

## **QUALITY IMPROVEMENT UPDATE FOR MEMBERS 2018**

Since the start of McLaren Health Plan, Inc. (MHP) in November 1997, the staff has continued to improve the health plan. As a result, throughout 2017, MHP has continued to build its Quality Performance Improvement Program (QPIP) to deliver high quality health care. The QPIP has many parts that we have summarized below to help you understand our quality focus, the goals and outcomes of our care.

In order to evaluate our accomplishments and look for improvement, we review several areas. Based on what we find, MHP's initiatives for 2018 will be identified.

### **MEETING STATE PERFORMANCE MONITORING FOR MEDICAID**

The purpose of performance monitoring by the state of Michigan is to have a process for checking how we are doing providing you care. We are measured based on many factors; for example, the rate of immunizations to women's health and pregnancy care. In 2017, 88 percent of the time we exceeded the standard. We also review member complaints and surveys to determine what areas need improvement.

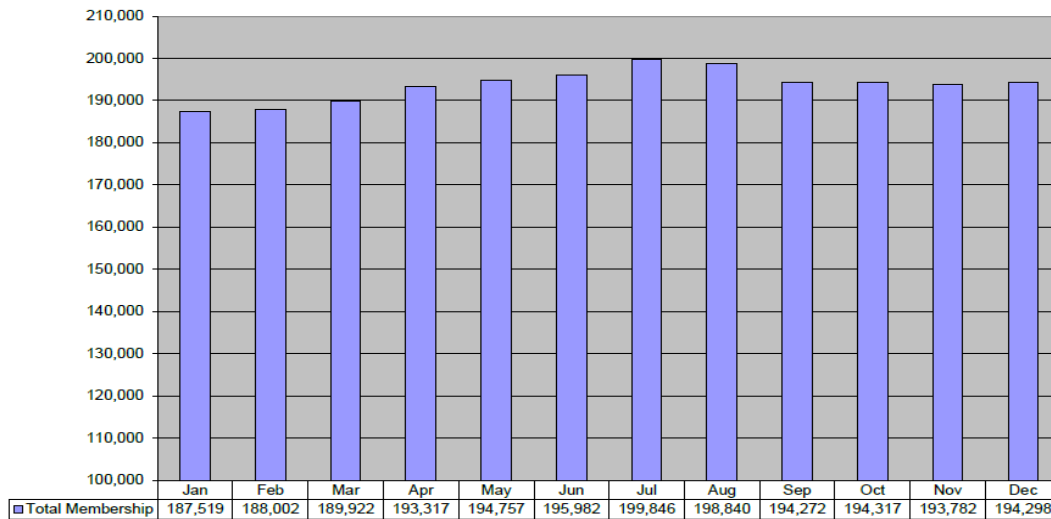
### **MAINTAINING CONTINUED MEMBERSHIP GROWTH**

We watch our membership numbers to see if members are continuing with us and satisfied with the care they receive. The Michigan Insurance Marketplace members are included with the MHP Community (commercial) membership. The 2017 membership growth is displayed below. Medicaid membership gains were positive but at a slower pace than expected, as overall Medicaid recipients in Michigan declined. Adjustments were made in the Community (commercial) offerings, causing monthly variations. However, membership remained steady throughout the year.

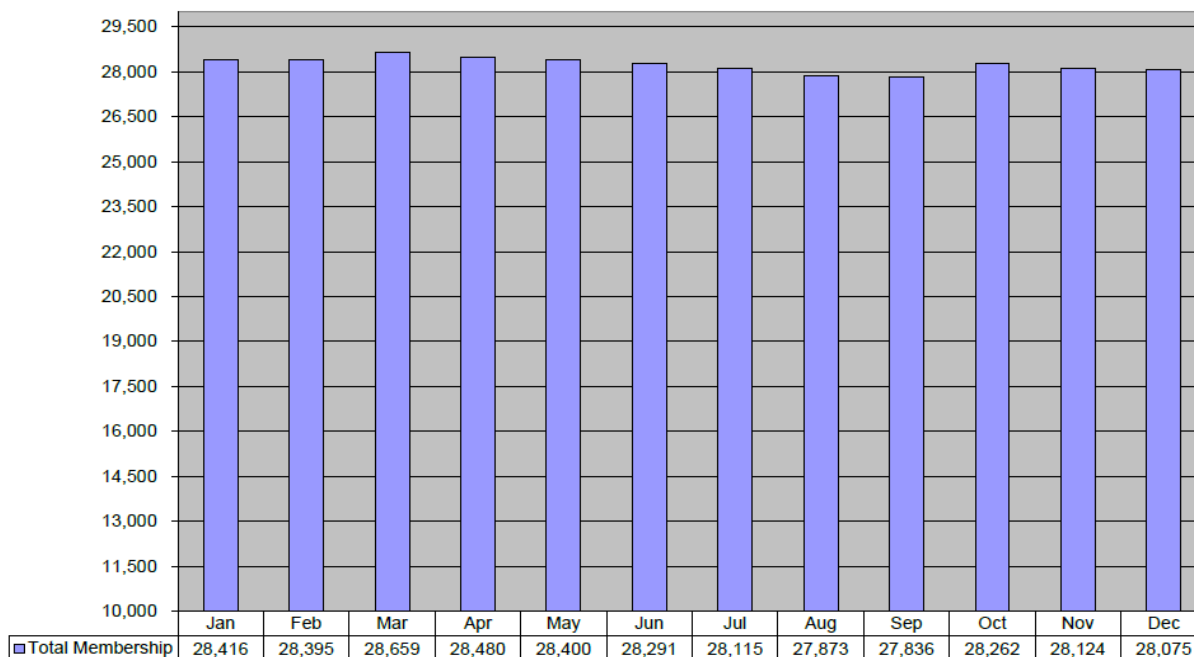
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**Medicaid Membership  
CY 2017**



**Commercial Membership  
CY 2017**

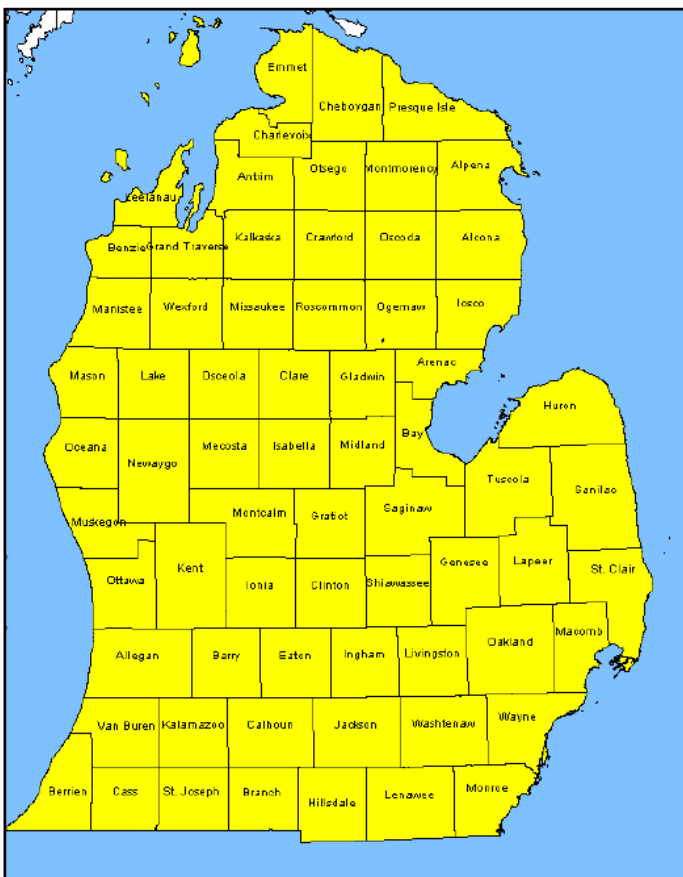


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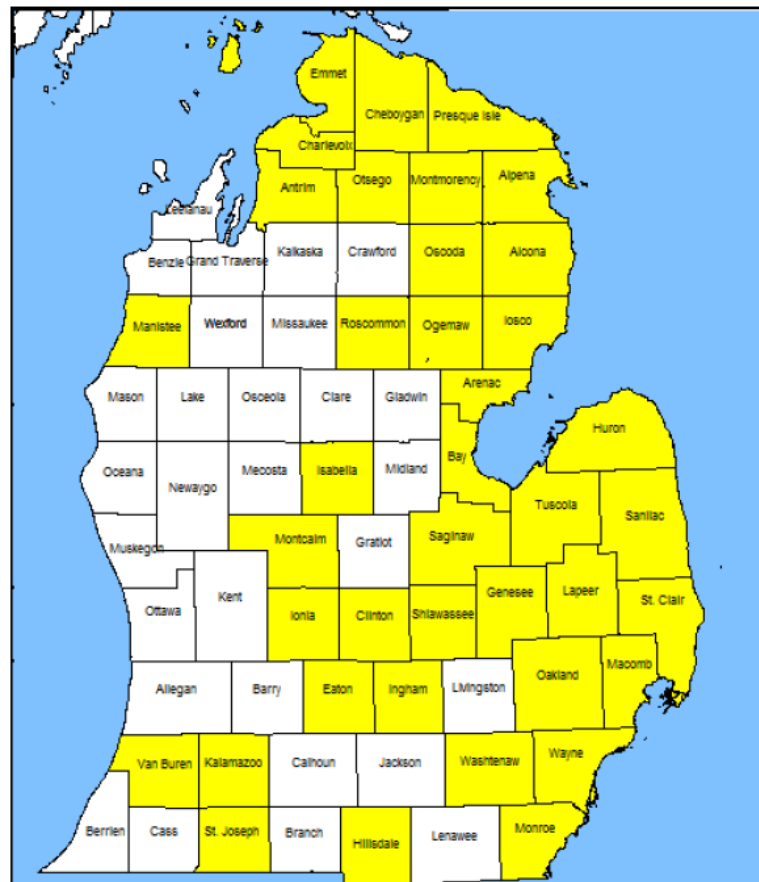
Below is a map showing where MHP is able to deliver care. This means that we have enough doctors and hospitals to take care of our members.

### Approved Service Area December 2017

**McLaren Health Plan Medicaid**



**McLaren Health Plan  
Commercial/Marketplace**



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## MAINTAINING NCQA MANAGED CARE ORGANIZATION (MCO) ACCREDITATION

MHP completed the National Committee for Quality Assurance (NCQA) accreditation process. MHP’s score resulted in an Accredited status. The HEDIS® and CAHPS® scores are about access to services and member satisfaction. We trend our results to see what opportunities are there for improvement. MHP had received the following final 2017 scores for Medicaid:

Accreditation Category	2017	2016
HEDIS	22.9	22.5
CAHPS	7.4	7.9
STANDARDS	49.0	49.0
TOTAL POINTS	79.2	79.4

At this time, there are no 2017 results for MHP Community (commercial HMO) except the standards.

Accreditation Category	2017	2016	2015	2014
HEDIS	Not available	21.3	23.4	17.8
CAHPS	Not available	4.4	5.5	6.9
STANDARDS	49.0	49.0	49.0	53.3
TOTAL POINTS	Not available	74.6	77.9	78.0

On a monthly basis, MHP reviews results from many reports to help improve quality of care and member satisfaction. Any decreases in HEDIS and CAHPS scores are moved to a work group to focus on an action plan.

We have listed some areas that have improved in 2017:

- There were 62,000 Healthy Michigan Plan (HMP) members enrolled with MHP. 32 percent had a completed HRA (5 percent increase), 55 percent were eligible for a gift card reward, and 18 percent received a reduction in premium. Of special concern, only 53 percent had a PCP visit within 150 days of enrollment. This was a decrease of 3 percent.
- The McLaren MOMS program enrolled over 6,800 pregnant members with 3,937 deliveries, and 61 percent being contacted before delivery.
- For Medicaid, MDCH identified 27 Key Measures from HEDIS. MHP Medicaid results included 22 percent of the measures increased and 18 percent of measures decreased. The goal of the NCQA 75<sup>th</sup> percentile was achieved in 27 percent of the measures, with 8

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percent at the 90<sup>th</sup> percentile. Efforts will remain to move all measures above the 75<sup>th</sup> percentile benchmark.

- Ongoing efforts to connect with the at-risk membership remained a priority in 2017. The disabled population continues to be targeted with the *Let's Connect* program. Over 5,800 members of this population were contacted with the goal of encouraging access to their PCP within 60 days of enrollment. 74 percent had a PCP visit within 60 days.
- In 2017, MHP remained focused on frequent utilizers of the emergency room. The *One by One* program is to help members use the ER for the right reasons. In 2017, Community Health Workers were utilized to go into the field and connect with these members. Utilization for our 283 super users decreased over 10 percent.
- MHP continued to focus on the management of behavioral health issues for all product lines with a focus on coordination with medical issues. 2017 PCP chart review showed 62 percent of diabetics were screened for depression. In addition, 81 percent of the OB charts had a postpartum depression tool included.
- Follow up after hospitalization is a HEDIS measure that was tracked through care meetings. The purpose of the meeting was to improve follow up care for members recently discharged from an inpatient behavioral health facility.
- MHP has over 24 outreach programs focusing on preventive care. Customer Service and Medical Management have championed this area, and the increase in HEDIS and State Performance rates validate these programs.

If you would like to speak with someone about our quality programs, please call the Quality Department at (888) 327-0671, TTY: 711.

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