meridiancomplete

777 Woodward Ave., Suite 700
Detroit, MI 48226

1-855-323-4578
TTY:711
mmp.mimeridian.com

2023 MeridianComplete Quality Improvement Annual Program Evaluation Overview

I. Introduction

MeridianComplete's (Meridian's) mission is to transform the health of the community, one person at a time. Meridian helps individuals and families live healthier lives by providing access to high-quality health care, innovative programs, and comprehensive health solutions. Meridian is committed to the provision of a well-designed and well-implemented Quality Improvement Program (QIP). The QIP focuses on compliance with quality improvement standards and key elements of organizational objectives. Meridian (also referred to as the Plan) evaluates the QIP annually to identify best practices and determine strategies for future enhancements. The program evaluates quality measures such as Healthcare Effectiveness of Data and Information Systems (HEDIS®) and evaluates the Medicare-Medicaid Plan's (MMP's) member experience using the Consumer Assessment of Health Plans Survey (CAHPS®), and Long-Term Support Services (LTSS) surveys. Other quality measures include: provider satisfaction, safety of clinical care, adherence to clinical practice guidelines, vendor oversight, and provider credentialing. The Plan also monitors member and provider grievances and appeals, and conducts regular advisory committee meetings with members and providers to gather feedback. Supported by its national corporate partner, Centene Corporation, the Plan sustains its mission through continuous improvement. Meridian's performance is reported to the Quality Improvement Utilization Management Committee (QIUMC) quarterly, and the Meridian Board of Directors at least annually.

II. Quality Improvement Program

The Quality Improvement (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, which 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 QIP identifies members at risk of developing conditions, implements appropriate interventions, and allocates sufficient resources to support these interventions. Plan objectives include upholding the highest standards and applying evidence-based clinical indicators and guidelines to ensure quality care and member safety. The Plan continuously enhances its Quality Program to meet regulatory requirements and accreditation standards. At least once per year, the QI Department conducts a formal evaluation of the QIP, presenting results to the QIUMC as a critical aspect of continuous quality improvement. The QI team includes a Chief Medical Officer, a Vice President of Quality Improvement, and Directors of Quality Improvement, among others. The QI department oversees QIP functions and activities, fostering strong inter/intradepartmental collaboration throughout Meridian to address Quality Improvement Program priorities, goals, and effectiveness. Key activities include setting department objectives, coordinating efforts to achieve goals, and participating in quality committees as needed. The QI department collaborates across various functional areas, including Medical Management, Pharmacy, Provider Engagement/Provider Relations, Population Health Management, Network/Contracting, Member Services, Compliance, and Grievances and Appeals.

Meridian utilizes the Work Plan to ensure compliance with current needs, the most recent updates from the National Committee for Quality Assurance (NCQA), and state or federal requirements. The Work Plan is consistently updated by designated staff to reflect progress on the QI Program initiatives.

III. Organizational changes during Evaluation Year

In 2023, Meridian welcomed a new Plan Chief Executive Officer, Centene's Senior Vice President, Chief People Officer, and Chief Customer Experience Officer. In addition, the market's Provider Relations and Provider Data teams joined the QI department to enhance an integrated quality and provider experience approach. Meridian Health achieved silver level status with the American Heart Association's- Workforce Well-Being Scorecard. Meridian implemented a Pod Configuration Model within the Population Health and Clinical Operations department. This model includes a Medical Director, Nurse Care Manager(s), Service Coordinator(s), Care Manager(s), and a Team Lead. Together, these teams work to support various focus groups according to the unique needs of members as defined by the State Medicaid contract. The goal is to improve health outcomes through a whole person-centered, patient-centered care model. In March 2023, Meridian launched the Provider Quality Concierge Team (PQCT) composed of health plan staff focused on enhancing provider service and performance for Michigan Federally Qualified Health Centers (FQHC). The PQCT team employs a community based, data driven approach, leveraging Michigan's infrastructure to improve health outcomes and equity with a hyperlocal population health strategy.

IV. Population Overview

MeridianComplete is a Medicare-Medicaid Plan servicing approximately 7,135 dual-eligible enrollees in the State of Michigan as of December 2023. Meridian's service area encompasses ten counties: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren, Macomb, and Wayne. Among enrollees, 99.00% list English as a preferred language, followed by 0.88% for Spanish, and 0.03% for Maltese and Hindi as preferred languages. Racial composition is 57% White, 32.43% Black, and 2.57% Hispanic, with most members aged 61 years or older.

V. Disease Management Program

Meridian's multi-year Chronic Care Improvement Program (CCIP) supports and engages diabetic members in the management of their condition and improvement of health outcomes. The program's mission is to enhance member engagement through targeted outreach initiatives that promote satisfaction and better health. Members receive education and consistent reminders on diabetes self-management, focusing on four key areas: healthy eating, physical activity, medication adherence, and routine screenings and treatment. The program's progress is evaluated using key diabetic HEDIS® measure results, including HbA1c Testing, HbA1c Control <8% (HBD), Diabetic Eye Exams (EED), and Kidney Evaluation for Patients with Diabetes (KED) against the target goals. In 2023, Meridian aligned the CCIP measures with the National Committee for Quality Assurance (NCQA) diabetes measure updates and technical specifications.

Interventions include:

A. Meridian utilizes 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 flyers promote healthy lifestyles, chronic condition management, medication adherence, exercising, healthy eating, routine screenings, and treatment. Community resources are also provided to address Social Determinants of Health (SDoH) needs.
C. The Care Coordination team provides education and reminders during health risk assessments, health risk reassessments, and care planning activities.
D. The provider facing quality staff distribute detailed member care gap reports to providers highlighting members needing annual primary care provider visits and diabetic HEDIS® services.

E. Vendors are leveraged to close care gaps with in-home testing for dilated retinal exams, HbA1c and KED testing.

Meridian's analysis showed that quarterly CCIP call campaigns yielded higher successful dial rates than the 10.00% Plan average for outbound dial systems. MMP members prefer traditional mail over digital communication. Provider facing staff engaged 181 providers/groups and distributed 1,968 diabetic open care gaps to providers. Additionally, 76.90% of scheduled in-home diabetic eye exams were completed, and 30.36% of members completed an HbA1c test.

Table 1: 2022 CCIP HEDIS® Key Measures Baseline – MY2023 Data

HEDIS® Measure	HEDIS® MY2020 Baseline	HEDIS® MY2021 IDSS	HEDIS® MY2022 IDSS	HEDIS® MY2023 IDSS	HEDIS® MY2023 Year 3 Goals	Goal Met/Not Met
HbA1c Testing	86.37%	91.73%	*84.77%	81.36%[1]	88.00% (Incremental Improvement goal)	No
Diabetic Control <8%	51.34%	54.26%	58.88%	70.07%	61.00% (3 STAR)	Yes
Diabetic Eye Exam	60.34%	61.07%	62.04%	67.40%	69.00% (3 STAR)	No
Kidney Disease Monitoring	92.46%	89.93%	*88.42%	Retired	95.00% (4 STAR)	No
Diabetic Kidney Evaluation	-	31.18%	30.95%	35.06%	85.00% (3 Star)	No

*MY2022 data from INDICES Retro June Run as the HbA1c Testing and Kidney Disease Monitoring measures have been retired
[1]MY2023 data form INDICES Proactive December Run as the HbA1c testing is no longer reported in final data.

The second annual evaluation and submission was completed in 2023. An analysis of the second measurement year revealed the Diabetic Control <8% measures rate of 70.07% significantly increased by 11.19 percentage points when compared to the MY2022 rate of 58.88% and exceeded the goal of 61.00%. In addition, the EED measure increased by 5.36 percentage points from 62.04% in 2022 to 67.40% in 2023, slightly missing the goal of 69.00% by 1.6 percentage points. The KED measure performance of 35.06% increased by 4.11 percentage points when compared to the MY2022 rate of 30.95%. Adversely, the HbA1c testing measure rate of 81.36% decreased in performance by 3.41 percentage points when compared to the MY2022 rate of 84.77%. All MY2023 quarter four diabetic measure rates are exceeding MY2022's rates at the same point in time.
In 2024, Meridian will continue to focus on improving targeted diabetic measure performance leveraging CCIP interventions and best practices through the remainder of the program cycle.

VI. Quality Improvement Project

Meridian's multi-year Quality Improvement Project (QIP) targets the HEDIS® Statin Therapy for Patients with Diabetes (SPD) Adherence 80% measure focusing on the African American/Black and White populations.

Meridian is committed to eliminating the health disparities between African American/Black and White populations observed in the SPD measure. Ideally, all diabetic members without Atherosclerotic Cardiovascular Disease (ASCVD) should be prescribed and adhere to statin therapy. The QIP's goal is to eliminate health disparities between the identified populations by increasing the statin therapy 80% adherence rate to reduce risks for ASCVD, emergency department (ED) visits, hospitalizations, and death.

The tables below present baseline and Remeasurement One's performance data for the SPD 80% Adherence measure, comparing combined regional 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
01/01/2022 - 12/31/2022 Remeasurement 1	African American/Black Population	168	224	75.00%	chi-square value of 5.0722 and a p-value of .0243
01/01/2022 - 12/31/2022 Remeasurement 1	White Population	348	422	82.46%	chi-square value of 5.0722 and a p-value of .0243

Table 3: Baseline - 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%	

Table 4. CY2022 HEDIS® SPD Adherence Performance - African American/Black and White Populations – Regions 4, 7, & 9

Populations		SPD Adherence CY2022			
Service Area	Race/Ethnicity	Numerator	Denominator	Percentage	Variance
Region 4 (Legacy H0480)	African American/Black	67	91	73.63%	-9.35%
	White	273	329	82.98%	
Regions 7 & 9 (Legacy H9487)	African American/Black	101	133	75.94%	-4.71%
	White	75	93	80.65%	

A. Meridian uses the HEDIS® SPD measure to evaluate improvements in statin therapy adherence among patients with diabetes. The study population includes all African American/Black and White members aged 40-75 years, with continuous enrollment, a diabetes diagnosis, and no ASCVD diagnosis or event. MDHHS requested the QIP incorporate regional data analytics to identify and address geographical disparities.

B. Remeasurement one's analysis of MY2022 data revealed, a 75.00% adherence rate for African American/Black members, a 0.79 percentage points increased from the MY2021 rate of 74.21%. However, this rate was 7.46 percentage points lower than the 82.46% rate for White members. Although, there was a slight year-over-year improvement, the African American/Black population did not achieve statistically significant improvement. Remeasurement One's regional analysis yielded a HEDIS® SPD – Adherence 80% performance rate with a 9.35 percentage point variance between the African American/Black rate of 73.63% and the White rate of 82.98% in Region 4. In Regions 7 and 9, the African American/Black population achieved a 75.94% adherence rate, 4.71 percentage point below the White performance rate of 80.65%.
C. Meridian received a "fully met" validation from Health Services Advisory Group (HSAG) for Remeasurement One scoring, 95% on critical and overall evaluation elements. The second remeasurement period (January 1- December 31, 2023) will be submitted to HSAG in July of 2024.
D. Meridian will continue monitoring performance, evaluating intervention effectiveness, and addressing barriers to successfully improve the SPD HEDIS® measure rate and eliminate health disparities between the identified populations.

VII. Behavioral Health

Behavioral health (BH) services covered by MI Health Link are a carve-out and are managed by Michigan Prepaid Inpatient Health Plans (PIHPs), which contract with the Michigan Department of Community Health to administer Medicaid community mental health benefits. Meridian's PIHP partner includes Detroit Wayne integrated Health Network (DWIHN). In 2023, Southwest Michigan Behavioral Health (SWMBH) and Macomb County Community Mental Health (MCCMH) BH services areas were insourced, with oversight and care coordination activities conducted by the case management team. BH services support individuals with mental illness, intellectual/developmental disabilities, and/or substance use disorders. Meridian collaborates with the PIHPs to integrate members' mental and physical health care. PIHP's provide member status updates and flag additional support needs. Meridian holds regular meetings and monitors BH HEDIS® measures to identify care gaps and opportunities for improvement.

VIII. Effectiveness of Long-Term Support Services (LTSS) Survey

LTSS is a comprehensive benefit available 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 care, home-delivered meals and much more. A key component of MI Health Link is the Home and Community-Based Services (HCBS) Waiver, which has a rigorous qualification process.

A. MI Health Link offers various services, including personal emergency response systems (PERS), chore services, adult day program, non-medical transportation, adaptive medical equipment, and environmental modifications.
B. In 2023, Meridian partnered with PressGaney to survey members who utilized LTSS services in the prior year. The Survey, which differed from prior years, focused on overall experiences with the Long - term care program, care managers, services, and long-term care plans. Of the 652 members included in the survey, a 27.50% response rate was achieved, significantly higher than the 25.90% 2022 rate by 1.6%.
C. Survey results indicated high satisfaction with LTSS, with 98% of members satisfied or very satisfied with the care received. However, only 70% expressed satisfaction with transportation services, highlighting an area for improvement in 2024.
D. Meridian will continue evaluating consumer experiences and satisfaction to identify opportunities for quality improvement initiatives in 2024.

IX. Provider Satisfaction

Meridian conducts a provider satisfaction survey (PSS) to evaluate network providers' knowledge, usage, and satisfaction with Meridian's personnel, services, and programs. These surveys also support compliance with NCQA Health Plan Accreditation Standards and assess providers' satisfaction.

A. To assess provider satisfaction in 2023, Meridian contracted with Press Ganey (PG) to administer the PSS, which included PCP's, specialists, and behavioral health providers. The survey saw a 5.3% increase in responses, with a 9.9% response rate from a sample of 2,500 providers.
B. Key Takeaways:
   - Meridian scored 50.00% for Overall Satisfaction, 25.40% below the top-rated plan.
   - Meridian had a Net Satisfaction Score of 16.50%, a 12.10% decrease from the 2022 Net Satisfaction Score of 28.60%, and a Net Loyalty Score of 7.10%, which is a decrease of 9.10% from 2022 (16.10%).
   - Meridian increased in the following composite measure rates when compared to 2022: Likelihood to Recommend, Comparative Rating to All Other Plans, Utilization and Quality Management, and Health Plan Call Center Service Staff.
   - Meridian continues to identify opportunities to improve low performing categories on the PSS.

In February 2024, Meridian facilitated a PSS to assess 2023 LTSS performance, receiving 24 responses.

A. Key takeaways:
   - Most LTSS and BH providers were satisfied or very satisfied with Meridian's processes and timelines.
   - The lowest satisfaction rates were Overall Satisfaction (76.19%), Complaint Resolution (84.21%), and Provider Relations Department (84.21%).
   - Outcomes will be used for future trend analysis and improvements, with results shared annually with MDHHS.

In 2024, Meridian will continue to work with providers to address barriers and improve overall satisfaction with network processes, communication, and platforms. Meridian will continue to train providers on the different processes, increase applicable communication, and assist providers in best serving members. Meridian recognizes that satisfied providers contribute to network and member growth and retention, improved quality of care, and better health outcomes for Meridian members.

X. Patient Safety

Meridian is committed to improving the safety of clinical care across all patient care settings. Meridian monitors the safety of its members through the identification of potential and actual Quality-of-Care (QOC) events. A potential QOC issue includes alleged acts or behaviors that may harm patient care quality or safety, deviate from evidence-based standards of practice, or indicate a sentinel event, up to and including member death. Meridian conducts thorough reviews of all quality and/or safety of care concerns identified internally or reported externally by providers, members, or the members' representative. Meridian actively addresses member safety issues and recognizes the influence of culture, literacy, and disparities on health care delivery, striving to reduce its impact.

A. Meridian considers patient safety a core element of its quality improvement program and encourages providers to prioritize safety. Meridian recognizes that patient safety is best addressed through partnerships, and is committed to working collaboratively with hospitals, practitioners, health systems, and other stakeholders to improve patient safety outcomes.

B. Meridian adopts Clinical Practice Guidelines (CPGs) from nationally recognized organizations, government institutions, state-wide collaboratives, and/or expert consensus of healthcare professionals in applicable fields. The following is a sample of the CPGs adopted by Meridian:
    - American Cancer Society (ACS)
    - U.S. Department of Health and Human Services (HHS)
    - National Institute of Health (NIH)
    - National Institute for Health and Care Excellence (NICE)
    - National Heart, Lung, and Blood Institute (NHLBI)
    - National Health and Medical Research Council - Australian Government
    - American Academy of Sleep Medicine
    - U.S. Department of Health and Human Services (Substance Abuse and Mental Health Services Administration Center for Mental Health Services)
    - American Psychiatric Association (APA)
    - National Center for Biotechnology Information (NCBI)
    - American Telemedicine Association
    - American Academy of Child and Adolescent Psychiatry
    - Journal of Clinical Oncology

C. Active CPGs are available on Meridian's website and upon request. CPGs are reviewed internally, biennially, to ensure CPGs remain relevant and evidenced-based.

D. Providers are notified of updates, changes, or retirements of CPGs through provider newsletters, emails, faxes, or other correspondence. CPGs cover both medical and behavioral health needs.

E. Critical incidents, quality of care grievances, and adverse event summaries are reviewed during quarterly QIUMC meetings.

F. Information regarding patient safety is accessible to members via Meridian's 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. In addition, Meridian has a robust process to ensure a seamless and steady transition of care following patient medical care, transitions from nursing facilities, or ED visits. This includes notifying PCPs of members' discharges from acute care via automated fax within 24 hours and arranging follow-up services, such as transportation if needed, with a PCP or specialist within 14 days. Meridian monitors readmissions as an indicator of appropriate follow up post-discharge.

Overall effectiveness of Care Coordination is discussed at the QIUMC meeting.

XII. Member Satisfaction

Meridian values and utilizes member feedback to implement new or improved processes to increase overall member satisfaction. In 2023, Meridian focused on the following quality initiatives to assess member satisfaction:

A. Enrollee Satisfaction Surveys

- Meridian's Quality Improvement department analyzes data from the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey, in partnership with SPH Analytics, a Centers for Medicare and Medicaid Services (CMS) and NCQA certified vendor.
- The 2023 CAHPS® response rate was 23.0%, resulting in no change from the 2022 response rate. The survey sample size remained the same in both years.

B. Major Accomplishments include:
- Prescription Drugs measure achieved the estimated CMS 4-Star cut point.
- Prescription Drug measure met or exceeded the 2022 PG benchmark summary rate.
- Three of the nine-member experience measures increased performance year-over-year.

C. The CAHPS® measures with the lowest scores across all surveys offers Meridian the greatest opportunities for improvement are:
- Getting Needed Care
- Customer Service
- Coordination of Care
- Rating for Drug Plan
- Flu Vaccinations (Adult 18-64) – Percent Yes

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 implementing new interventions targeting low performing measures. In addition, Meridian will continue sending pre-survey notification postcards and offering a web option for convenient and efficient survey completion.

XIII. 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 2023, 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 in both 2022 and 2023.

In 2022, Meridian experienced delays with members receiving meeting materials. To address this in 2023, Meridian implemented a process to send member materials earlier, ensuring receipt prior to scheduled meetings. Members were asked to review drafts of proposed educational materials and provide feedback and suggestions for improvement. Meridian used the member suggestions to enhance materials, making them more member- centered. The CAC's focus is to drive interventions and processes to improve overall member satisfaction.

In 2023, the CAC meetings covered various topics, including COVID-19 Vaccine hesitancy and barriers, various health topic presentations, care coordination, flu vaccine reminder and barriers, Ombudsman reporting, member communication, dental benefits, provider access, health reminders, medication adherence, behavioral health benefits and transitions in Macomb and Southwest Michigan counties, durable medical equipment (DME) overview, home testing kits, and more.

Member feedback from the CAC meetings is shared quarterly in the Quality Improvement Committee (QIC) meetings. Members provided insights into access to network providers and access to care, reporting no barriers to access. Feedback on behavioral health benefits and potential issues with accessing behavioral health service was positive. Members consistently report positive experiences with locating services.

Meridian will continue hosting quarterly CAC meetings in 2024, encouraging members to lead discussions on topics of choice. Member feedback will be utilized to inform and strengthen QI interventions.

XIV. 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's established standards, and Meridian initiates actions as needed to improve access.

A. In 2023, 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. The top three reasons for failure were:
    - "Recommends going to an urgent care center or ED because there is no after-hours access to the PCP or on-call physician" with 15.6%.
    - "An answering machine that only takes a message" with 10.8%.
    - "Recommends calling during business hours to complete the audit" with 7.5%.

    Meridian sends letters to offices informing them of the failed audit and a secondary audit in the following six months.
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 will audit providers on appointment access and availability at least annually, ensuring that failing providers receive education on the standards and the importance of maintaining them.
D. Meridian works closely with the contracted vendor, DentaQuest to ensure dental providers and services are available in the communities where members live.

XV. 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. Meridian met the goal for each numeric/ratio standard for all primary care and specialty care practitioner types assessed. Geographic standards were also met for all primary practitioner types in urban and rural areas. In addition, all behavioral healthcare practitioner types assessed and high-volume Clinical Psychologist Practitioner geographic distribution in the rural area goals were met. Meridian will continue to monitor practitioner availability and address any identified deficiencies.

XVI. 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 personal characteristics, and the Plan is committed to ensuring members receive needed services in a manner that recognizes, values, affirms, and respects the worth of everyone 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 through:

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.

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

XVIII. HEDIS®

A. Meridian participates annually in HEDIS® reporting. HEDIS® performance, in combination with CAHPS® performance, has been shown to be a reliable method for assessing the evolution of health plan quality performance. In 2023, Meridian was successfully audited for HEDIS® compliance, as is required for all health plans reporting HEDIS® data.
B. In 2023, Meridian achieved significant measure performance improvements across 25 reportable measures, which is five more than in 2022. Care for Older Adults – Medication Review demonstrated the greatest improvement with a 25.79% performance increase, and successfully surpassed the state average rate. Of the twenty-five measures that had positive improvements over 2022 final performance, the Care for Older Adults – Medication Review, Care for Older Adults – Pain Assessment, Care for Older Adults – Functional Status Assessment, Hemoglobin A1c Control for Patients with Diabetes – HbA1c Control (<8.0%), and Osteoporosis Management in Women Who Had a Fracture experienced the greatest year over year improvements.
C. In 2023, Meridian saw year over year declines in various measures, including Persistence of Beta-Blocker Treatment After a Heart Attack, the Hemoglobin A1c Control for Patients with Diabetes – Poor HbA1c Control, Antidepressant Medication Management – Continuation Phase Treatment, Follow-Up After Emergency Department Visit for Mental Illness – 30 Days, and Transition of Care - Notification of Inpatient Admission.
D. Meridian remains committed to successfully addressing identified barriers to care by promoting preventive services and improving appropriate chronic condition management. Meridian's provider-facing staff will enhance engagement with provider offices to offer education and effectively assist with care and resource coordination. 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® MY21	HEDIS® MY22	HEDIS® MY23^	HEDIS® YOY % Change	MMP State Average~	Target Met YES/NO
Preventive and Screening	Breast Cancer Screening (BCS)	52.53%	55.86%	54.57%	-1.29%	56.70%	NO
	Colorectal Cancer Screening (COL)	56.45%	55.47%	51.09%	-4.38%	57.59%	NO
	Care for Older Adults – Medication Review (COA)	77.13%	66.18%	91.97%	25.79%	80.41%	YES
	Care for Older Adults – Functional Status Assessment (COA)	28.47%	35.03%	58.64%	23.61%	62.71%	NO
	Care for Older Adults – Pain Assessment (COA)	74.21%	64.95%	79.08%	14.13%	78.04%	YES
Respiratory Conditions	Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	22.22%	20.11%	19.78%	-0.33%	22.01%	NO
	Pharmacotherapy Management of COPD Exacerbation – Systemic Corticosteroid (PCE)	42.67%	77.51%	78.54%	1.03%	74.10%	YES
	Pharmacotherapy Management of COPD Exacerbation – Bronchodilator (PCE)	87.33%	89.00%	89.04%	0.04%	88.82%	YES

Cardiovascular Conditions	Controlling Blood Pressure (CBP)	66.18%	66.42%	66.42%	0.00%	66.14%	YES
	Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	100%	90.63%	33.33%	-57.30%	90.85%	NO
	Statin Therapy for Patients with Cardiovascular Disease – Received Statin Therapy (SPC)	79.74%	79.01%	86.85%	7.84%	80.90%	YES
	Statin Therapy for Patients with Cardiovascular Disease –Statin Adherence 80% (SPC)	77.35%	81.82%	82.39%	0.57%	79.55%	YES
Diabetes	Hemoglobin A1c Control for Patients with Diabetes – Poor HbA1c Control (>9.0%) (HBD)*	37.23%	33.09%	23.84%	-9.25%	34.07%	YES
	Hemoglobin A1c Control for Patients with Diabetes – HbA1c Control (<8.0%) (HBD)	54.26%	58.88%	70.07%	11.19%	58.51%	YES
	Eye Exam for Patients with Diabetes (EED)	61.07%	62.04%	67.40%	5.36%	62.89%	YES
	Kidney Health Evaluation for Patients with Diabetes (KED)**	NA	30.95%	35.06%	4.11%	38.8%	NO
	Blood Pressure Control For Patients with Diabetes (BPD)	66.16%	69.83%	71.53%	1.70%	68.13%	YES
	Statin Therapy for Patients with Diabetes – Received Therapy (SPD)	80.70%	78.10%	75.10%	-3.00%	76.44%	NO
	Statin Therapy for Patients with Diabetes – Adherence 80% (SPD)	80.39%	79.97%	80.51%	0.54%	78.95%	YES
Musculoskeletal Conditions	Osteoporosis Management in Women Who Had a Fracture (OMW)	NR	6.25%	23.53%	17.28%	11.18%	YES

Behavioral Health	Antidepressant Medication Management – Effective Acute Phase Treatment (AMM)	72.46%	72.89%	66.98%	-5.91%	73.66%	NO
	Antidepressant Medication Management – Continuation Phase Treatment (AMM)	53.89%	59.34%	46.70%	-12.64%	57.94%	NO
	Follow-Up After Hospitalization for Mental Illness – 7 Days (FUH)	26.32%	34.00%	39.62%	5.62%	32.79%	YES
	Follow-Up After Hospitalization for Mental Illness – 30 Days (FUH)	42.11%	58.00%	60.38%	2.38%	58.91%	YES
	Follow-Up After Emergency Department Visit for Mental Illness – 7 Days (FUM)	47.62%	35.71%	32.62%	-3.09%	32.06%	YES
	Follow-Up After Emergency Department Visit for Mental Illness – 30 Days (FUM)	65.48%	56.25%	45.99%	-10.26%	54.39%	NO
Medication Management & Care Coordination	Transition of Care - Notification of Inpatient Admission (TRC)	29.68%	25.79%	25.55%	-0.24%	16.53%	YES
	Transition of Care – Receipt of Discharge Information (TRC)	29.93%	27.74%	23.11%	-4.63%	15.38%	YES
	Transition of Care – Patient Engagement After Inpatient	84.67%	77.62%	78.59%	0.97%	77.74%	YES
	Transition of Care – Medication Reconciliation Post Discharge (TRC)	62.29%	38.69%	43.31%	4.62%	47.59%	NO

Overuse/ Appropriateness	Non-Recommended PSA – Based Screening in Older Men (PSA)*	20.74%	21.84%	24.73%	2.89%	26.71%	YES
	Potentially Harmful Drug-Disease Interactions in Older	30.70%	30.61%	27.18%	-3.43%	33.45%	YES
	Use of High-Risk Medication in Older Adults – High-Risk Meds to Avoid (DAE)*	18.55%	15.23%	13.41%	-1.82%	18.16%	YES
	Use of High-Risk Medication in Older Adults – High-Risk to Avoid Except for Appropriate Diagnosis (DAE)*	5.92%	4.97%	5.19%	0.22%	5.23%	YES
	Use of High-Risk Medication in Older Adults – Total (DAE)*	22.53%	18.79%	17.33%	-1.46%	21.78%	YES
Access/ Availability of Care	Adults' Access to Preventive/Ambulatory Health Services – 20-44 Years (AAP)	84.73%	81.80%	82.43%	0.63%	84.90%	NO
	Adults' Access to Preventive/Ambulatory Health Services – 45-64 Years (APP)	93.65%	91.87%	92.08%	0.21%	93.83%	NO
	Adults' Access to Preventive/Ambulatory Health Services – 65 and Older (AAP)	93.26%	90.42%	89.72%	-0.70%	91.69%	NO
	Adults' Access to Preventive/Ambulatory Health Services – Total (AAP)	91.62%	89.12%	88.98%	-0.14%	91.08%	NO
	Initiation of Alcohol and Other Drug Dependence Treatment (IET)**	81.79%	20.61%	27.47%	6.86%	46.91%	NO
	Engagement of Alcohol and Other Drug Dependence Treatment (IET)**	11.43%	1.30%	3.30%	2.00%	16.94%	NO

Risk- Adjusted Utilization	Plan All Cause Readmissions – Observed to Expected Ration (Ages 18-64) (PCR)*	1.27	1.03	1.10	0.07	1.07	NO
	Plan All Cause Readmissions – Observed to Expected Ration (Ages 65+) (PCR)*	1.30	1.02	0.97	-0.05	1.21	YES

~HEDIS® MY2022 MI Health Link statewide average, domains, and measures reported through External Quality Reporting (EQR) FY2023 (April 2024)
*Measures for which lower rates indicate better performance

^IDSS Final CY2023 data
NA = No data to report
NR = Not Reportable

XIX. Overall Summary

Meridian is committed to identifying opportunities to ensure enrollees have high quality and equitable health care services. Meridian continues to develop, implement, and monitor foundational platforms, surveys, member and provider educational materials, provider access and availability standards, and provide resources for addressing, reducing, or eliminating identified health disparities within this vulnerable population.

In 2024, the Plan will focus on preventive health care and services by executing evidence-based interventions. Strategies include creating and incorporating new, purposeful, culturally appropriate, and inclusive literature to educate and promote health equity to providers and members, addressing SDoH needs in underserved areas, and strengthening partnerships with CBOs with shared missions. Meridian will continue the CCIP and QIP improvement interventions and monitoring. Meridian will continue to focus on implementing initiatives geared towards improving chronic disease and preventive health measures, BH measures, access and availability measures, and other health measures where performance declined. In addition, Meridian will strategically enhance care coordination, care management, and condition/disease management for members identified at risk, intervenes with specific programs of care, and measures clinical and other health-related outcomes. The Plan will also focus on continuing efforts to improve CAHPS and PSS survey response rates and outcomes. Meridian will focus on member engagement through positive experiences with one call resolutions, improved member materials, community engagement, and partnerships.