and care planning activities.
- D. The provider facing quality staff distributes member gaps in care opportunities to providers. These opportunities include members with outstanding annual primary care provider visits in the prior year and CDC HEDIS® measure services.
- E. Utilization of vendor support to close gaps in care through in home testing and community events for dilated retinal exams and HbA1c tests.

Meridian analyzed the impact of the interventions to reveal the quarterly CCIP call campaigns yielded higher successful dial rates than the 10.00% plan average for outbound dial systems. MMP members prefer traditional mail communications over digital options. Also, the provider facing staff contacted 116 provider/provider groups distributing 1,229 diabetic member gaps in care to providers. In addition, 6.85% of the MMP diabetic population engaged in a vendor lead intervention to monitor and lower their HbA1c level.

Table 1: 2022 CCIP HEDIS® Trends

| HEDIS® Measure | HEDIS® MY2020 Baseline | HEDIS® MY2021 IDSS | HEDIS® MY2022 IDSS | HEDIS® MY2023 Year 3 Goals | Goal Met/Not Met |
|---------------------------|------------------------|--------------------|--------------------|--|------------------|
| HbA1c Testing | 86.37% | 91.73% | *84.77% | 88.00% (Incremental Improvement goal) | No |
| Diabetic Control <8% | 51.34% | 54.26% | 58.88% | 61.00% (3 STAR) | No |
| Diabetic Eye Exam | 60.34% | 61.07% | 62.04% | 69.00% (3 STAR) | No |
| Kidney Disease Monitoring | 92.46% | 89.93% | *88.42% | 95.00% (4 STAR) | No |

*MY2022 data from INDICES Retro June Run as the HbA1c Testing and Kidney Disease Monitoring measures have been retired

The first evaluation and annual submission was conducted in 2022. An analysis of the first measurement year, revealed opportunities to improve measure performance in the following years of the CCIP. In 2022, the National Committee for Quality Assurance (NCQA) retired the HEDIS® kidney disease monitoring measure. In 2023, Meridian will align the CCIP measures and goals with the updated NCQA diabetes measures and associated technical specifications. The CCIP will measure the results for HbA1c testing, Controlled HbA1c <8.0% (HBD), Eye Exam for patient with Diabetes (EED) and Kidney Evaluation for patients with Diabetes (KED) against targeted goals. Meridian will continue to focus on improving targeted diabetic measure performance via implemented CCIP interventions and best practices through the remaining program cycle.

VI. Quality Improvement Project

In 2022, MDHHS implemented quality improvement requirements in the 3-Way contract to address and eliminate race and ethnic health disparities. Meridian observed lower adherence rates between African American/Black and White populations in the HEDIS® measure Statin Therapy for Patients with Diabetes (SPD).

African Americans/Blacks face increased health care challenges due to Social Determinants of Health (SDoH) factors, lack of access to standardized, high-quality care, and health literacy. Meridian elected to focus on the Statin Therapy for Patients with Diabetes (SPD) Adherence 80% measure for the multi-year Quality Improvement Project (QIP). Meridian is committed to eliminating the health disparities between African American/Black and White populations observed in the SPD measure. Ideally, all diabetic members who are not diagnosed with Atherosclerotic Cardiovascular Disease (ASCVD) should be prescribed and adhere to statin therapy. The goal of this QIP is to eliminate health disparities between the identified populations by increasing the statin therapy 80% adherence rate to prevent risks for ASCVD, emergency department visits, hospitalizations, and death.

The tables below detail the baseline performance of the MY2021 SPD 80% Adherence measure for the combined regional baseline and specific regional performance rates for African American/Black and White populations.

Table 2: HEDIS® SPD Adherence Performance - African American/Black and White Population – Combined Regions

| Measurement Period | Indicator Measurement | Numerator | Denominator | Percentage | Statistical Test Used, Statistical Significance, and p Value |
|----------------------------------|-----------------------------------|-----------|-------------|------------|--|
| 01/01/2021 – 12/31/2021 Baseline | African American/Black Population | 164 | 221 | 74.21% | chi-square value of 12.2289 and a p-value of .0005 |
| 01/01/2021 – 12/31/2021 Baseline | White Population | 309 | 360 | 85.83% | chi-square value of 12.2289 and a p-value of .0005 |

Table 3: HEDIS® SPD Adherence Performance - African American/Black and White Populations – Regions 7, & 9

| Populations | | SPD Adherence CY2021 | | | |
|------------------------------------|------------------------|----------------------|-------------|------------|----------|
| Service Area | Race/Ethnicity | Numerator | Denominator | Percentage | Variance |
| Region 4 (Meridian/H0480) Baseline | African American/Black | 80 | 113 | 70.80% | -15.25% |
| | White | 259 | 301 | 86.05% | |
| Regions 7 & 9 (MCH/H9487) Baseline | African American/Black | 84 | 108 | 77.78% | -6.97% |
| | White | 50 | 59 | 84.75% | |

- Meridian utilizes the HEDIS® SPD measure to assess improvements in the adherence of statin therapy for patients with diabetes.
- The study population includes all African American/Black and White members 40-75 years of age, with no gaps in enrollment and diagnosed with diabetes without a ASCVD diagnosis or event. MDHHS requested the QIP include regional data analytics to monitor performance for additional disparities in geographical areas.
- Analysis of the combined data revealed a statistically significant health disparity for statin medication adherence between the African American/Black and White populations.
- Analysis of the regional data revealed a 15.25 percentage point difference between the African American/Black and White populations and a 6.97 percentage point difference between the two populations in regions 7 and 9.
- Meridian received a fully met validation from Health Services Advisory Group (HSAG) for year one of the QIP. Meridian met 100% of the critical evaluation and overall evaluation elements. The QIP will have two additional remeasurement periods throughout the project's life cycle.

- F. Meridian will continue to monitor performance, evaluate intervention effectiveness, and address barriers to successfully improve the SPD HEDIS® measure rate over time and eliminate identified health disparities between the identified populations.

VII. Behavioral Health

Many behavioral health (BH) services covered by MI Health Link are a carve-out benefit 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 partners include Southwest Michigan Behavioral Health (SWMBH), Macomb County Community Mental Health (MCCMH), and Detroit Wayne Integrated Health Network (DWIHN). BH services are provided for people with mental illness, intellectual/developmental disability, and/or substance use disorder. Meridian works collaboratively with the PIHP's to jointly coordinate members' medical and behavioral care. Regular meetings are held to discuss and address pertinent member needs and lead 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 surveys members that utilized LTSS services in the prior year. In 2022, PressGaney 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 800 members and PressGaney conducted telephonic outreach to follow up with members that did not respond to the mailed survey. The survey concluded with an 1.60% completion rate which is 18.10% lower than the 2021 combined MHL contract rate of 19.70%.
- C. PressGaney performed a correlation analysis using the Top-Two-Box (T2B) scores to define the degrees of linear 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 2022

| Question Number | Objective Category | Survey Measure | 2021 Score | ^2022 Score | 2022 Correlation Rate |
|-----------------|------------------------|---|------------|-------------|-----------------------|
| Q9 | Long-term care program | Easy to get in contact with case manager | 78.7% | 62.5% | 0.743 |
| Q11 | LTSS Care Manager | Able to receive care management services when needed | 86.3% | 75.0% | 0.718 |
| Q12 | LTSS Care Manager | The care manager provided helpful and courteous assistance | 90.0% | 75.0% | 0.718 |
| Q13 | LTSS Care Manager | The care manager explained information in a way that you could understand | 86.5% | 75.0% | 0.653 |

| | | | | | |
|------------|------------------------------|---|-------|-------|-------|
| Q15 | LTSS Care Manager | Your Family member or caregiver is involved in decisions about your care plan | 71.1% | 62.5% | 0.954 |
| Q20 | Long-term care plan services | Long-term care services were on time | 89.6% | 85.7% | 0.521 |

- D. Overall, members were pleased with LTSS, and care coordination services. This is defined by 71.4% of members reporting their quality of life has improved since enrolling in the program. However, this is down 2.9% in comparison to the 2021 rate of 74.3%. In addition, there is 25.0% or a 2.7% higher percentage of members who feel their overall health has improved a great deal since enrolling when compared to the 2021 rate of 22.3% after enrolling in the program verses those reporting no improvement.
- E. Meridian will continue to evaluate the consumer experience and satisfaction opportunities for quality improvement initiatives in 2023.

IX. Provider Satisfaction

Meridian conducts a provider satisfaction survey to obtain information regarding network providers' 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 Meridian provider satisfaction in 2022, Meridian contracted with SPH Analytics (SPH) to conduct a provider satisfaction survey. The survey included PCPs, specialists, and behavioral health providers. Meridian experienced an 8.0% decline in 2022 provider satisfaction survey responses. Of the 2,500 providers included in the sample, Meridian received a response rate of 4.6%.
- B. Key Takeaways:
- Meridian was compared to competitor health plans for Overall Satisfaction and yielded a score of 55.0%, which is 26.5% below the top-rated plan.
 - Meridian had a Net Satisfaction Score of 28.6% which is an 25.2% decrease from the 2021 Net Satisfaction Score of 53.8% and a Net Loyalty Score of 16.1%, which is a significant decrease of 24.9% from last year's Loyalty Score of 41.0%.
 - SPH did not define Meridian's percentile in four categories due to low response rates.
 - Overall, Meridian decreased in the nine composite measures rates, when compared to the 2021 rates.

In addition, Meridian staff facilitated a Long-Term Services and Support (LTSS) Provider Satisfaction Survey (PSS) in February of 2023 to assess 2022 performance. The Plan received 24 responses to this survey.

- A. Key takeaways:
- Results indicated that most responding LTSS and BH providers are satisfied or very satisfied with Meridian's processes and timelines.
 - The three lowest satisfaction rates from the LTSS PSS were Overall Satisfaction with Meridian (76.19%), Complaint Resolution (84.21%) and Provider Relations Department (84.21%).

In 2023, Meridian will continue to work with provider offices to address barriers and help increase overall satisfaction with network processes, communications, and provider platforms. Meridian will continue to train providers on the different processes, increase applicable communication, and assist providers in best serving members. Meridian's Member and Provider Satisfaction workgroup continues to identify opportunities and

develop interventions to improve low performing categories. Meridian recognizes that satisfied providers expand both plan membership, the provider network, and higher quality of care which leads to improved health outcomes for Meridian members.

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 adopts guidelines that are published by nationally recognized organizations or government institutions, as well as state-wide collaborative and/or a consensus of healthcare professionals in the applicable field. The following is a sample of the clinical practice guidelines (CPGs) adopted by Meridian:
 - American Heart Association (AMA)
 - Department of Veterans Affairs (VA)
 - National Institute for Health & Clinical Excellence (NICE)
 - American Cancer Society (ACS)
- 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 whether it remains a best practice.
- C. 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. Meridian encourages practitioners and providers to focus on and improve patient safety and considers patient safety a critical component of the Meridian quality improvement program. Meridian recognizes that patient safety can best be addressed through partnerships, and is committed to working collaboratively with hospitals, practitioners, health systems, and other interested parties to improve patient safety. Meridian works with the provider network, contracted vendors, and PIHP partners 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.
- D. Information regarding patient safety is made available to members via the Meridian website and member handbook.

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 2022, Meridian focused on the following quality initiatives to assess member satisfaction:

- A. Enrollee Satisfaction Surveys

- Meridian's Quality Improvement department analyzes data from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey, which is conducted annually through SPH Analytics, a Centers for Medicare and Medicaid Services (CMS) and NCQA certified vendor.
 - The 2022 response rate was 23.0%, which is lower (2.7%) when compared to the 2021 response rate of 25.7%.
- B. Five CAHPS® measures achieved the estimated CMS 4-Star or higher cut point:
- Getting Needed Care
 - Getting Appointments and Care Quickly
 - Customer Service
 - Coordination of Care
 - Getting Prescription Drugs
- C. The CAHPS® measures with the lowest scores across all surveys and offers Meridian the greatest opportunities for improvement are:
- Rating of Health Care Quality
 - Rating of Health Plan
 - Coordination of Care
 - Flu Vaccinations
- D. 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 2022, Meridian obtained member feedback via a virtual meeting setting to accommodate attendees from various geographical/regional locations. The CAC had an average attendance of six members, this is down two members from last year. Various topics were discussed in the 2022 CAC meetings including, but not limited to; COVID-19 Vaccine hesitancy and barriers, care coordination, Fluvention and flu vaccine reminder and barriers, Ombudsman reporting, member communication, dental benefits, provider access, health reminders, prescriptions and medication adherence, behavioral health benefits, behavioral health transitions in Macomb and Southwest Michigan counties, durable medical equipment (DME) overview, home testing kits, and more. Meridian will continue conducting quarterly CAC meetings in 2023 and will continue encouraging members to lead the discussion on topics of choice. Member feedback will be utilized to inform and strengthen QI interventions.

Meridian is committed to utilizing the results of the CAHPS® surveys to aid in improving members' overall experiences with the health plan. Meridian is working to increase its CAHPS® survey response rates by leveraging a corporate CAHPS® strategy and resources, sending out a pre-survey notification postcard, and offering a web option for survey completion in 2023. Meridian is focusing on improving members' satisfaction and experience in the areas of customer service, provider engagement, and performance.

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, appointments for behavioral health as well as 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 2022, Meridian conducted a random audit for PCP offices to monitor the after-hours access to ensure members have access to primary care 24 hours a day, seven days a week. The health plan's goal is 100% of PCP offices provide after-hours access. Meridian did not meet this goal.

- B. Results are shared with the Network Management and Contracting teams for visibility and to provide insight into which areas may need additional support.
- C. Meridian partnered with myStrength to extend evidence-based behavioral health access to covered members, promoting higher levels of engagement and satisfaction, improved outcomes, and reduced cost of care delivery.
- D. Meridian will continue to audit providers on appointment access and availability at least annually and will ensure failing providers are educated on the standards and the importance of maintaining them. Meridian plans to review the survey administration process to identify improvement opportunities and will continue to work collaboratively with Network Management.
- E. Meridian works closely with the contracted vendor, DentaQuest to ensure dental providers and services are available in the communities that the members live in.

XIV. Availability of Practitioners

Each year, Meridian conducts an analysis of the contracted provider network to ensure compliance with the CMS network adequacy criteria. 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 inclusive service system. It is Meridian's goal to reduce healthcare disparities and increase access to care by providing high quality, person-centered 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 humility. 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, which 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 2022, Meridian was successfully audited for HEDIS® compliance, as is required for all health plans reporting HEDIS® data.
- B. Meridian continues to promote wellness through regular primary care and managing chronic condition visits. A total of twenty measures successfully improved over 2021 performance outcomes, which is four additional measures when compared to 2021 results. Pharmacotherapy Management of COPD Exacerbation – Systemic Corticosteroid Pharmacotherapy had the greatest improvement with a 34.84% performance increase. Follow-Up After Hospitalization for Mental Illness – 30 Days resulted in a 15.89% performance increase, and successfully surpassed the state average rate. 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%.
- C. In 2022, Meridian continued to experience some decreases in its year over year performance across various measures. Meridian will continue to work toward improving performance on all HEDIS® measures, with an emphasis on improving Transition of Care- Medication Reconciliation Post Discharge measure, Persistence of Beta-Blocker Treatment After a Heart Attack, the Engagement of Alcohol and Other Drug Dependence Treatment, and the Care for Older Adults- Medication Review and Pain Assessment measures through various channels of member and provider outreach, education, and engagement.
- D. Meridian is committed to successfully addressing identified barriers to ensure members complete recommended preventive services, as well as receive appropriate outpatient treatment for managing chronic conditions. In addition, Meridian, will also focus on reducing identified health disparities by addressing SDoH factors for this population.

The table below represents some key measures that Meridian monitors:

Table 5: Performance of State Key Indicators

| Domain | Measure | HEDIS® 2021 (MY2020) | HEDIS® MY 2021 (MY2021) | HEDIS® MY 2022 (MY 2022) | HEDIS® YOY % Change | MMP State Average~ | Target Met YES/NO |
|-----------------------------|--|----------------------------|-------------------------------|--------------------------------|---------------------------|--------------------------|-------------------------|
| Preventive and Screening | Breast Cancer Screening (BCS) | 55.29% | 52.53% | 55.86% | 3.33% | 52.74% | YES |
| | Colorectal Cancer Screening (COL) | 59.21% | 56.45% | 55.47% | -0.98% | 56.03% | NO |
| | Care for Older Adults – Medication Review (COA) | 74.94% | 77.13% | 66.18% | -10.95% | 74.85% | NO |
| | Care for Older Adults – Functional Status Assessment (COA) | 22.63% | 28.47% | 35.03% | 6.56% | 58.42% | NO |

| | | | | | | | |
|---------------------------|---|--------|--------|--------|--------|--------|-----|
| | Care for Older Adults – Pain Assessment | 73.24% | 74.21% | 64.95% | -9.26% | 75.25% | NO |
| Respiratory Conditions | Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR) | 26.17% | 22.22% | 20.11% | -2.11% | 22.93% | NO |
| | Pharmacotherapy Management of COPD Exacerbation – Systemic Corticosteroid (PCE) | 72.25% | 42.67% | 77.51% | 34.84% | 68.65% | YES |
| | Pharmacotherapy Management of COPD Exacerbation – Bronchodilator (PCE) | 86.13% | 87.33% | 89% | 1.67% | 89.67% | NO |
| Cardiovascular Conditions | Controlling Blood Pressure (CBP) | 62.77% | 66.18% | 66.42% | 0.24% | 60.52% | YES |
| | Persistence of Beta-Blocker Treatment After a Heart Attack (PBH) | 88.89% | 100% | 90.63% | -9.37% | 95.25% | NO |
| | Statin Therapy for Patients with Cardiovascular Disease – Received Statin Therapy (SPC) | 80.09% | 79.74% | 79.01% | -0.73% | 82.00% | NO |
| | Statin Therapy for Patients with Cardiovascular Disease –Statin Adherence 80% (SPC) | 81.36% | 77.35% | 81.82% | 4.47% | 84.22% | NO |
| | *Hemoglobin A1c Control for Patients with Diabetes – Poor HbA1c Control (>9.0%) (HBD) | 40.63% | 37.23% | 33.09% | 4.14% | 43.53% | YES |
| | Hemoglobin A1c Control for Patients with Diabetes – HbA1c Control (<8.0%) (HBD) | 51.34% | 54.26% | 58.88% | 4.62% | 49.06% | YES |
| | Eye Exam for Patients with Diabetes (EED) | 60.34% | 61.07% | 62.04% | 0.97% | 57.33% | YES |
| | **Kidney Health Evaluation for Patients with Diabetes (KED) | - | - | 30.95% | - | - | - |
| | Blood Pressure Control for Patients with Diabetes (BPD) | 62.29% | 66.16% | 69.83% | 3.67% | 60.82% | YES |
| | Statin Therapy for Patients with Diabetes – Received Therapy (SPD) | 76.95% | 80.70% | 78.10% | 2.60% | 76.83% | YES |
| | Statin Therapy for Patients with Diabetes – Adherence 80% (SPD) | 83.76% | 80.39% | 79.97% | -0.42% | 82.46% | NO |
| Musculoskeletal | Osteoporosis Management in Women Who Had a Fracture (OMW) | NR | NR | 6.25% | NR | 16.12% | NO |
| Behavioral Health | Antidepressant Medication Management – Effective Acute Phase Treatment (AMM) | 71.57% | 72.46% | 72.89% | 0.43% | 75.06% | NO |
| | Antidepressant Medication Management – Continuation Phase Treatment (AMM) | 54.82% | 53.89% | 59.34% | 5.45% | 60.75% | NO |

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|---|--|--------|--------|--------|---------|--------|-----|
| | Follow-Up After Hospitalization for Mental Illness – 7 Days (FUH) | 18.60% | 26.32% | 34% | 7.68% | 26.13% | YES |
| | Follow-Up After Hospitalization for Mental Illness – 30 Days (FUH) | 59.30% | 42.11% | 58% | 15.89% | 50.22% | YES |
| | Follow-Up After Emergency Department Visit for Mental Illness – 7 Days (FUM) | 41.07% | 47.62% | 35.71% | -11.91% | 33.87% | YES |
| | Follow-Up After Emergency Department Visit for Mental Illness – 30 Days (FUM) | 50.00% | 65.48% | 56.25% | -9.23% | 51.71% | YES |
| Medication Management & Care Coordination | Transition of Care - Notification of Inpatient Admission (TRC) | 2.43% | 29.68% | 25.79% | -3.89% | 13.11% | YES |
| | Transition of Care – Receipt of Discharge Information (TRC) | 2.92% | 29.93% | 27.74% | -2.19% | 12.77% | YES |
| | Transition of Care – Patient Engagement After Inpatient Discharge (TRC) | 64.72% | 84.67% | 77.62% | -7.05% | 74.60% | YES |
| | Transition of Care – Medication Reconciliation Post Discharge (TRC) | 16.55% | 62.29% | 38.69% | -23.60% | 43.96% | NO |
| Overuse/Appropriateness | *Non-Recommended PSA – Based Screening in Older Men (PSA) | 14.65% | 20.74% | 21.84% | -1.10% | 24.68% | YES |
| | *Potentially Harmful Drug-Disease Interactions in Older Adults (DDE) | 33.33% | 30.70% | 30.61% | 0.09% | 31.94% | YES |
| | *Use of High-Risk Medication in Older Adults – High-Risk Meds to Avoid (DAE) | 6.96% | 18.55% | 15.23% | 3.32% | 17.81% | YES |
| | *Use of High-Risk Medication in Older Adults – High-Risk to Avoid Except for Appropriate Diagnosis (DAE) | 4.99% | 5.92% | 4.97% | 0.95% | 5.50% | YES |
| | *Use of High-Risk Medication in Older Adults – Total (DAE) | 10.89% | 22.53% | 18.79% | 3.74% | 21.56% | YES |
| Access/Availability of Care | Adults' Access to Preventive/Ambulatory Health Services – 20-44 Years (AAP) | 84.36% | 84.73% | 81.80% | -2.93% | 84.27% | NO |
| | Adults' Access to Preventive/Ambulatory Health Services – 45-64 Years (APP) | 94.55% | 93.65% | 91.87% | -1.78% | 93.49% | NO |
| | Adults' Access to Preventive/Ambulatory Health Services – 65 and Older (AAP) | 93.43% | 93.26% | 90.42% | -2.84% | 91.45% | NO |
| | Adults' Access to Preventive/Ambulatory Health Services – Total (AAP) | 92.07% | 91.62% | 89.12% | -2.50% | 90.77% | NO |
| | Initiation of Alcohol and Other Drug Dependence Treatment (IET) | 50.00% | 81.79% | 20.61% | 61.18% | 48.59% | NO |
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|----------------------------|--|-------|--------|-------|---------|-------|-----|
| | Engagement of Alcohol and Other Drug Dependence Treatment (IET) | 8.98% | 11.43% | 1.30% | -10.13% | 6.53% | NO |
| Risk- Adjusted Utilization | *Plan All Cause Readmissions – Observed to Expected Ratio (Ages 18-64) (PCR) | 1.13% | 1.27% | 1.03% | 0.24% | 1.17% | YES |
| | *Plan All Cause Readmissions – Observed to Expected Ratio (Ages 65+) (PCR) | 0.83% | 1.3% | 1.02% | 0.28% | 1.20% | YES |

~HEDIS® MY2021 MI Health Link statewide average, domains, and measures reported through EQRO 2021-2021

(*)Measures for which lower rates indicate better performance

(**) first year measure, No comparable historical data

^Centene Medicare MMP Star and Display Measure scorecard HEDIS® data as of May 2023

QSI-XL Regulatory MY2022HEDIS® as of May 2023

IDSS Final CY 2022 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

NA = Reported; Measures reported, but sample size does not have the required minimum population size

XVIII. Overall Summary

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. 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 2023, The Plan will increase health equity activities to monitor and eliminate observed racial and ethnic health disparities in preventive health care and services by executing evidence-based interventions which possess a member, provider, and community-focus. Meridian will continue the CCIP and QIP improvement interventions and monitoring. Meridian will continue to focus on implementing initiatives geared towards increasing chronic disease and preventive health measures, BH measures, and other health measures where performance declined. Meridian will also focus on continuing efforts to optimize strategies to address the SDoH needs of the member population. Furthermore, to improve member and provider satisfaction Meridian will leverage corporate technologies and resources to engage and serve member populations and the provider network in fresh and innovative ways.