

QUALITY IMPROVEMENT UPDATE FOR MEMBERS 2022

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 2021, 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.

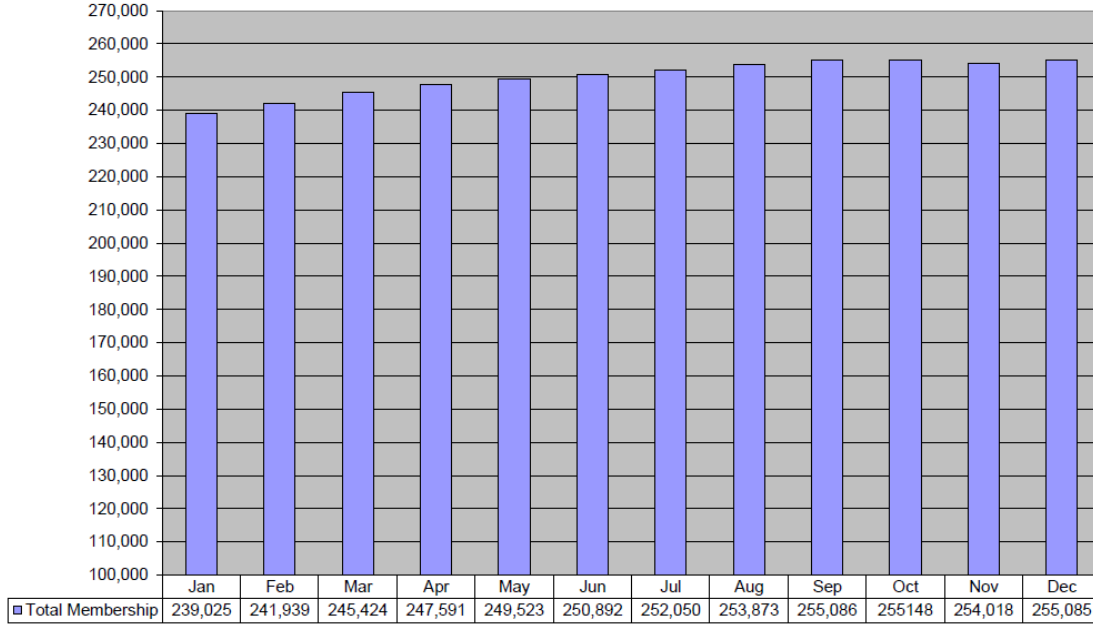
MEETING STATE PERFORMANCE MONITORING FOR MEDICAID

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.

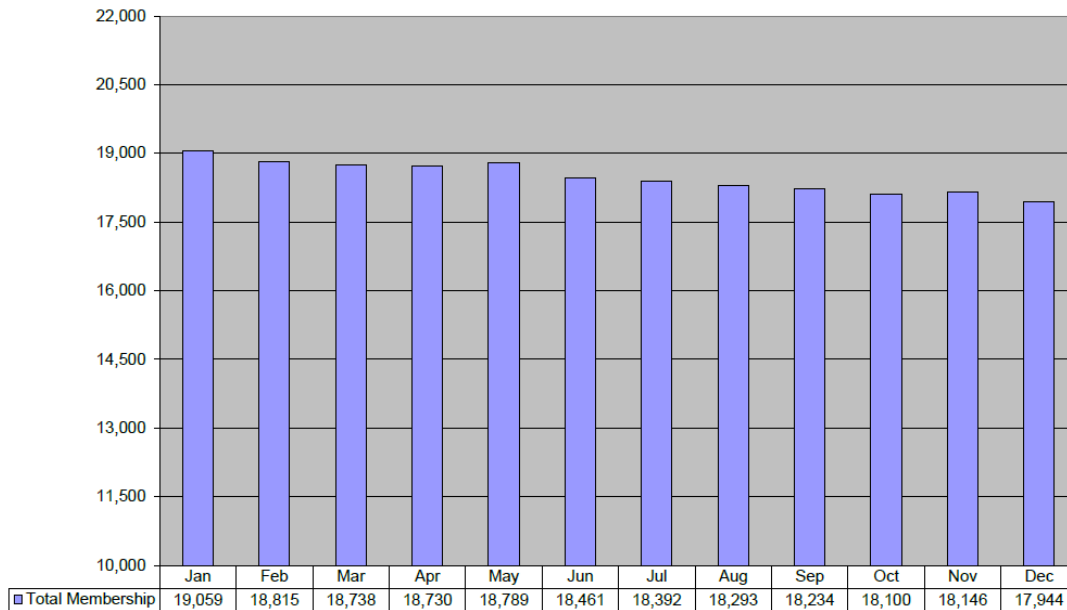
MAINTAINING CONTINUED MEMBERSHIP GROWTH

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 2021 membership charts for Medicaid and Commercial membership:

**Medicaid Membership
CY 2021**



**Commercial Membership
CY 2021**



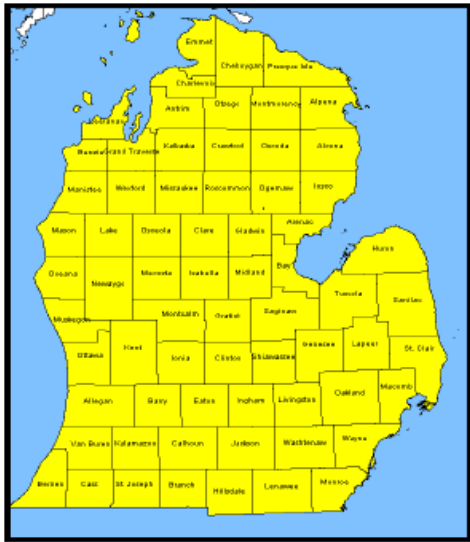
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Below is a map showing where MHP can deliver care. This means that we have enough doctors and hospitals to take care of our members.

McLaren
HEALTH PLAN

**Service Area Approvals
December 2021**

McLaren Health Plan Medicaid



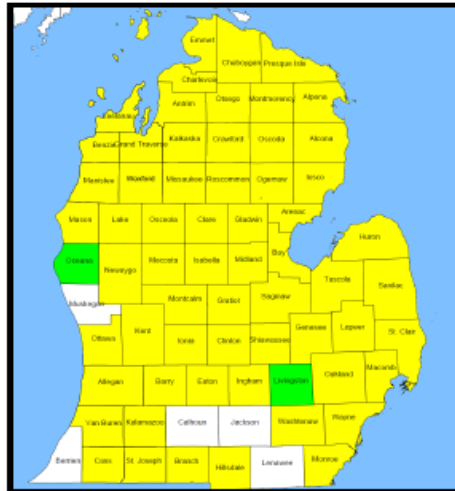
McLaren Health Plan Community Select



**McLaren Health Plan Community
Exchange Individual/Small Group**



**McLaren Health Plan Community
Large Group**








Key: Full County Approval - Partial County Approval

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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 2021 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. MHP’s ratings for 2021 are as follows:

Medicaid Health Plan	Reporting Category	2021 Apple Rating
McLaren Health Plan	Overall Rating*	
McLaren Health Plan	Doctors' Communication and Service	
McLaren Health Plan	Getting Care	
McLaren Health Plan	Keeping Kids Healthy	
McLaren Health Plan	Living With Illness	
McLaren Health Plan	Taking Care of Women	

*This rating includes all categories. This rating also includes how the member feels about their plan and the help the member receives from their plan.

McLaren Health Plan Community (commercial HMO) resulted in an Accredited status, with a 3½-star rating.

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.

2021 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 2021, MHP continued to build on its reputation of being a premier HMO who provides access to quality care:

- Providing dental benefits for pregnant Medicaid women as part of a comprehensive maternity program.

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- Member Outreach teams support our commitment to improving the care provided to our membership, with a focus on HEDIS scores, PCP relationships, and member satisfaction. The outreach team has touched over 75% of our contracted PCP offices.
- McLaren MOMS program enrolled over 7199 pregnant members with 3210 deliveries, and about 93% being contacted before delivery.
- The promotion of patient safety increased in 2021. 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.
- 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 2021. There were 5250 members being monitored by the pharmacist for utilization patterns based on 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. The programs were fully operational throughout 2021.
- Full staff meetings occurred twice in 2021. Due to COVID, these meetings were held virtually. Staff motivation and education are the main goals of these meetings and included an education on health care disparities and cultural competency.
- 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 2021 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.

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- The Follow up after hospitalization (FUH) HEDIS measure was added to the PIHP/MHP coordination of care meetings in August 2019 and continued through 2021. MHP case managers coordinated 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
- MHP has over 30 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 disparity rates within the summary report to allow providers more visibility on any disparities between racial and ethnic groups.
- MHP formed a Dental Committee that meets every other month to discuss oral health and opportunities for education and engagement from members and providers. Delta Dental representatives attend this meeting as well to partner on any opportunities.

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