



## MeridianComplete Annual Evaluation Summary 2024

The 2024 Medicaid Quality Improvement (QI) Annual Program Evaluation by Meridian provides a comprehensive review of initiatives, outcomes, and strategic efforts undertaken from January 1 to December 31, 2024. The report evaluates the effectiveness of Meridian's QI Program in enhancing healthcare delivery, improving member outcomes, and ensuring regulatory compliance across its Medicaid population.

### Key Highlights

1. Quality Performance
  - 26 of 42 HEDIS® measures exceeded the state average; 28 improved year-over-year.
  - Behavioral Health measures showed strong gains, especially in follow-up after ED visits and antidepressant management.
  - Diabetes CCIP improved HbA1c control and kidney evaluations; diabetic eye exam rates fell short.
  - Health Equity Accreditation achieved with 100% score.
  - LTSS Program met all timeliness and satisfaction goals (95%+ satisfaction).
  - Call Center exceeded service level goals across member and provider lines.
  - Medical Record Review showed 100% compliance.
  - Provider Network Adequacy met all ratio and geographic distribution standards.
2. Challenges Identified
  - Declines in key HEDIS® measures: Care for Older Adults, HbA1c Control, Statin Adherence, Diabetic Eye Exams.
  - Appointment availability below target across PCP, specialist, and behavioral health.
  - CAHPS® response rate dropped to 16.5%; lowest scores in flu vaccination and prescription access.
  - Provider satisfaction low (Net Promoter Score –29.1%); barriers include fragmented platforms and authorization delays.
  - Persistent racial/ethnic disparities in colorectal cancer screening and statin adherence.
  - Behavioral health access in rural areas remains limited.
  - Transportation grievances continued; vendor transition to SafeRide initiated May 2024.

### Recommendations for 2025

1. Quality Improvement Priorities
  - Target underperforming HEDIS® measures: COA, HbA1c, SPD adherence, diabetic eye exams.
  - Increase CAHPS® and HOS survey participation through member education and incentives.
  - Enhance provider engagement: streamline platforms, improve authorization processes, and expand training.
  - Strengthen behavioral health access: expand telehealth, improve PIHP coordination, and address rural gaps.
  - Improve appointment availability: audit scheduling practices and support provider staffing.
2. Health Equity & Member Experience
  - Expand culturally tailored outreach and DEI training for staff and providers.
  - Address disparities in preventive screenings and chronic condition management.



- Leverage Z-codes and SDoH data to guide targeted interventions.
  - Enhance LTSS outreach and care coordination for high-risk populations.
3. Operational Enhancements
- Monitor SafeRide performance and reduce transportation-related grievances.
  - Continue provider satisfaction improvement efforts: simplify communication, increase responsiveness, and reduce abrasion.
  - Maintain strong credentialing/recredentialing standards and oversight of delegated entities.