

QUALITY IMPROVEMENT UPDATE FOR MEMBERS 2025

Since the start of McLaren Health Plan, Inc. (MHP) in November 1997, quality improvements have been a priority in order to improve the health plan. As a result, throughout 2024, MHP 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 reviewed several areas. Based on what we find, MHP's initiatives for the following year are identified.

MEETING STATE PERFORMANCE MONITORING FOR MEDICAID

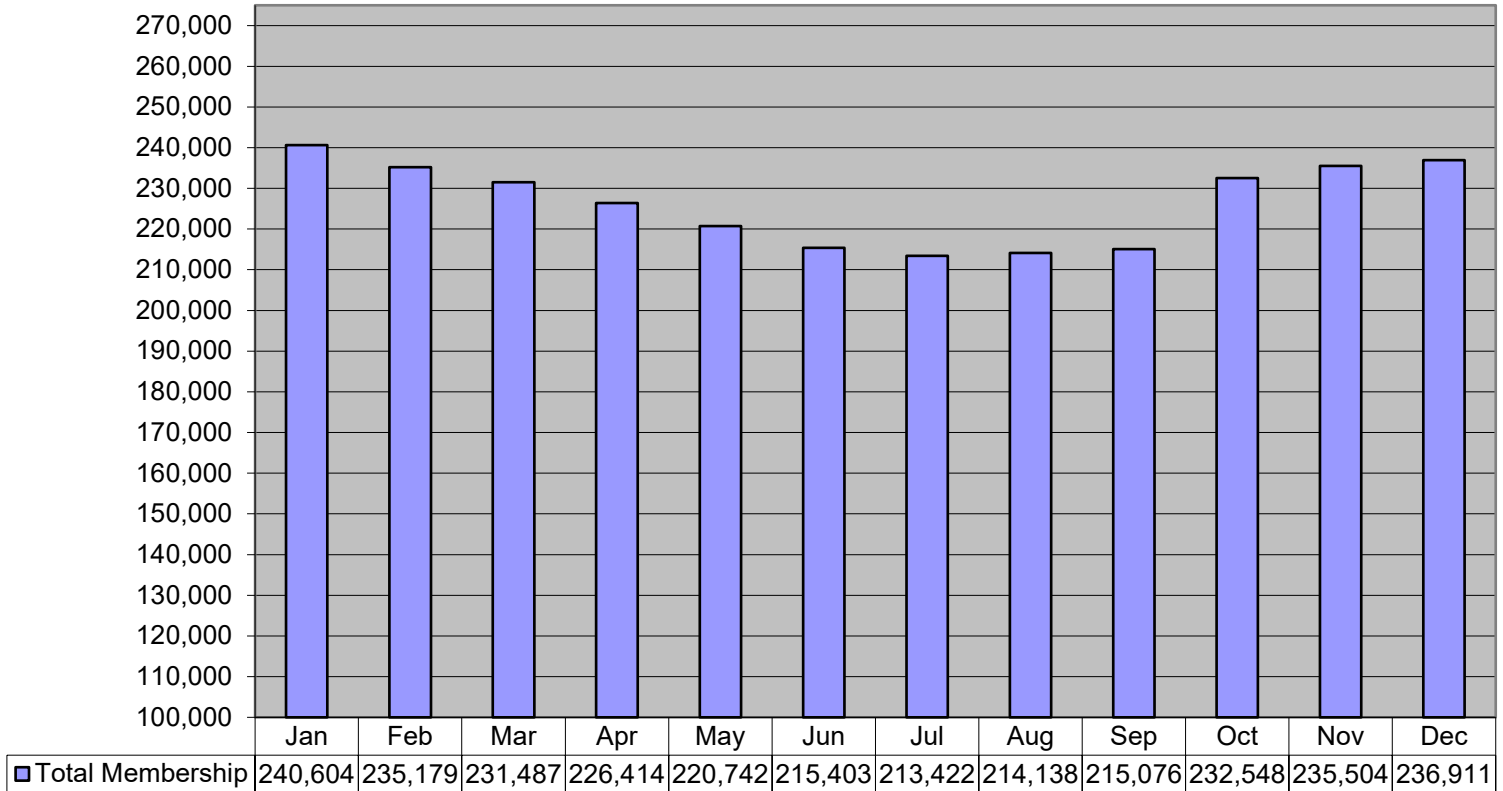
The purpose of performance monitoring by the state of Michigan is to have a process for checking how we are doing providing your care. We are measured based on many factors, for example, the rate of immunizations, women's health and pregnancy care. We also review member complaints and surveys to determine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

MAINTAINING CONTINUED MEMBERSHIP GROWTH

McLaren Health Plan's membership numbers are watched 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.

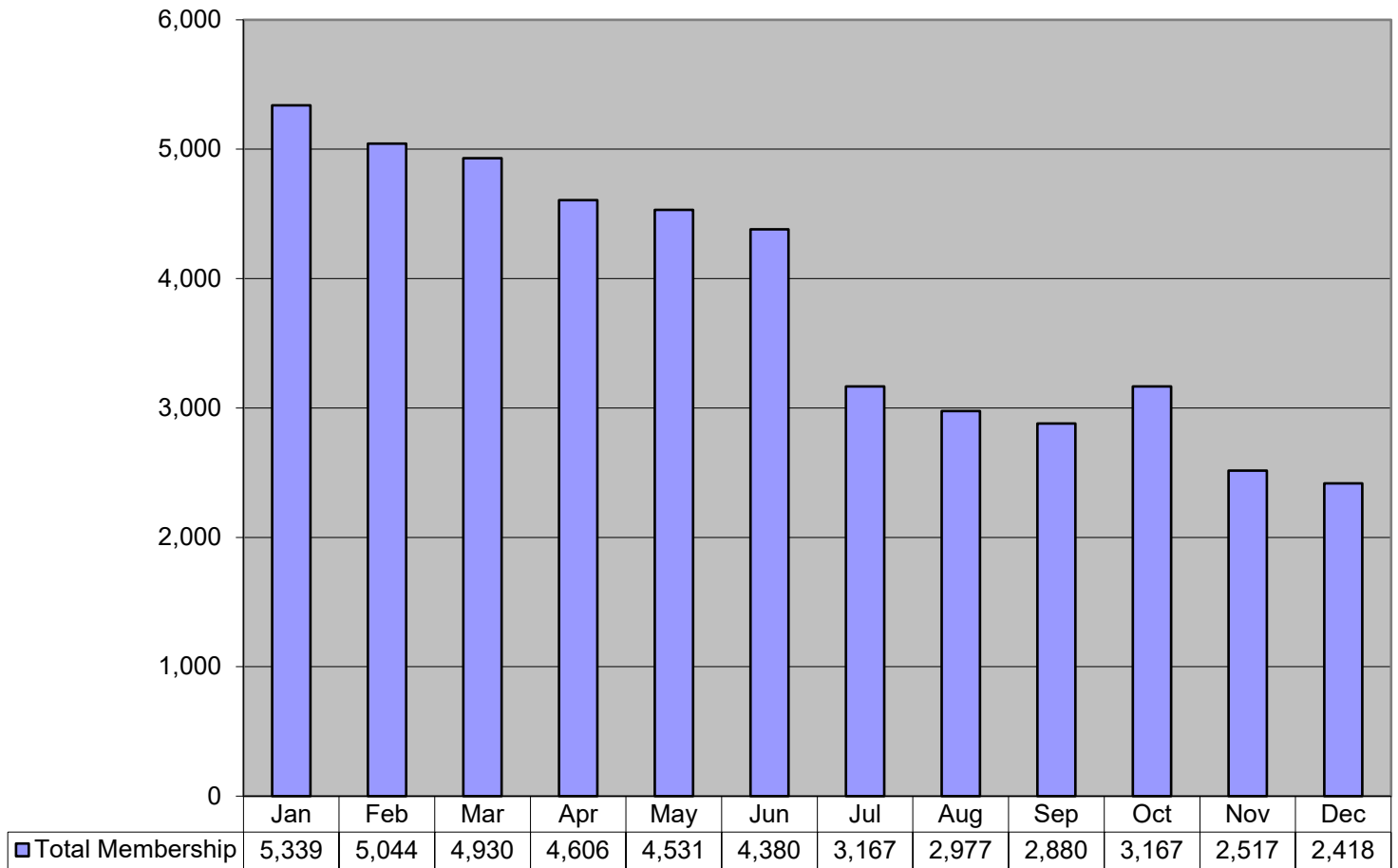
Following are the 2024 membership graphs for Medicaid and Commercial membership:

Medicaid Membership CY 2024



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Commercial Membership CY 2024



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



Service Area Approvals 2025

**McLaren Health Plan
Medicaid
01/01/2016 - Current**



**McLaren Health Plan
Community – Marketplace
Individual 01/01/2025***



***Livingston County – Partially Approved**

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MAINTAINING NCQA MANAGED CARE ORGANIZATION (MCO) ACCREDITATION

MHP completed the National Committee for Quality Assurance (NCQA) accreditation process for a MCO in April 2024 with an onsite review of the quality operations for the HMO product line. NCQA's scoring is based on a combination of HEDIS®, CAHPS® and NCQA Standard scores.

McLaren Health Plan's Medicaid plan resulted in an Accredited status, with a 3-star rating. Michigan's Department of Health and Human Services (MDHHS) distributes a Consumer Information Guide to inform residents of Medicaid health plans' performance.

McLaren Health Plan Community (commercial HMO and Exchange) also resulted in an Accredited status but no star rating due to low membership/partially reported data (McLaren's Commercial line of business was being phased out in 2024).

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.

2024 has been a significant year for MHP. Many accomplishments were demonstrated and several opportunities for improvement were identified. As a result of the following successes in 2024, MHP continued to build on its reputation of being a premier HMO providing access to quality care:

- Providing dental benefits, education, and encouragement for dental benefit utilization for adult Medicaid members 21 years old and older in addition to the Healthy Michigan Plan population
- Member Outreach teams support our commitment to improving the care provided to our membership, with a focus on HEDIS scores and member satisfaction.
- McLaren Miracles (formerly McLaren MOMS) program enrolled over 4,793 pregnant members with over 4,000 deliveries.
- The promotion of patient safety continued in 2024. The standardization of care is the foundation of case management programs with the emphasis on Clinical Practice Guidelines for treatment. Distribution of the guidelines continued to all practitioners.
- Increased Alternative Payment Models to additional physician groups and hospital systems.
- Expansion into dental providers for Alternative Payment Models to increase preventive and diagnostic utilization.
- Pharmaceutical management focused on monitoring capabilities that can be communicated to both the member and the providers regarding appropriateness of treatment. MHP continued the Drug Utilization Programs and formulary management during 2024. There were 6128 members being monitored by the pharmacist for utilization patterns based on

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drug class and cost, and for quality edits quarterly. In addition, these members were reviewed for case management referral. MHP's clinical pharmacist works collaboratively with our PBM to administer a high quality, cost effective benefit.

- Population Health Management programs; Tobacco Cessation Program and Taking It Off, a weight management program. The focus on these programs is the promotion of life style changes. Other programs include Asthma, Diabetes, McLaren Miracles, Sickle Cell Disease, Eyes Wide Open (depression), LGBTQ+, and Hypertension. A new PHM program for Diabetes Prevention was developed in 2023 and continued in 2024.
- The commercial customer service team focuses on issues by product line, allowing for expertise in the claim's arena for our commercial members. Continual monitoring and assessment of speed to answer and abandonment rates allowed for identified opportunities for improvement and realization of improved processes to achieve efficiencies.
- MHP shared with physicians their specific HEDIS reports and continued to research and institute internal processes to expand the tracking of provider data submission rates. HEDIS reports were available which allows for real time data feeds. MHP contracts with a HEDIS vendor to provide more timely reporting and valuable gaps in care reporting. This increases the delivery to PCPs and our ability to provide office assistance for patient scheduling and mid-year gaps in care analysis by the Member Outreach team.
- MHP continued to focus on the management of behavioral health issues for all product lines with a focus on coordination with medical issues. Through frequent promotion of the depression guideline with follow up of members needing additional benefits, MHP continues to support our members.
- Behavioral health focus in 2024 was on care coordination between physical and mental health providers. Care coordination meetings began in 2015 and continue monthly between the Prepaid Inpatient Hospital Plans (PIHP), MHP case managers and involved practitioners supported by the members' plan of care. Targeted populations were dual enrollees, emergency room utilizers, medication compliance and chronic conditions. Participating with sub workgroup to develop criteria and processes focused on coordinating care for children and those in foster care.
- The Follow up after hospitalization (FUH) HEDIS measure was added to the PIHP/MHP coordination of care meetings in August 2019 and continued through 2024. Follow up after hospitalization for alcohol or drug use (FUA) includes having MHP case managers coordinate care with the PIHPs to ensure a follow up appointment within 30 days of discharge was made and kept by the patient.
- Participation in the PIHP/MHP Statewide workgroup
- Participation in the Foster Child sub workgroup
- Participation in the MDHHS SDoH and Community Health Worker workgroups
- MHP has multiple 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.
- MHP has been including overall group and provider HEDIS rates by measure on a summary report included with their monthly gaps in care reporting. MHP began populating

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disparity rates within the summary report to allow providers more visibility on any disparities between racial and ethnic groups.

- MHP Dental Committee met every other month with our dental vendor, Delta Dental, to discuss oral health and opportunities for education and engagement from members and providers.
- Continued text messaging campaigns to improve member utilization of medical and dental benefits
- Health Equity Council continued to meet on a quarterly cadence
- Continued development of Salesforce software to replace and enhance McLaren's provider data management system and processes.
- Completed 810 secret shopper calls to PCP practices to assess acceptance status accuracy in the Provider Directory.

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