



# **State Fiscal Year 2021 External Quality Review Technical Report**

## *for* **Medicaid Health Plans**

*March 2022*



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## 1. Executive Summary

### Purpose and Overview of Report

States with Medicaid managed care delivery systems are required to annually provide an assessment of managed care entities' (MCEs') performance related to the quality of, timeliness of, and access to care and services they provide, as mandated by Title 42 of the Code of Federal Regulations (42 CFR) §438.364. To meet this requirement, the Michigan Department of Health and Human Services (MDHHS) has contracted with Health Services Advisory Group, Inc. (HSAG) to perform the assessment and produce this annual report.

The Medical Services Administration (MSA)<sup>1-1</sup> within MDHHS administers and oversees the Michigan Medicaid managed care program; specifically, the Comprehensive Health Care Program (CHCP), which contracts with 10 MCEs,<sup>1-2</sup> referred to as Medicaid health plans (MHPs), to provide physical health and mild-to-moderate behavioral health services to Medicaid members in Michigan. The MHPs contracted with MDHHS during state fiscal year (SFY) 2021 are displayed in Table 1-1.

**Table 1-1—MHPs in Michigan**

MHP Name	MHP Short Name
Aetna Better Health of Michigan	AET
Blue Cross Complete of Michigan	BCC
HAP Empowered	HAP
McLaren Health Plan	MCL
Meridian Health Plan of Michigan	MER
Molina Healthcare of Michigan	MOL
Priority Health Choice	PRI
Total Health Care	THC
UnitedHealthcare Community Plan	UNI
Upper Peninsula Health Plan	UPP

<sup>1-1</sup> The Health and Aging Services Administration (HASA) was created under Executive Order 2021-14, combining the Aging and Adult Services Agency and the MSA under one umbrella within MDHHS effective December 14, 2021. The Executive Order can be accessed at: [https://www.michigan.gov/whitmer/0,9309,7-387-90499\\_90705-573368--,00.html](https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-573368--,00.html). MDHHS also announced that HASA will become the Behavioral and Physical Health and Aging Services Administration (BPHASA) effective March 21, 2022. The Behavioral Health and the Developmental Disabilities Administration (BHDDA) will become part of BPHASA to demonstrate equal prominence of behavioral and physical health.

<sup>1-2</sup> Total Health Care was acquired by Priority Health Choice in 2019. Total Health Care Medicaid ended on September 30, 2021, and all Total Health Care members moved to Priority Health Choice effective October 1, 2021.

## Scope of External Quality Review Activities

To conduct the annual assessment, HSAG used the results of mandatory and optional external quality review (EQR) activities, as described in 42 CFR §438.358. The EQR activities included as part of this assessment that were performed by HSAG were conducted consistent with the associated EQR protocols developed by the Centers for Medicare & Medicaid Services (CMS) (referred to as the “CMS EQR Protocols”).<sup>1-3</sup> The purpose of these activities, in general, is to improve states’ ability to oversee and manage MCEs they contract with for services, and help MCEs improve their performance with respect to quality of, timeliness of, and access to care and services. Effective implementation of the EQR-related activities will facilitate state efforts to purchase cost-effective high-value care and to achieve higher performing healthcare delivery systems for their Medicaid members. For the SFY 2021 assessment, HSAG used findings from the mandatory and optional EQR activities displayed in Table 1-2 to derive conclusions and make recommendations about the quality of, timeliness of, and access to care and services provided by each MHP. Detailed information about each activity’s methodology is provided in Appendix A of this report.

**Table 1-2—EQR Activities**

Activity	Description	CMS EQR Protocol
Validation of Performance Improvement Projects (PIPs)	This activity verifies whether a PIP conducted by an MHP used sound methodology in its design, implementation, analysis, and reporting.	Protocol 1. Validation of Performance Improvement Projects
Performance Measure Validation (PMV) <sup>1-4</sup>	This activity assesses whether the performance measures calculated by an MHP are accurate based on the measure specifications and state reporting requirements.	Protocol 2. Validation of Performance Measures
Compliance Review <sup>1-5</sup>	This activity determines the extent to which an MHP is in compliance with federal standards and associated state-specific requirements, when applicable.	Protocol 3. Review of Compliance With Medicaid and CHIP [Children’s Health Insurance Program] Managed Care Regulations

<sup>1-3</sup> Department of Health and Human Services, Centers for Medicare & Medicaid Services. *External Quality Review (EQR) Protocols, October 2019*. Available at: <https://www.medicare.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>. Accessed on: Feb 2, 2022.

<sup>1-4</sup> The MHPs contract with a National Committee for Quality Assurance (NCQA)-certified Healthcare Effectiveness Data and Information Set (HEDIS®) (HEDIS® is a registered trademark of the NCQA) vendor annually to undergo a full audit of their HEDIS reporting processes. As such, the results of each MHP’s HEDIS audit are used for the EQR in lieu of completion of the mandatory PMV activity described in 42 CFR §438.358(b)(ii).

<sup>1-5</sup> The compliance review activity was performed by MDHHS. MDHHS provided HSAG with the results of the compliance review activity to include in the annual EQR.

Activity	Description	CMS EQR Protocol
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) <sup>1-6</sup> Analysis	This activity assesses member experience with an MHP and its providers, and the quality of care they receive.	Protocol 6. Administration or Validation of Quality of Care Surveys
Quality Rating*	This activity assigns a quality rating (using indicators of clinical quality management; member satisfaction; and/or plan efficiency, affordability, and management) to each MHP serving Medicaid managed care members that enables members and potential members to consider quality when choosing an MHP.	Protocol 10. Assist With Quality Rating of Medicaid and CHIP Managed Care Organizations, Prepaid Inpatient Health Plans, and Prepaid Ambulatory Health Plans

\* The quality rating results (2021 Michigan Consumer Guide) are included as part of Section 5 to demonstrate MHP comparative information for potential and enrolled Michigan Medicaid managed care members to consider when selecting a Michigan MHP.

## Michigan Comprehensive Health Care Program Findings and Conclusions

HSAG used its analyses and evaluations of EQR activity findings from the SFY 2021 activities to comprehensively assess the MHPs' performance in providing quality, timely, and accessible healthcare services to Medicaid members. For each MHP reviewed, HSAG provides a summary of its overall key findings, conclusions, and recommendations based on the MHP's performance, which can be found in Section 3 of this report. The overall findings and conclusions for all MHPs were also compared and analyzed to develop overarching conclusions and recommendations for the Medicaid managed care program specific to the CHCP. Table 1-3 highlights substantive findings and actionable state-specific recommendations, when applicable, for MDHHS to target specific goals and objectives in MDHHS' quality strategy to further promote improvement in the quality and timeliness of, and access to healthcare services furnished to its Medicaid managed care members. Refer to Section 6 for more details.

**Table 1-3—Michigan CHCP Substantive Findings**

Program Strengths
<ul style="list-style-type: none"> <li><b>Quality</b> <ul style="list-style-type: none"> <li>All 10 MHPs followed the NCQA HEDIS measurement year (MY) 2020 technical specifications and produced a <i>Reportable</i> rate for all included measures and sub-measures. No rates were determined to be materially biased. These findings support the accuracy of the performance measure rates reported by the MHPs and allow MDHHS and stakeholders to measure the performance of the CHCP program through comparisons across MHPs and comparisons to national Medicaid percentiles.</li> <li>During the prior year's annual EQR, HSAG identified several opportunities for improvement and made specific recommendations to enhance MDHHS' compliance review activity. HSAG's review of the</li> </ul> </li> </ul>

<sup>1-6</sup> CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

### Program Strengths

SFY 2021 compliance review tools and summaries identified that significant enhancements were implemented by MDHHS:

- Incorporation of several additional requirements mandated under 42 CFR §438.358(iii) within the MHP compliance review tools.
- Adjustment of its scoring methodology to a two-point rating scale of *Met* and *Not Met*.
- Clear documentation of the elements that have been identified by MDHHS as qualifying for deemed status through the use of information from each MHP's accreditation surveys. MDHHS described its nonduplication process and the SFY 2021 deemed standards within MDHHS' Comprehensive Quality Strategy (CQS).
- Revision of the compliance review tools and summaries to a more user-friendly format.
- As demonstrated through the compliance review activity, all 10 MHPs received a 100 percent score for the Administrative standard, indicating that the MHPs had adequate administrative structures, including organizational charts, administrative positions, governing bodies, participation in administrative meetings, and data privacy and oversight, which are necessary to effectively carry out managed care functions.
- The CHCP score for the Quality standard of the compliance review was 99.5 percent, with nine of the 10 MHPs achieving full compliance. These results confirm that the MHPs maintained and implemented quality assessment and performance improvement (QAPI) activities and initiatives that met MDHHS requirements of a quality program. Comprehensive quality programs are critical in working toward continuous improvement in the quality of care and services received by Michigan's Medicaid members.
- As demonstrated through the PMV activity, two of the four program-wide rates for the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis* measure ranked between the 50th and 74th percentiles, with three of the four rates demonstrating statistically significant improvement from the prior year. These findings indicate many members three months to 64 years of age with a diagnosis of acute bronchitis/bronchiolitis received appropriate treatment most of the time. Ensuring the appropriate use of antibiotics for individuals with acute bronchitis/bronchiolitis will help them avoid harmful side effects and possible resistance to antibiotics over time.<sup>1-7</sup>
- While only one of the four rates for the *Appropriate Treatment for Upper Respiratory Infection* measure ranked between the 50th and 74th percentiles, three of the rates demonstrated statistically significant improvement from the prior year, suggesting more members ages three months to 64 years with a diagnosis of upper respiratory infection received appropriate treatment. Most upper respiratory infections, also known as the common cold, are caused by viruses that require no antibiotic treatment. Too often antibiotics are prescribed inappropriately.<sup>1-8</sup>
- The CHCP rate for the *Lead Screening in Children* measure ranked between the 50th to 74th percentiles, indicating that many children had one or more blood test for lead poisoning by their second

<sup>1-7</sup> National Committee for Quality Assurance. Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB). Available at: <https://www.ncqa.org/hedis/measures/avoidance-of-antibiotic-treatment-in-adults-with-acute-bronchitis/>. Accessed on: Feb 2, 2022.

<sup>1-8</sup> National Committee for Quality Assurance. Appropriate Treatment for Children With Upper Respiratory Infection (URI). Available at: <https://www.ncqa.org/hedis/measures/appropriate-treatment-for-children-with-upper-respiratory-infection/>. Accessed on: Feb 2, 2022.



### Program Strengths

birthday. Screening for lead is an easy way to detect an abnormal blood lead level in children. If not found early, exposure to lead and high blood lead levels can lead to irrevocable effects on a child's physical and mental health.<sup>1-9</sup> As compared to national benchmarks, the CHCP is performing well; however, the program-wide rate had a statistically significant decline in performance from the prior year, which suggests additional attention and efforts in this area may be needed to maintain strong performance.

- **Quality, Timeliness, and Access**

- Rates for both *Immunizations for Adolescents* measure indicators ranked between the 50th and 74th percentile for the CHCP, indicating many adolescents 13 years of age were receiving one dose of meningococcal vaccine; one tetanus, diphtheria, and pertussis (Tdap) vaccine; and one complete human papillomavirus (HPV) vaccine series by their 13th birthday most of the time. Vaccines are a safe and effective way to protect adolescents against potential deadly diseases.<sup>1-10</sup> Although compared to national benchmarks the CHCP is performing well, the program-wide rate had a statistically significant decline in performance from the prior year, which suggests additional attention and efforts in this area may be needed to maintain strong performance.
- MDHHS has continued to place significant emphasis on pregnancy during this annual EQR through state-mandated *Addressing Disparities in Timeliness of Prenatal Care* PIPs. While the MHPs identified several potential barriers to members accessing timely prenatal care, nine of the 10 MHPs demonstrated a positive outcome through their PIP activities, such as demonstrating improvement over the baseline, sustaining improvement of the baseline, and/or eliminating the existing disparity.

### Program Weaknesses

- **Quality, Timeliness, and Access**

- The CHCP performance for the *Childhood Immunization Status* measure was poor overall with five rates below the 25th percentile and four rates between the 25th and 49th percentiles, indicating many children were not always getting their immunizations by their second birthday. The five rates below the 25th percentile also demonstrated a statistically significant decline from the prior year. Vaccination coverage must be maintained in order to prevent a resurgence of vaccine-preventable diseases.<sup>1-11</sup> Several MHPs reported barriers related to the coronavirus disease 2019 (COVID-19) pandemic, which may have had a negative impact on the performance for this measure such as the limitation of in-person visits, staff shortages or restrictions, and members being hesitant to go to the office.
- Although MDHHS mandated the MHPs conduct an *Addressing Disparities in Timeliness of Prenatal Care* PIP to support improvement, many women were not always having, or accessing timely, prenatal and/or postpartum care visits, as demonstrated through lower CHCP performance for the *Prenatal and Postpartum Care* measure rates. Both measure rates ranked below the 25th percentile and demonstrated a statistically significant decline from the prior year. Timely and adequate prenatal and postpartum care

<sup>1-9</sup> National Committee for Quality Assurance. Lead Screening in Children (LSC). Available at: <https://www.ncqa.org/hedis/measures/lead-screening-in-children/>. Accessed on: Feb 2, 2022.

<sup>110</sup> National Committee for Quality Assurance. Immunizations for Adolescents (IMA). Available at: <https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/>. Accessed on: Feb 2, 2022.

<sup>1-11</sup> National Committee for Quality Assurance. Childhood Immunization Status (CIS). Available at: <https://www.ncqa.org/hedis/measures/childhood-immunization-status/>. Accessed on: Feb 2, 2022.



### Program Strengths

can set the stage for the long-term health and well-being of new mothers and their infants.<sup>1-12</sup> Several of the MHPs reported barriers related to the COVID-19 pandemic, which may have had a negative impact on the performance for this measure. These barriers included changing priorities and duties of clinical staff members, limited in-person ambulatory and non-critical care, and member reluctance to seek in-person care due to fears of contracting COVID-19; these noted barriers also adversely impacted data collection, reporting processes, and intervention activities. Other MHPs reported potential barriers included member mistrust in providers, lack of use of telehealth services/comfort level with telehealth services, and the change in the specifications for the *Prenatal and Postpartum Care* measure. The performance in the *Prenatal and Postpartum Care* measure indicators has been identified as a program-wide weakness during the prior two annual EQRs.

#### • Quality and Access

- The *Adults' Access to Preventive/Ambulatory Health Services* measure rates ranked between the 25th and 49th percentiles, with all four measure indicator rates demonstrating a statistically significant decline from the prior year. These results support that many adult members did not access ambulatory or preventive care visits. Healthcare visits are an opportunity for individuals to receive preventive services and counseling on topics such as diet and exercise. These visits also can help them to address acute issues or manage chronic conditions.<sup>1-13</sup> Some MHPs reported the COVID-19 pandemic and social determinants of health (SDOH) as potential barriers to adult members accessing preventive care.
- As demonstrated through low performance in the *Asthma Medication Ratio* measure rate, many members were dispensed asthma reliever medication as often, or more often, than asthma controller medications, suggesting an increased use of short-acting medications and less controlled asthma. This measure rated below the 25th percentile and demonstrated a statistically significant decline from the prior year. The prevalence and cost of asthma have increased over the past decade, demonstrating the need for better access to care and medication.<sup>1-14</sup> Some MHPs reported potential barriers that include, but are not limited to, the impact of the COVID-19 pandemic, members' SDOH, difficulty contacting members, lack of member education/understanding of appropriate use of medication, and changes in the Preferred Drug List (PDL).

#### • Quality

- While one of the four rates for the *Appropriate Testing for Pharyngitis* measure ranked between the 50th and 74th percentiles, the remaining three rates ranked below the 49th percentile, with two of those below the 25th percentile. These three lower performing measure rates also demonstrated a statistically significant decline from the prior year, indicating members with a diagnosis of pharyngitis were not always receiving appropriate testing required to merit antibiotic treatment. Viral pharyngitis does not require antibiotic treatment, but antibiotics continue to be inappropriately prescribed. Proper testing

<sup>1-12</sup> National Committee for Quality Assurance. Prenatal and Postpartum Care (PPC). Available at:

<https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>. Accessed on: Feb 2, 2022.

<sup>1-13</sup> National Committee for Quality Assurance. Adults' Access to Preventive/Ambulatory Health Services (AAP).

Available at: <https://www.ncqa.org/hedis/measures/adults-access-to-preventive-ambulatory-health-services/>. Accessed on: Feb 3, 2022.

<sup>1-14</sup> National Committee for Quality Assurance. Asthma Medication Ratio (AMR). Available at:

<https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/>. Accessed on: Feb 3, 2022.

Program Strengths
and treatment of pharyngitis prevents the spread of sickness, while reducing unnecessary use of antibiotics. <sup>1-15</sup> Specific barriers in achieving higher rates for this measure were unclear.
Program Recommendations
Quality Strategy Goals/Objectives to Target for Improvement
<ul style="list-style-type: none"> <li>• <b>Goal 1:</b> Ensure high-quality and high levels of access to care <ul style="list-style-type: none"> <li>– <b>Objective 1.2:</b> Assess and reduce identified racial disparities</li> <li>– <b>Objective 1.3:</b> Implement processes to monitor, track, and trend the quality, timeliness, and availability of care and services</li> <li>– <b>Objective 1.4:</b> Ensure care is delivered in a way that maximizes members' health and safety</li> </ul> </li> <li>• <b>Goal 3:</b> Promote effective care coordination and communication of care among managed care programs, providers, and stakeholders (internal and external) <ul style="list-style-type: none"> <li>– <b>Objective 3.1:</b> Establish common program-specific quality metrics and definitions to collaborate meaningfully across program areas and delivery systems</li> </ul> </li> <li>• <b>Goal 4:</b> Reduce racial and ethnic disparities in healthcare and health outcomes <ul style="list-style-type: none"> <li>– <b>Objective 4.1:</b> Use a data-driven approach to identify root causes of racial and ethnic disparities and address health inequity at its source whenever possible</li> <li>– <b>Objective 4.5:</b> Expand and share promising practices for reducing racial disparities</li> </ul> </li> </ul>
<p>To improve program-wide performance in support of the objectives under <b>Goal 1</b>, <b>Goal 3</b>, and <b>Goal 4</b>, and to enhance monitoring efforts and improve all members' access to timely care and services, HSAG recommends the following:</p> <ul style="list-style-type: none"> <li>• <b>Compliance Review Validation</b>—During HSAG's review of the compliance review summaries for the MHPs, HSAG discovered a discrepancy between the performance score for the Program Integrity standard for <b>Meridian Health Plan of Michigan</b> versus the performance score calculated by HSAG. MDHHS confirmed there was an error in MDHHS' initial calculation, which resulted in a positive change in <b>Meridian Health Plan of Michigan</b>'s performance score for the Program Integrity standard and <b>Meridian Health Plan of Michigan</b>'s overall score across all standards. It also resulted in a minimal change to the program-wide score for both the Program Integrity standard and the overall score across all MHPs. As such, HSAG recommends that MDHHS enhance procedures when calculating compliance review results. Specifically, MDHHS should consider implementing a validation process prior to finalizing the performance scores.</li> <li>• <b>Compliance Review Methodology</b>—While MDHHS has made several significant improvements to its compliance review process, HSAG identified additional areas in which the compliance review process could be enhanced. <ul style="list-style-type: none"> <li>– MDHHS is continuing to compare its current compliance review standards to federal standards to ensure it is reviewing all required components under the federal Medicaid managed care rule. MDHHS is also hiring a new position to support this activity. HSAG recommends that MDHHS proceed with this comparison and consider all requirements under Subpart D of Part 438, the disenrollment</li> </ul> </li> </ul>

<sup>1-15</sup> National Committee for Quality Assurance. Appropriate Testing for Children with Pharyngitis (CWP). Available at: <https://www.ncqa.org/hedis/measures/appropriate-testing-for-children-with-pharyngitis/>. Accessed on: Feb 3, 2022.

### Program Recommendations

requirements and limitations described in §438.56, the member rights requirements described in §438.100, the emergency and post-stabilization services requirements described in §438.114, and the QAPI requirements described in §438.330.

- HSAG recommends that MDHHS consider updating the naming convention of its standards to align with the standards under federal rule. This may assist MDHHS in ensuring all requirements are appropriately included in its review.
- MDHHS should verify implementation of the MHPs' policies and procedures through comprehensive targeted file reviews, including member grievances, member appeals, service authorizations, credentialing and recredentialing records, care management records, and delegation oversight documentation. HSAG also made this recommendation in the SFY 2020 EQR technical report, and MDHHS has included requests for additional evidence to support these areas; however, HSAG continues to recommend a robust and targeted file review, including a live demonstration of each MHP's health information system (HIS) to enhance MDHHS' review process and provide confirmation of how the MHPs are implementing specific requirements in these program areas.
- Based on the documented findings within MDHHS' compliance review tools, it was unclear whether MDHHS' compliance review process included on-site visits and interviews of key MHP staff members for all federally required compliance review program areas. In accordance with *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, October 2019 (CMS EQR Protocol 3), MDHHS' compliance review should include a process to conduct MHP-specific interviews of MHP staff members to collect additional data to supplement and verify the information MDHHS learned through the document review. It is also important for MDHHS to ensure MHP staff can articulate its processes and procedures. MDHHS should consider interviewing MHP leadership; IS staff; QAPI program staff; provider services staff; member services staff; grievances and appeal staff; utilization management (UM) staff, including medical directors; and case managers and care coordinators. Additionally, the interviews should be tailored to the MHP being evaluated, and MDHHS should focus its questions on any issues identified through the document review (e.g., gaps in processes, clarification of procedures). After the interviews, MDHHS should also consider collecting and documenting additional information as needed. HSAG also made this recommendation in the SFY 2020 EQR technical report. Interviews with MHP staff members are a vital component of the compliance review activity. MDHHS should review the *Conduct MCP Onsite Visit* section of CMS EQR Protocol 3 and determine how CMS' guidance can be incorporated into MDHHS' current compliance review process.
- **SFY 2022 PIP**—For SFY 2022, the MHPs will be restarting the *Addressing Disparities in Timeliness of Prenatal Care* PIP topic to further support improvement in this lower performing statewide program area. As part of the PIP process, specifically when the MHPs are in the process of developing PIP interventions, MDHHS should consider the following:
  - To ensure interventions are actionable and will support performance improvement, MDHHS should review the MHPs' planned interventions prior to MHP implementation and provide feedback and/or approval on any planned interventions. MDHHS could also consider whether a state-required intervention would be appropriate for the MHPs to implement. MDHHS could consult with HSAG through these processes.
  - Once interventions have been developed and implemented, MDHHS could consider assessing the MHPs' processes to continuously measure and analyze intervention effectiveness through required quarterly status updates. These updates could include a summary of the MHPs' intervention

### Program Recommendations

effectiveness, including any noted barriers, steps to mitigate those barriers, and any revisions that have been made to the interventions to support improvement. This is especially important through the COVID-19 pandemic as the MHPs have continued to report the COVID-19 pandemic as a barrier to successfully improving performance. MDHHS could leverage the HSAG-developed Intervention Progress Form to obtain feedback; however, this recommendation is specifically for MDHHS as MDHHS could provide valuable feedback to the MHPs through its knowledge of the environment in Michigan.

- MDHHS could also consider having the MHPs, through a dedicated workgroup session, share promising practices (e.g., effective interventions) for reducing racial disparities and improving performance specifically through the PIP activity. This session could also be used to discuss how COVID-19 was considered when developing interventions that could be successful even through a pandemic.
- **Childhood Immunization Initiative**—The MHPs continue to experience challenges improving the prevalence of compliant childhood immunizations due to the COVID-19 pandemic. To support an increase in Centers for Disease Control and Prevention (CDC)-recommended immunizations, MDHHS could work with the MHPs and community partners (i.e., public health departments, schools, providers) to establish and promote safe delivery of immunizations through alternative vaccination sites, including drive-through vaccination services in accordance with the CDC’s pandemic guidance for routine and influenza immunization services during the COVID-19 pandemic. Based on the impact of this initiative, MDHHS could consider working with the MHPs to expand similar services to support adult preventive care.

- **Goal 5:** Improve quality outcomes and disparity reduction through value-based initiatives and payment reform
  - **Objective 5.2:** Align value-based goals and objectives across programs

To improve performance in support of Objective 5.2 under **Goal 5** to align value-based goals and objectives across programs, HSAG recommends the following:

- **MDHHS Collaborative**—MDHHS is responsible for several separate Medicaid managed care programs. These programs are managed separately by multiple teams within MDHHS with minimal program alignment. To support the sharing of best practices and potentially reduce duplicative efforts, HSAG recommends the following:
  - MDHHS should establish a collaborative workgroup whose membership consists of representation from all Medicaid managed care programs. As part of this workgroup, MDHHS should implement a communication channel and protocol for ongoing collaboration between the managed care programs. Through the workgroup, MDHHS could:
    - Determine processes within the programs that could be streamlined to reduce efforts.
    - Team members from each program area could report regularly on program-level activities, including successes and challenges, and solicit feedback from other program team members, when necessary, to identify potential opportunities for improvement and program enhancements.

HSAG is making this recommendation for all Medicaid managed care programs in Michigan.

## 2. Overview of the Michigan Medicaid Managed Care Program

### Managed Care in Michigan

In Michigan, management of the Medicaid program prior to an October 2021 executive reorganization under Executive Order No. 2021-14<sup>2-1</sup> was spread across two different administrations, and four separate divisions within MDHHS. Physical health, children's and adult dental services, and mild-to-moderate behavioral health services were managed by the Managed Care Plan Division in the MSA. Three different MDHHS program areas implemented long-term services and supports (LTSS), including the Long-Term Care Services Division (MI Choice Program), the Integrated Care Division (MI Health Link Medicaid/Medicare Dual Eligible Demonstration and the Program of All-Inclusive Care for the Elderly), and the Behavioral Health and the Developmental Disabilities Administration (BHDDA) Quality Division. BHDDA also administers Medicaid waivers for people with intellectual/developmental disabilities, mental illness, and serious emotional disturbance, and it administers prevention and treatment services for substance use disorders (SUDs). Table 2-1 displays the Michigan Medicaid managed care programs, the MCE(s) responsible for providing services to members, and the MDHHS division accountable for the administration of the benefits included under each applicable program in SFY 2021.

**Table 2-1—Medicaid Managed Care Programs in Michigan**

Medicaid Managed Care Program	MCEs	MDHHS Division
CHCP, including: <ul style="list-style-type: none"> <li>Children's Health Insurance Program (CHIP)—MICHild</li> <li>Children's Special Health Care Services (CSHCS) Program</li> <li>Healthy Michigan Plan (HMP) (Medicaid Expansion)</li> <li>Flint Medicaid Expansion Waiver</li> </ul>	MHPs	MSA
Managed LTSS, including: <ul style="list-style-type: none"> <li>MI Health Link Demonstration</li> </ul>	Integrated Care Organizations (ICOs) Prepaid Inpatient Health Plans (PIHPs)	MSA
Dental Managed Care Programs, including: <ul style="list-style-type: none"> <li>Healthy Kids Dental</li> <li>Pregnant Women Dental</li> <li>HMP Dental</li> </ul>	Prepaid Ambulatory Health Plans (PAHPs)	MSA
Behavioral Health Managed Care	PIHPs	BHDDA

<sup>2-1</sup> HASA was created under Executive Order 2021-14, combining the Aging and Adult Services Agency and MSA under one umbrella within MDHHS effective December 14, 2021. The Executive Order can be accessed at: [https://www.michigan.gov/whitmer/0,9309,7-387-90499\\_90705-573368--,00.html](https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-573368--,00.html). MDHHS also announced that HASA will become BPHASA effective March 21, 2022. BHDDA will become part of BPHASA to demonstrate equal prominence of behavioral and physical health.

## Comprehensive Health Care Program

MDHHS contracts with 10 MHPs in targeted geographical service areas comprised of 83 counties (divided into 10 regions) and provides medically necessary services to nearly 2.2 million<sup>2-2</sup> Medicaid and CHIP managed care members in the state. Michigan's waiver requires managed care members to obtain services from specified MHPs based on the county of residence. MDHHS enrolls a diverse set of populations into the CHCP managed care program, including the disabled, foster children, pregnant women, and children dually eligible for Title V and Title XIX under the Social Security Act. Individuals dually eligible for Medicare and Medicaid may enroll in MHPs voluntarily. Additionally, since 2016, MDHHS implemented the HMP, which is Michigan's Medicaid expansion. HMP provides coverage to approximately 765,000<sup>2-3</sup> members enrolled in the MHPs. The HMP benefit package includes a comprehensive dental benefit in addition to primary, preventive, and behavioral healthcare. Michigan's stand-alone CHIP, known as MICHild, is also administered through the CHCP.

## Overview of Medicaid Health Plans

During the SFY 2021 review period, MDHHS contracted with 10 MHPs. These MHPs were responsible for the provision of medically necessary services to Medicaid members. Table 2-2 provides a profile for each MHP. Table 2-2 also presents the number of Michigan CHCP members enrolled in managed care as of September 2021.

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<sup>2-2</sup> Michigan Department of Health and Human Services. *Medicaid and Healthy Michigan Enrollees, November 2021*. Available at: [https://www.michigan.gov/documents/mdhhs/JEO2\\_112021\\_742506\\_7.pdf](https://www.michigan.gov/documents/mdhhs/JEO2_112021_742506_7.pdf). Accessed on: Feb 3, 2022.

<sup>2-3</sup> Michigan Department of Health and Human Services. *Healthy Michigan Plan Progress Report, February 7, 2022*. Available at: [https://www.michigan.gov/documents/mdch/Website\\_Healthy\\_Michigan\\_Plan\\_Progress\\_Report\\_12-01-2014\\_475355\\_7.pdf](https://www.michigan.gov/documents/mdch/Website_Healthy_Michigan_Plan_Progress_Report_12-01-2014_475355_7.pdf). Accessed on: Feb 16, 2022.



Table 2-2—MHP Profiles and Enrollment Data

MHP	Covered Services <sup>2-4</sup>	Operating Region(s) <sup>2-5</sup>	Number of Counties Served <sup>2-6</sup>	Members Enrolled <sup>2-7</sup>
AET	All MHPs cover medically necessary services such as the following: <ul style="list-style-type: none"><li>Ambulance</li><li>Chiropractic</li><li>Doctor visits</li><li>Emergency services</li><li>Family planning</li><li>Health checkups</li><li>Hearing and speech</li><li>Home health</li><li>Hospice care</li><li>Hospital care</li><li>Immunizations</li><li>Laboratory and X-rays</li><li>Medical supplies</li><li>Medicine</li><li>Mental health</li><li>Physical and occupational therapy</li><li>Podiatry</li><li>Prenatal care and delivery</li><li>Surgery</li><li>Vision</li></ul>	8, 9, 10	16	52,373
BCC		4, 6, 7, 9, 10	32	318,394
HAP		6, 10	10	26,956
MCL		2, 3, 4, 5, 6, 7, 8, 9, 10	68	253,541
MER		2, 3, 4, 5, 6, 7, 8, 9, 10	68	560,459
MOL		2, 3, 4, 5, 6, 7, 8, 9, 10	68	382,477
PRI*		4, 8, 10	23	170,341
THC*		10	3	63,777
UNI		2, 3, 4, 5, 6, 8, 9, 10	65	294,119
UPP		1	15	51,132
Total Member Enrollment				2,173,569

\*Total Health Care was acquired by Priority Health Choice in 2019. Total Health Care Medicaid ended on September 30, 2021, and all Total Health Care members moved to Priority Health Choice effective October 1, 2021.

<sup>2-4</sup> Michigan Department of Health and Human Services. *A Guide to Michigan Medicaid Health Plans, Quality Checkup, January 2021*. Available at: [https://www.michigan.gov/documents/QualityCheckupJan03\\_59423\\_7.pdf](https://www.michigan.gov/documents/QualityCheckupJan03_59423_7.pdf). Accessed on: Feb 3, 2022.

<sup>2-5</sup> Michigan Department of Health and Human Services. *Medicaid Health Plans by Region*, updated 10/01/21. Available at: [https://www.michigan.gov/documents/mdhhs/MHP\\_Counties\\_Map\\_502832\\_7.pdf](https://www.michigan.gov/documents/mdhhs/MHP_Counties_Map_502832_7.pdf). Accessed on: Feb 3, 2022.

<sup>2-6</sup> Michigan Department of Health and Human Services. *Michigan Medicaid Health Plan Listing by County, November 1, 2021*. Available at: [https://www.michigan.gov/documents/mdch/MHP\\_Service\\_Area\\_Listing\\_326102\\_7.pdf](https://www.michigan.gov/documents/mdch/MHP_Service_Area_Listing_326102_7.pdf). Accessed on: Feb 3, 2022.

<sup>2-7</sup> Michigan Department of Health and Human Services. *Medicaid and Healthy Michigan Enrollees*, September 2021. Available at: [https://www.michigan.gov/documents/mdhhs/JE02\\_092021\\_739069\\_7.pdf](https://www.michigan.gov/documents/mdhhs/JE02_092021_739069_7.pdf). Accessed on: Feb 3, 2022.



## Quality Strategy

The 2020–2023 MDHHS CQS<sup>2-8</sup> provides a summary of the initiatives in place in Michigan to assess and improve the quality of care and services provided and reimbursed by MDHHS Medicaid managed care programs, including CHCP, LTSS, dental programs, and behavioral health managed care. The CQS document is intended to meet the required Medicaid Managed Care and CHIP Managed Care Final Rule, at 42 CFR §438.340. Through the development of the 2020–2023 CQS, MDHHS strives to incorporate each managed care program’s individual accountability, population characteristics, provider network, and prescribed authorities into a common strategy with the intent of guiding all Medicaid managed care programs toward aligned goals that address equitable, quality healthcare and services. The CQS also aligns with CMS’ Quality Strategy and the U.S. Department of Health and Human Services’ (HHS’) National Quality Strategy (NQS), wherever applicable, to improve the delivery of healthcare services, patient health outcomes, and population health. The MDHHS CQS is organized around the three aims of the NQS—better care, healthy people and communities, and affordable care—and the six associated priorities. The goals and objectives of the MDHHS CQS pursue an integrated framework for both overall population health improvement as well as commitment to eliminating unfair outcomes within subpopulations in Medicaid managed care. These goals and objectives are summarized in Table 2-3, and align with MDHHS’ vision to *deliver health and opportunity to all Michiganders, reducing intergenerational poverty and health inequity*, and specifically were designed to *give all kids a healthy start* (MDHHS pillar/strategic priority #1), and to *serve the whole person* (MDHHS pillar/strategic priority #3).

**Table 2-3—Michigan CQS Goals and Objectives**

MDHHS CQS Managed Care Program Goals	MDHHS Strategic Priorities	Objectives
<b>Goal #1: Ensure high quality and high levels of access to care</b>		
<b>NQS Aim #1: Better Care</b>  MDHHS Pillar #1: Give all kids a healthy start	Expand and simplify safety net access	<b>Objective 1.1:</b> Ensure outreach activities and materials meet the cultural and linguistic needs of the managed care populations.
		<b>Objective 1.2:</b> Assess and reduce identified racial disparities.
		<b>Objective 1.3:</b> Implement processes to monitor, track, and trend the quality, timeliness, and availability of care and services.
		<b>Objective 1.4:</b> Ensure care is delivered in a way that maximizes members’ health and safety.
		<b>Objective 1.5:</b> Implement evidence-based, promising, and best practices that support person-centered care or recovery-oriented systems of care.

<sup>2-8</sup> Michigan Department of Health and Human Services. *Comprehensive Quality Strategy, 2020–2023*. Available at: [https://www.michigan.gov/documents/mdhhs/Quality\\_Strategy\\_2015\\_FINAL\\_for\\_CMS\\_112515\\_657260\\_7.pdf](https://www.michigan.gov/documents/mdhhs/Quality_Strategy_2015_FINAL_for_CMS_112515_657260_7.pdf). Accessed on: Feb 3, 2022.

MDHHS CQS Managed Care Program Goals	MDHHS Strategic Priorities	Objectives
Goal #2: Strengthen person and family-centered approaches		
NQS Aim #1: Better Care  MDHHS Pillar #3: Serve the whole person	Address food and nutrition, housing, and other social determinants of health  Integrate services, including physical and behavioral health, and medical care with long-term support services	Objective 2.1: Support self-determination, empowering individuals to participate in their communities and live in the least restrictive setting as possible.
		Objective 2.2: Facilitate an environment where individuals and their families are empowered to make healthcare decisions that suit their unique needs and life goals.
		Objective 2.3: Ensure that the social determinants of health needs and risk factors are assessed and addressed when developing person-centered care planning and approaches.
		Objective 2.4: Encourage community engagement and systematic referrals among healthcare providers and to other needed services.
		Objective 2.5: Promote and support health equity, cultural competency, and implicit bias training for providers to better ensure a networkwide, effective approach to healthcare within the community.
Goal #3: Promote effective care coordination and communication of care among managed care programs, providers, and stakeholders (internal and external)		
NQS Aim #1: Better Care  MDHHS Pillar #3: Serve the whole person	Address food and nutrition, housing, and other social determinants of health  Integrate services, including physical and behavioral health, and medical care with long-term support services	Objective 3.1: Establish common program-specific quality metrics and definitions to collaborate meaningfully across program areas and delivery systems.
		Objective 3.2: Support the integration of services and improve transitions across the continuum of care among providers and systems serving the managed care populations.
		Objective 3.3: Promote the use of and adoption of health information technology and health information exchange to connect providers, payers, and programs to optimize patient outcomes.
Goal #4: Reduce racial and ethnic disparities in healthcare and health outcomes		
NQS Aim #1: Better Care	Improve maternal-infant health and reduce outcome disparities	Objective 4.1: Use a data-driven approach to identify root causes of racial and ethnic disparities and address health inequity at its source whenever possible.

MDHHS CQS Managed Care Program Goals	MDHHS Strategic Priorities	Objectives
MDHHS Pillar #1: Give all kids a healthy start  MDHHS Pillar #3: Serve the whole person	Address food and nutrition, housing, and other social determinants of health	<b>Objective 4.2:</b> Gather input from stakeholders at all levels (MDHHS, beneficiaries, communities, providers) to ensure people of color are engaged in the intervention design and implementation process.
		<b>Objective 4.3:</b> Promote and ensure access to and participation in health equity training.
	Integrate services, including physical and behavioral health, and medical care with long-term support services	<b>Objective 4.4:</b> Create a valid/reliable system to quantify and monitor racial/ethnic disparities to identify gaps in care and reduce identified racial disparities among the managed care populations.
		<b>Objective 4.5:</b> Expand and share promising practices for reducing racial disparities.
		<b>Objective 4.6:</b> Collaborate and expand partnerships with community-based organizations (CBOs) and public health entities across the state to address racial inequities.
Goal #5: Improve quality outcomes and disparity reduction through value-based initiatives and payment reform		
NQS Aim #3: Affordable Care  MDHHS Pillar #4: Use data to drive outcomes	Drive value in Medicaid	<b>Objective 5.1:</b> Promote the use of value-based payment models to improve quality of care.
	Ensure we are managing to outcomes and investing in evidence-based solutions	<b>Objective 5.2:</b> Align value-based goals and objectives across programs.

The CQS also includes a common set of performance measures to address the required Medicaid Managed Care and CHIP Managed Care Final Rule. The common domains include:

- Network Adequacy and Availability
- Access to Care
- Member Satisfaction
- Health Equity

These domains address the required state-defined network adequacy and availability of services standards and take into consideration the health status of all populations served by the MCEs in Michigan. Each program also has identified performance measures that are specific to the populations it serves.

MDHHS employs various methods to regularly monitor and assess the quality of care and services provided by the managed care programs. MDHHS also intends to conduct a formal comprehensive assessment of performance against CQS performance objectives annually. Findings will be summarized in the Michigan Medicaid Comprehensive Quality Strategy Annual Effectiveness Review, which drives program activities and priorities for the upcoming year and identifies modifications to the CQS.

### *Quality Initiatives and Interventions*

Through its CQS, MDHHS has also implemented many initiatives and interventions that focus on quality improvement (QI). Examples of these initiatives and interventions include:

- **Accreditation**—MCEs, including all MHPs and some ICOs and PIHPs, are accredited by a national accrediting body such as NCQA, Utilization Review Accreditation Commission (URAC), Commission on Accreditation of Rehabilitation Facilities (CARF), and/or the Joint Commission.
- **Opioid Strategy**—MDHHS actively participates in and supports Michigan’s opioid efforts to combat the opioid epidemic by preventing opioid misuse, ensuring individuals using opioids can access high quality recovery treatment, and reducing the harm caused by opioids to individuals and their communities.
- **Health Home Models**—Michigan established three Health Home models in accordance with Section 2703 of the Affordable Care Act including the Opioid Health Home, MI Care Team, and the Behavioral Health Home. These Health Homes focus on high-need/high-cost members with chronic conditions, provide flexibility to create innovative and integrated care management models, and offer sustainable reimbursement to affect the SDOH. Federally mandated core services include comprehensive care management and care coordination, health promotion, comprehensive transitional care and follow-up, individual and family support, and referral to community and social services. Participation in the Health Home models is voluntary, and enrolled members may opt out at any time.
- **Behavioral Health Integration**—All Medicaid managed care programs address the integration of behavioral health services by requiring MHPs and ICOs to coordinate behavioral health services and services for persons with disabilities with the Community Mental Health Services Programs (CMHSPs)/PIHPs. While contracted MHPs and ICOs may not be responsible for the direct delivery of specified behavioral health and developmental disability services, they must establish and maintain agreements with MDHHS-contracted local behavioral health and developmental disability agencies or organizations. Plans are also required to work with MDHHS to develop initiatives to better integrate services and to provide incentives to support behavioral health integration.
- **Value-based Payment**—MDHHS employs a population health management framework and intentionally contracts with high-performing plans to build a Medicaid managed care delivery system that maximizes the health status of members, improves member experience, and lowers cost. The population health framework is supported through evidence- and value-based care delivery models, health information technology (IT)/health information exchange, and a robust quality strategy. Population health management includes an overarching emphasis on health promotion and disease prevention and incorporates community-based health and wellness strategies with a strong

focus on the SDOH, creating health equity and supporting efforts to build more resilient communities. MDHHS supports payment reform initiatives that pay providers for value rather than volume, with “value” defined as health outcome per dollar of cost expended over the full cycle of care. In this regard, performance metrics are linked to outcomes. The Medicaid managed care programs are at varying degrees of payment reform; however, all programs utilize a performance bonus (quality withhold) with defined measures, thresholds, and criteria to incentivize QI and improved outcomes.

- **Health Equity Reporting and Tracking**—MDHHS is committed to addressing health equity and reducing racial and ethnic disparities in the healthcare services provided to Medicaid members. Disparities assessment, identification, and reduction are priorities for the Medicaid managed care programs, as indicated by the CQS goal to reduce racial and ethnic disparities in healthcare and health outcomes.

### 3. Assessment of Medicaid Health Plan Performance

HSAG used findings across mandatory and optional EQR activities conducted during the SFY 2021 review period to evaluate the performance of the MHPs on providing quality, timely, and accessible healthcare services to CHCP members. Quality, as it pertains to EQR, means the degree to which the MHPs increased the likelihood of members' desired health outcomes through structural and operational characteristics; the provision of services that were consistent with current professional, evidenced-based knowledge; and interventions for performance improvement. Timeliness refers to the elements defined under §438.68 (adherence to MDHHS' network adequacy standards) and §438.206 (adherence to MDHHS' standards for timely access to care and services). Access relates to members' timely use of services to achieve optimal health outcomes, as evidenced by how effective the MHPs were at successfully demonstrating and reporting on outcomes for the availability and timeliness of services.

HSAG follows a step-by-step process to aggregate and analyze data conducted from all EQR activities and draw conclusions about the quality and timeliness of, and access to care furnished by each MHP.

- **Step 1:** HSAG analyzes the quantitative results obtained from each EQR activity for each MHP to identify strengths and weaknesses that may pertain to the domains of quality, timeliness, and access to services furnished by the MHP for the EQR activity.
- **Step 2:** From the information collected, HSAG identifies common themes and the salient patterns that emerge across EQR activities for each domain and HSAG draws conclusions about overall quality and timeliness of, and access to care and services furnished by the MHP.
- **Step 3:** From the information collected, HSAG identifies common themes and the salient patterns that emerge across all EQR activities as they relate to strengths and weakness in one or more of the domains of quality, timeliness, and accessibility of care and services furnished by the MHP.

### Objectives of External Quality Review Activities

This section of the report provides the objectives and a brief overview of each EQR activity conducted in SFY 2021 to provide context for the resulting findings of each EQR activity. For more details about each EQR activity's objectives and the comprehensive methodology, including the technical methods for data collection and analysis, a description of the data obtained, and the process for drawing conclusions from the data, refer to Appendix A.

### Validation of Performance Improvement Projects

For the SFY 2021 PIP validation, the MHPs concluded their MDHHS-mandated PIP topics, reporting Remeasurement 3 study indicator outcomes. For the SFY 2021 submissions, the MHPs reported Remeasurement 3 data, and HSAG conducted validation on the PIP study Design, Implementation, and Outcomes stages of the selected PIP topic for each MHP in accordance with CMS' *EQR Protocol 3*:



*Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR), Version 2.0, September 2012.*<sup>3-1,3-2</sup>

Table 3-1 outlines the selected PIP topics and study indicator(s) for all MHPs.

**Table 3-1—PIP Topic and Study Indicator(s)**

MHP	PIP Topic	Study Indicator(s)
AET	<i>Addressing Disparities in Timeliness of Prenatal Care</i>	<ol style="list-style-type: none"> <li>1. The percentage of eligible African American women who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.</li> <li>2. The percentage of eligible White women who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.</li> </ol>
BCC	<i>Addressing Disparities in Timeliness of Prenatal Care</i>	<ol style="list-style-type: none"> <li>1. The percentage of eligible African American women residing in Wayne County who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.</li> <li>2. The percentage of eligible Caucasian women residing in Wayne County who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.</li> </ol>
HAP	<i>Improving the Timeliness of Prenatal Care for Black Women*</i>	<ol style="list-style-type: none"> <li>1. The percentage of eligible Black women who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year. (Region 6)</li> </ol>
	<i>Improving the Timeliness of Prenatal Care</i>	<ol style="list-style-type: none"> <li>2. The percentage of eligible women who receive a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment during the measurement period. (Region 10)</li> </ol>

<sup>3-1</sup> Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <https://www.medicare.gov/medicaid/quality-of-care/downloads/eqr-protocol-3.pdf>. Accessed on: Feb 16, 2022.

<sup>3-2</sup> Since these PIPs were initiated in SFY 2018, the methodology used to validate PIPs was based on the CMS guidelines as outlined in *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. When the MHPs implement new PIPs, HSAG will use the 2019 CMS publication, CMS EQR Protocol 1.



MHP	PIP Topic	Study Indicator(s)
MCL	<i>Addressing Disparities in Timeliness of Prenatal Care</i>	<ol style="list-style-type: none"> <li>1. The percentage of eligible pregnant women residing in Region 7 who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.</li> <li>2. The percentage of eligible pregnant women residing in Region 6 who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.</li> </ol>
MER	<i>Addressing Disparities in Timeliness of Prenatal Care</i>	<ol style="list-style-type: none"> <li>1. The percentage of eligible pregnant women residing in Region 3 who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.</li> <li>2. The percentage of eligible pregnant women residing in Region 5 who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.</li> </ol>
MOL	<i>Addressing Disparities in Timeliness of Prenatal Care</i>	<ol style="list-style-type: none"> <li>1. The percentage of eligible African American women who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.</li> <li>2. The percentage of eligible Caucasian women who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.</li> </ol>
PRI	<i>Improving the Timeliness of Prenatal Care for African-American Women</i>	The percentage of eligible African American women who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.
THC	<i>Improving Timeliness of Prenatal Care for Women Ages 23 to 28</i>	The percentage of eligible women ages 23 to 28 who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.
UNI	<i>Addressing Disparities in Timeliness of Prenatal Care</i>	<ol style="list-style-type: none"> <li>1. The percentage of eligible African American or Black women who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.</li> <li>2. The percentage of eligible White women who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.</li> </ol>

MHP	PIP Topic	Study Indicator(s)
UPP	<i>Addressing Disparities in Timeliness of Prenatal Care</i>	<ol style="list-style-type: none"> <li>1. The percentage of eligible pregnant women residing in Marquette County who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.</li> <li>2. The percentage of eligible pregnant women residing in all other counties served by UPP who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.</li> </ol>

\* Effective September 13, 2019, HAP acquired Trusted Health Plan. All Trusted Health Plan Medicaid members were transitioned to HAP Empowered, HAP's subsidiary, effective January 1, 2020.

## Performance Measure Validation

Each MHP underwent an NCQA HEDIS Compliance Audit<sup>TM,3-3</sup> conducted by an NCQA licensed organization. The NCQA HEDIS Compliance Audit followed NCQA audit methodology as set out in NCQA's MY 2020 Volume 5, *HEDIS Compliance Audit: Standards, Policies and Procedures*. The NCQA HEDIS Compliance Audit encompasses an in-depth examination of the MHPs' processes consistent with the CMS EQR Protocols. To complete the validation of the performance measure process according to CMS' EQR Protocol 2. *Validation of Performance Measures: A Mandatory EQR-Related Activity*, October 2019 (CMS EQR Protocol 2), HSAG performed an independent evaluation of the HEDIS MY 2020 Compliance Audit Report, which contained findings related to the following seven Information Systems (IS) standards:

- IS 1.0: Medical Services Data—Sound Coding Methods and Data Capture, Transfer, and Entry
- IS 2.0: Enrollment Data—Data Capture, Transfer, and Entry
- IS 3.0: Practitioner Data—Data Capture, Transfer, and Entry
- IS 4.0: Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight
- IS 5.0: Supplemental Data—Capture, Transfer, and Entry
- IS 6.0: Data Preproduction Processing—Transfer, Consolidation, Control Procedures That Support Measure Reporting Integrity
- IS 7.0: Data Integration and Reporting—Accurate HEDIS Reporting, Control Procedures That Support HEDIS Reporting Integrity

Additionally, MDHHS expects its contracted MHPs to support claims systems, membership and provider files, as well as hardware/software management tools that facilitate valid reporting of the HEDIS measures. MDHHS contracted with HSAG to calculate statewide average rates based on the

<sup>3-3</sup> HEDIS Compliance Audit<sup>TM</sup> is a trademark of the National Committee for Quality Assurance (NCQA).

MHPs' rates and evaluate each MHP's current performance level, as well as the statewide performance, relative to national Medicaid percentiles.

MDHHS provided HSAG with a selected list of HEDIS measures to evaluate the Michigan MHPs for the annual assessment. These measures were within the following four domains, and are listed in Table 3-2:

- Child & Adolescent Care
- Access to Care
- Pregnancy Care
- Living With Illness

**Table 3-2—Performance Measures for Validation**

Performance Measures	HEDIS Data Collection Methodology
<b>Child &amp; Adolescent Care</b>	
<i>Childhood Immunization Status—Combinations 2–10</i>	Hybrid
<i>Lead Screening in Children</i>	Hybrid
<i>Immunizations for Adolescents—Combinations 1 and 2</i>	Hybrid
<b>Access to Care</b>	
<i>Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years, Ages 45 to 64 Years, Ages 65 Years and Older, and Total</i>	Administrative
<i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older, and Total</i>	Administrative
<i>Appropriate Testing for Pharyngitis—Ages 3 to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older, and Total</i>	Administrative
<i>Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older, and Total</i>	Administrative
<b>Pregnancy Care</b>	
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care</i>	Hybrid
<b>Living With Illness</b>	
<i>Asthma Medication Ratio—Total</i>	Administrative

## Compliance Review

MDHHS evaluated the MHPs' compliance with federal Medicaid managed care regulations using an annual compliance review process. HSAG examined, compiled, and analyzed the results as presented in the MHP compliance review documentation provided by MDHHS. The SFY 2021 MDHHS compliance review included an evaluation of each MHP's performance in six program areas, called standards, identified in Table 3-3. These standards are reviewed annually by MDHHS in accordance with an established timeline that spans the SFY.

**Table 3-3—Compliance Review Standards<sup>1</sup>**

MDHHS Compliance Review Standard		Federal Standard and Citation
1	Administrative	§438.224 Confidentiality
2	Provider	§438.10 Information requirements §438.206 Availability of services §438.207 Assurances of adequate capacity and services §438.210 Coverage and authorization of services §438.214 Provider selection §438.230 Subcontractual relationships and delegation
3	Member	§438.10 Information requirements §438.100 Enrollee Rights §438.114 Emergency and poststabilization services §438.206 Availability of services §438.208 Coordination and continuity of care §438.210 Coverage and authorization of services §438.228 Grievance and appeal systems §438.230 Subcontractual relationships and delegation Subpart F Grievance and Appeal System
4	Quality	§438.208 Coordination and continuity of care §438.210 Coverage and authorization of services §438.236 Practice guidelines §438.330 Quality assessment and performance improvement program
5	MIS [Management Information System]	§438.56 Disenrollment: Requirements and limitations §438.242 Health information systems
6	Program Integrity	§438.230 Subcontractual relationships and delegation Subpart H Additional Program Integrity Safeguards

<sup>1</sup> HSAG and MDHHS created a crosswalk to compare MDHHS compliance review standards to federal standards, but this crosswalk should not be interpreted to mean the State's standards include all specific federal requirements under 42 CFR §438.358(b)(1)(iii).

### Consumer Assessment of Healthcare Providers and Systems Analysis

The CAHPS surveys ask adult members and parents/caretakers of child members to report on and evaluate their experiences with healthcare. These surveys cover topics that are important to members, such as the communication skills of providers and the accessibility of services. The MHPs were responsible for obtaining CAHPS vendors to administer the CAHPS surveys on the MHPs' behalf. HSAG presents top-box scores, which indicate the percentage of members or parents/caretakers who responded to the survey with positive experiences in a particular aspect of their healthcare. Table 3-4 outlines an overview of the populations and survey types used for each of the applicable programs.

**Table 3-4—CAHPS Surveys**

Program	Population	Survey Type
Adult and Child Medicaid	Adult Medicaid and parents/caretakers of child Medicaid members enrolled in the MHPs	Adult and Child Medicaid Health Plan Surveys
CSHCS	Parents/caretakers of child members enrolled in the CSHCS Program	Modified version of the CAHPS Child Medicaid Health Plan Survey with the children with chronic conditions (CCC) measurement set
HMP	Adult members enrolled in the HMP health plans	Adult Medicaid Health Plan Survey

### Quality Rating

The 2021 Michigan Consumer Guide was designed to compare MHP to MHP performance using HEDIS and CAHPS measure indicators. As such, MHP-specific results are not included in this section. Refer to the Quality Rating activity in Section 5—Quality Rating to review the 2021 Michigan Consumer Guide.

## External Quality Review Activity Results

### Aetna Better Health of Michigan

#### Validation of Performance Improvement Projects

#### Performance Results

Table 3-5 displays the overall validation status; the baseline, Remeasurement 1, Remeasurement 2, and Remeasurement 3 results; and the MHP-designated goal for each study indicator.

**Table 3-5—Overall Validation Rating for AET**

PIP Topic	Validation Rating	Study Indicator	Study Indicator Results				
			Baseline	R1	R2	R3	Goal
<i>Addressing Disparities in Timeliness of Prenatal Care</i>	<i>Met</i>	1. The percentage of eligible African American women who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	48.5%	41.2% ⇔	60.6% ↑	57.9% ↑	54%
		2. The percentage of eligible White women who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	50.3%	52.7% ⇔	63.1% ↑	64.0% ↑	55%

R1 = Remeasurement 1

R2 = Remeasurement 2

R3 = Remeasurement 3

↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05).

⇔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05).

↓ = Designates statistically significant decline over the baseline measurement period (p value < 0.05).

Table 3-6 displays the interventions implemented to address the barriers identified by the MHP using QI and causal/barrier analysis processes.

**Table 3-6—Remeasurement 3 Interventions for AET**

Intervention Descriptions	
The MHP educated members on when it is appropriate to go to the obstetrician/gynecologist (OB/GYN)/primary care provider (PCP) instead of emergency department (ED)/urgent care. The MHP contracted with a	HEDIS outreach coordinators assisted members with finding providers for prenatal care in their community and with arranging transportation. With health plan approval, the protocols to limit trips with the

Intervention Descriptions	
multimodal communication company that uses a combination of interactive voice response (IVR), text, email, and mailers to provide this education.	transportation company to within 30 miles can now be overridden, allowing members to travel outside of the normal service area to the desired provider office.
Implemented a health equity text survey initiative, leveraging internships to research best practices, and applying evidence-based practices to improve prenatal rate outcomes.	The MHP educated providers about the provider incentive for completing a timely prenatal care visit.
Trained and included additional team members to perform SDOH/health equity assessments and make referrals to community partners.	The MHP offered \$50 incentives to members to get vaccinated against COVID-19.
Sent member educational materials on the importance of early prenatal care to all female members 18 to 40 years of age. A prenatal care text messaging campaign was sent to all confirmed pregnant members on the importance of prenatal care.	

### Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the PIP validation against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the PIP validation have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

### Strengths

**Strength #1: Aetna Better Health of Michigan** met 100 percent of the requirements for data analysis and implementation of improvement strategies. [Quality, Timeliness, and Access]

**Strength #2: Aetna Better Health of Michigan** sustained both PIP study indicators' overall goal of removing the statistically significant rate difference between the two subgroups, and both indicators demonstrated statistically significant increases over the baseline rates for the third remeasurement period. [Quality, Timeliness, and Access]

### Weaknesses and Recommendations

**Weakness #1:** There were no identified weaknesses.

**Recommendation:** Although there were no identified weaknesses, HSAG recommends **Aetna Better Health of Michigan** revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions. The MHP should continue to evaluate the effectiveness of each intervention using the outcomes to determine each intervention's next steps.



## Performance Measure Validation

### Performance Results

**Aetna Better Health of Michigan** was evaluated against NCQA’s IS standards to measure how the MHP collected, stored, analyzed, and reported HEDIS data. According to the HEDIS MY 2020 Compliance Audit Report findings, **Aetna Better Health of Michigan** was fully compliant with all seven IS standards.

According to the auditor’s review, **Aetna Better Health of Michigan** followed the NCQA HEDIS MY 2020 technical specifications and produced a *Reportable* rate for all included measures and sub-measures. No rates were determined to be materially biased.

Table 3-7 displays the HEDIS MY 2020 performance measure rates and 2020 performance levels based on comparisons to national percentiles<sup>3-4</sup> for **Aetna Better Health of Michigan**.

**Table 3-7—HEDIS MY 2020 Performance Measure Results for AET**

Measure	HEDIS MY 2020	2020 Performance Level <sup>1</sup>
<b>Child &amp; Adolescent Care</b>		
<i>Childhood Immunization Status</i>		
<i>Combination 2</i>	52.66%	★
<i>Combination 3</i>	49.38%	★
<i>Combination 4</i>	48.75%	★
<i>Combination 5</i>	41.25%	★
<i>Combination 6</i>	21.41%	★
<i>Combination 7</i>	40.63%	★
<i>Combination 8</i>	21.41%	★
<i>Combination 9</i>	18.13%	★
<i>Combination 10</i>	18.13%	★
<i>Lead Screening in Children</i>		
<i>Lead Screening in Children</i>	62.83%	★
<i>Immunizations for Adolescents</i>		
<i>Combination 1</i>	79.56%	★★★
<i>Combination 2</i>	37.23%	★★★★

<sup>3-4</sup> HEDIS MY 2020 performance measure rates are compared to NCQA’s Quality Compass National Medicaid Health Maintenance Organization (HMO) percentiles for HEDIS MY 2020 (referred to as “percentiles” throughout this section of the report).

Measure	HEDIS MY 2020	2020 Performance Level <sup>1</sup>
<b>Access to Care</b>		
<b>Adults' Access to Preventive/Ambulatory Health Services</b>		
Ages 20 to 44 Years	65.40%	★
Ages 45 to 64 Years	79.70%	★
Ages 65 Years and Older	87.72%	★★
Total	72.90%	★
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>		
Ages 3 Months to 17 Years	61.25%	★★★★
Ages 18 to 64 Years	43.03%	★★★★★
Ages 65 Years and Older	28.36%	★★
Total	48.75%	★★
<b>Appropriate Testing for Pharyngitis<sup>2</sup></b>		
Ages 3 to 17 Years	68.58%	★
Ages 18 to 64 Years	49.81%	★
Ages 65 Years and Older	NA	NA
Total	59.23%	★
<b>Appropriate Treatment for Upper Respiratory Infection</b>		
Ages 3 Months to 17 Years	91.28%	★★
Ages 18 to 64 Years	80.28%	★★★★
Ages 65 Years and Older	70.00%	★★
Total	87.04%	★★
<b>Pregnancy Care</b>		
<b>Prenatal and Postpartum Care<sup>2</sup></b>		
Timeliness of Prenatal Care	68.86%	★
Postpartum Care	54.01%	★
<b>Living With Illness</b>		
<b>Asthma Medication Ratio</b>		
Total	50.39%	★

<sup>1</sup>Performance Levels for 2020 were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks.

<sup>2</sup>Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.

NA indicates that the MHP followed the specifications, but the denominator was too small to report a valid rate.

2020 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

## Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the PMV against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the PMV have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

### Strengths

**Strength #1: Aetna Better Health of Michigan's** performance ranked between the 75th and 89th percentile for the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 18 to 64 Years* measure indicator, indicating members 18 to 64 years of age with a diagnosis of acute bronchitis/bronchiolitis were receiving appropriate treatment most of the time. Ensuring the appropriate use of antibiotics for individuals with acute bronchitis/bronchiolitis will help them avoid harmful side effects and possible resistance to antibiotics over time.<sup>3-5</sup> [Quality]

**Strength #2: Aetna Better Health of Michigan** demonstrated overall strength in its HEDIS data reporting, as **Aetna Better Health of Michigan** was fully compliant with all seven IS standards and all performance measure rates were determined to be *Reportable*. [Quality]

### Weaknesses and Recommendations

**Weakness #1: Aetna Better Health of Michigan's** performance for all nine *Childhood Immunization Status* measure indicators ranked below the 25th percentile, indicating children 2 years of age were not always getting their immunizations by their second birthday. Vaccination coverage must be maintained in order to prevent a resurgence of vaccine-preventable diseases.<sup>3-6</sup> [Quality, Timeliness, and Access]

**Why the weakness exists:** The rates for all nine *Childhood Immunization Status* measure indicators ranked below the 25th percentile, suggesting barriers exist for children to receive immunizations. All nine measure indicators also ranked below the 25th percentile for HEDIS MY 2019. A potential barrier noted by **Aetna Better Health of Michigan** for access to care was the limitation of in-person visits due to the COVID-19 pandemic.

**Recommendation:** Due to continued low performance for the *Childhood Immunization Status* measure indicators, HSAG recommends that **Aetna Better Health of Michigan** monitor performance improvement interventions currently in place and continue to expand upon or implement additional interventions, when necessary, to improve the performance related to the *Childhood Immunization Status* measure. The CDC recommends continued administration of routine

<sup>3-5</sup> National Committee for Quality Assurance. Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB). Available at: <https://www.ncqa.org/hedis/measures/avoidance-of-antibiotic-treatment-in-adults-with-acute-bronchitis/>. Accessed on: Feb 3, 2022.

<sup>3-6</sup> National Committee for Quality Assurance. Childhood Immunization Status (CIS). Available at: <https://www.ncqa.org/hedis/measures/childhood-immunization-status/>. Accessed on: Feb 3, 2022.

immunization during the pandemic to prevent transmission of other preventable infectious diseases. According to the American Academy of Pediatrics (AAP), while telehealth visits are recommended, in-person visits, especially for vaccination, should not be discontinued unless community circumstances require the limitation of in-person visits, in which case curbside or drive-through vaccination can be implemented by clinics to limit patient-provider contact.<sup>3-7</sup>

**Weakness #2: Aetna Better Health of Michigan's** performance for the *Asthma Medication Ratio* measure ranked below the 25th percentile, indicating members were dispensed asthma reliever medication as often, or more often, than asthma controller medications, suggesting an increased use of short-acting medications and less controlled asthma. The prevalence and cost of asthma have increased over the past decade, demonstrating the need for better access to care and medication.<sup>3-8</sup> [Quality and Access]

**Why the weakness exists:** The rate for the *Asthma Medication Ratio* measure ranked below the 25th percentile, suggesting that asthma reliever medications were dispensed more often relative to controller medications and that barriers may potentially exist with provider prescribing and/or member medication compliance. The *Asthma Medication Ratio* measure also ranked below the 25th percentile for HEDIS MY 2019.

**Recommendation:** Due to continued low performance for the *Asthma Medication Ratio* measure, HSAG recommends that **Aetna Better Health of Michigan** monitor and target its efforts toward those with asthma medication ratios less than 50 percent to improve upon performance related to the *Asthma Medication Ratio* measure. Appropriate medication management for those with persistent asthma is especially important during the COVID-19 pandemic, as those with moderate-to-severe or uncontrolled asthma are more likely to be hospitalized from COVID-19.<sup>3-9</sup>

**Weakness #3: Aetna Better Health of Michigan's** performance for both *Prenatal and Postpartum Care* measure indicators ranked below the 25th percentile, indicating women were not always accessing prenatal care and postpartum visits. Timely and adequate prenatal and postpartum care can set the stage for the long-term health and well-being of new mothers and their infants.<sup>3-10</sup> [Quality, Timeliness, and Access]

**Why the weakness exists:** The rates for both *Prenatal and Postpartum Care* measure indicators ranked below the 25th percentile, suggesting barriers exist for women to receive prenatal and postpartum care. A potential barrier noted by **Aetna Better Health of Michigan** for access to care was member mistrust in the healthcare system and providers.

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<sup>3-7</sup> Centers for Disease Control and Prevention. Interim guidance for routine and influenza immunization services during the COVID-19 pandemic. Available at: <https://www.cdc.gov/vaccines/pandemic-guidance/index.html>. Accessed on: Feb 3, 2022.

<sup>3-8</sup> National Committee for Quality Assurance. Asthma Medication Ratio (AMR). Available at: <https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/>. Accessed on: Feb 3, 2022.

<sup>3-9</sup> Centers for Disease Control and Prevention. People with Moderate to Severe Asthma. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/asthma.html>. Accessed on: Feb 3, 2022.

<sup>3-10</sup> National Committee for Quality Assurance. Prenatal and Postpartum Care (PPC). Available at: <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>. Accessed on: Feb 3, 2022.

**Recommendation:** HSAG recommends that **Aetna Better Health of Michigan** conduct a root cause analysis or focused study to determine why some women did not receive prenatal and postpartum care. If it is determined that COVID-19 impacted performance for the *Prenatal and Postpartum Care* measure indicators, **Aetna Better Health of Michigan** should proactively alter its approach to prenatal and postpartum care through methods such as telemedicine, when possible, to improve upon performance related to the *Prenatal and Postpartum Care* measure.<sup>3-11</sup> Additionally, if member mistrust in the healthcare system and providers is identified as a root cause that impacted the rates for both *Prenatal and Postpartum Care* measure indicators, HSAG recommends that **Aetna Better Health of Michigan** work toward strengthening patient-provider relationships in an effort to improve upon the rate for the *Prenatal and Postpartum Care* measure. The American Medical Association (AMA) has discussed ways to strengthen trusting patient-physician relationships and reduce health inequities: the medical profession should hear and amplify the voices of patients and families; partner with communities where disproportionate rates of maternal mortality exist; have greater collaboration with non-clinical community organizations with close ties to minoritized and marginalized groups to identify opportunities to best support pregnant persons and new families; and engage in funding and development of outreach initiatives to promote comprehensive pre-pregnancy, prenatal, peripartum, and postpartum care.<sup>3-12</sup>

**Weakness #4:** **Aetna Better Health of Michigan**'s performance for all reported *Appropriate Testing for Pharyngitis* measure indicators ranked below the 25th percentile, indicating members with a diagnosis of pharyngitis were not always receiving the appropriate testing required to merit antibiotic treatment for pharyngitis. Viral pharyngitis does not require antibiotic treatment, but antibiotics continue to be inappropriately prescribed. Proper testing and treatment of pharyngitis prevents the spread of sickness, while reducing unnecessary use of antibiotics.<sup>3-13</sup> **[Quality]**

**Why the weakness exists:** The rates for all reported *Appropriate Testing for Pharyngitis* measure indicators ranked below the 25th percentile, suggesting that the appropriate testing for pharyngitis was not always completed prior to dispensing antibiotic treatment.

**Recommendation:** HSAG recommends that **Aetna Better Health of Michigan** conduct a root cause analysis or focused study to determine why members were not always receiving appropriate testing for pharyngitis to warrant antibiotic treatment. Upon identification of a root cause, **Aetna Better Health of Michigan** should implement appropriate interventions to improve the performance related to the *Appropriate Testing for Pharyngitis* measure.

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<sup>3-11</sup> American Hospital Association. COVID-19: Maternal and Child Health During COVID-19. Available at: [https://www.aha.org/system/files/media/file/2020/05/COVID-19-Maternal-Guidelines\\_rev6.pdf](https://www.aha.org/system/files/media/file/2020/05/COVID-19-Maternal-Guidelines_rev6.pdf). Accessed on: Feb 3, 2022.

<sup>3-12</sup> American Medical Association. AMA sets priorities for equitable maternal health care, Nov 16, 2021. Available at: <https://www.ama-assn.org/press-center/press-releases/ama-sets-priorities-equitable-maternal-health-care>. Accessed on: Feb 3, 2022.

<sup>3-13</sup> National Committee for Quality Assurance. Appropriate Testing for Children with Pharyngitis (CWP). Available at: <https://www.ncqa.org/hedis/measures/appropriate-testing-for-children-with-pharyngitis/>. Accessed on: Feb 3, 2022.

**Weakness #5: Aetna Better Health of Michigan’s** performance for the *Lead Screening in Children* measure ranked below the 25th percentile, indicating children 2 years of age were not always receiving a capillary or venous lead blood test for lead poisoning by their second birthday. If not found early, exposure to lead and high blood lead levels can lead to irrevocable effects on a child’s physical and mental health.<sup>3-14</sup> **[Quality]**

**Why the weakness exists:** The rate for the *Lead Screening in Children* measure ranked below the 25th percentile, suggesting barriers exist for children to receive lead blood tests by their second birthday.

**Recommendation:** HSAG recommends that **Aetna Better Health of Michigan** conduct a root cause analysis or focused study to determine why some children did not receive lead blood tests by their second birthday. If it is determined that COVID-19 impacted performance for *Lead Screening in Children*, **Aetna Better Health of Michigan** should take a proactive approach in ensuring young children are receiving appropriate lead testing and care management. During the pandemic, the AAP recommends that well-child examinations occur in person whenever possible and within the child’s medical home where continuity of care can be established.<sup>3-15</sup> Upon identification of a root cause, **Aetna Better Health of Michigan** should implement appropriate interventions to improve the performance related to the *Lead Screening in Children* measure.

## Compliance Review

### Performance Results

Table 3-8 presents the total number of criteria for each standard that received a score of *Met* or *Not Met*. Table 3-8 also presents **Aetna Better Health of Michigan’s** overall compliance score for each standard, the total compliance score across all standards, and their comparison to statewide averages.

**Table 3-8—Compliance Review Results for AET**

Standard		Number of Scores		Compliance Scores	
		<i>Met</i>	<i>Not Met</i>	AET	Statewide <sup>1</sup>
1	Administrative	5	0	100%	100%
2	Provider	20	2	91%	91.4%
3	Member	24	1	96%	98.4%
4	Quality	22	0	100%	99.5%
5	MIS	21	2	91%	94.8%

<sup>3-14</sup> National Committee for Quality Assurance. Lead Screening in Children (LSC). Available at: <https://www.ncqa.org/hedis/measures/lead-screening-in-children/>. Accessed on: Feb 3, 2022.

<sup>3-15</sup> Centers for Disease Control and Prevention. Decreases in Young Children Who Received Blood Lead Level Testing During COVID-19—34 Jurisdictions, January–May 2020. Available at: [https://www.cdc.gov/mmwr/volumes/70/wr/mm7005a2.htm?s\\_cid=mm7005a2\\_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7005a2.htm?s_cid=mm7005a2_w). Accessed on: Feb 3, 2022.



Standard		Number of Scores		Compliance Scores	
		Met	Not Met	AET	Statewide <sup>1</sup>
6	Program Integrity	29	5	85%	87.4%
Overall		121	10	92%	94.0%

Indicates the standard scored below the statewide rate.

Indicates the standard had a score of 100 percent.

<sup>1</sup> MDHHS calculated statewide performance scores to the tenths place decimal; however, MHP performance scores were calculated using whole number percentages.

### Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the compliance review activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the compliance review have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

#### Strengths

**Strength #1: Aetna Better Health of Michigan** achieved full compliance in the Administrative standard, demonstrating that the MHP had an adequate administrative structure, including an organizational chart, administrative positions, governing body, participation in administrative meetings, and data privacy and oversight, which are necessary to effectively carry out managed care functions. [Quality]

**Strength #2: Aetna Better Health of Michigan** achieved full compliance in the Quality standard, demonstrating the MHP had an adequate quality program, which included, but was not limited to, clinical practice guidelines (CPGs), Quality Improvement Plan (QIP) description, work plan, and evaluation; UM program; program policies and procedures; HEDIS activities; PIPs; accreditation; addressing health disparities; health improvement activities; and dental health quality. [Quality, Timeliness, and Access]

#### Weaknesses and Recommendations

**Weakness #1: Aetna Better Health of Michigan** scored below the statewide average in the Provider standard. Adequate and effective processes for maintaining and monitoring a provider network are necessary to ensure members have access to complete and accurate provider information. [Quality and Access]

**Why the weakness exists:** Discrepancies in provider information were identified in **Aetna Better Health of Michigan**'s provider directory.

**Recommendation:** As **Aetna Better Health of Michigan** previously submitted a CAP to address these findings, which was accepted by MDHHS, HSAG recommends **Aetna Better Health of Michigan** ensure its CAP is fully implemented to mitigate the deficiencies. Additionally, HSAG



recommends that **Aetna Better Health of Michigan** conduct its own periodic secret shopper survey of a sample of its provider network and use the results of any future EQR-related network adequacy validation activity to further analyze the completeness and accuracy of its provider data.

**Weakness #2: Aetna Better Health of Michigan** scored below the statewide average in the Member standard. Effective mechanisms for overseeing the appeal process are necessary to ensure members receive timely notice of appeal resolution decisions and State fair hearing (SFH) rights when applicable. [Quality, Timeliness, and Access]

**Why the weakness exists:** Several **Aetna Better Health of Michigan** appeals did not meet the 30-day time frame for resolution and no extensions were taken.

**Recommendation:** As **Aetna Better Health of Michigan** previously submitted a CAP to address these findings, which was accepted by MDHHS, HSAG recommends **Aetna Better Health of Michigan** ensure its CAP is fully implemented to mitigate the deficiencies. Additionally, HSAG recommends that **Aetna Better Health of Michigan** implement a process to continuously monitor and track time frames in real time to ensure appeals are completed timely and a develop a formal auditing process to address timeliness concerns with individual staff members.

**Weakness #3: Aetna Better Health of Michigan** scored below the statewide average in the MIS standard. A comprehensive information management system that collects, analyzes, and reports health information is imperative to increase and maintain the quality of, and access to, timely healthcare and services received by members. [Quality]

**Why the weakness exists:** **Aetna Better Health of Michigan**'s third-party subrogation report reflected response times over 30 days.

**Recommendation:** As **Aetna Better Health of Michigan** previously submitted a CAP to address these findings, HSAG recommends **Aetna Better Health of Michigan** ensure its CAP is fully implemented to mitigate the deficiencies.

**Weakness #4: Aetna Better Health of Michigan** scored below the statewide average in the Program Integrity standard. A comprehensive compliance program and implementation of program integrity provisions are essential to monitor, detect, report, and mitigate potential risks such as fraud committed by Medicaid managed care plans and fraud by network providers. [Quality]

**Why the weakness exists:** Several deficiencies were identified throughout the year regarding **Aetna Better Health of Michigan**'s program integrity, specifically within **Aetna Better Health of Michigan**'s program integrity forms. **Aetna Better Health of Michigan**'s reporting structure did not comply with the requirement of the compliance officer to report directly to the chief executive officer and board of directors, documentation did not support that the compliance officer participated in code of conduct training, documentation did not reference **Aetna Better Health of Michigan**'s process for system edit reviews, no documentation was provided that identified a process for suspending payment to a provider, **Aetna Better Health of Michigan**'s annual program integrity report contained inconsistencies compared to the quarterly report data, the annual Office of Inspector General (OIG) report did not compare the activities to the fiscal year (FY) 2020 plan, and **Aetna Better Health of Michigan** did not provide a narrative for provider exclusion and

credentialing/disenrollment processes in the Quality Improvement Program Integrity Activities section of the Annual Program Integrity Plan.

**Recommendation:** As **Aetna Better Health of Michigan** previously submitted a CAP to address these findings, HSAG recommends **Aetna Better Health of Michigan** ensure its CAP is fully implemented to mitigate the deficiencies.

## Consumer Assessment of Healthcare Providers and Systems Analysis

### Performance Results—Adult and Child Medicaid

Table 3-9 presents **Aetna Better Health of Michigan**'s 2021 adult and child Medicaid CAHPS top-box scores. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-9—Summary of 2021 Adult and Child Medicaid CAHPS Top-Box Scores for AET**

	2021 Adult Medicaid	2021 Child Medicaid
<b>Global Ratings</b>		
<i>Rating of Health Plan</i>	58.1%	63.0% ↓
<i>Rating of All Health Care</i>	53.8%	65.4% *
<i>Rating of Personal Doctor</i>	67.2%	71.6%
<i>Rating of Specialist Seen Most Often</i>	70.4% *	75.0% *
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	85.6%	86.6% *
<i>Getting Care Quickly</i>	83.6%	75.9% * ↓
<i>How Well Doctors Communicate</i>	94.5%	93.2% *
<i>Customer Service</i>	91.1%	85.9% *
<b>Individual Item Measure</b>		
<i>Coordination of Care</i>	81.6% *	85.2% *
<b>Effectiveness of Care Measures**</b>		
<i>Advising Smokers and Tobacco Users to Quit</i>	78.7%	
<i>Discussing Cessation Medications</i>	57.9%	
<i>Discussing Cessation Strategies</i>	53.7%	

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

\*\* These rates follow NCQA's methodology of calculating a rolling two-year average.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

### Strengths, Weaknesses, and Recommendations—Adult and Child Medicaid

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

#### Strengths

**Strength #1: Aetna Better Health of Michigan's** 2021 top-box scores were not statistically significantly above the 2020 NCQA adult and child Medicaid national averages for any measure; therefore, no substantial strengths were identified.

#### Weaknesses and Recommendations

**Weakness #1:** Parents/caretakers of child members enrolled in **Aetna Better Health of Michigan** had less positive overall experiences with their child's health plan and getting the care for their child quickly, since the scores for these measures were statistically significantly below the 2020 NCQA child Medicaid national averages. [Quality and Timeliness]

**Why the weakness exists:** **Aetna Better Health of Michigan** providers may not be providing care to child members as quickly as other providers compared to national benchmarks. In addition, parents/caretakers of child members were reporting lower overall experience scores with their child's health plan, which could be due to a variety of factors related to quality, timeliness, and access.

**Recommendation:** HSAG recommends that **Aetna Better Health of Michigan** explore what may be driving lower experience scores and develop initiatives designed to improve quality of care, timeliness of care, and access to care. **Aetna Better Health of Michigan** should identify any barriers to accessing healthcare (e.g., transportation, geography) and work toward removing these barriers, so members have better access to care.

### Performance Results—CSHCS

Table 3-10 presents **Aetna Better Health of Michigan's** 2021 CSHCS CAHPS survey top-box scores. The following measures could not be displayed in the table because these measures had fewer than 11 responses and were suppressed: *Rating of Children's Multidisciplinary Specialty (CMDs) Clinic, Rating of Beneficiary Help Line, Customer Service, How Well Doctors Communicate, Access to Specialized Services, Transportation, CSHCS Family Center, CMDs Clinics, Local Health Department Services, and Beneficiary Help Line*. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

Table 3-10—Summary of 2021 CSHCS CAHPS Survey Top-Box Scores for AET

	2021 Top-Box Score
<b>Global Ratings</b>	
<i>Rating of Health Plan</i>	52.4% *
<i>Rating of Health Care</i>	80.0% * NA
<i>Rating of Specialist Seen Most Often</i>	66.7% *
<b>Individual Item Measures</b>	
<i>Access to Prescription Medicines</i>	93.8% *

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

NA indicates a national average is not available for the measure.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

### Strengths, Weaknesses, and Recommendations—CSHCS

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

#### Strengths

**Strength #1: Aetna Better Health of Michigan's** 2021 top-box scores were not statistically significantly above the 2020 NCQA child Medicaid national averages for any measure; therefore, no substantial strengths were identified.

#### Weaknesses and Recommendations

**Weakness #1: Aetna Better Health of Michigan's** 2021 top-box scores were not statistically significantly below the 2020 NCQA child Medicaid national averages for any measure; therefore, no substantial weaknesses were identified.

**Why the weakness exists:** Not applicable (NA)

**Recommendation:** HSAG recommends that **Aetna Better Health of Michigan** monitor the measures to ensure significant decreases in scores over time do not occur.

## Performance Results—Healthy Michigan

Table 3-11 presents **Aetna Better Health of Michigan**'s 2021 CAHPS top-box scores for Healthy Michigan. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-11—Summary of 2021 Healthy Michigan CAHPS Top-Box Scores for AET**

	2021 Top-Box Score
<b>Global Ratings</b>	
<i>Rating of Health Plan</i>	56.9%
<i>Rating of All Health Care</i>	57.1% *
<i>Rating of Personal Doctor</i>	67.4% *
<i>Rating of Specialist Seen Most Often</i>	59.6% *
<b>Composite Measures</b>	
<i>Getting Needed Care</i>	88.2% *
<i>Getting Care Quickly</i>	87.8% *
<i>How Well Doctors Communicate</i>	97.0% * ↑
<i>Customer Service</i>	86.3% *
<b>Individual Item Measure</b>	
<i>Coordination of Care</i>	86.7% *
<b>Effectiveness of Care Measures**</b>	
<i>Advising Smokers and Tobacco Users to Quit</i>	80.6%
<i>Discussing Cessation Medications</i>	50.5%
<i>Discussing Cessation Strategies</i>	38.9% ↓

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

\*\* These rates follow NCQA's methodology of calculating a rolling two-year average.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

## Strengths, Weaknesses, and Recommendations—Healthy Michigan

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

## Strengths

**Strength #1:** Adult members enrolled in **Aetna Better Health of Michigan** had more positive experiences communicating with their doctor, since the score for this measure was statistically significantly above the 2020 NCQA adult Medicaid national average. [Quality]

## Weaknesses and Recommendations

**Weakness #1:** One Effectiveness of Care score, *Discussing Cessation Strategies*, was statistically significantly below the 2020 NCQA adult Medicaid national average. [Quality]

**Why the weakness exists:** When compared to national benchmarks, the results indicate that **Aetna Better Health of Michigan** providers may not be discussing cessation strategies with members who smoke or use tobacco as much as other providers.

**Recommendation:** HSAG recommends that **Aetna Better Health of Michigan** explore what may be driving lower experience scores and develop initiatives designed to improve quality of care. **Aetna Better Health of Michigan** should provide training and resources to providers to promote smoking cessation with their members.

## Quality Rating

The 2021 Michigan Consumer Guide was designed to compare MHP to MHP performance using HEDIS and CAHPS measure indicators. As such, MHP-specific results are not included in this section. Refer to the Quality Rating activity in Section 5—Medicaid Health Plan Comparative Information to review the 2021 Michigan Consumer Guide, which is inclusive of **Aetna Better Health of Michigan's** performance.

## Overall Conclusions for Quality, Timeliness, and Access to Healthcare Services

To identify strengths and weaknesses and draw conclusions for **Aetna Better Health of Michigan** about the quality, timeliness, and access to care for its members, HSAG analyzed and evaluated performance related to the provision of healthcare services by **Aetna Better Health of Michigan** across all EQR activities to identify common themes within **Aetna Better Health of Michigan** that impacted, or will have the likelihood to impact, member health outcomes. The overarching aggregated findings show that while **Aetna Better Health of Michigan** performed well in some areas impacting the quality and timeliness of, and access to care, there are several opportunities for improvement. **Aetna Better Health of Michigan** met 100 percent of the requirements for data analysis and implementation of improvement strategies, sustained both PIP study indicators' overall goal of removing the statistically significant rate difference between the two subgroups, and both indicators demonstrated statistically significant increases over the baseline rates for the third remeasurement period for the *Addressing Disparities in Timeliness of Prenatal Care* PIP [Quality, Timeliness, and Access]. However, **Aetna Better Health of Michigan's** overall rates for the *Prenatal and Postpartum Care* performance measures fell below the national Medicaid 25th percentile, indicating that **Aetna Better Health of Michigan** has continued opportunities for improving overall pregnancy care for its members [Quality, Timeliness and Access]. **Aetna Better Health of Michigan** reported it has onboarded a quality practice liaison to work with



providers showing a high rate of racial disparity in their HEDIS measures. The MHP also intends to re-deploy a health equity text survey, partner with CBOs, and fulfill member incentives. The interventions implemented through this collaborative effort should positively impact performance measure rates.

Further, **Aetna Better Health of Michigan** performed poorly overall in the Child & Adolescent Care domain of the PMV activity. Ten of the 12 measures rates fell below the national Medicaid 25th percentile, and one measure rate fell between the 25th and 49th percentiles, suggesting that **Aetna Better Health of Michigan** could implement additional interventions to improve access to preventive care for children, specifically *Childhood Immunization Status*, *Lead Screening in Children*, and *Immunizations for Adolescents* [Quality, Timeliness, and Access]. Specific to the *Childhood Immunization Status* measure, **Aetna Better Health of Michigan** identified several interventions being implemented as well as barriers impacting performance, and while all measure rates declined in performance, the MHP reported through its current year-to-date rates, there is a slight increase in the rate for *Combination 3*. Related to the Access to Care domain, **Aetna Better Health of Michigan**'s adult members were also not always accessing preventive services as demonstrated through lower performance rates for the *Adults' Access to Preventive/Ambulatory Health Services* measure [Quality and Access]. **Aetna Better Health of Michigan** should monitor performance improvement interventions currently in place and continue to expand upon or implement additional interventions, when necessary, to improve the performance in this measure.

Through the CAHPS activity, the *Getting Care Quickly* measure was statistically significantly below the national averages for the child Medicaid population, supporting that children and their parents/caretakers may be experiencing barriers in accessing timely care, including preventive services [Timeliness and Access]. As **Aetna Better Health of Michigan** scored below the statewide average in the Provider standard through the compliance review activity, **Aetna Better Health of Michigan** should consider additional monitoring efforts to ensure members have access to accurate provider information in order to ensure members are able to access preventive services [Quality, and Access]. **Aetna Better Health of Michigan** also demonstrated low performance in the *Asthma Medication Ratio* measure with a rating below the national Medicaid 25th percentile. **Aetna Better Health of Michigan** reported it had implemented inventions to improve this measure and has seen some improvement; however, **Aetna Better Health of Michigan** also reported a potential racial disparity as approximately 30 percent of members residing in five particular ZIP Codes have had an asthma or chronic obstructive pulmonary disease (COPD)-related inpatient (IP) or ED visits, which are predominantly African-American communities [Quality]. Through the results of the compliance review activity, **Aetna Better Health of Michigan** demonstrated strong performance within the Quality standard, demonstrating that **Aetna Better Health of Michigan** had an adequate quality program in which it could implement performance improvement strategies to improve access to preventive services and appropriate medication management [Quality and Access]. Through its quality program, **Aetna Better Health of Michigan** could further evaluate whether a racial disparity exists related to members being prescribed asthma reliever medications more often relative to controller medications [Quality].

Lastly, **Aetna Better Health of Michigan** demonstrated additional strengths of its program through the PMV and CAHPS activities. For the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis* measure, the rate for the *Ages 3 Months to 17 Years* measure indicator was

above the 50th percentile, and the rate for the *Ages 18 to 64 Years* measure indicator was above the 75th percentile, indicating that many members 64 years of age and younger with a diagnosis of acute bronchitis/bronchiolitis were receiving appropriate treatment [**Quality**]. High member experience in the *How Well Doctors Communicate* measure may also positively impact member adherence to provider treatment plans and prescriptions [**Quality**].

Of note, the COVID-19 pandemic may have had an impact on performance outcomes due to State mandates or instructions to reduce the use of nonemergent services to slow the spread of COVID-19. Additionally, due to fear of contracting the virus, members may have chosen not to access routine care, which may have also impacted performance outcomes in SFY 2021.

## Blue Cross Complete of Michigan

### Validation of Performance Improvement Projects

#### Performance Results

Table 3-12 displays the overall validation status; the baseline, Remeasurement 1, Remeasurement 2, and Remeasurement 3 results; and the MHP-designated goal for each study indicator.

**Table 3-12—Overall Validation Rating for BCC**

PIP Topic	Validation Rating	Study Indicator	Study Indicator Results				
			Baseline	R1	R2	R3	Goal
Addressing Disparities in Timeliness of Prenatal Care	Not Met	1. The percentage of eligible African American women residing in Wayne County who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	59.3%	59.5% ⇔	64.1% ↑	63.4% ⇔	63%
		2. The percentage of eligible Caucasian women residing in Wayne County who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	65.8%	71.4% ⇔	80.4% ↑	81.4% ↑	65.8%

R1 = Remeasurement 1

R2 = Remeasurement 2

R3 = Remeasurement 3

↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05).

⇔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05).

↓ = Designates statistically significant decline over the baseline measurement period (p value < 0.05).

Table 3-13 displays the interventions implemented to address the barriers identified by the MHP using QI and causal/barrier analysis processes.

**Table 3-13—Remeasurement 3 Interventions for BCC**

Intervention Descriptions	
Stratified African American women in Wayne County as high risk in order to conduct targeted outreach.	Offered gift cards to women who attended a prenatal visit within the specified HEDIS measure timeline.
Conducted comprehensive reviews of, and made updates to, the Early Identification Report to increase the number of women identified as pregnant and increase the time frame for when these women are identified by the MHP as pregnant.	

## Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the PIP validation against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the PIP validation have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

### Strengths

**Strength #1: Blue Cross Complete of Michigan** met 100 percent of the requirements for data analysis and implementation of improvement strategies. [Quality, Timeliness, and Access]

**Strength #2:** Although significant improvement was not sustained for the third remeasurement period for both study indicators, **Blue Cross Complete of Michigan** demonstrated improvement over the baseline rate for the disparate population subgroup. [Quality, Timeliness, and Access]

### Weaknesses and Recommendations

**Weakness #1: Blue Cross Complete of Michigan** did not achieve the goal of removing the disparity in timeliness of prenatal care between the two population subgroups. [Quality, Timeliness, and Access]

**Why the weakness exists:** **Blue Cross Complete of Michigan** noted that the COVID-19 pandemic, which occurred during the third remeasurement period, disproportionately impacted its African-American community.

**Recommendation:** HSAG recommends **Blue Cross Complete of Michigan** revisit its causal/barrier analysis process to capture barriers associated with the pandemic and develop specific and targeted interventions to address those barriers.

## Performance Measure Validation

### Performance Results

**Blue Cross Complete of Michigan** was evaluated against NCQA's IS standards to measure how the MHP collected, stored, analyzed, and reported HEDIS data. According to the HEDIS MY 2020 Compliance Audit Report findings, **Blue Cross Complete of Michigan** was fully compliant with all seven IS standards.

According to the auditor's review, **Blue Cross Complete of Michigan** followed the NCQA HEDIS MY 2020 technical specifications and produced a *Reportable* rate for all included measures and sub-measures. No rates were determined to be materially biased.

Table 3-14 displays the HEDIS MY 2020 performance measure rates and 2020 performance levels based on comparisons to national percentiles<sup>3-16</sup> for **Blue Cross Complete of Michigan**.

**Table 3-14—HEDIS MY 2020 Performance Measure Results for BCC**

Measure	HEDIS MY 2020	2020 Performance Level <sup>1</sup>
<b>Child &amp; Adolescent Care</b>		
<b><i>Childhood Immunization Status</i></b>		
<i>Combination 2</i>	64.96%	★
<i>Combination 3</i>	62.53%	★
<i>Combination 4</i>	61.80%	★
<i>Combination 5</i>	53.04%	★
<i>Combination 6</i>	37.71%	★★
<i>Combination 7</i>	52.55%	★
<i>Combination 8</i>	37.71%	★★
<i>Combination 9</i>	31.39%	★★
<i>Combination 10</i>	31.39%	★★
<b><i>Lead Screening in Children</i></b>		
<i>Lead Screening in Children</i>	71.53%	★★
<b><i>Immunizations for Adolescents</i></b>		
<i>Combination 1</i>	82.00%	★★
<i>Combination 2</i>	34.06%	★★
<b>Access to Care</b>		
<b><i>Adults' Access to Preventive/Ambulatory Health Services</i></b>		
<i>Ages 20 to 44 Years</i>	74.84%	★★
<i>Ages 45 to 64 Years</i>	82.29%	★
<i>Ages 65 Years and Older</i>	71.52%	★
<i>Total</i>	77.48%	★★
<b><i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</i></b>		
<i>Ages 3 Months to 17 Years</i>	62.81%	★★★★
<i>Ages 18 to 64 Years</i>	38.45%	★★★★
<i>Ages 65 Years and Older</i>	NA	NA
<i>Total</i>	49.46%	★★
<b><i>Appropriate Testing for Pharyngitis<sup>2</sup></i></b>		
<i>Ages 3 to 17 Years</i>	75.69%	★
<i>Ages 18 to 64 Years</i>	54.39%	★

<sup>3-16</sup> HEDIS MY 2020 performance measure rates are compared to NCQA's Quality Compass National Medicaid HMO percentiles for HEDIS MY 2020 (referred to as "percentiles" throughout this section of the report).

Measure	HEDIS MY 2020	2020 Performance Level <sup>1</sup>
<i>Ages 65 Years and Older</i>	NA	NA
<i>Total</i>	65.57%	★
<b><i>Appropriate Treatment for Upper Respiratory Infection</i></b>		
<i>Ages 3 Months to 17 Years</i>	91.91%	★★★★
<i>Ages 18 to 64 Years</i>	76.51%	★★★★
<i>Ages 65 Years and Older</i>	NA	NA
<i>Total</i>	86.34%	★★
<b>Pregnancy Care</b>		
<b><i>Prenatal and Postpartum Care<sup>2</sup></i></b>		
<i>Timeliness of Prenatal Care</i>	78.91%	★
<i>Postpartum Care</i>	71.09%	★
<b>Living With Illness</b>		
<b><i>Asthma Medication Ratio</i></b>		
<i>Total</i>	50.13%	★

<sup>1</sup>Performance Levels for 2020 were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks.

<sup>2</sup>Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution. NA indicates that the MHP followed the specifications, but the denominator was too small to report a valid rate.

2020 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

## Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the PMV against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the PMV have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

## Strengths

**Strength #1: Blue Cross Complete of Michigan** demonstrated overall strength in its HEDIS data reporting, as **Blue Cross Complete of Michigan** was fully compliant with all seven IS standards and all performance measure rates were determined to be *Reportable*. [Quality]



## Weaknesses and Recommendations

**Weakness #1: Blue Cross Complete of Michigan's** performance for all reported *Appropriate Testing for Pharyngitis* measure indicators ranked below the 25th percentile, indicating members with a diagnosis of pharyngitis were not always receiving the appropriate testing required to merit antibiotic treatment for pharyngitis. Viral pharyngitis does not require antibiotic treatment, but antibiotics continue to be inappropriately prescribed. Proper testing and treatment of pharyngitis prevents the spread of sickness, while reducing unnecessary use of antibiotics.<sup>3-17</sup> [Quality]

**Why the weakness exists:** The rates for all reported *Appropriate Testing for Pharyngitis* measure indicators ranked below the 25th percentile, suggesting that the appropriate testing for pharyngitis was not always completed prior to dispensing antibiotic treatment.

**Recommendation:** HSAG recommends that **Blue Cross Complete of Michigan** conduct a root cause analysis or focused study to determine why members were not always receiving appropriate testing for pharyngitis to warrant antibiotic treatment. Upon identification of a root cause, **Blue Cross Complete of Michigan** should implement appropriate interventions to improve the performance related to the *Appropriate Testing for Pharyngitis* measure.

**Weakness #2: Blue Cross Complete of Michigan's** performance for both *Prenatal and Postpartum Care* measure indicators ranked below the 25th percentile, indicating women were not always accessing prenatal care and postpartum visits. Timely and adequate prenatal and postpartum care can set the stage for the long-term health and well-being of new mothers and their infants.<sup>3-18</sup> [Quality, Timeliness, and Access]

**Why the weakness exists:** The rates for both *Prenatal and Postpartum Care* measure indicators ranked below the 25th percentile, suggesting barriers exist for women to receive prenatal and postpartum care. A potential barrier noted by **Blue Cross Complete of Michigan** for access to care was COVID-19-related changing priorities and restructuring of duties for clinical staff members within provider practices, which led to healthcare system stressors (e.g., potential for appointment scheduling issues) and clinical staff taking on new administrative work in addition to their clinical responsibilities.

**Recommendation:** HSAG recommends that **Blue Cross Complete of Michigan** conduct a root cause analysis or focused study to determine why some women did not receive prenatal and postpartum care. If it is determined that COVID-19 impacted performance for the *Prenatal and Postpartum Care* measure indicators, **Blue Cross Complete of Michigan** should proactively alter its approach to prenatal and postpartum care through methods such as telemedicine, when possible, to improve upon performance related to the *Prenatal and Postpartum Care* measure.<sup>3-19</sup> **Blue Cross**

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<sup>3-17</sup> National Committee for Quality Assurance. *Appropriate Testing for Children with Pharyngitis (CWP)*. Available at: <https://www.ncqa.org/hedis/measures/appropriate-testing-for-children-with-pharyngitis/>. Accessed on: Feb 3, 2022.

<sup>3-18</sup> National Committee for Quality Assurance. *Prenatal and Postpartum Care (PPC)*. Available at: <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>. Accessed on: Feb 3, 2022.

<sup>3-19</sup> American Hospital Association. *COVID-19: Maternal and Child Health During COVID-19*. Available at: [https://www.aha.org/system/files/media/file/2020/05/COVID-19-Maternal-Guidelines\\_rev6.pdf](https://www.aha.org/system/files/media/file/2020/05/COVID-19-Maternal-Guidelines_rev6.pdf). Accessed on: Feb 4, 2022.

**Complete of Michigan** may also consider evaluating the potential to maximize telehealth (when possible and appropriate) to help alleviate staff shortages, optimize prenatal and postpartum care service delivery, as it can be utilized for triaging and to provide counseling to pregnant women, and reduce risk for severe illness from COVID-19 for pregnant women.<sup>3-20</sup>

**Weakness #3: Blue Cross Complete of Michigan's** performance for the *Asthma Medication Ratio* measure ranked below the 25th percentile, indicating members were dispensed asthma reliever medication as often, or more often, than asthma controller medications, suggesting an increased use of short-acting medications and less controlled asthma. The prevalence and cost of asthma have increased over the past decade, demonstrating the need for better access to care and medication.<sup>3-21</sup> [Quality and Access]

**Why the weakness exists:** The rate for the *Asthma Medication Ratio* measure ranked below the 25th percentile, suggesting that asthma reliever medications were dispensed more often relative to controller medications and that barriers may potentially exist with provider prescribing and/or member medication compliance. The *Asthma Medication Ratio* measure also ranked below the 25th percentile for HEDIS MY 2019.

**Recommendation:** Due to continued low performance for the *Asthma Medication Ratio* measure, HSAG recommends that **Blue Cross Complete of Michigan** monitor and target its efforts toward those with asthma medication ratios less than 50 percent to improve upon performance related to the *Asthma Medication Ratio* measure. Appropriate medication management for those with persistent asthma is especially important during the COVID-19 pandemic, as those with moderate-to-severe or uncontrolled asthma are more likely to be hospitalized from COVID-19.<sup>3-22</sup>

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<sup>3-20</sup> Centers for Disease Control and Prevention. Operational Considerations for Maintaining Essential Services for and Providing Maternal, Newborn, and Child Healthcare in Low-Resource Countries. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/pregnant.html>. Accessed on: Feb 4, 2022.

<sup>3-21</sup> National Committee for Quality Assurance. Asthma Medication Ratio (AMR). Available at: <https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/>. Accessed on: Feb 4, 2022.

<sup>3-22</sup> Centers for Disease Control and Prevention. People with Moderate to Severe Asthma. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/asthma.html>. Accessed on: Feb 4, 2022.

## Compliance Review

### Performance Results

Table 3-15 presents the total number of criteria for each standard that received a score of *Met* or *Not Met*. Table 3-15 also presents **Blue Cross Complete of Michigan**'s overall compliance score for each standard, the total compliance score across all standards, and their comparison to statewide averages.

**Table 3-15—Compliance Review Results for BCC**

Standard		Number of Scores		Compliance Scores	
		Met	Not Met	BCC	Statewide <sup>1</sup>
1	Administrative	5	0	100%	100%
2	Provider	19	3	86%	91.4%
3	Member	24	1	96%	98.4%
4	Quality	22	0	100%	99.5%
5	MIS	23	0	100%	94.8%
6	Program Integrity	32	2	94%	87.4%
Overall		125	6	95%	94.0%
		<div> <div></div> Indicates the standard scored below the statewide rate. </div>			
		<div> <div></div> Indicates the standard had a score of 100 percent. </div>			

<sup>1</sup> MDHHS calculated statewide performance scores to the tenths place decimal; however, MHP performance scores were calculated using whole number percentages.

### Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the compliance review activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the compliance review have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

## Strengths

**Strength #1: Blue Cross Complete of Michigan** achieved full compliance in the Administrative standard, demonstrating the MHP had an adequate administrative structure, including an organizational chart, administrative positions, governing body, participation in administrative meetings, and data privacy and oversight, which are necessary to effectively carry out managed care functions. [Quality]

**Strength #2: Blue Cross Complete of Michigan** achieved full compliance in the Quality standard, demonstrating the MHP had an adequate quality program, which included, but was not limited to, CPGs, QIP description, work plan, and evaluation; UM program; program policies and procedures; HEDIS activities; PIPs; accreditation; addressing health disparities; health improvement activities; and dental health quality. [Quality, Timeliness, and Access]

**Strength #3: Blue Cross Complete of Michigan** achieved full compliance in the MIS standard, demonstrating the MHP maintained an HIS that collected, analyzed, integrated, and reported data in various program areas and functions, including but not limited to, provider data, member enrollment and disenrollment, financial statements and reports, third-party recovery and subrogation requests, the common formulary, provider enrollment, claims payment, grievance and appeal tracking, and quality reporting. An HIS that collects, analyzes, and reports health information is necessary to support healthcare-related decision making and drive improved healthcare outcomes. [Quality]

## Weaknesses and Recommendations

**Weakness #1: Blue Cross Complete of Michigan** scored below the statewide average in the Provider standard. Adequate and effective processes for maintaining and monitoring a provider network are necessary to ensure members have access to complete and accurate provider information and that all members are assigned to an appropriate provider. [Quality and Access]

**Why the weakness exists:** Discrepancies in provider information were identified in **Blue Cross Complete of Michigan**'s provider directory, and multiple members did not have a dental provider identified.

**Recommendation:** As **Blue Cross Complete of Michigan** previously submitted a CAP to address these findings, which was accepted by MDHHS, HSAG recommends **Blue Cross Complete of Michigan** ensure its CAP is fully implemented to mitigate the deficiencies. Additionally, HSAG recommends that **Blue Cross Complete of Michigan** use other sources, such as the provider website, to verify and correct data included in the provider directory. **Blue Cross Complete of Michigan** should also use the results of any future EQR-related network adequacy validation activity to further analyze the completeness and accuracy of its provider data.

**Weakness #2: Blue Cross Complete of Michigan** scored below the statewide average in the Member standard. Effective mechanisms for overseeing the appeal process are necessary to ensure members receive timely notice of appeal resolution decisions and SFH rights when applicable. [Quality, Timeliness, and Access]

**Why the weakness exists:** Several **Blue Cross Complete of Michigan** appeals did not meet the 30-day time frame for resolution and the explanations did not meet the allowable reasons for an extension.

**Recommendation:** As **Blue Cross Complete of Michigan** previously submitted a CAP to address these findings, which was accepted by MDHHS, HSAG recommends **Blue Cross Complete of Michigan** ensure its CAP is fully implemented to mitigate the deficiencies. Additionally, HSAG recommends that **Blue Cross Complete of Michigan** implement a process to continuously monitor and track time frames in real time to ensure appeals are completed timely and develop a formal training and auditing process to address timeliness concerns and provide education on the appropriate uses of extensions with individual staff members.

## Consumer Assessment of Healthcare Providers and Systems Analysis

### Performance Results—Adult and Child Medicaid

Table 3-16 presents **Blue Cross Complete of Michigan**'s 2021 adult and child Medicaid CAHPS top-box scores. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-16—Summary of 2021 Adult and Child Medicaid CAHPS Top-Box Scores for BCC**

	2021 Adult Medicaid	2021 Child Medicaid
<b>Global Ratings</b>		
<i>Rating of Health Plan</i>	60.1%	63.9% ↓
<i>Rating of All Health Care</i>	56.1%	73.8%
<i>Rating of Personal Doctor</i>	60.7% ↓	72.7%
<i>Rating of Specialist Seen Most Often</i>	66.4%	78.9%*
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	83.3%	85.6%*
<i>Getting Care Quickly</i>	83.7%	89.1%*
<i>How Well Doctors Communicate</i>	94.1%	95.9%
<i>Customer Service</i>	88.7%	84.6%*
<b>Individual Item Measure</b>		
<i>Coordination of Care</i>	87.3%	86.7%*
<b>Effectiveness of Care Measures**</b>		
<i>Advising Smokers and Tobacco Users to Quit</i>	79.3%	
<i>Discussing Cessation Medications</i>	54.3%	
<i>Discussing Cessation Strategies</i>	49.7%	

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

\*\* These rates follow NCQA's methodology of calculating a rolling two-year average.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

### **Strengths, Weaknesses, and Recommendations—Adult and Child Medicaid**

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

#### **Strengths**

**Strength #1: Blue Cross Complete of Michigan's** 2021 top box scores were not statistically significantly above the 2020 NCQA adult and child Medicaid national averages for any measure; therefore, no substantial strengths were identified.

#### **Weaknesses and Recommendations**

**Weakness #1:** Adult members enrolled in **Blue Cross Complete of Michigan** had less positive overall experiences with their personal doctor, since the score for this measure was statistically significantly below the 2020 NCQA adult Medicaid national average. [Quality]

**Why the weakness exists:** Adult members are reporting a more negative experience with their personal doctor compared to national benchmarks.

**Recommendation:** HSAG recommends that **Blue Cross Complete of Michigan** focus on improving adult members' overall experiences with their personal doctor. **Blue Cross Complete of Michigan** should provide training and resources to providers to cultivate better relationships between providers and members, and to support improvement in providers' communication skills.

**Weakness #2:** Parents/caretakers of child members enrolled in **Blue Cross Complete of Michigan** had less positive overall experiences with their child's health plan, since the score for this measure was statistically significantly below the 2020 NCQA child Medicaid national average. [Quality]

**Why the weakness exists:** Parents/caretakers of child members were reporting lower overall experience scores with their child's health plan, which could be due to a variety of factors related to quality, timeliness, and access.

**Recommendation:** HSAG recommends that **Blue Cross Complete of Michigan** explore what may be driving lower experience scores and develop initiatives designed to improve quality of care, timeliness of care, and access to care.



## Performance Results—CSHCS

Table 3-17 presents **Blue Cross Complete of Michigan**'s 2021 CSHCS CAHPS survey top-box scores. The following measures could not be displayed in the table because the measures had fewer than 11 responses and were suppressed: *Rating of Beneficiary Help Line*, *Transportation*, *CSHCS Family Center*, and *Beneficiary Help Line*. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-17—Summary of 2021 CSHCS CAHPS Survey Top-Box Scores for BCC**

	2021 Top-Box Score
<b>Global Ratings</b>	
<i>Rating of Health Plan</i>	71.7%
<i>Rating of Health Care</i>	75.0% NA
<i>Rating of Specialist Seen Most Often</i>	72.7%
<i>Rating of CMDS Clinic</i>	61.9% * NA
<b>Composite Measures</b>	
<i>Customer Service</i>	88.2% *
<i>How Well Doctors Communicate</i>	94.3% * NA
<i>Access to Specialized Services</i>	75.9% * NA
<b>Individual Item Measures</b>	
<i>Access to Prescription Medicines</i>	92.7%
<i>CMDS Clinics</i>	90.9% * NA
<i>Local Health Department Services</i>	76.9% * NA

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

NA indicates a national average is not available for the measure.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

## Strengths, Weaknesses, and Recommendations—CSHCS

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

### Strengths

**Strength #1: Blue Cross Complete of Michigan's** 2021 top-box scores were not statistically significantly above the 2020 NCQA child Medicaid national averages for any measure; therefore, no strengths were identified.

### Weaknesses and Recommendations

**Weakness #1: Blue Cross Complete of Michigan's** 2021 top-box scores were not statistically significantly below the 2020 NCQA child Medicaid national averages for any measure; therefore, no weaknesses were identified.

**Why the weakness exists:** NA

**Recommendation:** HSAG recommends that **Blue Cross Complete of Michigan** monitor the measures to ensure significant decreases in scores over time do not occur.

## Performance Results—Healthy Michigan

Table 3-18 presents **Blue Cross Complete of Michigan's** 2021 CAHPS top-box scores for Healthy Michigan. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-18—Summary of 2021 Healthy Michigan CAHPS Top-Box Scores for BCC**

	2021 Top-Box Score
<b>Global Ratings</b>	
<i>Rating of Health Plan</i>	61.5%
<i>Rating of All Health Care</i>	59.0%
<i>Rating of Personal Doctor</i>	67.1%
<i>Rating of Specialist Seen Most Often</i>	61.4%*
<b>Composite Measures</b>	
<i>Getting Needed Care</i>	83.8%
<i>Getting Care Quickly</i>	80.9%*
<i>How Well Doctors Communicate</i>	93.7%

	2021 Top-Box Score
<i>Customer Service</i>	86.9%*
<b>Individual Item Measure</b>	
<i>Coordination of Care</i>	76.9%*
<b>Effectiveness of Care Measures**</b>	
<i>Advising Smokers and Tobacco Users to Quit</i>	80.4%
<i>Discussing Cessation Medications</i>	56.6%
<i>Discussing Cessation Strategies</i>	45.5%

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

\*\* These rates follow NCQA's methodology of calculating a rolling two-year average.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

### Strengths, Weaknesses, and Recommendations—Healthy Michigan

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

#### Strengths

**Strength #1: Blue Cross Complete of Michigan's** 2021 top-box scores were not statistically significantly above the 2020 NCQA adult Medicaid national averages for any measure; therefore, no substantial strengths were identified.

#### Weaknesses and Recommendations

**Weakness #1: Blue Cross Complete of Michigan's** 2021 top-box scores were not statistically significantly below the 2020 NCQA adult Medicaid national averages for any measure; therefore, no substantial weaknesses were identified.

**Why the weakness exists:** NA

**Recommendation:** HSAG recommends that **Blue Cross Complete of Michigan** monitor the measures to ensure significant decreases in scores over time do not occur.

## Quality Rating

The 2021 Michigan Consumer Guide was designed to compare MHP to MHP performance using HEDIS and CAHPS measure indicators. As such, MHP-specific results are not included in this section. Refer to the Quality Rating activity in Section 5—Medicaid Health Plan Comparative Information to review the 2021 Michigan Consumer Guide, which is inclusive of **Blue Cross Complete of Michigan**'s performance.

## Overall Conclusions for Quality, Timeliness, and Access to Healthcare Services

To identify strengths and weaknesses and draw conclusions for **Blue Cross Complete of Michigan** about the quality, timeliness, and access to care for its members, HSAG analyzed and evaluated performance related to the provision of healthcare services by **Blue Cross Complete of Michigan** across all EQR activities to identify common themes within **Blue Cross Complete of Michigan** that impacted, or will have the likelihood to impact, member health outcomes. The overarching aggregated findings show that while **Blue Cross Complete of Michigan** performed well in some areas impacting the quality and timeliness of, and access to care, there are several opportunities for improvement. **Blue Cross Complete of Michigan** met 100 percent of the requirements for data analysis and implementation of improvement strategies and, although significant improvement was not sustained for the third remeasurement period for both study indicators, **Blue Cross Complete of Michigan** demonstrated improvement over the baseline rate for the disparate population subgroup for the *Addressing Disparities in Timeliness of Prenatal Care* PIP. However, because the White subgroup rate was significantly improved over the baseline rate and the African-American subgroup rate remained steady for Remeasurement 3, the disparity was not removed for the African-American subgroup [**Quality, Timeliness, and Access**]. Additionally, **Blue Cross Complete of Michigan**'s *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* measure indicator rates were below the national Medicaid 25th percentile, indicating that **Blue Cross Complete of Michigan** has continued opportunities to improve prenatal and postpartum care for its members [**Quality, Timeliness, and Access**]. **Blue Cross Complete of Michigan** reported it is implementing a new intervention of issuing gift cards to incentivize members to obtain prenatal visits and expects to see rate improvement once this intervention is fully implemented.

Further, **Blue Cross Complete of Michigan** performed poorly overall in the Child & Adolescent Care domain reviewed as part of the PMV activity. Five of the 12 measure rates fell below the national Medicaid 25th percentile, and seven measure rates fell between the 25th and 49th percentile, suggesting that **Blue Cross Complete of Michigan** could implement additional interventions to improve preventive care for children, specifically *Childhood Immunization Status*, *Lead Screening in Children*, and *Immunizations for Adolescents* [**Quality, Timeliness, and Access**]. Related to the Access to Care domain, **Blue Cross Complete of Michigan**'s adult members were also not always accessing preventive or screening services as demonstrated through lower performance rates for the *Adults' Access to Preventive/Ambulatory Health Services* and *Appropriate Testing for Pharyngitis* measures [**Quality and Access**]. The CAHPS measure for *Rating of Personal Doctor* for adult Medicaid members was statically significantly below the average suggesting these members are less satisfied with their PCP, which may be a barrier to adult members seeking services [**Quality and Access**]. **Blue Cross Complete of**

**Michigan** reported conducting targeted outreach and a texting campaign to impact the *Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older* measure indicator; however, this rate demonstrated a decline in performance. **Blue Cross Complete of Michigan** should monitor performance improvement interventions currently in place and continue to expand upon or implement additional interventions, when necessary, to improve the performance in these measures. As **Blue Cross Complete of Michigan** scored below the statewide average in the Provider standard through the compliance review activity, **Blue Cross Complete of Michigan** should consider additional monitoring efforts to ensure members have access to accurate provider information in order to ensure members are able to access services [**Quality and Access**]. **Blue Cross Complete of Michigan** also demonstrated low performance in the *Asthma Medication Ratio* performance measure with a rating below the national Medicaid 25th percentile [**Quality and Access**]. Although **Blue Cross Complete of Michigan** has implemented several interventions to improve this measure, the rate remains low and declined in performance. **Blue Cross Complete of Michigan** should monitor and target its efforts toward those with asthma medication ratios less than 50 percent to improve upon performance related to the *Asthma Medication Ratio* measure. Through the results of the compliance review activity, **Blue Cross Complete of Michigan** demonstrated strong performance within the Quality standard, demonstrating that **Blue Cross Complete of Michigan** had an adequate quality program in which it could implement performance improvement strategies to improve access to preventive services [**Quality and Access**].

**Blue Cross Complete of Michigan** demonstrated additional strengths of its program through the PMV activity. The *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years and Ages 18 to 64 Years* measure indicator rates were above the national Medicaid 50th percentile, indicating that many members 64 years of age and younger with a diagnosis of acute bronchitis/bronchiolitis were receiving appropriate treatment [**Quality**]. Lastly, two of the three reported rates for *Appropriate Treatment for Upper Respiratory Infection* ranked between the national Medicaid 50th and 75th percentile, indicating members 64 years of age and younger diagnosed with an upper respiratory infection were appropriately not prescribed an antibiotic [**Quality**].

Of note, the COVID-19 pandemic may have had an impact on performance outcomes due to State mandates or instructions to reduce the use of nonemergent services to slow the spread of COVID-19. Additionally, due to fear of contracting the virus, members may have chosen not to access routine care, which may have also impacted performance outcomes in SFY 2021.

## HAP Empowered

### Validation of Performance Improvement Projects

#### Performance Results

Table 3-19 displays the overall validation status; the baseline, Remeasurement 1, Remeasurement 2, and Remeasurement 3 results; and the MHP-designated goal for each study indicator.

**Table 3-19—Overall Validation Rating for HAP**

PIP Topic	Validation Rating	Study Indicator	Study Indicator Results				
			Baseline	R1	R2	R3	Goal
<i>Improving the Timeliness of Prenatal Care for Black Women</i>	Partially Met	The percentage of eligible Black women who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year. (Region 6)	48.2%	48.0% ⇔	93.5% ↑	69.7% ⇔	89.1%
<i>Improving the Timeliness of Prenatal Care</i>		The percentage of eligible women who receive a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment during the measurement period. (Region 10)	35.3%	35.6% ⇔	53.3% ↑	64.3% ↑	89.1%

R1 = Remeasurement 1

R2 = Remeasurement 2

R3 = Remeasurement 3

↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05).

⇔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05).

↓ = Designates statistically significant decline over the baseline measurement period (p value < 0.05).

**HAP Empowered** acquired the MHP, Trusted Health Plan, in September 2019. The two MHPs functioned as separate entities, operating in different regions of the state, until the formal merger on January 1, 2020. In its efforts to maintain comparability for Remeasurement 3, **HAP Empowered** stratified its membership using member demographic information and reported two study indicators for this validation cycle. One indicator for Region 6 previously serviced by **HAP Empowered** and another for Region 10, previously serviced by Trusted Health Plan.

Table 3-20 displays the interventions implemented to address the barriers identified by the MHP using QI and causal/barrier analysis processes.



**Table 3-20—Remeasurement 3 Interventions for HAP**

Intervention Descriptions	
Continued using the pregnancy indicator and due date from the enrollment file to identify members who were pregnant and conducted telephonic outreach.	Identified members' pregnancy via claims report and 834 indicator on enrollment file to refer to Michigan's MIHPs (Maternal Infant Health Programs) and the MHP's maternity case management program.
Outreached to pregnant members at risk for social isolation and food insecurities to connect to resources and programs to mitigate risk.	Continued the internal maternity case management program.
Enhanced care management program screening assessment to collect SDOH data and identify members' risk level. Members were referred to programs and resources based on their needs.	

### ***Strengths, Weaknesses, and Recommendations***

Through the EQR, HSAG assessed the findings for the PIP validation against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the PIP validation have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

#### **Strengths**

**Strength #1: HAP Empowered** met 100 percent of the requirements for data analysis and implementation of improvement strategies. [**Quality, Timeliness, and Access**]

**Strength #2: HAP Empowered** sustained statistically significant improvement over the baseline rate for the Region 10 study indicator in the third remeasurement period. [**Quality, Timeliness, and Access**]

#### **Weaknesses and Recommendations**

**Weakness #1:** Although improvement over the baseline was demonstrated for the Region 6 study indicator, **HAP Empowered** did not sustain statistically significant improvement for the third remeasurement period. [**Quality, Timeliness, and Access**]

**Why the weakness exists:** **HAP Empowered** noted that the COVID-19 pandemic, which occurred during the third remeasurement period, impacted the study indicator results. The statewide stay-at-home orders halted face-to-face appointments with physicians.

**Recommendation:** HSAG recommends **HAP Empowered** revisit its causal/barrier analysis process to capture barriers associated with the pandemic and develop specific and targeted interventions to address those barriers.

## Performance Measure Validation

### Performance Results

**HAP Empowered** was evaluated against NCQA’s IS standards to measure how the MHP collected, stored, analyzed, and reported HEDIS data. According to the HEDIS MY 2020 Compliance Audit Report findings, **HAP Empowered** was fully compliant with all seven IS standards.

According to the auditor’s review, **HAP Empowered** followed the NCQA HEDIS MY 2020 technical specifications and produced a *Reportable* rate for all included measures and sub-measures. No rates were determined to be materially biased.

Table 3-21 displays the HEDIS MY 2020 performance measure rates and 2020 performance levels based on comparisons to national percentiles<sup>3-23</sup> for **HAP Empowered**.

**Table 3-21—HEDIS MY 2020 Performance Measure Results for HAP**

Measure	HEDIS MY 2020	2020 Performance Level <sup>1</sup>
<b>Child &amp; Adolescent Care</b>		
<i>Childhood Immunization Status</i>		
<i>Combination 2</i>	49.54%	★
<i>Combination 3</i>	44.95%	★
<i>Combination 4</i>	44.95%	★
<i>Combination 5</i>	37.61%	★
<i>Combination 6</i>	23.85%	★
<i>Combination 7</i>	37.61%	★
<i>Combination 8</i>	23.85%	★
<i>Combination 9</i>	20.18%	★
<i>Combination 10</i>	20.18%	★
<i>Lead Screening in Children</i>		
<i>Lead Screening in Children</i>	62.39%	★
<i>Immunizations for Adolescents</i>		
<i>Combination 1</i>	70.73%	★
<i>Combination 2</i>	21.95%	★
<b>Access to Care</b>		
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>		
<i>Ages 20 to 44 Years</i>	57.06%	★
<i>Ages 45 to 64 Years</i>	74.49%	★

<sup>3-23</sup> HEDIS MY 2020 performance measure rates are compared to NCQA’s Quality Compass National Medicaid HMO percentiles for HEDIS MY 2020 (referred to as “percentiles” throughout this section of the report).

Measure	HEDIS MY 2020	2020 Performance Level <sup>1</sup>
<i>Ages 65 Years and Older</i>	88.16%	★★
<i>Total</i>	68.81%	★
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>		
<i>Ages 3 Months to 17 Years</i>	75.93%	★★★★★
<i>Ages 18 to 64 Years</i>	40.52%	★★★
<i>Ages 65 Years and Older</i>	29.55%	★★
<i>Total</i>	47.20%	★★
<b>Appropriate Testing for Pharyngitis<sup>2</sup></b>		
<i>Ages 3 to 17 Years</i>	65.98%	★
<i>Ages 18 to 64 Years</i>	47.10%	★
<i>Ages 65 Years and Older</i>	NA	NA
<i>Total</i>	52.76%	★
<b>Appropriate Treatment for Upper Respiratory Infection</b>		
<i>Ages 3 Months to 17 Years</i>	91.72%	★★★★
<i>Ages 18 to 64 Years</i>	79.94%	★★★★
<i>Ages 65 Years and Older</i>	73.75%	★★★★
<i>Total</i>	84.31%	★
<b>Pregnancy Care</b>		
<b>Prenatal and Postpartum Care<sup>2</sup></b>		
<i>Timeliness of Prenatal Care</i>	68.30%	★
<i>Postpartum Care</i>	52.68%	★
<b>Living With Illness</b>		
<b>Asthma Medication Ratio</b>		
<i>Total</i>	46.27%	★

<sup>1</sup>Performance Levels for 2020 were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks.

<sup>2</sup>Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution. NA indicates that the MHP followed the specifications, but the denominator was too small to report a valid rate.

2020 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

## Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the PMV against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the PMV have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

## Strengths

**Strength #1: HAP Empowered**'s performance ranked between the 75th and 89th percentile for the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years* measure indicator, indicating members three months to 17 years of age with a diagnosis of acute bronchitis/bronchiolitis received appropriate treatment. Acute bronchitis/bronchiolitis almost always gets better on its own; therefore, individuals without other health problems should not be prescribed an antibiotic.<sup>3-24</sup> [Quality]

**Strength #2: HAP Empowered** demonstrated overall strength in its HEDIS data reporting, as **HAP Empowered** was fully compliant with all seven IS standards and all performance measure rates were determined to be *Reportable*. [Quality]

## Weaknesses and Recommendations

**Weakness #1: HAP Empowered**'s performance for all nine *Childhood Immunization Status* measure indicators ranked below the 25th percentile, indicating children 2 years of age were not always getting their immunizations by their second birthday. Vaccination coverage must be maintained in order to prevent a resurgence of vaccine-preventable diseases.<sup>3-25</sup> [Quality, Timeliness, and Access]

**Why the weakness exists:** The rates for all nine *Childhood Immunization Status* measure indicators ranked below the 25th percentile, suggesting barriers exist for children to receive immunizations. A potential barrier noted by **HAP Empowered** for access to care was the limitation of in-person visits due to the COVID-19 pandemic.

**Recommendation:** HSAG recommends that **HAP Empowered** monitor performance improvement interventions currently in place and continue to expand upon or implement additional interventions, when necessary, to improve the performance related to the *Childhood Immunization Status* measure. The CDC recommends continued administration of routine immunization during the pandemic to prevent transmission of other preventable infectious diseases. According to the AAP, while telehealth visits are recommended, in-person visits, especially for vaccination, should not be discontinued unless community circumstances require the limitation of in-person visits, in which case curbside or drive-through vaccination can be implemented by clinics to limit patient-provider contact.<sup>3-26</sup>

<sup>3-24</sup> National Committee for Quality Assurance. Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB). Available at: <https://www.ncqa.org/hedis/measures/avoidance-of-antibiotic-treatment-in-adults-with-acute-bronchitis/>. Accessed on: Feb 4, 2022.

<sup>3-25</sup> National Committee for Quality Assurance. Childhood Immunization Status (CIS). Available at: <https://www.ncqa.org/hedis/measures/childhood-immunization-status/>. Accessed on: Feb 4, 2022.

<sup>3-26</sup> Centers for Disease Control and Prevention. Interim guidance for routine and influenza immunization services during the COVID-19 pandemic. Available at: <https://www.cdc.gov/vaccines/pandemic-guidance/index.html>. Accessed on: Feb 4, 2022.

**Weakness #2: HAP Empowered's** performance for the *Lead Screening in Children* measure ranked below the 25th percentile, indicating children 2 years of age were not always receiving a capillary or venous lead blood test for lead poisoning by their second birthday. If not found early, exposure to lead and high blood lead levels can lead to irrevocable effects on a child's physical and mental health.<sup>3-27</sup> [Quality, Timeliness, and Access]

**Why the weakness exists:** The rate for the *Lead Screening in Children* measure ranked below the 25th percentile, suggesting barriers exist for children to receive lead blood tests by their second birthday.

**Recommendation:** HSAG recommends that **HAP Empowered** conduct a root cause analysis or focused study to determine why some children did not receive lead blood tests by their second birthday. If it is determined that COVID-19 impacted performance for *Lead Screening in Children*, **HAP Empowered** should take a proactive approach in ensuring young children are receiving appropriate lead testing and care management. During the pandemic, the AAP recommends that well-child examinations occur in person whenever possible and within the child's medical home where continuity of care can be established.<sup>3-28</sup> Upon identification of a root cause, **HAP Empowered** should implement appropriate interventions to improve the performance related to the *Lead Screening in Children* measure.

**Weakness #3: HAP Empowered's** performance for *Immunizations for Adolescents* ranked below the 25th percentile, indicating adolescents 13 years of age were not always receiving one dose of meningococcal vaccine, one Tdap vaccine, and the complete HPV vaccine series by their 13th birthday. Receiving recommended vaccinations is the best defense against serious vaccine-preventable diseases, including meningococcal meningitis, tetanus, diphtheria, pertussis (whooping cough) and HPV.<sup>3-29</sup> [Quality, Timeliness, and Access]

**Why the weakness exists:** The rates for the *Immunizations for Adolescents* measure indicators ranked below the 25th percentile, suggesting barriers exist for adolescents to receive one dose of meningococcal vaccine, one Tdap vaccine, and the complete HPV vaccine series by their 13th birthday.

**Recommendation:** HSAG recommends that **HAP Empowered** conduct a root cause analysis or focused study to determine why some adolescents were not always receiving one dose of meningococcal vaccine, one Tdap vaccine, and the complete HPV vaccine series by their 13th birthday. If it is determined that COVID-19 impacted performance for the *Immunizations for Adolescents* measure, **HAP Empowered** should take a proactive approach in ensuring adolescents receive their recommended vaccines. The easing of nationwide restrictions and opening of schools introduce a new risk for disease outbreaks among adolescents who may have missed routine

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<sup>3-27</sup> National Committee for Quality Assurance. Lead Screening in Children (LSC). Available at: <https://www.ncqa.org/hedis/measures/lead-screening-in-children/>. Accessed on: Feb 4, 2022.

<sup>3-28</sup> Centers for Disease Control and Prevention. Decreases in Young Children Who Received Blood Lead Level Testing During COVID-19—34 Jurisdictions, January–May 2020. Available at: [https://www.cdc.gov/mmwr/volumes/70/wr/mm7005a2.htm?s\\_cid=mm7005a2\\_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7005a2.htm?s_cid=mm7005a2_w). Accessed on: Feb 4, 2022.

<sup>3-29</sup> National Committee for Quality Assurance. Immunizations for Adolescents (IMA). Available at: <https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/>. Accessed on: Feb 4, 2022.

immunizations due to the pandemic. Therefore, it is essential for pediatricians to ensure adolescents are up to date on their vaccines.<sup>3-30</sup> Upon identification of a root cause, **HAP Empowered** should implement appropriate interventions to improve the performance related to the *Immunizations for Adolescents* measure.

**Weakness #4: HAP Empowered's** performance for all reported *Appropriate Testing for Pharyngitis* measure indicators ranked below the 25th percentile, indicating members with a diagnosis of pharyngitis were not always receiving the appropriate testing required to merit antibiotic treatment for pharyngitis. Viral pharyngitis does not require antibiotic treatment, but antibiotics continue to be inappropriately prescribed. Proper testing and treatment of pharyngitis prevents the spread of sickness, while reducing unnecessary use of antibiotics.<sup>3-31</sup> **[Quality]**

**Why the weakness exists:** The rates for all reported *Appropriate Testing for Pharyngitis* measure indicators ranked below the 25th percentile, suggesting that the appropriate testing for pharyngitis was not always completed prior to dispensing antibiotic treatment.

**Recommendation:** HSAG recommends that **HAP Empowered** conduct a root cause analysis or focused study to determine why members were not always receiving appropriate testing for pharyngitis to warrant antibiotic treatment. Upon identification of a root cause, **HAP Empowered** should implement appropriate interventions to improve the performance related to the *Appropriate Testing for Pharyngitis* measure.

**Weakness #5: HAP Empowered's** performance for both *Prenatal and Postpartum Care* measure indicators ranked below the 25th percentile, indicating women were not always accessing prenatal care and postpartum visits. Timely and adequate prenatal and postpartum care can set the stage for the long-term health and well-being of new mothers and their infants.<sup>3-32</sup> **[Quality, Timeliness, and Access]**

**Why the weakness exists:** The rates for both *Prenatal and Postpartum Care* measure indicators ranked below the 25th percentile, suggesting barriers exist for women to receive prenatal and postpartum care. A potential barrier noted by **HAP Empowered** for access to care was member mistrust in providers and information given by providers.

**Recommendation:** HSAG recommends that **HAP Empowered** conduct a root cause analysis or focused study to determine why some women did not receive prenatal and postpartum care. If it is determined that COVID-19 impacted performance for the *Prenatal and Postpartum Care* measure indicators, **HAP Empowered** should proactively alter its approach to prenatal and postpartum care through methods such as telemedicine, when possible, to improve upon performance related to the

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<sup>3-30</sup> American Academy of Pediatrics. Ensure Adolescents Who Missed Vaccines During Pandemic Catch Up. Available at: <https://publications.aap.org/aapnews/news/16979>. Accessed on: Feb 16, 2022.

<sup>3-31</sup> National Committee for Quality Assurance. Appropriate Testing for Children with Pharyngitis (CWP). Available at: <https://www.ncqa.org/hedis/measures/appropriate-testing-for-children-with-pharyngitis/>. Accessed on: Feb 16, 2022.

<sup>3-32</sup> National Committee for Quality Assurance. Prenatal and Postpartum Care (PPC). Available at: <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>. Accessed on: Feb 16, 2022.



*Prenatal and Postpartum Care* measure.<sup>3-33</sup> Additionally, if member mistrust in providers is identified as a root cause that impacted the rates for both *Prenatal and Postpartum Care* measure indicators, HSAG recommends that **HAP Empowered** work toward strengthening patient-provider relationships in an effort to improve upon the rate for the *Prenatal and Postpartum Care* measure. The AMA has discussed ways to strengthen trusting patient-physician relationships and reduce health inequities: the medical profession should hear and amplify the voices of patients and families, partner with communities where disproportionate rates of maternal mortality exist, have greater collaboration with non-clinical community organizations with close ties to minoritized and marginalized groups to identify opportunities to best support pregnant women and new families, and engage in the funding and development of outreach initiatives to promote comprehensive pre-pregnancy, prenatal, peripartum, and postpartum care.<sup>3-34</sup>

**Weakness #6: HAP Empowered's** performance for the *Asthma Medication Ratio* measure ranked below the 25th percentile, indicating members were dispensed asthma reliever medication as often, or more often, than asthma controller medications, suggesting an increased use of short-acting medications and less controlled asthma. The prevalence and cost of asthma have increased over the past decade, demonstrating the need for better access to care and medication.<sup>3-35</sup> [Quality and Access]

**Why the weakness exists:** The rate for the *Asthma Medication Ratio* measure ranked below the 25th percentile, suggesting that asthma reliever medications were dispensed more often relative to controller medications and that barriers may potentially exist with provider prescribing and/or member medication compliance. The *Asthma Medication Ratio* measure also ranked below the 25th percentile for HEDIS MY 2019.

**Recommendation:** Due to continued low performance for the *Asthma Medication Ratio* measure, HSAG recommends that **HAP Empowered** monitor and target its efforts toward those with asthma medication ratios less than 50 percent to improve upon performance related to the *Asthma Medication Ratio* measure. Appropriate medication management for those with persistent asthma is especially important during the COVID-19 pandemic, as those with moderate-to-severe or uncontrolled asthma are more likely to be hospitalized from COVID-19.<sup>3-36</sup>

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<sup>3-33</sup> American Hospital Association. COVID-19: Maternal and Child Health During COVID-19. Available at: [https://www.aha.org/system/files/media/file/2020/05/COVID-19-Maternal-Guidelines\\_rev6.pdf](https://www.aha.org/system/files/media/file/2020/05/COVID-19-Maternal-Guidelines_rev6.pdf). Accessed on: Feb 4, 2022.

<sup>3-34</sup> American Medical Association. AMA sets priorities for equitable maternal health care, NOV 16, 2021. Available at: <https://www.ama-assn.org/press-center/press-releases/ama-sets-priorities-equitable-maternal-health-care>. Accessed on: Feb 4, 2022.

<sup>3-35</sup> National Committee for Quality Assurance. Asthma Medication Ratio (AMR). Available at: <https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/>. Accessed on: Feb 4, 2022.

<sup>3-36</sup> Centers for Disease Control and Prevention. People with Moderate to Severe Asthma. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/asthma.html>. Accessed on: Feb 4, 2022.

## Compliance Review

### Performance Results

Table 3-22 presents the total number of criteria for each standard that received a score of *Met* or *Not Met*. Table 3-22 also presents **HAP Empowered**'s overall compliance score for each standard, the total compliance score across all standards, and their comparison to statewide averages.

**Table 3-22—Compliance Review Results for HAP**

Standard		Number of Scores		Compliance Scores	
		<i>Met</i>	<i>Not Met</i>	HAP	Statewide <sup>1</sup>
1	Administrative	5	0	100%	100%
2	Provider	21	1	95%	91.4%
3	Member	23	2	92%	98.4%
4	Quality	21	1	95%	99.5%
5	MIS	23	0	100%	94.8%
6	Program Integrity	32	2	94%	87.4%
Overall		125	6	95%	94.0%
		<div> <div></div> Indicates the standard scored below the statewide rate. </div>			
		<div> <div></div> Indicates the standard had a score of 100 percent. </div>			

<sup>1</sup> MDHHS calculated statewide performance scores to the tenths place decimal; however, MHP performance scores were calculated using whole number percentages.

### Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the compliance review activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the compliance review have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

## Strengths

**Strength #1: HAP Empowered** achieved full compliance in the Administrative standard, demonstrating an adequate administrative structure, including an organizational chart, administrative positions, governing body, participation in administrative meetings, and data privacy and oversight, which are necessary to effectively carry out managed care functions. [Quality]

**Strength #2: HAP Empowered** achieved full compliance in the MIS standard, demonstrating the MHP maintained an HIS that collected, analyzed, integrated, and reported data in various program areas and functions, including but not limited to, provider data, member enrollment and

disenrollment, financial statements and reports, third-party recovery and subrogation requests, common formulary, member enrollment and disenrollment, provider enrollment, claims payment, grievance and appeal tracking, and quality reporting. An HIS that collects, analyzes, and reports health information is necessary to support healthcare-related decision making and drive improved healthcare outcomes. [Quality]

## Weaknesses and Recommendations

**Weakness #1: HAP Empowered** scored below the statewide average in the Member standard. Effective mechanisms for overseeing the member handbook dissemination and appeal processes are necessary to ensure members receive timely information on their benefit plan and timely notice of appeal resolution decisions and SFH rights when applicable. [Quality, Timeliness, and Access]

**Why the weakness exists: HAP Empowered** was unable to send out member handbooks timely for three months and multiple appeals were not completed within the 30-day time frame with no extensions taken.

**Recommendation:** As **HAP Empowered** previously submitted a CAP to address these findings, which was accepted by MDHHS, or already identified and corrected this issue, HSAG recommends **HAP Empowered** ensure its CAP is fully implemented to mitigate the deficiencies. Additionally, HSAG recommends that **HAP Empowered** implement a process to continuously monitor and track time frames in real time to ensure appeals are completed timely and develop a formal training and auditing process to address timeliness concerns and educate on appropriate uses of extensions with individual staff members. As MDHHS indicated that **HAP Empowered** already identified and corrected the issue related to the member handbook, HSAG has no additional recommendations.

**Weakness #2: HAP Empowered** scored below the statewide average in the Quality standard. A comprehensive quality program is necessary to increase and sustain the quality of, and access to, timely healthcare and services received by members. [Quality]

**Why the weakness exists: HAP Empowered** did not demonstrate compliance with the review criteria for submitting an annual quality program worksheet that included highlights, document names, and page numbers as required.

**Recommendation:** As **HAP Empowered** previously submitted a CAP to address these findings, which was accepted by MDHHS, HSAG recommends **HAP Empowered** ensure its CAP is fully implemented to mitigate the deficiencies.

## Consumer Assessment of Healthcare Providers and Systems Analysis

### Performance Results—Adult and Child Medicaid

Table 3-23 presents **HAP Empowered**'s 2021 adult and child Medicaid CAHPS top-box scores. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-23—Summary of 2021 Adult and Child Medicaid CAHPS Top-Box Scores for HAP**

	2021 Adult Medicaid	2021 Child Medicaid
<b>Global Ratings</b>		
<i>Rating of Health Plan</i>	70.8% ↑	52.2% ↓
<i>Rating of All Health Care</i>	58.2%	69.0%*
<i>Rating of Personal Doctor</i>	71.6%	66.3%* ↓
<i>Rating of Specialist Seen Most Often</i>	76.2%	64.3%*
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	88.0% ↑	83.0%*
<i>Getting Care Quickly</i>	87.9% ↑	84.2%*
<i>How Well Doctors Communicate</i>	95.3%	96.6%*
<i>Customer Service</i>	90.7%	81.3%*
<b>Individual Item Measure</b>		
<i>Coordination of Care</i>	91.4%* ↑	66.7%*
<b>Effectiveness of Care Measures**</b>		
<i>Advising Smokers and Tobacco Users to Quit</i>	76.1%	
<i>Discussing Cessation Medications</i>	59.4%	
<i>Discussing Cessation Strategies</i>	53.8%	

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

\*\* These rates follow NCQA's methodology of calculating a rolling two-year average.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

### Strengths, Weaknesses, and Recommendations—Adult and Child Medicaid

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

## Strengths

**Strength #1:** Adult members enrolled in **HAP Empowered** had more positive experiences with their health plan, getting the care they needed, timeliness of getting care, and coordination of care, since the scores for these measures were statistically significantly above the 2020 NCQA adult national averages. [Quality, Timeliness, and Access]

## Weaknesses and Recommendations

**Weakness #1:** Parents/caretakers of child members enrolled with **HAP Empowered** had less positive overall experiences with their child's health plan and their child's personal doctor. The scores for these measures were statistically significantly below the 2020 NCQA child national averages. [Quality]

**Why the weakness exists:** Parents/caretakers of child members are reporting a more negative experience with their child's health plan and with their child's personal doctor compared to national benchmarks.

**Recommendation:** HSAG recommends that **HAP Empowered** focus on improving parents/caretakers of child members' overall experiences with their child's health plan and identifying the root cause of the poorer experiences with the child's personal doctor. **HAP Empowered** should provide training and resources to providers to cultivate better relationships between providers and members, and to improve providers' communication skills.

## Performance Results—CSHCS

**HAP Empowered's** 2021 CSHCS CAHPS survey top-box scores cannot be displayed because all measures had fewer than 11 responses and were suppressed.

## Strengths, Weaknesses, and Recommendations—CSHCS

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

## Strengths

**Strength #1:** **HAP Empowered's** 2021 top-box scores were not statistically significantly above the 2020 NCQA child Medicaid national averages for any measure due to suppression of all measures; therefore, no strengths were identified.

## Weaknesses and Recommendations

**Weakness #1: HAP Empowered**'s 2021 top-box scores were not statistically significantly below the 2020 NCQA child Medicaid national averages for any measure due to suppression of all measures; therefore, no weaknesses were identified.

**Why the weakness exists:** NA

**Recommendation:** HSAG recommends that **HAP Empowered** monitor the measures to ensure significant decreases in scores over time do not occur.

## Performance Results—Healthy Michigan

Table 3-24 presents **HAP Empowered**'s 2021 CAHPS top-box scores for Healthy Michigan. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-24—Summary of 2021 Healthy Michigan CAHPS Top-Box Scores for HAP**

	2021 Top-Box Score
<b>Global Ratings</b>	
<i>Rating of Health Plan</i>	50.8% ↓
<i>Rating of All Health Care</i>	40.3%* ↓
<i>Rating of Personal Doctor</i>	61.0%*
<i>Rating of Specialist Seen Most Often</i>	58.5%*
<b>Composite Measures</b>	
<i>Getting Needed Care</i>	79.0%*
<i>Getting Care Quickly</i>	78.7%*
<i>How Well Doctors Communicate</i>	88.2%*
<i>Customer Service</i>	88.3%*
<b>Individual Item Measure</b>	
<i>Coordination of Care</i>	80.0%*
<b>Effectiveness of Care Measures**</b>	
<i>Advising Smokers and Tobacco Users to Quit</i>	59.4% ↓
<i>Discussing Cessation Medications</i>	45.3%
<i>Discussing Cessation Strategies</i>	39.0% ↓

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

\*\* These rates follow NCQA's methodology of calculating a rolling two-year average.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.



## Strengths, Weaknesses, and Recommendations—Healthy Michigan

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

### Strengths

**Strength #1: HAP Empowered's** 2021 top-box scores were not statistically significantly above the 2020 NCQA adult Medicaid national averages for any measure; therefore, no substantial strengths were identified.

### Weaknesses and Recommendations

**Weakness #1:** Two global rating scores, *Rating of Health Plan* and *Rating of All Health Care*, and two Effectiveness of Care scores, *Advising Smokers and Tobacco Users to Quit* and *Discussing Cessation Strategies*, were statistically significantly below the 2020 NCQA adult Medicaid national averages. [Quality]

**Why the weakness exists:** When compared to national benchmarks, the results indicate that **HAP Empowered's** members are reporting a more negative experience with their health plan and the overall healthcare they are receiving. Additionally, **HAP Empowered's** providers may not be advising members who smoke or use tobacco to quit or discussing cessation strategies with them as much as other providers compared to national benchmarks.

**Recommendation:** HSAG recommends that **HAP Empowered** explore what may be driving lower experience scores and develop initiatives designed to improve quality of care, including a focus on improving members' overall experiences with their health plan and the provision of medical assistance with smoking and tobacco use cessation to members. **HAP Empowered** should provide training and resources to providers to promote smoking cessation with their members.

### Quality Rating

The 2021 Michigan Consumer Guide was designed to compare MHP to MHP performance using HEDIS and CAHPS measure indicators. As such, MHP-specific results are not included in this section. Refer to the Quality Rating activity in Section 5—Medicaid Health Plan Comparative Information to review the 2021 Michigan Consumer Guide, which is inclusive of **HAP Empowered's** performance.

### Overall Conclusions for Quality, Timeliness, and Access to Healthcare Services

To identify strengths and weaknesses and draw conclusions for **HAP Empowered** about the quality, timeliness, and access to care for its members, HSAG analyzed and evaluated performance related to the provision of healthcare services by **HAP Empowered** across all EQR activities to identify common themes within **HAP Empowered** that impacted, or will have the likelihood to impact, member health

outcomes. The overarching aggregated findings show that while **HAP Empowered** performed well in some areas impacting the quality and timeliness of, and access to care, there are several opportunities for improvement. **HAP Empowered** met 100 percent of the requirements for data analysis and implementation of improvement strategies and showed improvement over the baseline measurement for the *Improving the Timeliness of Prenatal Care for Black Women* PIP study indicator. However, the goal was not met and Remeasurement 3 did not demonstrate sustained improvement [**Quality, Timeliness, and Access**]. **HAP Empowered** did sustain statistically significant improvement over the baseline rate for the Region 10 study indicator in the third remeasurement period for the *Improving the Timeliness of Prenatal Care* PIP study indicator. However, the overall *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* measure indicator rates fell below the national Medicaid 25th percentile, indicating that **HAP Empowered** has continued opportunities to improve prenatal and postpartum care for its members [**Quality, Timeliness, and Access**]. **HAP Empowered** reported implementing interventions through its care management program, MIHP referrals, and providing a member incentive to obtain services; however, both rates under the Pregnancy Care domain demonstrated a decline in performance. **HAP Empowered** should revisit its causal/barrier analysis process to capture additional barriers and develop specific and targeted interventions to address those barriers.

Additionally, **HAP Empowered** performed poorly overall in the Child & Adolescent Care domain reviewed as part of the PMV activity. All 12 measure rates fell below the national Medicaid 25th percentile, suggesting that **HAP Empowered** could implement additional interventions to improve preventive care for children including *Childhood Immunization Status*, *Lead Screening in Children*, and *Immunizations for Adolescents* [**Quality, Timeliness, and Access**]. **HAP Empowered** reported several barriers and interventions being implemented to impact the *Childhood Immunization Status* measure, and while all rates demonstrated a decline in performance, the MHP also reported seeing a gradual month-to-month increase in immunization rates and child well visits. Related to the Access to Care domain, **HAP Empowered**'s adult members were also not always accessing preventive and screening services as demonstrated through lower performance rates for the *Adults' Access to Preventive/Ambulatory Health Services* and *Appropriate Testing for Pharyngitis* measures [**Quality and Access**]. **HAP Empowered** should monitor performance improvement interventions currently in place and continue to expand upon or implement additional interventions, when necessary, to improve the performance in these measures. While these measures indicate a potential barrier to accessing services, **HAP Empowered**'s adult Medicaid CAHPS scores for *Getting Needed Care* and *Getting Care Quickly* were statistically significantly above the national averages, suggesting that members who took the survey did not have significant barriers to accessing care, while the score for *Rating of Personal Doctor* for the child population and *Rating of All Health Care* for the Healthy Michigan population suggests children and parents/caretakers are less satisfied with their PCP and the healthcare received, which may negatively impact performance rates [**Quality, Timeliness, and Access**]. **HAP Empowered** also demonstrated low performance in the *Asthma Medication Ratio* measure with a rating below the national Medicaid 25th percentile [**Quality and Access**]. Although **HAP Empowered** has implemented several interventions to improve this measure, the rate remains low. **HAP Empowered** should monitor and target its efforts toward those with asthma medication ratios less than 50 percent to improve upon performance related to the *Asthma Medication Ratio* measure. Through the results of the compliance review activity, **HAP Empowered** demonstrated lower performance than the statewide average related to submission of the annual quality

program worksheet, but overall strong performance within most aspects of the Quality standard, demonstrating that **HAP Empowered** had an adequate quality program in which it could implement performance improvement strategies to improve access to services [**Quality** and **Access**].

Lastly, **HAP Empowered** demonstrated additional strengths of its program through the PMV activity. The *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 18 to 64 Years* measure indicator rates were above the national Medicaid 50th percentile, and the *Ages 3 Months to 17 Years* measure indicator rates were above the 75th percentile, indicating that many members 64 years of age and younger with a diagnosis of acute bronchitis/bronchiolitis were receiving appropriate treatment [**Quality**]. Performance above the national Medicaid 50th percentile in the *Appropriate Treatment for Upper Respiratory Infection* measure rates for ages three months and older also demonstrated that many members were appropriately not receiving antibiotics for an upper respiratory infection. If antibiotics are provided for viral infections, antibiotic resistance could occur over time, making them less effective when needed [**Quality**].

Of note, the COVID-19 pandemic may have had an impact on performance outcomes due to State mandates or instructions to reduce the use of nonemergent services to slow the spread of COVID-19. Additionally, due to fear of contracting the virus, members may have chosen not to access routine care, which may have also impacted performance outcomes in SFY 2021.

## McLaren Health Plan

### Validation of Performance Improvement Projects

#### Performance Results

Table 3-25 displays the overall validation status; the baseline, Remeasurement 1, Remeasurement 2, and Remeasurement 3 results; and the MHP-designated goal for each study indicator.

**Table 3-25—Overall Validation Rating for MCL**

PIP Topic	Validation Rating	Study Indicator	Study Indicator Results				
			Baseline	R1	R2	R3	Goal
Addressing Disparities in Timeliness of Prenatal Care	Not Met	1. The percentage of eligible pregnant women residing in Region 7 who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	63.8%	85.5% ↑	78.3% ⇔	72.6% ⇔	71%
		2. The percentage of eligible pregnant women residing in Region 6 who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	71.2%	74.2% ⇔	66.3% ⇔	74.2% ⇔	71%

R1 = Remeasurement 1

R2 = Remeasurement 2

R3 = Remeasurement 3

↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05).

⇔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05).

↓ = Designates statistically significant decline over the baseline measurement period (p value < 0.05).

Table 3-26 displays the interventions implemented to address the barriers identified by the MHP using QI and causal/barrier analysis processes.

**Table 3-26—Remeasurement 3 Interventions for MCL**

Intervention Descriptions	
Face-to-face provider education was conducted by network development staff members. Timely prenatal care guidelines were provided during the visit.	Developed improved reporting to capture members who are pregnant and determine the estimated date of conception (EDC) from the State report.
Expanded member outreach to remind and educate on the importance of timely prenatal care.	Utilized a report to capture International Classification of Diseases, Tenth Revision (ICD-10) pregnancy codes.

## Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the PIP validation against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the PIP validation have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

### Strengths

**Strength #1: McLaren Health Plan** used appropriate QI tools to conduct a causal/barrier analysis and prioritize the identified barriers. [Quality, Timeliness, and Access]

**Strength #2: McLaren Health Plan** achieved the overall goal of the PIP by removing the disparity between the two population subgroups. [Quality, Timeliness, and Access]

### Weaknesses and Recommendations

**Weakness #1:** Although some improvement was demonstrated over the baseline, **McLaren Health Plan** did not achieve or sustain statistically significant improvement for the third remeasurement period. [Quality, Timeliness, and Access]

**Why the weakness exists:** **McLaren Health Plan** had a relatively small eligible population. A larger increase in the number of members that are numerator compliant must occur to achieve the desired goal.

**Recommendation:** HSAG recommends **McLaren Health Plan** revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions.

## Performance Measure Validation

### Performance Results

**McLaren Health Plan** was evaluated against NCQA's IS standards to measure how the MHP collected, stored, analyzed, and reported HEDIS data. According to the HEDIS MY 2020 Compliance Audit Report findings, **McLaren Health Plan** was fully compliant with all seven IS standards.

According to the auditor's review, **McLaren Health Plan** followed the NCQA HEDIS MY 2020 technical specifications and produced a *Reportable* rate for all included measures and sub-measures. No rates were determined to be materially biased.

Table 3-27 displays the HEDIS MY 2020 performance measure rates and 2020 performance levels based on comparisons to national percentiles<sup>3-37</sup> for **McLaren Health Plan**.

**Table 3-27—HEDIS MY 2020 Performance Measure Results for MCL**

Measure	HEDIS MY 2020	2020 Performance Level <sup>1</sup>
<b>Child &amp; Adolescent Care</b>		
<b><i>Childhood Immunization Status</i></b>		
<i>Combination 2</i>	65.94%	★
<i>Combination 3</i>	63.26%	★
<i>Combination 4</i>	61.56%	★
<i>Combination 5</i>	52.55%	★
<i>Combination 6</i>	37.23%	★★
<i>Combination 7</i>	51.34%	★
<i>Combination 8</i>	36.74%	★★
<i>Combination 9</i>	31.87%	★★
<i>Combination 10</i>	31.39%	★★
<b><i>Lead Screening in Children</i></b>		
<i>Lead Screening in Children</i>	74.21%	★★★★
<b><i>Immunizations for Adolescents</i></b>		
<i>Combination 1</i>	81.75%	★★
<i>Combination 2</i>	30.90%	★
<b>Access to Care</b>		
<b><i>Adults' Access to Preventive/Ambulatory Health Services</i></b>		
<i>Ages 20 to 44 Years</i>	73.17%	★★
<i>Ages 45 to 64 Years</i>	83.28%	★★
<i>Ages 65 Years and Older</i>	72.67%	★
<i>Total</i>	76.67%	★
<b><i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</i></b>		
<i>Ages 3 Months to 17 Years</i>	61.39%	★★★★
<i>Ages 18 to 64 Years</i>	39.96%	★★★★
<i>Ages 65 Years and Older</i>	NA	NA
<i>Total</i>	50.05%	★★
<b><i>Appropriate Testing for Pharyngitis<sup>2</sup></i></b>		
<i>Ages 3 to 17 Years</i>	81.62%	★★
<i>Ages 18 to 64 Years</i>	67.58%	★★★★

<sup>3-37</sup> HEDIS MY 2020 performance measure rates are compared to NCQA's Quality Compass National Medicaid HMO percentiles for HEDIS MY 2020 (referred to as "percentiles" throughout this section of the report).



Measure	HEDIS MY 2020	2020 Performance Level <sup>1</sup>
<i>Ages 65 Years and Older</i>	NA	NA
<i>Total</i>	76.36%	★★
<b><i>Appropriate Treatment for Upper Respiratory Infection</i></b>		
<i>Ages 3 Months to 17 Years</i>	90.52%	★★
<i>Ages 18 to 64 Years</i>	79.90%	★★★
<i>Ages 65 Years and Older</i>	NA	NA
<i>Total</i>	86.88%	★★
<b>Pregnancy Care</b>		
<b><i>Prenatal and Postpartum Care<sup>2</sup></i></b>		
<i>Timeliness of Prenatal Care</i>	78.59%	★
<i>Postpartum Care</i>	70.32%	★
<b>Living With Illness</b>		
<b><i>Asthma Medication Ratio</i></b>		
<i>Total</i>	53.48%	★

<sup>1</sup>Performance Levels for 2020 were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks.

<sup>2</sup>Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution. NA indicates that the MHP followed the specifications, but the denominator was too small to report a valid rate.

2020 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

## Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the PMV against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the PMV have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

## Strengths

**Strength #1: McLaren Health Plan** demonstrated overall strength in its HEDIS data reporting, as **McLaren Health Plan** was fully compliant with all seven IS standards and all performance measure rates were determined to be *Reportable*. [Quality]

## Weaknesses and Recommendations

**Weakness #1: McLaren Health Plan's** performance for both *Prenatal and Postpartum Care* measure indicators ranked below the 25th percentile, indicating women were not always accessing

prenatal care and postpartum visits. Timely and adequate prenatal and postpartum care can set the stage for the long-term health and well-being of new mothers and their infants.<sup>3-38</sup> [Quality, Timeliness, and Access]

**Why the weakness exists:** The rates for both *Prenatal and Postpartum Care* measure indicators ranked below the 25th percentile, suggesting barriers exist for women to receive prenatal and postpartum care. A potential barrier noted by **McLaren Health Plan** for access to care was Medicaid members' lack of using telehealth services, as **McLaren Health Plan** indicated, in its experience, its commercial members accessed telehealth services more frequently than Medicaid members.

**Recommendation:** HSAG recommends that **McLaren Health Plan** conduct a root cause analysis or focused study to determine why some women did not receive prenatal and postpartum care. If it is determined that COVID-19 impacted performance for the *Prenatal and Postpartum Care* measure indicators, **McLaren Health Plan** should proactively alter its approach to prenatal and postpartum care through methods such as telemedicine, when possible, to improve upon performance related to the *Prenatal and Postpartum Care* measure.<sup>3-39</sup> If a lack of optimal use of telehealth services for pregnant Medicaid members is identified as a root cause that impacted the rates for both *Prenatal and Postpartum Care* measure indicators, **McLaren Health Plan** could potentially discuss with MDHHS offering discounts on telecommunications and broadband service to its Medicaid members through State and federal programs, such as the Michigan Lifeline Program and the Federal Lifeline Program.<sup>3-40</sup>

**Weakness #2: McLaren Health Plan's** performance for the *Asthma Medication Ratio* measure ranked below the 25th percentile, indicating members were dispensed asthma reliever medication as often, or more often, than asthma controller medications, suggesting an increased use of short-acting medications and less controlled asthma. The prevalence and cost of asthma have increased over the past decade, demonstrating the need for better access to care and medication.<sup>3-41</sup> [Quality and Access]

**Why the weakness exists:** The rate for the *Asthma Medication Ratio* measure ranked below the 25th percentile, suggesting that asthma reliever medications were dispensed more often relative to controller medications and that barriers may potentially exist with provider prescribing and/or member medication compliance. The *Asthma Medication Ratio* measure also ranked below the 25th percentile for HEDIS MY 2019.

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<sup>3-38</sup> National Committee for Quality Assurance. Prenatal and Postpartum Care (PPC). Available at: <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>. Accessed on: Feb 4, 2022.

<sup>3-39</sup> American Hospital Association. COVID-19: Maternal and Child Health During COVID-19. Available at: [https://www.aha.org/system/files/media/file/2020/05/COVID-19-Maternal-Guidelines\\_rev6.pdf](https://www.aha.org/system/files/media/file/2020/05/COVID-19-Maternal-Guidelines_rev6.pdf). Accessed on: Feb 4, 2022.

<sup>3-40</sup> State of Michigan. Lifeline Service. Available at: [https://www.michigan.gov/mpsc/0,9535,7-395-93308\\_93325\\_93425\\_94040\\_94043---,00.html](https://www.michigan.gov/mpsc/0,9535,7-395-93308_93325_93425_94040_94043---,00.html). Accessed on: Feb 4, 2022.

<sup>3-41</sup> National Committee for Quality Assurance. Asthma Medication Ratio (AMR). Available at: <https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/>. Accessed on: Feb 4, 2022.

**Recommendation:** Due to continued low performance for the *Asthma Medication Ratio* measure, HSAG recommends that **McLaren Health Plan** monitor and target its efforts toward those with asthma medication ratios less than 50 percent to improve upon performance related to the *Asthma Medication Ratio* measure. Appropriate medication management for those with persistent asthma is especially important during the COVID-19 pandemic, as those with moderate-to-severe or uncontrolled asthma are more likely to be hospitalized from COVID-19.<sup>3-42</sup>

## Compliance Review

### Performance Results

Table 3-28 presents the total number of criteria for each standard that received a score of *Met* or *Not Met*. Table 3-28 also presents **McLaren Health Plan**'s overall compliance score for each standard, the total compliance score across all standards, and their comparison to statewide averages.

**Table 3-28—Compliance Review Results for MCL**

Standard		Number of Scores		Compliance Scores	
		<i>Met</i>	<i>Not Met</i>	MCL	Statewide <sup>1</sup>
1	Administrative	5	0	100%	100%
2	Provider	19	3	86%	91.4%
3	Member	25	0	100%	98.4%
4	Quality	22	0	100%	99.5%
5	MIS	23	0	100%	94.8%
6	Program Integrity	30	4	88%	87.4%
<b>Overall</b>		<b>124</b>	<b>7</b>	<b>95%</b>	<b>94.0%</b>

Indicates the standard scored below the statewide rate.

Indicates the standard had a score of 100 percent.

<sup>1</sup> MDHHS calculated statewide performance scores to the tenths place decimal; however, MHP performance scores were calculated using whole number percentages.

### Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the compliance review activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the compliance review have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

<sup>3-42</sup> Centers for Disease Control and Prevention. People with Moderate to Severe Asthma. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/asthma.html>. Accessed on: Feb 4, 2022.

## Strengths

**Strength #1: McLaren Health Plan** achieved full compliance in the Administrative standard, demonstrating the MHP had an adequate administrative structure, including an organizational chart, administrative positions, governing body, participation in administrative meetings, and data privacy and oversight, which are necessary to effectively carry out managed care functions. [Quality]

**Strength #2: McLaren Health Plan** achieved full compliance in the Quality standard, demonstrating the MHP had an adequate quality program, which included CPGs, QIP description, work plan, and evaluation; UM program; program policies and procedures; HEDIS activities; PIPs; accreditation; addressing health disparities; health improvement activities; and dental health quality. [Quality, Timeliness, and Access].

**Strength #3: McLaren Health Plan** achieved full compliance in the Member standard, demonstrating the MHP maintained sufficient policies and procedures to ensure members had access to service authorization processes; collaboration with local health departments for members with special health care needs, and care coordination; a fair grievance and appeal system; member information materials such as the handbook, newsletters, and website; and choice of PCPs, which are necessary for members to access and participate in their healthcare and services. [Quality, Timeliness, and Access].

**Strength #4: McLaren Health Plan** achieved full compliance in the MIS standard, demonstrating the MHP maintained an HIS that collected, analyzed, integrated, and reported data in various program areas and functions, including but not limited to, provider data, member enrollment and disenrollment, financial statements and reports, third-party recovery and subrogation requests, common formulary, member enrollment and disenrollment, provider enrollment, claims payment, grievance and appeal tracking, and quality reporting. An HIS that collects, analyzes, and reports health information is necessary to support healthcare-related decision making and drive improved healthcare outcomes [Quality].

## Weaknesses and Recommendations

**Weakness #1: McLaren Health Plan** scored below the statewide average in the Provider standard. Adequate and effective processes for maintaining and monitoring a provider network are necessary to ensure members have access to complete and accurate provider information and that all members are assigned to an appropriate provider. [Quality and Access]

**Why the weakness exists:** Discrepancies in provider information were identified in **McLaren Health Plan**'s provider directory; **McLaren Health Plan** attested to nothing changing in policies and procedures in January 2020 and January 2021, which is not permitted for two consecutive years.

**Recommendation:** As **McLaren Health Plan** was required to submit a CAP to remediate these findings, HSAG recommends **McLaren Health Plan** ensure its processes are fully implemented and monitored to ensure no further deficiencies are identified. Additionally, HSAG recommends that **McLaren Health Plan** conduct its own periodic secret shopper survey of a sample of its provider

network and use the results of any future EQR-related network adequacy validation activity to further analyze the completeness and accuracy of its provider data.

## Consumer Assessment of Healthcare Providers and Systems Analysis

### Performance Results—Adult and Child Medicaid

Table 3-29 presents **McLaren Health Plan**'s 2021 adult and child Medicaid CAHPS top-box scores. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-29—Summary of 2021 Adult and Child Medicaid CAHPS Top-Box Scores for MCL**

	2021 Adult Medicaid	2021 Child Medicaid
<b>Global Ratings</b>		
<i>Rating of Health Plan</i>	61.3%	65.3% ↓
<i>Rating of All Health Care</i>	68.3% ↑	66.2%
<i>Rating of Personal Doctor</i>	73.7%	73.7%
<i>Rating of Specialist Seen Most Often</i>	74.7%*	63.6%*
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	92.2% ↑	90.0%*
<i>Getting Care Quickly</i>	88.5%* ↑	88.5%*
<i>How Well Doctors Communicate</i>	93.9%	94.9%
<i>Customer Service</i>	92.2%*	84.0%*
<b>Individual Item Measure</b>		
<i>Coordination of Care</i>	86.1%*	84.6%*
<b>Effectiveness of Care Measures**</b>		
<i>Advising Smokers and Tobacco Users to Quit</i>	72.5%	
<i>Discussing Cessation Medications</i>	51.8%	
<i>Discussing Cessation Strategies</i>	47.3%	

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

\*\* These rates follow NCQA's methodology of calculating a rolling two-year average.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

### Strengths, Weaknesses, and Recommendations—Adult and Child Medicaid

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity

have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

## Strengths

**Strength #1:** Adult members enrolled in **McLaren Health Plan** had positive experiences getting the care they needed, timeliness of getting care, and with their overall healthcare, since the scores for these measures were statistically significantly higher than the 2020 adult NCQA national averages. [Quality, Timeliness, and Access]

## Weaknesses and Recommendations

**Weakness #1:** Parents/caretakers of child members enrolled in **McLaren Health Plan** had less positive overall experiences with their child's health plan, since the score for this measure was statistically significantly below the 2020 NCQA child Medicaid national average. [Quality]

**Why the weakness exists:** Parents/caretakers of child members were reporting lower overall experience scores with their child's health plan, which could be due to a variety of factors related to quality, timeliness, and access.

**Recommendation:** HSAG recommends that **McLaren Health Plan** explore what may be driving lower experience scores and develop initiatives designed to improve quality of care, timeliness of care, and access to care.

## Performance Results—CSHCS

Table 3-30 presents **McLaren Health Plan**'s 2021 CSHCS CAHPS survey top-box scores. The following measures could not be displayed in the table because these measures had fewer than 11 responses and were suppressed: *CSHCS Family Center* and *Beneficiary Help Line*. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-30—Summary of 2021 CSHCS CAHPS Survey Top-Box Scores for MCL**

	2021 Top-Box Score
<b>Global Ratings</b>	
<i>Rating of Health Plan</i>	64.5%
<i>Rating of Health Care</i>	65.3% NA
<i>Rating of Specialist Seen Most Often</i>	68.6%
<i>Rating of CMDS Clinic</i>	55.6%* NA
<i>Rating of Beneficiary Help Line</i>	18.2%* NA
<b>Composite Measures</b>	
<i>Customer Service</i>	79.5%* ↓



	2021 Top-Box Score
<i>How Well Doctors Communicate</i>	95.5% * NA
<i>Access to Specialized Services</i>	79.2% * NA
<b>Individual Item Measures</b>	
<i>Access to Prescription Medicines</i>	88.8%
<i>CMDs Clinics</i>	70.6% * NA
<i>Local Health Department Services</i>	84.9% * NA
<i>Beneficiary Help Line</i>	45.5% * NA

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

NA indicates a national average is not available for the measure.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

### Strengths, Weaknesses, and Recommendations—CSHCS

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

### Strengths

**Strength #1: McLaren Health Plan's** 2021 top-box scores were not statistically significantly above the 2020 NCQA child Medicaid national averages for any measure; therefore, no strengths were identified.

### Weaknesses and Recommendations

**Weakness #1:** Parents/caretakers of child members enrolled in **McLaren Health Plan** had less positive overall experiences with customer service since the score for this measure was statistically significantly below the 2020 NCQA child Medicaid national average. [Quality]

**Why the weakness exists:** Parents/caretakers of child members enrolled in **McLaren Health Plan** may not be receiving the information or help needed or may not be treated with as much courtesy and respect by customer service staff as compared to national benchmarks.

**Recommendation:** HSAG recommends that **McLaren Health Plan** explore what may be driving this lower experience score and develop initiatives designed to improve quality of care. **McLaren Health Plan** should provide training and resources to their customer service support staff, as well as set customer service standards to hold staff accountable. In addition, **McLaren Health Plan** should consider obtaining direct patient feedback from members to drill down into areas that need improvement.

## Performance Results—Healthy Michigan

Table 3-31 presents **McLaren Health Plan**'s 2021 CAHPS top-box scores for Healthy Michigan. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-31—Summary of 2021 Healthy Michigan CAHPS Top-Box Scores for MCL**

	2021 Top-Box Score
<b>Global Ratings</b>	
<i>Rating of Health Plan</i>	66.7%
<i>Rating of All Health Care</i>	57.0%
<i>Rating of Personal Doctor</i>	68.6%
<i>Rating of Specialist Seen Most Often</i>	66.0%
<b>Composite Measures</b>	
<i>Getting Needed Care</i>	84.1%
<i>Getting Care Quickly</i>	84.2%
<i>How Well Doctors Communicate</i>	92.0%
<i>Customer Service</i>	92.4%*
<b>Individual Item Measure</b>	
<i>Coordination of Care</i>	79.3%*
<b>Effectiveness of Care Measures**</b>	
<i>Advising Smokers and Tobacco Users to Quit</i>	72.7%
<i>Discussing Cessation Medications</i>	51.4%
<i>Discussing Cessation Strategies</i>	43.3%

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

\*\* These rates follow NCQA's methodology of calculating a rolling two-year average.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

## Strengths, Weaknesses, and Recommendations—Healthy Michigan

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

### Strengths

**Strength #1: McLaren Health Plan's** 2021 top-box scores were not statistically significantly above the 2020 NCQA adult Medicaid national averages for any measure; therefore, no strengths were identified.

### Weaknesses and Recommendations

**Weakness #1: McLaren Health Plan's** 2021 top-box scores were not statistically significantly below the 2020 NCQA adult Medicaid national averages for any measure; therefore, no weaknesses were identified.

**Why the weakness exists:** NA

**Recommendation:** HSAG recommends that **McLaren Health Plan** monitor the measures to ensure significant decreases in scores over time do not occur.

### Quality Rating

The 2021 Michigan Consumer Guide was designed to compare MHP to MHP performance using HEDIS and CAHPS measure indicators. As such, MHP-specific results are not included in this section. Refer to the Quality Rating activity in Section 5—Medicaid Health Plan Comparative Information to review the 2021 Michigan Consumer Guide, which is inclusive of **McLaren Health Plan's** performance.

### Overall Conclusions for Quality, Timeliness, and Access to Healthcare Services

To identify strengths and weaknesses and draw conclusions for **McLaren Health Plan** about the quality, timeliness, and access to care for its members, HSAG analyzed and evaluated performance related to the provision of healthcare services by **McLaren Health Plan** across all EQR activities to identify common themes within **McLaren Health Plan** that impacted, or will have the likelihood to impact, member health outcomes. The overarching aggregated findings show that while **McLaren Health Plan** performed well in some areas impacting the quality and timeliness of, and access to care, there are several opportunities for improvement. **McLaren Health Plan** used appropriate QI tools to conduct a causal/barrier analysis and prioritize the identified barriers and achieved the overall goal by removing the disparity between the two population subgroups for the *Addressing Disparities in Timeliness of Prenatal Care* PIP. However, although some improvement was demonstrated over the

baseline, **McLaren Health Plan** did not achieve, or sustain, statistically significant improvement for the third remeasurement period [**Quality, Timeliness, and Access**]. **McLaren Health Plan** demonstrated a progressive year-over-year rate decline from baseline to Remeasurement 3; however, the MHP reported that its interventions are appropriate and will continue. Additionally, the overall *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* measure indicator rates fell below the national Medicaid 25th percentile, indicating that **McLaren Health Plan** has continued opportunities to improve prenatal and postpartum care for its members [**Quality, Timeliness, and Access**]. **McLaren Health Plan** should revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of new interventions.

Further, **McLaren Health Plan** performed poorly overall in the Child & Adolescent Care domain reviewed as part of the PMV activity. Specifically, six of the 12 measure rates fell below the national Medicaid 25th percentile and five of the 12 measure rates fell between the 25th and 49th percentiles, suggesting that **McLaren Health Plan** could implement additional interventions to improve preventive care for children including *Childhood Immunization Status* and *Immunizations for Adolescents* [**Quality, Timeliness, and Access**]. Specific to the *Childhood Immunization Status* measure, **McLaren Health Plan** reported that its efforts were successful in children receiving their immunizations; however, the immunizations were received after the child's birthday and, therefore, not counted toward its measure rates. **McLaren Health Plan** also reported that while there is no noted performance improvement, the interventions implemented received positive feedback from members and providers and it will continue these efforts into upcoming years. Related to the Access to Care domain, **McLaren Health Plan's** adult members were also not always accessing preventive services as demonstrated through lower performance rates for the *Adults' Access to Preventive/Ambulatory Health Services* measure [**Quality and Access**]. **McLaren Health Plan** should monitor performance improvement interventions currently in place and continue to expand upon or implement additional interventions, when necessary, to improve the performance in these measures. While these measures indicate a potential barrier to accessing services, **McLaren Health Plan's** adult Medicaid CAHPS scores for *Getting Needed Care* and *Getting Care Quickly* were statistically significantly above the national averages, suggesting that members who took the survey do not have significant barriers to accessing care [**Quality, Timeliness, and Access**]. Additionally, **McLaren Health Plan** demonstrated low performance in the *Asthma Medication Ratio* measure through the PMV activity with a rating below the national Medicaid 25th percentile [**Quality and Access**]. Although **McLaren Health Plan** has implemented several interventions to improve this measure, the rate remains low. **McLaren Health Plan** identified barriers causing missed or delays in medication fills, which since have been remediated and should positively impact its future performance. **McLaren Health Plan** should monitor and target its efforts toward those with asthma medication ratios less than 50 percent to improve upon performance related to the *Asthma Medication Ratio* measure. Through the results of the compliance review activity, **McLaren Health Plan** demonstrated strong performance within the Quality standard, demonstrating that **McLaren Health Plan** had an adequate quality program in which it could implement performance improvement strategies to improve access to preventive services [**Quality and Access**].

Lastly, **McLaren Health Plan** demonstrated additional strengths of its program through the PMV activity. The *Lead Screening in Children, Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years and Ages 18 to 64 Years, Appropriate Testing for Pharyngitis—Ages 18 to 64 Years, and Appropriate Treatment for Upper Respiratory Infection—Ages 18 to 64 Years* measure indicator rates were above the 50th percentile; these results indicate that most members, especially those ages 18 to 64 years, were receiving appropriate treatment for bronchitis/bronchiolitis, pharyngitis, and upper respiratory infection, and children were obtaining lead screenings before the age of 2 years [**Quality, Timeliness, and Access**].

Of note, the COVID-19 pandemic may have had an impact on performance outcomes due to State mandates or instructions to reduce the use of nonemergent services to slow the spread of COVID-19. Additionally, due to fear of contracting the virus, members may have chosen not to access routine care, which may have also impacted performance outcomes in SFY 2021.

## Meridian Health Plan of Michigan

### Validation of Performance Improvement Projects

#### Performance Results

Table 3-32 displays the overall validation status; and the baseline, Remeasurement 1, Remeasurement 2, and Remeasurement 3 results. The MHP did not select a PIP-designated goal.

**Table 3-32—Overall Validation Rating for MER**

PIP Topic	Validation Rating	Study Indicator	Study Indicator Results			
			Baseline	R1	R2	R3
Addressing Disparities in Timeliness of Prenatal Care	Not Met	1. The percentage of eligible pregnant women residing in Region 3 who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	74.7%	70.5% ⇔	60.6% ↓	66% ↓
		2. The percentage of eligible pregnant women residing in Region 5 who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	81.9%	77.1% ⇔	69.3% ↓	67.5% ↓

R1 = Remeasurement 1

R2 = Remeasurement 2

R3 = Remeasurement 3

↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05).

⇔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05).

↓ = Designates statistically significant decline over the baseline measurement period (p value < 0.05).

Table 3-33 displays the interventions implemented to address the barriers identified by the MHP using QI and causal/barrier analysis processes.

**Table 3-33—Remeasurement 3 Interventions for MER**

Intervention Descriptions	
Faxed PPC (prenatal and postpartum care) HEDIS measure specifications to all OB/GYN providers in Regions 3 and 5. The fax educated providers on updated	Expanded member outreach by the Member Services Department. When members who were identified as pregnant contact the health plan via phone, they were also reminded about the need for timely prenatal care.



Intervention Descriptions	
HEDIS specifications and appropriate timeline and billing for PPC HEDIS measure.	
Used the Admission, Discharge, and Transfer (ADT) feed to identify members who have not initiated regular prenatal care and may be using the ED instead. In addition, updated demographics were provided with each visit to the hospital through the ADT feeds. The MHP used interactive ADT dashboards to identify ED usage trends and conducts outreach to members based on their ED usage.	Continued an unable to reach (UTR) process when a member is UTR by phone after two attempts. Members received a CHW (community health worker) referral for a home visit to provide education on the importance of seeking prenatal care and ensure connection to care. CHWs assisted members during the home visit with finding providers, appointment scheduling, and transportation scheduling if needed.
The Member Services Department ensured members had a connection to care by assisting them with finding providers, appointment scheduling, and transportation scheduling if needed.	Used the State's 834 enrollment file to flag any new pregnant woman enrolling into the MHP. The pregnancy flag included the expected due date so the MHP can calculate when the prenatal visit needs to occur.
Distributed PPC HEDIS measure lists and education to providers for noncompliant members.	Network development expanded provider access, specifically for OB/GYN providers in Region 3, while upholding the access standard in Region 5.
Region 3 members received a \$15 gift card incentive for the completion of the PPC HEDIS measure.	Increased promotion of alternative methods to access healthcare services, such as launching a telehealth promotional campaign and development of educational flyers.
Providers received a \$70 bonus per member when the first prenatal visit occurred during the first trimester, or within 42 days of enrollment. Promoted HEDIS bonuses and clinical practice guidelines using a distributed educational flyer.	

### Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the PIP validation against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the PIP validation have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

### Strengths

**Strength #1: Meridian Health Plan of Michigan** used appropriate QI tools to conduct a causal/barrier analysis and prioritize the identified barriers. [Quality, Timeliness, and Access]

**Strength #2: Meridian Health Plan of Michigan** achieved the overall goal of the PIP by removing the disparity between the two population subgroups. [Quality, Timeliness, and Access]

## Weaknesses and Recommendations

**Weakness #1:** Although **Meridian Health Plan of Michigan** met the goal of removing the regional disparity for the third remeasurement period, both study indicators demonstrated statistically significant decreases as compared to the baseline. [Quality, Timeliness, and Access]

**Why the weakness exists:** **Meridian Health Plan of Michigan** noted that the COVID-19 pandemic, which occurred during the third remeasurement period, impacted the MHP’s data collection and reporting processes, as the MHP was unable to perform medical record request and review activities. The pandemic also impacted intervention efforts. With the “Stay Home, Stay Safe” Executive Order, members were less likely to schedule or attend doctor appointments for non-emergent and routine services.

**Recommendation:** HSAG recommends **Meridian Health Plan of Michigan** revisit its causal/barrier analysis process to capture barriers associated with the pandemic and develop specific and targeted interventions to address those barriers.

## Performance Measure Validation

### Performance Results

**Meridian Health Plan of Michigan** was evaluated against NCQA’s IS standards to measure how the MHP collected, stored, analyzed, and reported HEDIS data. According to the HEDIS MY 2020 Compliance Audit Report findings, **Meridian Health Plan of Michigan** was fully compliant with all seven IS standards.

According to the auditor’s review, **Meridian Health Plan of Michigan** followed the NCQA HEDIS MY 2020 technical specifications and produced a *Reportable* rate for all included measures and sub-measures. No rates were determined to be materially biased.

Table 3-34 displays the HEDIS MY 2020 performance measure rates and 2020 performance levels based on comparisons to national percentiles<sup>3-43</sup> for **Meridian Health Plan of Michigan**.

**Table 3-34—HEDIS MY 2020 Performance Measure Results for MER**

Measure	HEDIS MY 2020	2020 Performance Level <sup>1</sup>
<b>Child &amp; Adolescent Care</b>		
<i>Childhood Immunization Status</i>		
<i>Combination 2</i>	64.72%	★
<i>Combination 3</i>	62.53%	★
<i>Combination 4</i>	62.04%	★

<sup>3-43</sup> HEDIS MY 2020 performance measure rates are compared to NCQA’s Quality Compass National Medicaid HMO percentiles for HEDIS MY 2020 (referred to as “percentiles” throughout this section of the report).

Measure	HEDIS MY 2020	2020 Performance Level <sup>1</sup>
<i>Combination 5</i>	56.69%	★★
<i>Combination 6</i>	35.77%	★★
<i>Combination 7</i>	56.20%	★★
<i>Combination 8</i>	35.77%	★★
<i>Combination 9</i>	32.85%	★★
<i>Combination 10</i>	32.85%	★★
<b>Lead Screening in Children</b>		
<i>Lead Screening in Children</i>	73.87%	★★★★
<b>Immunizations for Adolescents</b>		
<i>Combination 1</i>	82.73%	★★★★
<i>Combination 2</i>	36.50%	★★
<b>Access to Care</b>		
<b>Adults' Access to Preventive/Ambulatory Health Services</b>		
<i>Ages 20 to 44 Years</i>	76.20%	★★
<i>Ages 45 to 64 Years</i>	84.67%	★★
<i>Ages 65 Years and Older</i>	88.91%	★★
<i>Total</i>	79.18%	★★
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>		
<i>Ages 3 Months to 17 Years</i>	60.82%	★★★★
<i>Ages 18 to 64 Years</i>	39.00%	★★★★
<i>Ages 65 Years and Older</i>	31.25%	★★
<i>Total</i>	50.08%	★★
<b>Appropriate Testing for Pharyngitis<sup>2</sup></b>		
<i>Ages 3 to 17 Years</i>	77.32%	★★
<i>Ages 18 to 64 Years</i>	60.88%	★★
<i>Ages 65 Years and Older</i>	NA	NA
<i>Total</i>	71.39%	★★
<b>Appropriate Treatment for Upper Respiratory Infection</b>		
<i>Ages 3 Months to 17 Years</i>	91.71%	★★★★
<i>Ages 18 to 64 Years</i>	78.27%	★★★★
<i>Ages 65 Years and Older</i>	88.33%	★★★★★
<i>Total</i>	87.84%	★★★★
<b>Pregnancy Care</b>		
<b>Prenatal and Postpartum Care<sup>2</sup></b>		
<i>Timeliness of Prenatal Care</i>	79.08%	★
<i>Postpartum Care</i>	67.88%	★

Measure	HEDIS MY 2020	2020 Performance Level <sup>1</sup>
<b>Living With Illness</b>		
<i>Asthma Medication Ratio</i>		
<i>Total</i>	60.15%	★★

<sup>1</sup>Performance Levels for 2020 were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks.

<sup>2</sup>Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.

NA indicates that the MHP followed the specifications, but the denominator was too small to report a valid rate.

2020 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

### Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the PMV against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the PMV have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

### Strengths

**Strength #1: Meridian Health Plan of Michigan's** performance ranked between the 75th and 89th percentile for the *Appropriate Treatment for Upper Respiratory Infection—Ages 65 Years and Older* measure indicator, indicating members ages 65 years and older with a diagnosis of upper respiratory infection received appropriate treatment. Most upper respiratory infections, also known as the common cold, are caused by viruses that require no antibiotic treatment. Too often antibiotics are prescribed inappropriately.<sup>3-44</sup> [Quality]

**Strength #2: Meridian Health Plan of Michigan** demonstrated overall strength in its HEDIS data reporting, as **Meridian Health Plan of Michigan** was fully compliant with all seven IS standards and all performance measure rates were determined to be *Reportable*. [Quality]

### Weaknesses and Recommendations

**Weakness #1: Meridian Health Plan of Michigan's** performance for both *Prenatal and Postpartum Care* measure indicators ranked below the 25th percentile, indicating women were not always accessing prenatal care and postpartum visits. Timely and adequate prenatal and postpartum

<sup>3-44</sup> National Committee for Quality Assurance. Appropriate Treatment for Children With Upper Respiratory Infection (URI). Available at: <https://www.ncqa.org/hedis/measures/appropriate-treatment-for-children-with-upper-respiratory-infection/>. Accessed on: Feb 4, 2022.

care can set the stage for the long-term health and well-being of new mothers and their infants.<sup>3-45</sup> [Quality, Timeliness, and Access]

**Why the weakness exists:** The rates for both *Prenatal and Postpartum Care* measure indicators ranked below the 25th percentile, suggesting barriers exist for women to receive prenatal and postpartum care. A potential access to care barrier noted by **Meridian Health Plan of Michigan** was Medicaid members' lack of comfort using telehealth services.

**Recommendation:** HSAG recommends that **Meridian Health Plan of Michigan** conduct a root cause analysis or focused study to determine why some women did not receive prenatal and postpartum care. If it is determined that COVID-19 impacted performance for the *Prenatal and Postpartum Care* measure indicators, **Meridian Health Plan of Michigan** should proactively alter its approach to prenatal and postpartum care through methods such as telemedicine, when possible, to improve upon performance related to the *Prenatal and Postpartum Care* measure.<sup>3-46</sup> If a lack of access to telehealth services for pregnant Medicaid members is identified as a root cause that impacted the rates for both *Prenatal and Postpartum Care* measure indicators, **Meridian Health Plan of Michigan** could continue to educate its members on the prenatal and postpartum benefits and services provided via telehealth. **Meridian Health Plan of Michigan** could also consider outreaching to patients with limited technology and connectivity and offer flexibility in platforms that can be used for video consultation, or non-video options, when possible.<sup>3-47</sup>

**Weakness #2: Meridian Health Plan of Michigan's** performance for the *Childhood Immunization Status—Combinations 2, 3, and 4* measure indicators ranked below the 25th percentile, indicating children 2 years of age were not always getting their immunizations by their second birthday. Vaccination coverage must be maintained in order to prevent a resurgence of vaccine-preventable diseases.<sup>3-48</sup> [Quality, Timeliness, and Access]

**Why the weakness exists:** The rates for the *Childhood Immunization Status—Combinations 2, 3, and 4* measure indicators ranked below the 25th percentile, suggesting barriers exist for children to receive immunizations. A potential barrier noted by **Meridian Health Plan of Michigan** for access to care was the limitation of in-person visits due to the COVID-19 pandemic.

**Recommendation:** HSAG recommends that **Meridian Health Plan of Michigan** monitor performance improvement interventions currently in place and continue to expand upon or implement additional interventions, when necessary, to improve the performance related to the *Childhood Immunization Status* measure. The CDC recommends continued administration of routine immunization during the pandemic to prevent transmission of other preventable infectious diseases.

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<sup>3-45</sup> National Committee for Quality Assurance. Prenatal and Postpartum Care (PPC). Available at: <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>. Accessed on: Feb 4, 2022.

<sup>3-46</sup> American Hospital Association. COVID-19: Maternal and Child Health During COVID-19. Available at: [https://www.aha.org/system/files/media/file/2020/05/COVID-19-Maternal-Guidelines\\_rev6.pdf](https://www.aha.org/system/files/media/file/2020/05/COVID-19-Maternal-Guidelines_rev6.pdf). Accessed on: Feb 4, 2022.

<sup>3-47</sup> Centers for Disease Control and Prevention. Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic, Updated June 10, 2020. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/telehealth.html#edn11>. Accessed on: Feb 4, 2022.

<sup>3-48</sup> National Committee for Quality Assurance. Childhood Immunization Status (CIS). Available at: <https://www.ncqa.org/hedis/measures/childhood-immunization-status/>. Accessed on: Feb 4, 2022.

According to the AAP, while telehealth visits are recommended, in-person visits, especially for vaccination, should not be discontinued unless community circumstances require the limitation of in-person visits, in which case curbside or drive-through vaccination can be implemented by clinics to limit patient-provider contact.<sup>3-49</sup>


## Compliance Review

### Performance Results

Table 3-35 presents the total number of criteria for each standard that received a score of *Met* or *Not Met*. Table 3-35 also presents **Meridian Health Plan of Michigan**'s overall compliance score for each standard, the total compliance score across all standards, and their comparison to statewide averages.

**Table 3-35—Compliance Review Results for MER**

Standard		Number of Scores		Compliance Scores	
		Met	Not Met	MER	Statewide <sup>1</sup>
1	Administrative	5	0	100%	100%
2	Provider	21	1	95%	91.4%
3	Member	25	0	100%	98.4%
4	Quality	22	0	100%	99.5%
5	MIS	21	2	91%	94.8%
6	Program Integrity	28	6	82%	87.1%
Overall		122	9	93%	94.0%

 Indicates the standard scored below the statewide rate.

 Indicates the standard had a score of 100 percent.

<sup>1</sup> MDHHS calculated statewide performance scores to the tenths place decimal; however, MHP performance scores were calculated using whole number percentages.

<sup>3-49</sup> Centers for Disease Control and Prevention. Interim guidance for routine and influenza immunization services during the COVID-19 pandemic. Available at: <https://www.cdc.gov/vaccines/pandemic-guidance/index.html>. Accessed on: Feb 16, 2022.



## Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the compliance review activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the compliance review have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

### Strengths

**Strength #1: Meridian Health Plan of Michigan** achieved full compliance in the Administrative standard, demonstrating the MHP had an adequate administrative structure, including an organizational chart, administrative positions, governing body, participation in administrative meetings, and data privacy and oversight, which are necessary to effectively carry out managed care functions. [Quality]

**Strength #2: Meridian Health Plan of Michigan** achieved full compliance in the Member standard, demonstrating the MHP maintained sufficient policies and procedures to ensure members had access to service authorization processes; collaboration with local health departments for members with special health care needs, and care coordination; a fair grievance and appeal system; member information materials such as the handbook, newsletters, and website; and choice of PCPs, which are necessary for members to access and participate in their healthcare and services. [Quality, Timeliness, and Access]

**Strength #3: Meridian Health Plan of Michigan** achieved full compliance in the Quality standard, demonstrating the MHP had an adequate quality program, which included CPGs, QIP description, work plan, and evaluation; UM program; program policies and procedures; HEDIS activities; PIPs; accreditation; addressing health disparities; health improvement activities; and dental health quality. [Quality, Timeliness, and Access]

### Weaknesses and Recommendations

**Weakness #1: Meridian Health Plan of Michigan** scored below the statewide average in the MIS standard. A comprehensive information management system that collects, analyzes, and reports health information is imperative to increase and maintain the quality of, and access to, timely healthcare and services received by members. [Quality]

**Why the weakness exists:** Meridian Health Plan of Michigan's third-party subrogation report reflected response times over 30 days. Meridian Health Plan of Michigan had non-compliant National Council for Prescription Drug Programs (NCPDP) 70 rejections related to the pharmacy/managed care organization (MCO) common formulary.

**Recommendation:** As Meridian Health Plan of Michigan previously mitigated the issue or submitted a CAP to address the findings, which was accepted by MDHHS, HSAG recommends Meridian Health Plan of Michigan ensure its CAP is fully implemented to mitigate the

deficiencies and continue to monitor subrogation processes to ensure the deficiencies are fully mitigated.

**Weakness #2: Meridian Health Plan of Michigan** scored below the statewide average in the Program Integrity standard. A comprehensive compliance program and implementation of program integrity provisions are essential to monitor, detect, report, and mitigate potential risks such as fraud committed by Medicaid managed care plans and fraud by network providers. [Quality]

**Why the weakness exists:** Several deficiencies were identified throughout the year regarding **Meridian Health Plan of Michigan**'s program integrity program, specifically the encounter adjustments validation report fell below the 85 percent benchmark set by MDHHS; MDHHS OIG contact information was missing from one of **Meridian Health Plan of Michigan**'s policies, and outdated contact information was found in another policy; **Meridian Health Plan of Michigan**'s policies did not appropriately address the policy and process in place to review system edits and gauge their effectiveness; **Meridian Health Plan of Michigan**'s credentialing and screening policies did not address verification of Community Health Automated Medicaid Processing System (CHAMPS) enrollment; **Meridian Health Plan of Michigan**'s policies did not appropriately address the policy of suspending payment to a provider upon notification by the U.S. Department of Health and Human Services (HHS) or MDHHS; inconsistencies were identified between **Meridian Health Plan of Michigan**'s post-payment review report grid and the quarterly reports; **Meridian Health Plan of Michigan**'s provider enrollment, screening and disclosure requirements forms were not complete; and **Meridian Health Plan of Michigan** did not perform data mining activities for six consecutive quarters.

**Recommendation:** As **Meridian Health Plan of Michigan** previously submitted a CAP to address these findings, which was accepted by MDHHS, HSAG recommends **Meridian Health Plan of Michigan** ensure its CAP is fully implemented to mitigate the deficiencies.

## Consumer Assessment of Healthcare Providers and Systems Analysis

### Performance Results—Adult and Child Medicaid

Table 3-36 presents **Meridian Health Plan of Michigan**'s 2021 adult and child Medicaid CAHPS top-box scores. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-36—Summary of 2021 Adult and Child Medicaid CAHPS Top-Box Scores for MER**

	2021 Adult Medicaid	2021 Child Medicaid
<b>Global Ratings</b>		
<i>Rating of Health Plan</i>	64.0%	68.3%
<i>Rating of All Health Care</i>	56.9%	71.1%
<i>Rating of Personal Doctor</i>	64.7%	77.6%
<i>Rating of Specialist Seen Most Often</i>	70.9%	66.7%*
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	83.1%	89.3%
<i>Getting Care Quickly</i>	78.4%	90.1%*
<i>How Well Doctors Communicate</i>	93.6%	97.8% ↑
<i>Customer Service</i>	88.5%	87.2%*
<b>Individual Item Measure</b>		
<i>Coordination of Care</i>	81.5%	90.0%*
<b>Effectiveness of Care Measures**</b>		
<i>Advising Smokers and Tobacco Users to Quit</i>	75.7%	
<i>Discussing Cessation Medications</i>	56.1%	
<i>Discussing Cessation Strategies</i>	46.8%	

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

\*\* These rates follow NCQA's methodology of calculating a rolling two-year average.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

### Strengths, Weaknesses, and Recommendations—Adult and Child Medicaid

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

## Strengths

**Strength #1:** Parents/caretakers of child members enrolled in **Meridian Health Plan of Michigan** had more positive experiences communicating with their child’s doctor, since the score for this measure was statistically significantly above the 2020 NCQA child Medicaid national average.  
[Quality]

## Weaknesses and Recommendations

**Weakness #1:** **Meridian Health Plan of Michigan**’s 2021 top-box scores were not statistically significantly below the 2020 NCQA adult or child Medicaid national averages for any measure; therefore, no weaknesses were identified.

**Why the weakness exists:** NA

**Recommendation:** HSAG recommends that **Meridian Health Plan of Michigan** monitor the measures to ensure significant decreases in scores over time do not occur.

## Performance Results—CSHCS

Table 3-37 presents **Meridian Health Plan of Michigan**’s 2021 CSHCS CAHPS survey top-box scores. The following measure could not be displayed in the table because this measure had fewer than 11 responses and was suppressed: *CSHCS Family Center*. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-37—Summary of 2021 CSHCS CAHPS Survey Top-Box Scores for MER**

	2021 Top-Box Score
<b>Global Ratings</b>	
<i>Rating of Health Plan</i>	68.0%
<i>Rating of Health Care</i>	68.0% NA
<i>Rating of Specialist Seen Most Often</i>	73.1%
<i>Rating of CMDS Clinic</i>	66.7%* NA
<i>Rating of Beneficiary Help Line</i>	43.8%* NA
<b>Composite Measures</b>	
<i>Customer Service</i>	89.8%*
<i>How Well Doctors Communicate</i>	92.2%* NA
<i>Access to Specialized Services</i>	69.8%* NA
<b>Individual Item Measures</b>	
<i>Access to Prescription Medicines</i>	89.9%
<i>CMDS Clinics</i>	85.2%* NA

	2021 Top-Box Score
Local Health Department Services	85.9%* NA
Beneficiary Help Line	64.3%* NA

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

NA indicates a national average is not available for the measure.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

### Strengths, Weaknesses, and Recommendations—CSHCS

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

#### Strengths

**Strength #1: Meridian Health Plan of Michigan's** 2021 top-box scores were not statistically significantly above the 2020 NCQA child Medicaid national averages for any measure; therefore, no strengths were identified.

#### Weaknesses and Recommendations

**Weakness #1: Meridian Health Plan of Michigan's** 2021 top-box scores were not statistically significantly below the 2020 NCQA child Medicaid national averages for any measure; therefore, no weaknesses were identified.

**Why the weakness exists:** NA

**Recommendation:** HSAG recommends that **Meridian Health Plan of Michigan** monitor the measures to ensure significant decreases in scores over time do not occur.

## Performance Results—Healthy Michigan

Table 3-38 presents **Meridian Health Plan of Michigan**'s 2021 CAHPS top-box scores for Healthy Michigan. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-38—Summary of 2021 Healthy Michigan CAHPS Top-Box Scores for MER**

	2021 Top-Box Score
<b>Global Ratings</b>	
<i>Rating of Health Plan</i>	65.4%
<i>Rating of All Health Care</i>	56.8%
<i>Rating of Personal Doctor</i>	68.3%
<i>Rating of Specialist Seen Most Often</i>	56.0% ↓
<b>Composite Measures</b>	
<i>Getting Needed Care</i>	84.2%
<i>Getting Care Quickly</i>	86.6%
<i>How Well Doctors Communicate</i>	95.7% ↑
<i>Customer Service</i>	93.2% *
<b>Individual Item Measure</b>	
<i>Coordination of Care</i>	85.0% *
<b>Effectiveness of Care Measures**</b>	
<i>Advising Smokers and Tobacco Users to Quit</i>	77.8%
<i>Discussing Cessation Medications</i>	60.4%
<i>Discussing Cessation Strategies</i>	46.1%

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

\*\* These rates follow NCQA's methodology of calculating a rolling two-year average.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

## Strengths, Weaknesses, and Recommendations—Healthy Michigan

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.



## Strengths

**Strength #1:** Adult members enrolled in **Meridian Health Plan of Michigan** had more positive experiences communicating with their doctor, since the score for this measure was statistically significantly above the 2020 NCQA adult Medicaid national average. [Quality]

## Weaknesses and Recommendations

**Weakness #1:** One global rating score, *Rating of Specialist Seen Most Often*, was statistically significantly below the 2020 NCQA adult Medicaid national average. [Quality]

**Why the weakness exists:** When compared to national benchmarks, the results indicate that **Meridian Health Plan of Michigan**'s members are reporting a more negative experience with their specialist compared to national benchmarks.

**Recommendation:** HSAG recommends that **Meridian Health Plan of Michigan** determine if there is a shortage of specialists in the area or an unwillingness of the specialists to contract with the plan that could be contributing to a lack of network adequacy and access issues.

## Quality Rating

The 2021 Michigan Consumer Guide was designed to compare MHP to MHP performance using HEDIS and CAHPS measure indicators. As such, MHP-specific results are not included in this section. Refer to the Quality Rating activity in Section 5—Medicaid Health Plan Comparative Information to review the 2021 Michigan Consumer Guide, which is inclusive of **Meridian Health Plan of Michigan**'s performance.

## Overall Conclusions for Quality, Timeliness, and Access to Healthcare Services

To identify strengths and weaknesses and draw conclusions for **Meridian Health Plan of Michigan** about the quality, timeliness, and access to care for its members, HSAG analyzed and evaluated performance related to the provision of healthcare services by **Meridian Health Plan of Michigan** across all EQR activities to identify common themes within **Meridian Health Plan of Michigan** that impacted, or will have the likelihood to impact, member health outcomes. The overarching aggregated findings show that while **Meridian Health Plan of Michigan** performed well in some areas impacting the quality and timeliness of, and access to care, there are several opportunities for improvement. **Meridian Health Plan of Michigan** used appropriate QI tools to conduct a causal/barrier analysis and prioritize the identified barriers and achieved the overall goal by removing the disparity between the two population subgroups for the *Addressing Disparities in Timeliness of Prenatal Care* PIP. However, although **Meridian Health Plan of Michigan** met the goal of removing the regional disparity for the third remeasurement period, both study indicators demonstrated statistically significant decreases as compared to the baseline [Quality, Timeliness, and Access]. While performance for Region 3 decreased from its baseline, **Meridian Health Plan of Michigan** did show some improvement in this study indicator from Remeasurement 2 to Remeasurement 3. Additionally, the overall *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* measure indicator rates fell below the national Medicaid 25th percentile, indicating that **Meridian Health Plan of Michigan** has continued opportunities to improve prenatal and postpartum care for its members [Quality, Timeliness and Access]. **Meridian Health Plan of Michigan** should

revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of new interventions.

Further, **Meridian Health Plan of Michigan** performed poorly overall in the Child & Adolescent Care domain reviewed as part of the PMV activity. Three of the 12 measure rates fell below the national Medicaid 25th percentile, and seven of the 12 measure rates fell between the 25th and 49th percentiles, suggesting that **Meridian Health Plan of Michigan** could implement additional interventions to improve preventive care for children including *Childhood Immunization Status* and *Immunizations for Adolescents—Combination 2 [Quality, Timelines, and Access]*. Specific to the *Childhood Immunization Status* measure, **Meridian Health Plan of Michigan** reported it will initiate targeted outreach to members and provide education and missed opportunities reports to providers in an effort to increase performance for these measure rates. Related to the Access to Care domain, **Meridian Health Plan of Michigan**'s adult members were also not always accessing preventive and screening services as demonstrated through lower performance rates for the *Adults' Access to Preventive/Ambulatory Health Services* and *Appropriate Testing for Pharyngitis* measures [Quality and Access]. **Meridian Health Plan of Michigan** should monitor performance improvement interventions currently in place and continue to expand upon or implement additional interventions, when necessary, to improve the performance in these measures. Additionally, **Meridian Health Plan of Michigan** demonstrated low performance in the *Asthma Medication Ratio* measure through the PMV activity with a rating below the national Medicaid 50th percentile [Quality and Access]. Although **Meridian Health Plan of Michigan** has implemented several interventions to improve this measure, the rate remains low and declined in performance. **Meridian Health Plan of Michigan** reported it had identified several potential barriers impacting this performance measure that will need to be addressed. Removal of these barriers should have a positive impact on performance. **Meridian Health Plan of Michigan** should monitor and target its efforts toward those with asthma medication ratios less than 50 percent to improve upon performance related to the *Asthma Medication Ratio* measure. Through the results of the compliance review activity, **Meridian Health Plan of Michigan** demonstrated strong performance within the Quality standard, demonstrating that **Meridian Health Plan of Michigan** had an adequate quality program in which it could implement performance improvement strategies to improve access to services [Quality and Access].

Lastly, **Meridian Health Plan of Michigan** demonstrated additional strengths of its program through the PMV activity. The *Lead Screening in Children*, *Immunizations for Adolescents—Combination 1*, *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years* and *Ages 18 to 64 Years*, and *Appropriate Treatment for Upper Respiratory Infection* measure indicator rates were above the national Medicaid 50th percentile, with the *Appropriate Treatment for Upper Respiratory Infection—Ages 65 Years and Older* measure indicator rate above the 75th percentile; these results indicate that children were obtaining lead screenings before the age of 2 years, adolescents were obtaining the combination 1 immunization, and many members were receiving appropriate treatment for bronchitis/bronchiolitis and upper respiratory infection [Quality, Timeliness, and Access].

Of note, the COVID-19 pandemic may have had an impact on performance outcomes due to State mandates or instructions to reduce the use of nonemergent services to slow the spread of COVID-19. Additionally, due to fear of contracting the virus, members may have chosen not to access routine care, which may have also impacted performance outcomes in SFY 2021.

## Molina Healthcare of Michigan

### Validation of Performance Improvement Projects

#### Performance Results

Table 3-39 displays the overall validation status; the baseline, Remeasurement 1, Remeasurement 2, and Remeasurement 3 results; and the MHP-designated goal for each study indicator.

**Table 3-39—Overall Validation Rating for MOL**

PIP Topic	Validation Rating	Study Indicator	Study Indicator Results				
			Baseline	R1	R2	R3	Goal
<i>Addressing Disparities in Timeliness of Prenatal Care</i>	<i>Met</i>	1. The percentage of eligible African American women who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	62.5%	61.8% ⇔	94.9% ↑	64.6% ⇔	92.9%
		2. The percentage of eligible Caucasian women who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	71.4%	70.3% ⇔	96.7% ↑	73.6% ⇔	92.9%

R1 = Remeasurement 1

R2 = Remeasurement 2

R3 = Remeasurement 3

↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05).

⇔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05).

↓ = Designates statistically significant decline over the baseline measurement period (p value < 0.05).

Table 3-40 displays the interventions implemented to address the barriers identified by the MHP using QI and causal/barrier analysis processes.

**Table 3-40—Remeasurement 3 Interventions for MOL**

Intervention Descriptions	
Emailed notification to women of childbearing age to direct members to the pregnancy program information on the MHP's website; directed members regarding where to call to notify the MHP of their pregnancy and enroll in the enhanced dental benefit for pregnant women; and provided a link to the Health in Hand application, which	Provider Service and Provider Engagement teams reminded providers to co-sign intake forms, which are completed by a registered nurse during their regularly scheduled discussion of the PPC HEDIS specifications. Spoke with staff members at high performing sites who service primarily Caucasian members to determine any best practices or resources that can be shared with the

Intervention Descriptions	
provides pregnancy information and trackers that members can access using their phone.	lower performing sites servicing primarily African-American members.
Reviewed performance results of high-volume prenatal care providers and targeted low performers to reeducate on the prenatal measure.	Women's health postcard mailed quarterly. The post card educated women of childbearing age to schedule appointment as soon as they think they are pregnant.
Conducted outreach to African-American women entering the MHP due to pregnancy to encourage scheduling prenatal appointments. Reassured women of the safety precautions the provider office has in place due to COVID-19.	

### ***Strengths, Weaknesses, and Recommendations***

Through the EQR, HSAG assessed the findings for the PIP validation against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the PIP validation have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

#### **Strengths**

**Strength #1: Molina Healthcare of Michigan** designed a methodologically sound PIP. [Quality]

**Strength #2: Molina Healthcare of Michigan** met 100 percent of the requirements for data analysis and implementation of improvement strategies. [Quality, Timeliness, and Access]

#### **Weaknesses and Recommendations**

**Weakness #1:** Although **Molina Healthcare of Michigan** demonstrated some improvement in the study indicator outcomes for the third remeasurement period as compared to the baseline, the MHP did not sustain significant improvement or achieve the overall goal of removing the racial disparity. [Quality, Timeliness, and Access]

**Why the weakness exists:** While it is unclear why significant improvement was not sustained or the disparity remains, **Molina Healthcare of Michigan** has made progress in improving performance among the disparate group.

**Recommendation:** HSAG recommends **Molina Healthcare of Michigan** revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions.

## Performance Measure Validation

### Performance Results

**Molina Healthcare of Michigan** was evaluated against NCQA’s IS standards to measure how the MHP collected, stored, analyzed, and reported HEDIS data. According to the HEDIS MY 2020 Compliance Audit Report findings, **Molina Healthcare of Michigan** was fully compliant with all seven IS standards.

According to the auditor’s review, **Molina Healthcare of Michigan** followed the NCQA HEDIS MY 2020 technical specifications and produced a *Reportable* rate for all included measures and sub-measures. No rates were determined to be materially biased.

Table 3-41 displays the HEDIS MY 2020 performance measure rates and 2020 performance levels based on comparisons to national percentiles<sup>3-50</sup> for **Molina Healthcare of Michigan**.

**Table 3-41—HEDIS MY 2020 Performance Measure Results for MOL**

Measure	HEDIS MY 2020	2020 Performance Level <sup>1</sup>
<b>Child &amp; Adolescent Care</b>		
<i>Childhood Immunization Status</i>		
<i>Combination 2</i>	71.29%	★★
<i>Combination 3</i>	67.15%	★★
<i>Combination 4</i>	66.18%	★★
<i>Combination 5</i>	59.37%	★★
<i>Combination 6</i>	37.23%	★★
<i>Combination 7</i>	58.64%	★★
<i>Combination 8</i>	36.98%	★★
<i>Combination 9</i>	34.06%	★★
<i>Combination 10</i>	33.82%	★★
<i>Lead Screening in Children</i>		
<i>Lead Screening in Children</i>	72.14%	★★
<i>Immunizations for Adolescents</i>		
<i>Combination 1</i>	83.70%	★★★★
<i>Combination 2</i>	42.34%	★★★★

<sup>3-50</sup> HEDIS MY 2020 performance measure rates are compared to NCQA’s Quality Compass National Medicaid HMO percentiles for HEDIS MY 2020 (referred to as “percentiles” throughout this section of the report).

Measure	HEDIS MY 2020	2020 Performance Level <sup>1</sup>
<b>Access to Care</b>		
<b>Adults' Access to Preventive/Ambulatory Health Services</b>		
Ages 20 to 44 Years	75.54%	★★
Ages 45 to 64 Years	85.30%	★★
Ages 65 Years and Older	90.28%	★★★
Total	79.57%	★★
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>		
Ages 3 Months to 17 Years	58.59%	★★
Ages 18 to 64 Years	38.65%	★★★
Ages 65 Years and Older	22.73%	★
Total	48.76%	★★
<b>Appropriate Testing for Pharyngitis<sup>2</sup></b>		
Ages 3 to 17 Years	70.08%	★
Ages 18 to 64 Years	52.12%	★
Ages 65 Years and Older	24.00%	★★★
Total	63.70%	★
<b>Appropriate Treatment for Upper Respiratory Infection</b>		
Ages 3 Months to 17 Years	89.18%	★★
Ages 18 to 64 Years	76.95%	★★★
Ages 65 Years and Older	61.31%	★
Total	85.63%	★★
<b>Pregnancy Care</b>		
<b>Prenatal and Postpartum Care<sup>2</sup></b>		
Timeliness of Prenatal Care	81.27%	★
Postpartum Care	70.32%	★
<b>Living With Illness</b>		
<b>Asthma Medication Ratio</b>		
Total	52.96%	★

<sup>1</sup>Performance Levels for 2020 were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks.

<sup>2</sup>Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution. NA indicates that the MHP followed the specifications, but the denominator was too small to report a valid rate.

2020 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile



## Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the PMV against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the PMV have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

### Strengths

**Strength #1: Molina Healthcare of Michigan** demonstrated overall strength in its HEDIS data reporting, as **Molina Healthcare of Michigan** was fully compliant with all seven IS standards and all performance measure rates were determined to be *Reportable*. [Quality]

### Weaknesses and Recommendations

**Weakness #1: Molina Healthcare of Michigan's** performance for both *Prenatal and Postpartum Care* measure indicators ranked below the 25th percentile, indicating women were not always accessing prenatal care and postpartum visits. Timely and adequate prenatal and postpartum care can set the stage for the long-term health and well-being of new mothers and their infants.<sup>3-51</sup> [Quality, Timeliness, and Access]

**Why the weakness exists:** The rates for both *Prenatal and Postpartum Care* measure indicators ranked below the 25th percentile, suggesting barriers exist for women to receive prenatal and postpartum care.

**Recommendation:** HSAG recommends that **Molina Healthcare of Michigan** conduct a root cause analysis or focused study to determine why some women did not receive prenatal and postpartum care. If it is determined that COVID-19 impacted performance for the *Prenatal and Postpartum Care* measure indicators, **Molina Healthcare of Michigan** should proactively alter its approach to prenatal and postpartum care through methods such as telemedicine, when possible, to improve upon performance related to the *Prenatal and Postpartum Care* measure.<sup>3-52</sup>

**Weakness #2: Molina Healthcare of Michigan's** performance for the *Asthma Medication Ratio* measure ranked below the 25th percentile, indicating members were dispensed asthma reliever medication as often, or more often, than asthma controller medications, suggesting an increased use of short-acting medications and less controlled asthma. The prevalence and cost of asthma have increased over the past decade, demonstrating the need for better access to care and medication.<sup>3-53</sup> [Quality and Access]

<sup>3-51</sup> National Committee for Quality Assurance. Prenatal and Postpartum Care (PPC). Available at: <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>. Accessed on: Feb 4, 2022.

<sup>3-52</sup> American Hospital Association. COVID-19: Maternal and Child Health During COVID-19. Available at: [https://www.aha.org/system/files/media/file/2020/05/COVID-19-Maternal-Guidelines\\_rev6.pdf](https://www.aha.org/system/files/media/file/2020/05/COVID-19-Maternal-Guidelines_rev6.pdf). Accessed on: Feb 4, 2022.

<sup>3-53</sup> National Committee for Quality Assurance. Asthma Medication Ratio (AMR). Available at: <https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/>. Accessed on: Feb 4, 2022.

**Why the weakness exists:** The rate for the *Asthma Medication Ratio* measure ranked below the 25th percentile, suggesting that asthma reliever medications were dispensed more often relative to controller medications and that barriers may potentially exist with provider prescribing and/or member medication compliance. The *Asthma Medication Ratio* measure also ranked below the 25th percentile for HEDIS MY 2019.

**Recommendation:** Due to continued low performance for the *Asthma Medication Ratio* measure, HSAG recommends that **Molina Healthcare of Michigan** monitor and target its efforts toward those with asthma medication ratios less than 50 percent to improve upon performance related to the *Asthma Medication Ratio* measure. Appropriate medication management for those with persistent asthma is especially important during the COVID-19 pandemic, as those with moderate-to-severe or uncontrolled asthma are more likely to be hospitalized from COVID-19.<sup>3-54</sup>

## Compliance Review

### Performance Results

Table 3-42 presents the total number of criteria for each standard that received a score of *Met* or *Not Met*. Table 3-42 also presents **Molina Healthcare of Michigan**'s overall compliance score for each standard, the total compliance score across all standards, and their comparison to statewide averages.

**Table 3-42—Compliance Review Results for MOL**

Standard		Number of Scores		Compliance Scores	
		<i>Met</i>	<i>Not Met</i>	MOL	Statewide <sup>1</sup>
1	Administrative	5	0	100%	100%
2	Provider	19	3	86%	91.4%
3	Member	25	0	100%	98.4%
4	Quality	22	0	100%	99.5%
5	MIS	21	2	91%	94.8%
6	Program Integrity	30	4	88%	87.4%
Overall		122	9	93%	94.0%

Indicates the standard scored below the statewide rate.

Indicates the standard had a score of 100 percent.

<sup>1</sup> MDHHS calculated statewide performance scores to the tenths place decimal; however, MHP performance scores were calculated using whole number percentages.

<sup>3-54</sup> Centers for Disease Control and Prevention. People with Moderate to Severe Asthma. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/asthma.html>. Accessed on: Feb 4, 2022.

### **Strengths, Weaknesses, and Recommendations**

Through the EQR, HSAG assessed the findings for the compliance review activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the compliance review have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

#### **Strengths**

**Strength #1: Molina Healthcare of Michigan** achieved full compliance in the Administrative standard, demonstrating that the MHP had an adequate administrative structure, including an organizational chart, administrative positions, governing body, participation in administrative meetings, and data privacy and oversight, which are necessary to effectively carry out managed care functions. [Quality]

**Strength #2: Molina Healthcare of Michigan** achieved full compliance in the Member standard, demonstrating the MHP maintained sufficient policies and procedures to ensure members had access to service authorization processes; collaboration with local health departments for members with special health care needs, and care coordination; a fair grievance and appeal system; member information materials such as the handbook, newsletters, and website; and choice of PCPs, which are necessary for members to access and participate in their healthcare and services. [Quality, Timeliness, and Access]

**Strength #3: Molina Healthcare of Michigan** achieved full compliance in the Quality standard, demonstrating the MHP had an adequate quality program, which included, but was not limited to, CPGs, QIP description, work plan, and evaluation; UM program; program policies and procedures; HEDIS activities; PIPs; accreditation; addressing health disparities; health improvement activities; and dental health quality. [Quality, Timeliness, and Access]

#### **Weaknesses and Recommendations**

**Weakness #1: Molina Healthcare of Michigan** scored below the statewide average in the Provider standard. Adequate and effective processes for maintaining and monitoring a provider network are necessary to ensure members have access to complete and accurate provider information and that all members are assigned to an appropriate provider. [Quality and Access]

**Why the weakness exists:** Discrepancies in provider contact information were identified in **Molina Healthcare of Michigan**'s provider directory, and there was a lack of dental providers noted for several counties.

**Recommendation:** As **Molina Healthcare of Michigan** was required to develop a CAP to address these findings, HSAG recommends **Molina Healthcare of Michigan** ensure its MDHHS-approved CAP is fully implemented to mitigate the deficiencies. Additionally, HSAG recommends that **Molina Healthcare of Michigan** conduct its own periodic secret shopper survey of a sample of its

provider network and use the results of any future EQR-related network adequacy validation activity to further analyze the completeness and accuracy of its provider data.

**Weakness #2: Molina Healthcare of Michigan** scored below the statewide average in the MIS standard. A comprehensive information management system that collects, analyzes, and reports health information is imperative to increase and maintain the quality of, and access to, timely healthcare and services received by members. [Quality].

**Why the weakness exists:** **Molina Healthcare of Michigan**'s third-party subrogation report reflected response times over 30 days.

**Recommendation:** As **Molina Healthcare of Michigan** was required to submit a CAP, HSAG recommends **Molina Healthcare of Michigan** continue to monitor this requirement to ensure its subrogation process is fully implemented to mitigate the identified deficiencies.

## Consumer Assessment of Healthcare Providers and Systems Analysis

### Performance Results—Adult and Child Medicaid

Table 3-43 presents **Molina Healthcare of Michigan**'s 2021 adult and child Medicaid CAHPS top-box scores. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-43—Summary of 2021 Adult and Child Medicaid CAHPS Top-Box Scores for MOL**

	2021 Adult Medicaid	2021 Child Medicaid
<b>Global Ratings</b>		
<i>Rating of Health Plan</i>	57.7%	74.5%
<i>Rating of All Health Care</i>	58.7%	69.8%
<i>Rating of Personal Doctor</i>	64.7%	77.5%
<i>Rating of Specialist Seen Most Often</i>	68.2%	85.7%* ↑
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	83.6%	87.0%*
<i>Getting Care Quickly</i>	82.6%	89.3%*
<i>How Well Doctors Communicate</i>	90.0%	91.5%
<i>Customer Service</i>	87.2%	89.7%*
<b>Individual Item Measure</b>		
<i>Coordination of Care</i>	86.6%*	87.5%*

	2021 Adult Medicaid	2021 Child Medicaid
<b>Effectiveness of Care Measures**</b>		
<i>Advising Smokers and Tobacco Users to Quit</i>	73.8%	
<i>Discussing Cessation Medications</i>	58.4%	
<i>Discussing Cessation Strategies</i>	51.4%	

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

\*\* These rates follow NCQA's methodology of calculating a rolling two-year average.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

### Strengths, Weaknesses, and Recommendations—Adult and Child Medicaid

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

#### Strengths

**Strength #1:** Parents/caretakers of child members enrolled in **Molina Healthcare of Michigan** had more positive experiences with the specialist their child talked to most often, since the score for this measure was statistically significantly above the 2020 NCQA child Medicaid national average.  
[Quality]

#### Weaknesses and Recommendations

**Weakness #1:** **Molina Healthcare of Michigan**'s 2021 top-box scores were not statistically significantly below the 2020 NCQA adult or child Medicaid national averages for any measure; therefore, no substantial weaknesses were identified.

**Why the weakness exists:** NA

**Recommendation:** HSAG recommends that **Molina Healthcare of Michigan** monitor the measures to ensure significant decreases in scores over time do not occur.

## Performance Results—CSHCS

Table 3-44 presents **Molina Healthcare of Michigan**'s 2021 CSHCS CAHPS survey top-box scores. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-44—Summary of 2021 CSHCS CAHPS Survey Top-Box Scores for MOL**

	2021 Top-Box Score
<b>Global Ratings</b>	
<i>Rating of Health Plan</i>	64.0%
<i>Rating of All Health Care</i>	65.2% NA
<i>Rating of Specialist Seen Most Often</i>	73.1%
<i>Rating of CMDS Clinic</i>	66.7% * NA
<i>Rating of Beneficiary Help Line</i>	42.1% * NA
<b>Composite Measures</b>	
<i>Customer Service</i>	82.5% * ↓
<i>How Well Doctors Communicate</i>	90.0% * NA
<i>Access to Specialized Services</i>	75.2% * NA
<i>CSHCS Family Center</i>	70.7% * NA
<b>Individual Item Measures</b>	
<i>Access to Prescription Medicines</i>	91.2%
<i>CMDS Clinics</i>	88.4% * NA
<i>Local Health Department Services</i>	73.8% * NA
<i>Beneficiary Help Line</i>	55.6% * NA

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

NA indicates a national average is not available for the measure.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

## Strengths, Weaknesses, and Recommendations—CSHCS

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.



## Strengths

**Strength #1: Molina Healthcare of Michigan's** 2021 top-box scores were not statistically significantly above the 2020 NCQA child Medicaid national averages for any measure; therefore, no substantial strengths were identified.

## Weaknesses and Recommendations

**Weakness #1:** Parents/caretakers of child members enrolled in **Molina Healthcare of Michigan** had less positive overall experiences with customer service, since the score for this measure was statistically significantly below the 2020 NCQA child Medicaid national average. [Quality]

**Why the weakness exists:** Parents/caretakers of child members enrolled in **Molina Healthcare of Michigan** may not be receiving the information or help needed or may not be being treated with as much courtesy and respect by customer service staff compared to national benchmarks.

**Recommendation:** HSAG recommends that **Molina Healthcare of Michigan** explore what may be driving this lower experience score and develop initiatives designed to improve quality of care. **Molina Healthcare of Michigan** should provide training and resources to their customer service support staff, as well as set customer service standards to hold staff accountable. In addition, **Molina Healthcare of Michigan** should consider obtaining direct patient feedback from members to drill down into areas that need improvement. Lastly, HSAG recommends that **Molina Healthcare of Michigan** continue to explore opportunities for improvement through its CAHPS Taskforce.

## Performance Results—Healthy Michigan

Table 3-45 presents **Molina Healthcare of Michigan's** 2021 CAHPS top-box scores for Healthy Michigan. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-45—Summary of 2021 Healthy Michigan CAHPS Top-Box Scores for MOL**

	2021 Top-Box Score
<b>Global Ratings</b>	
<i>Rating of Health Plan</i>	62.8%
<i>Rating of All Health Care</i>	51.6%
<i>Rating of Personal Doctor</i>	67.4%
<i>Rating of Specialist Seen Most Often</i>	62.4% *
<b>Composite Measures</b>	
<i>Getting Needed Care</i>	83.5%
<i>Getting Care Quickly</i>	83.9%
<i>How Well Doctors Communicate</i>	93.9%
<i>Customer Service</i>	91.9% *

	2021 Top-Box Score
<b>Individual Item Measure</b>	
<i>Coordination of Care</i>	80.6% *
<b>Effectiveness of Care Measures**</b>	
<i>Advising Smokers and Tobacco Users to Quit</i>	75.0%
<i>Discussing Cessation Medications</i>	58.2%
<i>Discussing Cessation Strategies</i>	44.8%

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

\*\* These rates follow NCQA's methodology of calculating a rolling two-year average.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

### Strengths, Weaknesses, and Recommendations—Healthy Michigan

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

#### Strengths

**Strength #1: Molina Healthcare of Michigan's** 2021 top-box scores were not statistically significantly above the 2020 NCQA adult Medicaid national averages for any measure; therefore, no strengths were identified.

#### Weaknesses and Recommendations

**Weakness #1: Molina Healthcare of Michigan's** 2021 top-box scores were not statistically significantly below the 2020 NCQA adult Medicaid national averages for any measure; therefore, no weaknesses were identified.

**Why the weakness exists:** NA

**Recommendation:** HSAG recommends that **Molina Healthcare of Michigan** monitor the measures to ensure significant decreases in scores over time do not occur.

#### Quality Rating

The 2021 Michigan Consumer Guide was designed to compare MHP to MHP performance using HEDIS and CAHPS measure indicators. As such, MHP-specific results are not included in this section. Refer to the Quality Rating activity in Section 5—Medicaid Health Plan Comparative Information to review the 2021 Michigan Consumer Guide, which is inclusive of **Molina Healthcare of Michigan's** performance.

## Overall Conclusions for Quality, Timeliness, and Access to Healthcare Services

To identify strengths and weaknesses and draw conclusions for **Molina Healthcare of Michigan** about the quality, timeliness, and access to care for its members, HSAG analyzed and evaluated performance related to the provision of healthcare services by **Molina Healthcare of Michigan** across all EQR activities to identify common themes within **Molina Healthcare of Michigan** that impacted, or will have the likelihood to impact, member health outcomes. The overarching aggregated findings show that while **Molina Healthcare of Michigan** performed well in some areas impacting the quality and timeliness of, and access to care, there are several opportunities for improvement. **Molina Healthcare of Michigan** designed a methodologically sound PIP and met 100 percent of the requirements for data analysis and implementation of improvement strategies for the *Addressing Disparities in Timeliness of Prenatal Care* PIP. However, while **Molina Healthcare of Michigan** demonstrated some improvement in the study indicator outcomes for the third remeasurement period as compared to the baseline, the MHP did not sustain significant improvement or achieve the overall goal of removing the racial disparity [Quality, Timeliness, and Access]. Additionally, the overall *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* measure indicator rates fell below the national Medicaid 25th percentile, indicating that **Molina Healthcare of Michigan** has continued opportunities to improve prenatal and postpartum care for its members [Quality, Timeliness, and Access]. **Molina Healthcare of Michigan** reported that the change in HEDIS specifications was attributed to a decline in performance and had implemented interventions focused on member education of prenatal care and community resources. **Molina Healthcare of Michigan** should revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of new interventions.

Further, **Molina Healthcare of Michigan** performed poorly overall in the Child & Adolescent Care domain reviewed as part of the PMV activity. Ten of the 12 measure rates fell between the national Medicaid 25th and 49th percentiles, suggesting that **Molina Healthcare of Michigan** could implement additional interventions to improve preventive care for children including *Childhood Immunization Status* and *Lead Screening in Children* [Quality, Timeliness, and Access]. Specific to *Childhood Immunization Status*, **Molina Healthcare of Michigan** reported implementing interventions to target this measure; however, most measure rates declined in performance. Related to the Access to Care domain, **Molina Healthcare of Michigan**'s adult members were also not always accessing preventive services as demonstrated through lower performance in three of the four rates for the *Adults' Access to Preventive/Ambulatory Health Services* measure [Quality and Access]. Additionally, **Molina Healthcare of Michigan**'s adult members age 65 years and older are not always receiving appropriate care for the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis* and *Appropriate Treatment for Upper Respiratory* measures, as these measure indicator rates fell below the national Medicaid 25th percentile [Quality]. **Molina Healthcare of Michigan** should monitor performance improvement interventions currently in place and continue to expand upon or implement additional interventions, when necessary, to improve the performance in these measures. Additionally, **Molina Healthcare of Michigan** demonstrated low performance in the *Asthma Medication Ratio* measure through the PMV activity with a rating below the national Medicaid 25th percentile [Quality and Access]. Although **Molina Healthcare of Michigan** has implemented several interventions to improve this measure, the rate remains low and declined in performance. **Molina Healthcare of Michigan** reported several

interventions implemented, including member outreach, engaging the assistance of the pharmacy department, and updates to the HEDIS provider manual; however, **Molina Healthcare of Michigan** also reported no notable improvement in performance. **Molina Healthcare of Michigan** should monitor and target its efforts toward those with asthma medication ratios less than 50 percent to improve upon performance related to the *Asthma Medication Ratio* measure. Through the results of the compliance review activity, **Molina Healthcare of Michigan** demonstrated strong performance within the Quality standard, demonstrating that **Molina Healthcare of Michigan** had an adequate quality program in which it could implement performance improvement strategies to improve access to preventive and treatment services [**Quality** and **Access**].

**Molina Healthcare of Michigan** demonstrated strengths of its program through the PMV activity, as the *Immunizations for Adolescents, Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 18 to 64 Years, Appropriate Testing for Pharyngitis—Ages 65 Years and Older, and Appropriate Treatment for Upper Respiratory Infection—Ages 18 to 64 Years* measure indicator rates were above the 50th percentile, indicating that adolescents were obtaining the appropriate immunizations, members were not receiving inappropriate antibiotics for the treatment of acute bronchitis/bronchiolitis or upper respiratory infections, and members were receiving the appropriate testing for pharyngitis [**Quality**].

Of note, the COVID-19 pandemic may have had an impact on performance outcomes due to State mandates or instructions to reduce the use of nonemergent services to slow the spread of COVID-19. Additionally, due to fear of contracting the virus, members may have chosen not to access routine care, which may have also impacted performance outcomes in SFY 2021.

## Priority Health Choice

### Validation of Performance Improvement Projects

#### Performance Results

Table 3-46 displays the overall validation status; the baseline, Remeasurement 1, Remeasurement 2, and Remeasurement 3 results; and the MHP-designated goal for the study indicator.

**Table 3-46—Overall Validation Rating for PRI**

PIP Topic	Validation Rating	Study Indicator	Study Indicator Results				
			Baseline	R1	R2	R3	Goal
<i>Improving the Timeliness of Prenatal Care for African-American Women</i>	<i>Met</i>	The percentage of eligible African American women who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	46.8%	36.9% ↓	62.2% ↑	53.2% ↑	68.3%

R1 = Remeasurement 1

R2 = Remeasurement 2

R3 = Remeasurement 3

↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05).

↔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05).

↓ = Designates statistically significant decline over the baseline measurement period (p value < 0.05).

Table 3-47 displays the interventions implemented to address the barriers identified by the MHP using QI and causal/barrier analysis processes.

**Table 3-47—Remeasurement 3 Interventions for PRI**

Intervention Descriptions	
Placed a registered nurse care manager in providers' offices that serve a high volume of African-American members experiencing high-risk pregnancies in order to support getting important prenatal care.	Conducted outreach to members, targeting African Americans first, to connect them with the Centering Pregnancy Program.
Collaborated with the Strong Beginnings program, which works specifically with African-American and Hispanic families providing social and emotional support.	Worked with targeted provider offices to engage in best practices for scheduling timely prenatal appointments and removing barriers.
Reviewed billing practices and internal procedures for earlier identification of pregnant women.	

## Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the PIP validation against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the PIP validation have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

### Strengths

**Strength #1: Priority Health Choice** used appropriate QI tools to conduct a causal/barrier analysis and prioritize the identified barriers. [Quality, Timeliness, and Access]

**Strength #2: Priority Health Choice** demonstrated sustained improvement over the baseline rate for the third remeasurement period. [Quality, Timeliness, and Access]

### Weaknesses and Recommendations

**Weakness #1:** There were no substantial identified weaknesses.

**Why the weakness exists:** NA

**Recommendation:** Although there were no substantial identified weaknesses, HSAG recommends **Priority Health Choice** revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions. The MHP should continue to evaluate the effectiveness of each intervention using the outcomes to determine each intervention's next steps.

## Performance Measure Validation

### Performance Results

**Priority Health Choice** was evaluated against NCQA's IS standards to measure how the MHP collected, stored, analyzed, and reported HEDIS data. According to the HEDIS MY 2020 Compliance Audit Report findings, **Priority Health Choice** was fully compliant with all seven IS standards.

According to the auditor's review, **Priority Health Choice** followed the NCQA HEDIS MY 2020 technical specifications and produced a *Reportable* rate for all included measures and sub-measures. No rates were determined to be materially biased.

Table 3-48 displays the HEDIS MY 2020 performance measure rates and 2020 performance levels based on comparisons to national percentiles<sup>3-55</sup> for **Priority Health Choice**.

<sup>3-55</sup> HEDIS MY 2020 performance measure rates are compared to NCQA's Quality Compass National Medicaid HMO percentiles for HEDIS MY 2020 (referred to as "percentiles" throughout this section of the report).



Table 3-48—HEDIS MY 2020 Performance Measure Results for PRI

Measure	HEDIS MY 2020	2020 Performance Level <sup>1</sup>
<b>Child &amp; Adolescent Care</b>		
<b><i>Childhood Immunization Status</i></b>		
Combination 2	75.91%	★★★★
Combination 3	74.70%	★★★★
Combination 4	73.72%	★★★★★
Combination 5	66.67%	★★★★★
Combination 6	53.53%	★★★★★
Combination 7	65.94%	★★★★★
Combination 8	53.04%	★★★★★
Combination 9	48.42%	★★★★★
Combination 10	47.93%	★★★★★
<b><i>Lead Screening in Children</i></b>		
Lead Screening in Children	78.35%	★★★★
<b><i>Immunizations for Adolescents</i></b>		
Combination 1	87.59%	★★★★★
Combination 2	45.99%	★★★★★
<b>Access to Care</b>		
<b><i>Adults' Access to Preventive/Ambulatory Health Services</i></b>		
Ages 20 to 44 Years	76.55%	★★
Ages 45 to 64 Years	85.47%	★★
Ages 65 Years and Older	91.77%	★★★★
Total	80.06%	★★
<b><i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</i></b>		
Ages 3 Months to 17 Years	71.56%	★★★★★
Ages 18 to 64 Years	48.74%	★★★★★
Ages 65 Years and Older	NA	NA
Total	59.51%	★★★★★
<b><i>Appropriate Testing for Pharyngitis<sup>2</sup></i></b>		
Ages 3 to 17 Years	81.08%	★★
Ages 18 to 64 Years	68.19%	★★★★
Ages 65 Years and Older	NA	NA
Total	76.32%	★★
<b><i>Appropriate Treatment for Upper Respiratory Infection</i></b>		
Ages 3 Months to 17 Years	95.18%	★★★★★
Ages 18 to 64 Years	87.57%	★★★★★
Ages 65 Years and Older	89.74%	★★★★★

Measure	HEDIS MY 2020	2020 Performance Level <sup>1</sup>
<i>Total</i>	93.04%	★★★★★
<b>Pregnancy Care</b>		
<i>Prenatal and Postpartum Care<sup>2</sup></i>		
<i>Timeliness of Prenatal Care</i>	86.37%	★★
<i>Postpartum Care</i>	79.56%	★★★
<b>Living With Illness</b>		
<i>Asthma Medication Ratio</i>		
<i>Total</i>	73.36%	★★★★★

<sup>1</sup>Performance Levels for 2020 were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks.

<sup>2</sup>Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution. NA indicates that the MHP followed the specifications, but the denominator was too small to report a valid rate.

2020 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

## Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the PMV against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the PMV have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

## Strengths

**Strength #1: Priority Health Choice's** performance ranked between the 75th and 89th percentile for both *Immunizations for Adolescents* measure indicators, indicating adolescents 13 years of age were receiving one dose of meningococcal vaccine, one Tdap vaccine, and one complete HPV vaccine series by their 13th birthday most of the time. Vaccines are a safe and effective way to protect adolescents against potential deadly diseases.<sup>3-56</sup> [Quality]

**Strength #2: Priority Health Choice's** performance ranked between the 75th and 89th percentile for the *Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years, Ages 65 Years and Older*, and *Total* measure indicators and at the 90th percentile and above for the *Appropriate Treatment for Upper Respiratory Infection—Ages 18 to 64 Years* measure indicator, indicating members with a diagnosis of upper respiratory infection received appropriate treatment.

<sup>3-56</sup> National Committee for Quality Assurance. Immunizations for Adolescents (IMA). Available at: <https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/>. Accessed on: Feb 4, 2022.

Most upper respiratory infections, also known as the common cold, are caused by viruses that require no antibiotic treatment. Too often antibiotics are prescribed inappropriately.<sup>3-57</sup> [Quality]

**Strength #3: Priority Health Choice's** performance ranked between the 75th and 89th percentile for the *Asthma Medication Ratio* measure, indicating members with persistent asthma had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year, indicating less use of short-acting medications and better controlled asthma. Asthma is a treatable, manageable condition that affects more than 25 million people in the United States. Managing this condition with appropriate medications could save the United States billions of dollars in medical costs.<sup>3-58</sup> [Quality]

**Strength #4: Priority Health Choice** demonstrated overall strength in its HEDIS data reporting, as **Priority Health Choice** was fully compliant with all seven IS standards and all performance measure rates were determined to be *Reportable*. [Quality]

## Weaknesses and Recommendations

**Weakness #1: Priority Health Choice's** performance for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure indicator ranked between the 25th and 49th percentile, indicating women were not always accessing prenatal care visits. Timely and adequate prenatal and postpartum care can set the stage for the long-term health and well-being of new mothers and their infants.<sup>59</sup> [Quality, Timeliness, and Access]

**Why the weakness exists:** The rate for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure indicator ranked between the 25th and 49th percentile, suggesting barriers exist for women to receive prenatal care.

**Recommendation:** HSAG recommends that **Priority Health Choice** conduct a root cause analysis or focused study to determine why some women did not receive prenatal care. If it is determined that COVID-19 impacted performance for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure indicator, **Priority Health Choice** should proactively alter its approach to prenatal care through methods such as telemedicine, when possible, to improve upon performance related to the *Prenatal and Postpartum Care* measure.<sup>3-60</sup>

<sup>3-57</sup> National Committee for Quality Assurance. Appropriate Treatment for Children With Upper Respiratory Infection (URI). Available at: <https://www.ncqa.org/hedis/measures/appropriate-treatment-for-children-with-upper-respiratory-infection/>. Accessed on: Feb 4, 2022.

<sup>3-58</sup> National Committee for Quality Assurance. Asthma Medication Ratio (AMR). Available at: <https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/>. Accessed on: Feb 4, 2022.

<sup>3-59</sup> National Committee for Quality Assurance. Prenatal and Postpartum Care (PPC). Available at: <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>. Accessed on: Feb 4, 2022.

<sup>3-60</sup> American Hospital Association. COVID-19: Maternal and Child Health During COVID-19. Available at: [https://www.aha.org/system/files/media/file/2020/05/COVID-19-Maternal-Guidelines\\_rev6.pdf](https://www.aha.org/system/files/media/file/2020/05/COVID-19-Maternal-Guidelines_rev6.pdf). Accessed on: Feb 4, 2022.

**Weakness #2: Priority Health Choice's** performance for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years, Ages 45 to 64 Years, and Total* measure indicators ranked between the 25th and 49th percentile, indicating members did not always have access to ambulatory or preventive care visits. Healthcare visits are an opportunity for individuals to receive preventive services and counseling on topics such as diet and exercise. These visits also can help them to address acute issues or manage chronic conditions.<sup>3-61</sup> **[Quality and Access]**

**Why the weakness exists:** The rate for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years, Ages 45 to 64 Years, and Total* measure indicators ranked between the 25th and 49th percentile, suggesting barriers exist for members to access ambulatory or preventive care visits.

**Recommendation:** HSAG recommends that **Priority Health Choice** conduct a root cause analysis or focused study to determine why members did not always have access to ambulatory or preventive care visits. If it is determined that COVID-19 impacted performance for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years, Ages 45 to 64 Years, and Total* measure indicators, **Priority Health Choice** may consider telemedicine as an alternate approach to improving performance. Continued availability and promotion of telehealth services might play a prominent role in increasing access to services during the pandemic.<sup>3-62</sup>

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<sup>3-61</sup> National Committee for Quality Assurance. Adults' Access to Preventative/Ambulatory Health Services (AAP). Available at: <https://www.ncqa.org/hedis/measures/adults-access-to-preventive-ambulatory-health-services/>. Accessed on: Feb 4, 2022.

<sup>3-62</sup> Centers for Disease Control and Prevention. Trends in the Use of Telehealth During the Emergence of the COVID-19 Pandemic— United States, January–March 2020. Available at: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6943a3.htm>. Accessed on: Feb 4, 2022.

## Compliance Review

### Performance Results

Table 3-49 presents the total number of criteria for each standard that received a score of *Met* or *Not Met*. Table 3-49 also presents **Priority Health Choice**'s overall compliance score for each standard, the total compliance score across all standards, and their comparison to statewide averages.

**Table 3-49—Compliance Review Results for PRI**

Standard		Number of Scores		Compliance Scores	
		Met	Not Met	PRI	Statewide <sup>1</sup>
1	Administrative	5	0	100%	100%
2	Provider	20	2	91%	91.4%
3	Member	25	0	100%	98.4%
4	Quality	22	0	100%	99.5%
5	MIS	21	2	91%	94.8%
6	Program Integrity	28	6	82%	87.4%
Overall		121	10	92%	94.0%
		Indicates the standard scored below the statewide rate.			
		Indicates the standard had a score of 100 percent.			

<sup>1</sup> MDHHS calculated statewide performance scores to the tenths place decimal; however, MHP performance scores were calculated using whole number percentages.

### Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the compliance review activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the compliance review have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

## Strengths

**Strength #1: Priority Health Choice** achieved full compliance in the Administrative standard, demonstrating that the MHP had an adequate administrative structure, including an organizational chart, administrative positions, governing body, participation in administrative meetings, and data privacy and oversight, which are necessary to effectively carry out managed care functions.

[Quality]

**Strength #2: Priority Health Choice** achieved full compliance in the Member standard, demonstrating the MHP maintained sufficient policies and procedures to ensure members had access to service authorization processes; collaboration with local health departments for members with special health care needs, and care coordination; a fair grievance and appeal system; member information materials such as the handbook, newsletters, and website; and choice of PCPs, which are necessary for members to access and participate in their healthcare and services. [Quality, Timeliness, and Access]

**Strength #3: Priority Health Choice** achieved full compliance in the Quality standard, demonstrating the MHP had an adequate quality program, which included, but was not limited to, CPGs, QIP description, work plan, and evaluation; UM program; program policies and procedures; HEDIS activities; PIPs; accreditation; addressing health disparities; health improvement activities; and dental health quality. [Quality, Timeliness, and Access]

## Weaknesses and Recommendations

**Weakness #1: Priority Health Choice** scored below the statewide average in the Provider standard. Adequate and effective processes for maintaining and monitoring a provider network are necessary to ensure members have access to complete and accurate provider information and that all members are assigned to an appropriate provider. [Quality and Access]

**Why the weakness exists:** Discrepancies in provider contact information and whether the PCP was accepting new patients were identified in **Priority Health Choice**'s provider directory.

**Recommendation:** As **Priority Health Choice** was required to submit a CAP to address these findings, HSAG recommends **Priority Health Choice** ensure its MDHHS-approved CAP is fully implemented to mitigate the deficiencies. Additionally, HSAG recommends that **Priority Health Choice** conduct its own periodic secret shopper survey of a sample of its provider network and use the results of any future EQR-related network adequacy validation activity to further analyze the completeness and accuracy of its provider data.

**Weakness #2: Priority Health Choice** scored below the statewide average in the MIS standard. A comprehensive information management system that collects, analyzes, and reports health information is imperative to increase and maintain the quality of, and access to, timely healthcare and services received by members. [Quality]

**Why the weakness exists:** **Priority Health Choice**'s third-party subrogation report reflected response times over 30 days.

**Recommendation:** As **Priority Health Choice** submitted a CAP to MDHHS to remediate identified deficiencies, HSAG recommends **Priority Health Choice** continue to monitor this requirement to ensure its subrogation process is fully implemented to mitigate the identified deficiencies.

**Weakness #3: Priority Health Choice** scored below the statewide average in the Program Integrity standard. A comprehensive compliance program and implementation of program integrity reporting mechanisms are essential to monitor, detect, and mitigate potential risks such as fraud committed by Medicaid managed care plans and network providers. [Quality]



**Why the weakness exists:** Several deficiencies were identified throughout the year regarding **Priority Health Choice**'s program integrity, including but not limited to, inconsistencies or discrepancies in various program integrity reports; the encounter adjustments validation report fell below the 85 percent benchmark set by MDHHS; and documents that included OIG contact information were inconsistent in the entity name and Web referral.

**Recommendation:** As **Priority Health Choice** previously submitted a CAP to address these findings, which was accepted by MDHHS, HSAG recommends **Priority Health Choice** ensure its CAP is fully implemented to mitigate the deficiencies.

## Consumer Assessment of Healthcare Providers and Systems Analysis

### Performance Results—Adult and Child Medicaid

Table 3-50 presents **Priority Health Choice**'s 2021 adult and child Medicaid CAHPS top-box scores. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-50—Summary of 2021 Adult and Child Medicaid CAHPS Top-Box Scores for PRI**

	2021 Adult Medicaid	2021 Child Medicaid
<b>Global Ratings</b>		
<i>Rating of Health Plan</i>	67.8% ↑	73.5%
<i>Rating of All Health Care</i>	59.9%	77.1%
<i>Rating of Personal Doctor</i>	68.7%	79.0%
<i>Rating of Specialist Seen Most Often</i>	68.7%	66.7%*
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	87.4% ↑	90.9%*
<i>Getting Care Quickly</i>	88.4% ↑	87.8%*
<i>How Well Doctors Communicate</i>	94.4%	98.7% ↑
<i>Customer Service</i>	93.3% ↑	83.8%*
<b>Individual Item Measure</b>		
<i>Coordination of Care</i>	92.3% ↑	94.2%* ↑
<b>Effectiveness of Care Measures**</b>		
<i>Advising Smokers and Tobacco Users to Quit</i>	79.4%	
<i>Discussing Cessation Medications</i>	56.3%	
<i>Discussing Cessation Strategies</i>	51.2%	

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

\*\* These rates follow NCQA's methodology of calculating a rolling two-year average.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

## Strengths, Weaknesses, and Recommendations- Adult and Child Medicaid

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

### Strengths

**Strength #1:** Adult members enrolled in **Priority Health Choice** had more positive experiences with their health plan, getting care they need, timeliness of getting care, customer service, and coordination of care, since the scores for these measures were statistically significantly above the 2020 NCQA adult Medicaid national averages. [Quality, Timeliness, and Access]

**Strength #2:** Parents/caretakers of child members enrolled in **Priority Health Choice** had more positive experiences communicating with their child's doctors and coordination of care for their child, since the scores for these measures were statistically significantly above the 2020 NCQA child Medicaid national averages. [Quality]

### Weaknesses and Recommendations

**Weakness #1: Priority Health Choice's** 2021 top-box scores were not statistically significantly below the 2020 NCQA adult or child Medicaid national averages for any measure; therefore, no weaknesses were identified.

**Why the weakness exists:** NA

**Recommendation:** HSAG recommends that **Priority Health Choice** monitor the measures to ensure significant decreases in scores over time do not occur.

## Performance Results—CSHCS

Table 3-51 presents **Priority Health Choice's** 2021 CSHCS CAHPS survey top-box scores. The following measures could not be displayed in the table because these measures had fewer than 11 responses and were suppressed: *Rating of Beneficiary Help Line*, *CSHCS Family Center*, and *Beneficiary Help Line*. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-51—Summary of 2021 CSHCS CAHPS Survey Top-Box Scores for PRI**

	2021 Top-Box Score
<b>Global Ratings</b>	
<i>Rating of Health Plan</i>	73.4%
<i>Rating of Health Care</i>	77.2% NA

	2021 Top-Box Score
<i>Rating of Specialist Seen Most Often</i>	79.8%
<i>Rating of CMDS Clinic</i>	71.4% * NA
<b>Composite Measures</b>	
<i>Customer Service</i>	86.3% *
<i>How Well Doctors Communicate</i>	94.5% * NA
<i>Access to Specialized Services</i>	70.6% * NA
<i>Transportation</i>	80.4% * NA
<b>Individual Item Measures</b>	
<i>Access to Prescription Medicines</i>	91.0%
<i>CMDS Clinics</i>	95.5% * NA
<i>Local Health Department Services</i>	72.5% * NA

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

NA indicates a national average is not available for the measure.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

### Strengths, Weaknesses, and Recommendations—CSHCS

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

#### Strengths

**Strength #1: Priority Health Choice's** 2021 top-box scores were not statistically significantly above the 2020 NCQA child Medicaid national averages for any measure; therefore, no strengths were identified.

#### Weaknesses and Recommendations

**Weakness #1: Priority Health Choice's** 2021 top-box scores were not statistically significantly below the 2020 NCQA child Medicaid national averages for any measure; therefore, no weaknesses were identified.

**Why the weakness exists:** NA

**Recommendation:** HSAG recommends that **Priority Health Choice** monitor the measures to ensure significant decreases in scores over time do not occur.

## Performance Results—Healthy Michigan

Table 3-52 presents **Priority Health Choice**'s 2021 CAHPS top-box scores for Healthy Michigan. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-52—Summary of 2021 Healthy Michigan CAHPS Top-Box Scores for PRI**

	2021 Top-Box Score
<b>Global Ratings</b>	
<i>Rating of Health Plan</i>	69.5% ↑
<i>Rating of All Health Care</i>	63.1%
<i>Rating of Personal Doctor</i>	71.2%
<i>Rating of Specialist Seen Most Often</i>	73.3%
<b>Composite Measures</b>	
<i>Getting Needed Care</i>	89.4% ↑
<i>Getting Care Quickly</i>	85.1%
<i>How Well Doctors Communicate</i>	94.4%
<i>Customer Service</i>	90.7% *
<b>Individual Item Measure</b>	
<i>Coordination of Care</i>	89.7% *
<b>Effectiveness of Care Measures**</b>	
<i>Advising Smokers and Tobacco Users to Quit</i>	76.9%
<i>Discussing Cessation Medications</i>	57.0%
<i>Discussing Cessation Strategies</i>	47.2%

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

\*\* These rates follow NCQA's methodology of calculating a rolling two-year average.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

## Strengths, Weaknesses, and Recommendations—Healthy Michigan

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

## Strengths

**Strength #1:** Adult members enrolled in **Priority Health Choice** had more overall positive experiences with their health plan and getting the care they need, since the scores for these measures were statistically significantly above the 2020 NCQA adult Medicaid national averages. [**Quality and Access**]

## Weaknesses and Recommendations

**Weakness #1:** **Priority Health Choice**'s 2021 top-box scores were not statistically significantly below the 2020 NCQA adult Medicaid national averages for any measure; therefore, no substantial weaknesses were identified.

**Why the weakness exists:** NA

**Recommendation:** HSAG recommends that **Priority Health Choice** monitor the measures to ensure significant decreases in scores over time do not occur.

## Quality Rating

The 2021 Michigan Consumer Guide was designed to compare MHP to MHP performance using HEDIS and CAHPS measure indicators. As such, MHP-specific results are not included in this section. Refer to the Quality Rating activity in Section 5—Medicaid Health Plan Comparative Information to review the 2021 Michigan Consumer Guide, which is inclusive of **Priority Health Choice**'s performance.

## Overall Conclusions for Quality, Timeliness, and Access to Healthcare Services

To identify strengths and weaknesses and draw conclusions for **Priority Health Choice** about the quality, timeliness, and access to care for its members, HSAG analyzed and evaluated performance related to the provision of healthcare services by **Priority Health Choice** across all EQR activities to identify common themes within **Priority Health Choice** that impacted, or will have the likelihood to impact, member health outcomes. The overarching aggregated findings show that while **Priority Health Choice** performed well in some areas impacting the quality and timeliness of, and access to care, there are several opportunities for improvement. **Priority Health Choice** used appropriate QI tools to conduct a causal/barrier analysis and prioritize the identified barriers, and demonstrated sustained improvement over the baseline rate for the third remeasurement period for the *Improving the Timeliness of Prenatal Care for African American Women* PIP [**Quality, Timeliness, and Access**]. **Priority Health Choice** reported that they created five interventions of which three have been implemented. The results of the PIP indicated that these interventions were successful. However, the overall *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure indicator rate fell between the national Medicaid 25th and 49th percentile, indicating that **Priority Health Choice** has additional room for improvement in this area [**Quality, Timeliness, and Access**]. **Priority Health Choice** should revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of new interventions.

**Priority Health Choice** performed well overall in the Child & Adolescent Care domain, achieving the national Medicaid 50th percentile for three of the 12 measures and the 75th percentile for the remaining nine measures, specifically *Childhood Immunization Status*, *Lead Screening in Children*, and *Immunizations for Adolescents* [**Quality, Timeliness, and Access**]. Further, **Priority Health Choice** achieved a rate that is statistically significantly above the national average in *How Well Doctors Communicate* for the child Medicaid CAHPS survey, which indicates strong member/provider relationships may have a positive impact on the Child & Adolescent Care measures [**Quality**]. However, children ages three to 17 years are not always receiving the appropriate care for pharyngitis as the *Appropriate Testing for Pharyngitis—Ages 3 to 17 Years* measure indicator rate fell below the national Medicaid 50th percentile [**Quality**]. Additionally, adults ages 20 to 44 years and ages 45 to 64 years may not be obtaining appropriate preventive care as the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years* and *Ages 45 to 64 Years* measure indicator rates fell below the national Medicaid 50th percentile [**Quality, Timeliness, and Access**]. **Priority Health Choice** should monitor performance improvement interventions currently in place and continue to expand upon or implement additional interventions, when necessary, to improve the performance in these measures. However, while these measures could indicate barriers to accessing care, the *Getting Needed Care* and *Getting Care Quickly* measure rates for the adult Medicaid CAHPS survey scored above the national averages, suggesting that members who took the survey are not experiencing significant barriers to accessing care [**Timeliness and Access**]. Through the results of the compliance review activity, **Priority Health Choice** demonstrated strong performance within the Quality standard, demonstrating that **Priority Health Choice** had an adequate quality program in which it could implement performance improvement strategies to improve access to preventive services [**Quality and Access**].

Lastly, **Priority Health Choice** demonstrated additional strengths of its program through the PMV activity. Specifically, the *Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older*, *Appropriate Testing for Pharyngitis—Ages 18 to 64 Years*, and *Prenatal and Postpartum Care—Postpartum Care* measure indicator rates reached the national Medicaid 50th percentile, while the rates for the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis*, *Appropriate Treatment for Upper Respiratory Infection*, and *Asthma Medication Ratio* measures achieved the 75th percentile [**Quality, Timeliness, and Access**]. This suggests that many members are obtaining appropriate preventive and acute care services.

Of note, the COVID-19 pandemic may have had an impact on performance outcomes due to State mandates or instructions to reduce the use of nonemergent services to slow the spread of COVID-19. Additionally, due to fear of contracting the virus, members may have chosen not to access routine care, which may have also impacted performance outcomes in SFY 2021.

## Total Health Care

### Validation of Performance Improvement Projects

#### Performance Results

Table 3-53 displays the overall validation status; the baseline, Remeasurement 1, Remeasurement 2, and Remeasurement 3 results; and the MHP-designated goal for the study indicator.

**Table 3-53—Overall Validation Rating for THC**

PIP Topic	Validation Rating	Study Indicator	Study Indicator Results				
			Baseline	R1	R2	R3	Goal
<i>Improving Timeliness of Prenatal Care for Women Ages 23 to 28</i>	<i>Met</i>	The percentage of eligible women ages 23 to 28 who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	35.4%	61% ↑	69.5% ↑	60.7% ↑	83%

R1 = Remeasurement 1

R2 = Remeasurement 2

R3 = Remeasurement 3

↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05).

↔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05).

↓ = Designates statistically significant decline over the baseline measurement period (p value < 0.05).

Table 3-54 displays the interventions implemented to address the barriers identified by the MHP using QI and causal/barrier analysis processes.

**Table 3-54—Remeasurement 3 Interventions for THC**

Intervention Descriptions	
Implemented standardized quality metrics for MIHPs.	Implemented gap reports for provider and internal use.
Providers focused on setting up appointments for new members based on new monthly member listing.	Outreached to provider office to obtain updated member contact information.
Member services informed members of their benefits during welcome calls. Members were also educated on benefits and assisted with transportation arrangements and appointment scheduling.	Held provider discussions to increase awareness of HEDIS requirements and performance.
MIHP report cards were implemented to include prenatal care, postpartum care, dental care, and well-child performance.	



## Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the PIP validation against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the PIP validation have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

### Strengths

**Strength #1: Total Health Care** used appropriate QI tools to conduct a causal/barrier analysis and prioritize the identified barriers. [Quality, Timeliness, and Access]

**Strength #2: Total Health Care** demonstrated sustained improvement over the baseline rate for the second remeasurement period. [Quality, Timeliness, and Access]

### Weaknesses and Recommendations

**Weakness #1:** There were no identified weaknesses. [Quality, Timeliness, and Access]

**Why the weakness exists:** NA

**Recommendation:** **Total Health Care** members moved to **Priority Health Choice** effective October 1, 2021; therefore, no MHP-specific recommendations were made by HSAG for program improvement.

## Performance Measure Validation

### Performance Results

**Total Health Care** was evaluated against NCQA's IS standards to measure how the MHP collected, stored, analyzed, and reported HEDIS data. According to the HEDIS MY 2020 Compliance Audit Report findings, **Total Health Care** was fully compliant with all seven IS standards.

According to the auditor's review, **Total Health Care** followed the NCQA HEDIS MY 2020 technical specifications and produced a *Reportable* rate for all included measures and sub-measures. No rates were determined to be materially biased.

Table 3-55 displays the HEDIS MY 2020 performance measure rates and 2020 performance levels based on comparisons to national percentiles<sup>3-63</sup> for **Total Health Care**.

**Table 3-55—HEDIS MY 2020 Performance Measure Results for THC**

Measure	HEDIS MY 2020	2020 Performance Level <sup>1</sup>
<b>Child &amp; Adolescent Care</b>		
<b><i>Childhood Immunization Status</i></b>		
<i>Combination 2</i>	60.34%	★
<i>Combination 3</i>	53.04%	★
<i>Combination 4</i>	53.04%	★
<i>Combination 5</i>	44.53%	★
<i>Combination 6</i>	28.47%	★
<i>Combination 7</i>	44.53%	★
<i>Combination 8</i>	28.47%	★
<i>Combination 9</i>	24.57%	★
<i>Combination 10</i>	24.57%	★
<b><i>Lead Screening in Children</i></b>		
<i>Lead Screening in Children</i>	67.64%	★★
<b><i>Immunizations for Adolescents</i></b>		
<i>Combination 1</i>	81.75%	★★
<i>Combination 2</i>	36.98%	★★★
<b>Access to Care</b>		
<b><i>Adults' Access to Preventive/Ambulatory Health Services</i></b>		
<i>Ages 20 to 44 Years</i>	69.67%	★
<i>Ages 45 to 64 Years</i>	82.94%	★
<i>Ages 65 Years and Older</i>	81.87%	★
<i>Total</i>	74.97%	★
<b><i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</i></b>		
<i>Ages 3 Months to 17 Years</i>	64.79%	★★★★
<i>Ages 18 to 64 Years</i>	39.51%	★★★★
<i>Ages 65 Years and Older</i>	NA	NA
<i>Total</i>	49.92%	★★
<b><i>Appropriate Testing for Pharyngitis<sup>2</sup></i></b>		
<i>Ages 3 to 17 Years</i>	65.71%	★
<i>Ages 18 to 64 Years</i>	45.57%	★

<sup>3-63</sup> HEDIS MY 2020 performance measure rates are compared to NCQA's Quality Compass National Medicaid HMO percentiles for HEDIS MY 2020 (referred to as "percentiles" throughout this section of the report).

Measure	HEDIS MY 2020	2020 Performance Level <sup>1</sup>
<i>Ages 65 Years and Older</i>	NA	NA
<i>Total</i>	56.49%	★
<b><i>Appropriate Treatment for Upper Respiratory Infection</i></b>		
<i>Ages 3 Months to 17 Years</i>	91.99%	★★★★
<i>Ages 18 to 64 Years</i>	75.58%	★★★★
<i>Ages 65 Years and Older</i>	NA	NA
<i>Total</i>	86.44%	★★
<b>Pregnancy Care</b>		
<b><i>Prenatal and Postpartum Care<sup>2</sup></i></b>		
<i>Timeliness of Prenatal Care</i>	64.72%	★
<i>Postpartum Care</i>	53.53%	★
<b>Living With Illness</b>		
<b><i>Asthma Medication Ratio</i></b>		
<i>Total</i>	45.68%	★

<sup>1</sup>Performance Levels for 2020 were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks.

<sup>2</sup>Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution. NA indicates that the MHP followed the specifications, but the denominator was too small to report a valid rate.

2020 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

## Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the PMV against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the PMV have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

## Strengths

**Strength #1: Total Health Care** demonstrated overall strength in its HEDIS data reporting, as **Total Health Care** was fully compliant with all seven IS standards and all performance measure rates were determined to be *Reportable*. [Quality]

## Weaknesses and Recommendations

**Weakness #1: Total Health Care's** performance for all nine *Childhood Immunization Status* measure indicators ranked below the 25th percentile, indicating children 2 years of age were not always getting their immunizations by their second birthday. Vaccination coverage must be maintained in order to prevent a resurgence of vaccine-preventable diseases.<sup>3-64</sup> [Quality, Timeliness, and Access]

**Why the weakness exists:** The rates for all nine *Childhood Immunization Status* measure indicators ranked below the 25th percentile, suggesting barriers exist for children to receive immunizations.

**Recommendation:** Total Health Care members moved to Priority Health Choice effective October 1, 2021; therefore, no MHP-specific recommendations were made by HSAG for program improvement.

**Weakness #2: Total Health Care's** performance for all *Adults' Access to Preventive/Ambulatory Health Services* measure indicators ranked below the 25th percentile, indicating members did not always have access to ambulatory or preventive care visits. Healthcare visits are an opportunity for individuals to receive preventive services and counseling on topics such as diet and exercise. These visits also can help them to address acute issues or manage chronic conditions.<sup>3-65</sup> [Quality and Access]

**Why the weakness exists:** The rate for all *Adults' Access to Preventive/Ambulatory Health Services* measure indicators ranked below the 25th percentile, suggesting barriers exist for members to access ambulatory or preventive care visits.

**Recommendation:** Total Health Care members moved to Priority Health Choice effective October 1, 2021; therefore, no MHP-specific recommendations were made by HSAG for program improvement.

**Weakness #3: Total Health Care's** performance for both *Prenatal and Postpartum Care* measure indicators ranked below the 25th percentile, indicating women were not always accessing prenatal care and postpartum visits. Timely and adequate prenatal and postpartum care can set the stage for the long-term health and well-being of new mothers and their infants.<sup>3-66</sup> [Quality, Timeliness, and Access]

**Why the weakness exists:** The rates for both *Prenatal and Postpartum Care* measure indicators ranked below the 25th percentile, suggesting barriers exist for women to receive prenatal and postpartum care.

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<sup>3-64</sup> National Committee for Quality Assurance. Childhood Immunization Status (CIS). Available at: <https://www.ncqa.org/hedis/measures/childhood-immunization-status/>. Accessed on: Feb 4, 2022.

<sup>3-65</sup> National Committee for Quality Assurance. Adults' Access to Preventive/Ambulatory Health Services (AAP). Available at: <https://www.ncqa.org/hedis/measures/adults-access-to-preventive-ambulatory-health-services/>. Accessed on: Feb 4, 2022.

<sup>3-66</sup> National Committee for Quality Assurance. Prenatal and Postpartum Care (PPC). Available at: <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>. Accessed on: Feb 4, 2022.

**Recommendation:** **Total Health Care** members moved to **Priority Health Choice** effective October 1, 2021; therefore, no MHP-specific recommendations were made by HSAG for program improvement.

**Weakness #4:** **Total Health Care**'s performance for the *Asthma Medication Ratio* measure ranked below the 25th percentile, indicating members were dispensed asthma reliever medication as often, or more often, than asthma controller medications, suggesting an increased use of short-acting medications and less controlled asthma. The prevalence and cost of asthma have increased over the past decade, demonstrating the need for better access to care and medication.<sup>3-67</sup> **[Quality and Access]**

**Why the weakness exists:** The rate for the *Asthma Medication Ratio* measure ranked below the 25th percentile, suggesting that asthma reliever medications were dispensed more often relative to controller medications and that barriers may potentially exist with provider prescribing and/or member medication compliance. The *Asthma Medication Ratio* measure also ranked below the 25th percentile for HEDIS MY 2019.

**Recommendation:** **Total Health Care** members moved to **Priority Health Choice** effective October 1, 2021; therefore, no MHP-specific recommendations were made by HSAG for program improvement.

**Weakness #5:** **Total Health Care**'s performance for all reported *Appropriate Testing for Pharyngitis* measure indicators ranked below the 25th percentile, indicating members with a diagnosis of pharyngitis were not always receiving the appropriate testing required to merit antibiotic treatment for pharyngitis. Viral pharyngitis does not require antibiotic treatment, but antibiotics continue to be inappropriately prescribed. Proper testing and treatment of pharyngitis prevents the spread of sickness, while reducing unnecessary use of antibiotics.<sup>3-68</sup> **[Quality]**

**Why the weakness exists:** The rates for all reported *Appropriate Testing for Pharyngitis* measure indicators ranked below the 25th percentile, suggesting that the appropriate testing for pharyngitis was not always completed prior to dispensing antibiotic treatment.

**Recommendation:** **Total Health Care** members moved to **Priority Health Choice** effective October 1, 2021; therefore, no MHP-specific recommendations were made by HSAG for program improvement.

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<sup>3-67</sup> National Committee for Quality Assurance. Asthma Medication Ratio (AMR). Available at: <https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/>. Accessed on: Feb 4, 2022.

<sup>3-68</sup> National Committee for Quality Assurance. Appropriate Testing for Children with Pharyngitis (CWP). Available at: <https://www.ncqa.org/hedis/measures/appropriate-testing-for-children-with-pharyngitis/>. Accessed on: Feb 4, 2022.

## Compliance Review

### Performance Results

Table 3-56 presents the total number criteria for each standard that received a score of *Met* or *Not Met*. Table 3-56 also presents **Total Health Care**'s overall compliance score for each standard, the total compliance score across all standards, and their comparison to statewide averages.

**Table 3-56—Compliance Review Results for THC**

Standard		Number of Scores		Compliance Scores	
		Met	Not Met	THC	Statewide <sup>1</sup>
1	Administrative	5	0	100%	100%
2	Provider	22	0	100%	91.4%
3	Member	25	0	100%	98.4%
4	Quality	22	0	100%	99.5%
5	MIS	21	2	91%	94.8%
6	Program Integrity	26	8	76%	87.4%
Overall		121	10	92%	94.0%
		Indicates the standard scored below the statewide rate.			
		Indicates the standard had a score of 100 percent.			

<sup>1</sup> MDHHS calculated statewide performance scores to the tenths place decimal; however, MHP performance scores were calculated using whole number percentages.

### Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the compliance review activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the compliance review have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

## Strengths

**Strength #1: Total Health Care** achieved full compliance in the Administrative standard, demonstrating that the MHP had an adequate administrative structure, including an organizational chart, administrative positions, governing body, participation in administrative meetings, and data privacy and oversight, which are necessary to effectively carry out managed care functions.  
[Quality]

**Strength #2: Total Health Care** achieved full compliance in the Provider standard, demonstrating that the MHP maintained adequate policies, procedures, and processes to ensure the necessary

provider contract agreements were in place, the provider directory was complete and accurate, and effective provider monitoring mechanisms were sustained that supported the quality of, access to, and timeliness of healthcare services provided to members. [Quality, Timeliness, and Access]

**Strength #3: Total Health Care** achieved full compliance in the Member standard, demonstrating the MHP maintained sufficient policies and procedures to ensure members had access to service authorization processes; collaboration with local health departments for members with special health care needs, and care coordination; a fair grievance and appeal system; member information materials such as the handbook, newsletters, and website; and choice of PCPs, which are necessary for members to access and participate in their healthcare and services. [Quality, Timeliness, and Access]

**Strength #4: Total Health Care** achieved full compliance in the Quality standard, demonstrating the MHP had an adequate quality program, which included, but was not limited to, CPGs, QIP description, work plan, and evaluation; UM program; program policies and procedures; HEDIS activities; PIPs; accreditation; addressing health disparities; health improvement activities; and dental health quality. [Quality, Timeliness, and Access]

## Weaknesses and Recommendations

**Weakness #1: Total Health Care** scored below the statewide average in the MIS standard. A comprehensive information management system that collects, analyzes, and reports health information is imperative to increase and maintain the quality of, and access to, timely healthcare and services received by members. [Quality]

**Why the weakness exists:** Total Health Care's third-party subrogation report reflected response times over 30 days.

**Recommendation:** Total Health Care members moved to Priority Health Choice effective October 1, 2021; therefore, no MHP-specific recommendations were made by HSAG for program improvement.

**Weakness #2: Total Health Care** scored below the statewide average in the Program Integrity standard. A comprehensive compliance program and implementation of program integrity reporting mechanisms are essential to monitor, detect, and mitigate potential risks such as fraud committed by Medicaid managed care plans and network providers. [Quality]

**Why the weakness exists:** Several deficiencies were identified throughout the year regarding Total Health Care's program integrity, including but not limited to, duplicative case numbers in various program integrity reports; the encounter adjustments validation report fell below the 85 percent benchmark set by MDHHS; incorrect contact information for MDHHS OIG identified in several procedure manuals; inconsistencies were identified between Total Health Care's post-payment review report grid and various quarterly reports; and documents did not described processes that gauge the effectiveness of system edits for monitoring of member utilization and provider billing practices.



**Recommendation:** Total Health Care members moved to Priority Health Choice effective October 1, 2021; therefore, no MHP-specific recommendations were made by HSAG for program improvement.

## Consumer Assessment of Healthcare Providers and Systems Analysis

### Performance Results—Adult and Child Medicaid

Table 3-57 presents Total Health Care’s 2021 adult and child Medicaid CAHPS top-box scores. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-57—Summary of 2021 Adult and Child Medicaid CAHPS Top-Box Scores for THC**

	2021 Adult Medicaid	2021 Child Medicaid
<b>Global Ratings</b>		
<i>Rating of Health Plan</i>	61.4%	67.4%
<i>Rating of All Health Care</i>	59.0%	65.6% *
<i>Rating of Personal Doctor</i>	71.4%	80.0%
<i>Rating of Specialist Seen Most Often</i>	64.7%	88.9% * ↑
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	86.1%	86.6% *
<i>Getting Care Quickly</i>	84.1%	82.8% *
<i>How Well Doctors Communicate</i>	93.7%	97.1% *
<i>Customer Service</i>	91.8%	86.4% *
<b>Individual Item Measure</b>		
<i>Coordination of Care</i>	85.8%	85.7% *
<b>Effectiveness of Care Measures**</b>		
<i>Advising Smokers and Tobacco Users to Quit</i>	88.8% ↑	
<i>Discussing Cessation Medications</i>	69.5% ↑	
<i>Discussing Cessation Strategies</i>	60.1% ↑	

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

\*\* These rates follow NCQA’s methodology of calculating a rolling two-year average.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

### **Strengths, Weaknesses, and Recommendations—Adult and Child Medicaid**

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

#### **Strengths**

**Strength #1:** Adult members enrolled in **Total Health Care** had quality of care improvements within the Effectiveness of Care measures that advise smokers and tobacco users to quit and discuss cessation medications and strategies, since the scores for all three measures scored statistically significantly above the 2020 NCQA adult Medicaid national averages. [**Quality**]

**Strength #2:** Parents/caretakers of child members enrolled in **Total Health Care** had more positive experiences with the specialist their child talked to most often, since the score for this measure was statistically significantly above the 2020 NCQA child Medicaid national average. [**Quality**]

#### **Weaknesses and Recommendations**

**Weakness #1:** **Total Health Care**'s 2021 top-box scores were not statistically significantly below the 2020 NCQA adult or child Medicaid national averages for any measure; therefore, no substantial weaknesses were identified.

**Why the weakness exists:** NA

**Recommendation:** **Total Health Care** members moved to **Priority Health Choice** effective October 1, 2021; therefore, no MHP-specific recommendations were made by HSAG for program improvement.

## Performance Results—CSHCS

Table 3-58 presents **Total Health Care**'s 2021 CSHCS CAHPS survey top-box scores. The following measures could not be displayed in the table because these measures had fewer than 11 responses and were suppressed: *Rating of CMDS Clinic*, *Rating of Beneficiary Help Line*, *Customer Service*, *How Well Doctors Communicate*, *Access to Specialized Services*, *Transportation*, *CSHCS Family Center*, *CMDS Clinics*, *Local Health Department Services*, and *Beneficiary Help Line*. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-58—Summary of 2021 CSHCS CAHPS Survey Top-Box Scores for THC**

	2021 Top-Box Score
<b>Global Ratings</b>	
<i>Rating of Health Plan</i>	75.0% *
<i>Rating of Health Care</i>	77.4% * NA
<i>Rating of Specialist Seen Most Often</i>	82.6% *
<b>Individual Item Measures</b>	
<i>Access to Prescription Medicines</i>	95.7% *

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

NA indicates a national average is not available for the measure.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

## Strengths, Weaknesses, and Recommendations—CSHCS

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

### Strengths

**Strength #1:** **Total Health Care**'s 2021 top-box scores were not statistically significantly above the 2020 NCQA child Medicaid national averages for any measure; therefore, no strengths were identified.

### Weaknesses and Recommendations

**Weakness #1:** **Total Health Care**'s 2021 top-box scores were not statistically significantly below the 2020 NCQA child Medicaid national averages for any measure; therefore, no weaknesses were identified.

**Why the weakness exists:** NA

**Recommendation:** **Total Health Care** members moved to **Priority Health Choice** effective October 1, 2021; therefore, no MHP-specific recommendations were made by HSAG for program improvement.

### Performance Results—Healthy Michigan

Table 3-59 presents **Total Health Care**'s 2021 CAHPS top-box scores for Healthy Michigan. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-59—Summary of 2021 Healthy Michigan CAHPS Top-Box Scores for THC**

	2021 Top-Box Score
<b>Global Ratings</b>	
<i>Rating of Health Plan</i>	65.6%
<i>Rating of All Health Care</i>	64.5%
<i>Rating of Personal Doctor</i>	71.5%
<i>Rating of Specialist Seen Most Often</i>	70.4% *
<b>Composite Measures</b>	
<i>Getting Needed Care</i>	83.4% *
<i>Getting Care Quickly</i>	82.7% *
<i>How Well Doctors Communicate</i>	94.2%
<i>Customer Service</i>	84.7% *
<b>Individual Item Measure</b>	
<i>Coordination of Care</i>	83.9% *
<b>Effectiveness of Care Measures**</b>	
<i>Advising Smokers and Tobacco Users to Quit</i>	75.8%
<i>Discussing Cessation Medications</i>	58.9%
<i>Discussing Cessation Strategies</i>	51.3%

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

\*\* These rates follow NCQA's methodology of calculating a rolling two-year average.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

### Strengths, Weaknesses, and Recommendations—Healthy Michigan

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

## Strengths

**Strength #1: Total Health Care's** 2021 top-box scores were not statistically significantly above the 2020 NCQA adult Medicaid national averages for any measure; therefore, no strengths were identified.

## Weaknesses and Recommendations

**Weakness #1: Total Health Care's** 2021 top-box scores were not statistically significantly below the 2020 NCQA adult Medicaid national averages for any measure; therefore, no weaknesses were identified.

**Why the weakness exists:** NA

**Recommendation:** **Total Health Care** members moved to **Priority Health Choice** effective October 1, 2021; therefore, no MHP-specific recommendations were made by HSAG for program improvement.

## Quality Rating

The 2021 Michigan Consumer Guide was designed to compare MHP to MHP performance using HEDIS and CAHPS measure indicators. As such, MHP-specific results are not included in this section. Refer to the Quality Rating activity in Section 5—Medicaid Health Plan Comparative Information to review the 2021 Michigan Consumer Guide. **Total Health Care** and Priority Health Choice merged as of October 2021. Both MHPs were included in the 2021 Michigan Consumer Guide analysis as separate entities; however, **Total Health Care** was removed from the final data results in Section 5.

## Overall Conclusions for Quality, Timeliness, and Access to Healthcare Services

To identify strengths and weaknesses and draw conclusions for **Total Health Care** about the quality, timeliness, and access to care for its members, HSAG analyzed and evaluated performance related to the provision of healthcare services by **Total Health Care** across all EQR activities to identify common themes within **Total Health Care** that impacted, or will have the likelihood to impact, member health outcomes. The overarching aggregated findings show that while **Total Health Care** performed well in some areas impacting the quality and timeliness of, and access to care, there are several opportunities for improvement. **Total Health Care** used appropriate QI tools to conduct a causal/barrier analysis and prioritize the identified barriers, and demonstrated sustained improvement over the baseline rate for the second remeasurement period for the *Improving Timeliness of Prenatal Care for Women Ages 23 to 28* PIP [**Quality, Timeliness, and Access**]. However, the overall *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* measure indicator rates fell below the national Medicaid 25th percentile, indicating that **Total Health Care** had continued opportunities to improve prenatal and postpartum care for its members [**Quality, Timeliness, and Access**].

Additionally, **Total Health Care** performed poorly overall in the Child & Adolescent Care domain reviewed as part of the PMV activity. Nine of the 12 measure rates fell below the national Medicaid 25th percentile, and two measures fell between the 25th and 49th percentiles, suggesting that **Total Health Care**

should have implemented additional interventions to improve preventive care for children, specifically *Childhood Immunization Status*, *Lead Screening in Children*, and *Immunizations for Adolescents—Combination 1* [**Quality**, **Timeliness**, and **Access**]. Related to the Access to Care domain, **Total Health Care**'s adult members were also not always accessing preventive and screening services as demonstrated through lower performance rates for the *Adults' Access to Preventive/Ambulatory Health Services* and *Appropriate Testing for Pharyngitis* measures [**Quality** and **Access**]. Additionally, **Total Health Care** demonstrated low performance in the *Asthma Medication Ratio* measure through the PMV activity with a rating below the national Medicaid 25th percentile [**Quality** and **Access**]. Although **Total Health Care** has implemented interventions to improve this measure, the rate remains low and declined in performance. Through the results of the compliance review activity, **Total Health Care** demonstrated strong performance within the Quality standard, demonstrating that **Total Health Care** had an adequate quality program in which it could implement performance improvement strategies to improve access to preventive services [**Quality** and **Access**].

**Total Health Care** demonstrated additional strengths of its program through the PMV and CAHPS activities. The *Immunizations for Adolescents—Combination 2*, *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years* and *Ages 18 to 64 Years*, and *Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years* and *Ages 18 to 64 Years* measure indicator rates were above the national Medicaid 50th percentile, indicating that adolescents were obtaining the appropriate immunizations and members were appropriately not receiving antibiotics for the treatment of acute bronchitis/bronchiolitis or upper respiratory infections [**Quality**, **Timeliness**, and **Access**]. **Total Health Care** also showed high performance in the Effectiveness of Care measures on the adult Medicaid CAHPS survey; specifically, **Total Health Care** performed statistically significantly above the national averages for the *Advising Smokers and Tobacco Users to Quit*, *Discussing Cessation Medications*, and *Discussing Cessation Strategies* measures [**Quality**].

Of note, the COVID-19 pandemic may have had an impact on performance outcomes due to State mandates or instructions to reduce the use of nonemergent services to slow the spread of COVID-19. Additionally, due to fear of contracting the virus, members may have chosen not to access routine care, which may have also impacted performance outcomes in SFY 2021.

## UnitedHealthcare Community Plan

### Validation of Performance Improvement Projects

#### Performance Results

Table 3-60 displays the overall validation status; the baseline, Remeasurement 1, Remeasurement 2, and Remeasurement 3 results; and the MHP-designated goal for each study indicator.

**Table 3-60—Overall Validation Rating for UNI**

PIP Topic	Validation Rating	Study Indicator	Study Indicator Results				
			Baseline	R1	R2	R3	Goal
Addressing Disparities in Timeliness of Prenatal Care	Met	1. The percentage of eligible African American or Black women who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	55.9%	57.8% ↔	64.6% ↑	60.9% ↑	87.6%
		2. The percentage of eligible White women who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	61.3%	66.2% ↑	72.8% ↑	66.9% ↑	87.6%

R1 = Remeasurement 1

R2 = Remeasurement 2

R3 = Remeasurement 3

↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05).

↔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05).

↓ = Designates statistically significant decline over the baseline measurement period (p value < 0.05).



Table 3-61 displays the interventions implemented to address the barriers identified by the MHP using QI and causal/barrier analysis processes.

**Table 3-61—Remeasurement 3 Interventions for UNI**

Intervention Descriptions	
Increased local access to members upon identification of pregnancy. SDOH needs assessed and addressed upon engagement with the Healthy First Steps (HFS) program.	Increased access to SDOH programs through MIHP participation and MHP local outreach and referrals.

### ***Strengths, Weaknesses, and Recommendations***

Through the EQR, HSAG assessed the findings for the PIP validation against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the PIP validation have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

### **Strengths**

**Strength #1: UnitedHealthcare Community Plan** designed a methodologically sound PIP. [Quality]

**Strength #2: UnitedHealthcare Community Plan** sustained statistically significant improvement over the baseline rate for the third remeasurement period. [Quality, Timeliness, and Access]

### **Weaknesses and Recommendations**

**Weakness #1: UnitedHealthcare Community Plan** did not achieve the goal of removing the existing disparity. [Quality, Timeliness, and Access]

**Why the weakness exists:** **UnitedHealthcare Community Plan** noted that the COVID-19 pandemic, which occurred during the third remeasurement period, impacted the study indicator outcomes due to the statewide shutdown, which delayed preventive care delivery, including prenatal care. The pandemic also impacted the MHP's ability to continue some interventions.

**Recommendation:** HSAG recommends **UnitedHealthcare Community Plan** revisit its causal/barrier analysis process to capture barriers associated with the pandemic and develop specific and targeted interventions to address those barriers.

## Performance Measure Validation

### Performance Results

**UnitedHealthcare Community Plan** was evaluated against NCQA’s IS standards to measure how the MHP collected, stored, analyzed, and reported HEDIS data. According to the HEDIS MY 2020 Compliance Audit Report findings, **UnitedHealthcare Community Plan** was fully compliant with all seven IS standards.

According to the auditor’s review, **UnitedHealthcare Community Plan** followed the NCQA HEDIS MY 2020 technical specifications and produced a *Reportable* rate for all included measures and sub-measures. No rates were determined to be materially biased.

Table 3-62 displays the HEDIS MY 2020 performance measure rates and 2020 performance levels based on comparisons to national percentiles<sup>3-69</sup> for **UnitedHealthcare Community Plan**.

**Table 3-62—HEDIS MY 2020 Performance Measure Results for UNI**

Measure	HEDIS MY 2020	2020 Performance Level <sup>1</sup>
<b>Child &amp; Adolescent Care</b>		
<i>Childhood Immunization Status</i>		
<i>Combination 2</i>	65.21%	★
<i>Combination 3</i>	61.80%	★
<i>Combination 4</i>	61.07%	★
<i>Combination 5</i>	55.47%	★
<i>Combination 6</i>	32.85%	★
<i>Combination 7</i>	54.74%	★
<i>Combination 8</i>	32.85%	★
<i>Combination 9</i>	29.68%	★
<i>Combination 10</i>	29.68%	★
<i>Lead Screening in Children</i>		
<i>Lead Screening in Children</i>	74.70%	★★★★
<i>Immunizations for Adolescents</i>		
<i>Combination 1</i>	80.78%	★★
<i>Combination 2</i>	38.20%	★★★★

<sup>3-69</sup> HEDIS MY 2020 performance measure rates are compared to NCQA’s Quality Compass National Medicaid HMO percentiles for HEDIS MY 2020 (referred to as “percentiles” throughout this section of the report).

Measure	HEDIS MY 2020	2020 Performance Level <sup>1</sup>
<b>Access to Care</b>		
<b>Adults' Access to Preventive/Ambulatory Health Services</b>		
Ages 20 to 44 Years	73.73%	★★
Ages 45 to 64 Years	84.72%	★★
Ages 65 Years and Older	88.25%	★★
Total	77.79%	★★
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>		
Ages 3 Months to 17 Years	60.54%	★★★★
Ages 18 to 64 Years	38.84%	★★★★
Ages 65 Years and Older	31.25%	★★
Total	49.38%	★★
<b>Appropriate Testing for Pharyngitis<sup>2</sup></b>		
Ages 3 to 17 Years	73.31%	★
Ages 18 to 64 Years	51.63%	★
Ages 65 Years and Older	NA	NA
Total	65.10%	★
<b>Appropriate Treatment for Upper Respiratory Infection</b>		
Ages 3 Months to 17 Years	91.43%	★★
Ages 18 to 64 Years	75.01%	★★
Ages 65 Years and Older	67.80%	★★
Total	86.75%	★★
<b>Pregnancy Care</b>		
<b>Prenatal and Postpartum Care<sup>2</sup></b>		
Timeliness of Prenatal Care	78.83%	★
Postpartum Care	71.78%	★★
<b>Living With Illness</b>		
<b>Asthma Medication Ratio</b>		
Total	61.08%	★★

<sup>1</sup>Performance Levels for 2020 were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks.

<sup>2</sup>Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution. NA indicates that the MHP followed the specifications, but the denominator was too small to report a valid rate.

2020 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

## Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the PMV against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the PMV have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

### Strengths

**Strength #1: UnitedHealthcare Community Plan** demonstrated overall strength in its HEDIS data reporting, as **UnitedHealthcare Community Plan** was fully compliant with all seven IS standards and all performance measure rates were determined to be *Reportable*. [Quality]

### Weaknesses and Recommendations

**Weakness #1: UnitedHealthcare Community Plan's** performance for all nine *Childhood Immunization Status* measure indicators ranked below the 25th percentile, indicating children 2 years of age were not always getting their immunizations by their second birthday. Vaccination coverage must be maintained in order to prevent a resurgence of vaccine-preventable diseases.<sup>3-70</sup> [Quality, Timeliness, and Access]

**Why the weakness exists:** The rates for all nine *Childhood Immunization Status* measure indicators ranked below the 25th percentile, suggesting barriers exist for children to receive immunizations. A barrier noted by **UnitedHealthcare Community Plan** for access to care was provider staff restrictions and staff shortages within provider offices due to the COVID-19 pandemic.

**Recommendation:** HSAG recommends that **UnitedHealthcare Community Plan** monitor performance improvement interventions currently in place and continue to expand upon or implement additional interventions, when necessary, to improve the performance related to the *Childhood Immunization Status* measure. The CDC recommends continued administration of routine immunization during the pandemic to prevent transmission of other preventable infectious diseases. According to the AAP, while telehealth visits are recommended, in-person visits, especially for vaccination, should not be discontinued unless community circumstances require the limitation of in-person visits, in which case curbside or drive-through vaccination can be implemented by clinics to limit patient-provider contact.<sup>3-71</sup>

**Weakness #2: UnitedHealthcare Community Plan's** performance for all reported *Appropriate Testing for Pharyngitis* measure indicators ranked below the 25th percentile, indicating members with a diagnosis of pharyngitis were not always receiving the appropriate testing required to merit

<sup>3-70</sup> National Committee for Quality Assurance. Childhood Immunization Status (CIS). Available at: <https://www.ncqa.org/hedis/measures/childhood-immunization-status/>. Accessed on: Feb 4, 2022.

<sup>3-71</sup> Centers for Disease Control and Prevention. Interim guidance for routine and influenza immunization services during the COVID-19 pandemic. Available at: <https://www.cdc.gov/vaccines/pandemic-guidance/index.html>. Accessed on: Feb 4, 2022.

antibiotic treatment for pharyngitis. Viral pharyngitis does not require antibiotic treatment, but antibiotics continue to be inappropriately prescribed. Proper testing and treatment of pharyngitis prevents the spread of sickness, while reducing unnecessary use of antibiotics.<sup>3-72</sup> **[Quality]**

**Why the weakness exists:** The rates for all reported *Appropriate Testing for Pharyngitis* measure indicators ranked below the 25th percentile, suggesting that the appropriate testing for pharyngitis was not always completed prior to dispensing antibiotic treatment.

**Recommendation:** HSAG recommends that **UnitedHealthcare Community Plan** conduct a root cause analysis or focused study to determine why members were not always receiving appropriate testing for pharyngitis to warrant antibiotic treatment. Upon identification of a root cause, **UnitedHealthcare Community Plan** should implement appropriate interventions to improve the performance related to the *Appropriate Testing for Pharyngitis* measure.

## Compliance Review

### Performance Results

Table 3-63 presents the total number of criteria for each standard that received a score of *Met* or *Not Met*. Table 3-63 also presents **UnitedHealthcare Community Plan**'s overall compliance score for each standard, the total compliance score across all standards, and their comparison to statewide averages.

**Table 3-63—Compliance Review Results for UNI**

Standard		Number of Scores		Compliance Scores	
		<i>Met</i>	<i>Not Met</i>	UNI	Statewide <sup>1</sup>
1	Administrative	5	0	100%	100%
2	Provider	20	2	91%	91.4%
3	Member	25	0	100%	100%
4	Quality	22	0	100%	100%
5	MIS	21	2	91%	94.8%
6	Program Integrity	30	4	88%	87.4%
<b>Overall</b>		<b>123</b>	<b>8</b>	<b>94%</b>	<b>94.0%</b>

Indicates the standard scored below the statewide rate.

Indicates the standard had a score of 100 percent.

<sup>1</sup> MDHHS calculated statewide performance scores to the tenths place decimal; however, MHP performance scores were calculated using whole number percentages.

<sup>3-72</sup> National Committee for Quality Assurance. *Appropriate Testing for Children with Pharyngitis (CWP)*. Available at: <https://www.ncqa.org/hedis/measures/appropriate-testing-for-children-with-pharyngitis/>. Accessed on: Feb 16, 2022.

## Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the compliance review activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the compliance review have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

### Strengths

**Strength #1: UnitedHealthcare Community Plan** achieved full compliance in the Administrative standard, demonstrating that the MHP had an adequate administrative structure, including an organizational chart, administrative positions, governing body, participation in administrative meetings, and data privacy and oversight, which are necessary to effectively carry out managed care functions. [Quality]

**Strength #2: UnitedHealthcare Community Plan** achieved full compliance in the Member standard, demonstrating the MHP maintained sufficient policies and procedures to ensure members had access to service authorization processes; collaboration with local health departments for members with special health care needs, and care coordination; a fair grievance and appeal system; member information materials such as the handbook, newsletters, and website; and choice of PCPs, which are necessary for members to access and participate in their healthcare and services. [Quality, Timeliness, and Access]

**Strength #3: UnitedHealthcare Community Plan** achieved full compliance in the Quality standard, demonstrating the MHP had an adequate quality program, which included, but was not limited to, CPGs, QIP description, work plan, and evaluation; UM program; program policies and procedures; HEDIS activities; PIPs; accreditation; addressing health disparities; health improvement activities; and dental health quality. [Quality, Timeliness, and Access]

### Weaknesses and Recommendations

**Weakness #1: UnitedHealthcare Community Plan** scored below the statewide average in the Provider standard. Adequate and effective processes for maintaining and monitoring a provider network are necessary to ensure members have access to complete and accurate provider information and that all members are assigned to an appropriate provider. [Quality and Access]

**Why the weakness exists:** Discrepancies in provider contact information and whether the PCP was accepting new patients were identified in **UnitedHealthcare Community Plan**'s provider directory.

**Recommendation:** As **UnitedHealthcare Community Plan** was required to submit a CAP to address these findings, HSAG recommends **UnitedHealthcare Community Plan** ensure its MDHHS-approved CAP is fully implemented to mitigate the deficiencies. Additionally, HSAG recommends that **UnitedHealthcare Community Plan** conduct its own periodic secret shopper survey of a sample of its provider network and use the results of any future EQR-related network adequacy validation activity to further analyze the completeness and accuracy of its provider data.

**Weakness #2: UnitedHealthcare Community Plan** scored below the statewide average in the MIS standard. A comprehensive information management system that collects, analyzes, and reports health information is imperative to increase and maintain the quality of, and access to, timely healthcare and services received by members. [Quality]

**Why the weakness exists:** **UnitedHealthcare Community Plan**'s third-party subrogation report reflected response times over 30 days and the MHP did not meet the 0.1 percent noncompliant claims threshold for products covered on the common formulary.

**Recommendation:** As **UnitedHealthcare Community Plan** submitted a CAP to MDHHS to remediate identified deficiencies or had an active mitigation plan, HSAG recommends **UnitedHealthcare Community Plan** continue to monitor these requirements to ensure its processes for pharmacy claims meet established thresholds.

## Consumer Assessment of Healthcare Providers and Systems Analysis

### Performance Results—Adult and Child Medicaid

Table 3-64 presents **UnitedHealthcare Community Plan**'s 2021 adult and child Medicaid CAHPS top-box scores. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-64—Summary of 2021 Adult and Child Medicaid CAHPS Top-Box Scores for UNI**

	2021 Adult Medicaid	2021 Child Medicaid
<b>Global Ratings</b>		
<i>Rating of Health Plan</i>	60.9%	66.4%
<i>Rating of All Health Care</i>	54.9%	62.6% ↓
<i>Rating of Personal Doctor</i>	65.2%	67.7% ↓
<i>Rating of Specialist Seen Most Often</i>	60.2%*	70.7%*
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	85.5%	87.1%*
<i>Getting Care Quickly</i>	77.0%	85.9%*
<i>How Well Doctors Communicate</i>	91.4%	94.0%
<i>Customer Service</i>	84.6%*	80.9%*
<b>Individual Item Measure</b>		
<i>Coordination of Care</i>	85.7%*	89.6%*
<b>Effectiveness of Care Measures**</b>		
<i>Advising Smokers and Tobacco Users to Quit</i>	80.8%	



	2021 Adult Medicaid	2021 Child Medicaid
<i>Discussing Cessation Medications</i>	60.1%	
<i>Discussing Cessation Strategies</i>	52.0%	

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

\*\* These rates follow NCQA's methodology of calculating a rolling two-year average.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

### Strengths, Weaknesses, and Recommendations—Adult and Child Medicaid

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

#### Strengths

**Strength #1: UnitedHealthcare Community Plan's** 2021 top-box scores were not statistically significantly above the 2020 NCQA adult or child Medicaid national averages for any measure; therefore, no strengths were identified.

#### Weaknesses and Recommendations

**Weakness #1:** Parents/caretakers of child members enrolled in **UnitedHealthcare Community Plan** had less positive overall experiences with their child's healthcare and their child's personal doctor, since the scores for these measures were statistically significantly below the 2020 NCQA child Medicaid national averages. [Quality]

**Why the weakness exists:** Parents/caretakers of child members are reporting a more negative experience with their child's healthcare and their child's personal doctor compared to national benchmarks.

**Recommendation:** HSAG recommends that **UnitedHealthcare Community Plan** focus on improving parents/caretakers of child members' overall experiences with their child's healthcare and identifying the root cause of the poorer experiences with the child's personal doctor.

**UnitedHealthcare Community Plan** should provide training and resources to providers to cultivate better relationships between providers and members, and to improve providers' communication skills.

## Performance Results—CSHCS

Table 3-65 presents **UnitedHealthcare Community Plan**'s 2021 CSHCS CAHPS survey top-box scores. The following measure could not be displayed in the table because this measure had fewer than 11 responses and was suppressed: *CSHCS Family Center*. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-65—Summary of 2021 CSHCS CAHPS Survey Top-Box Scores for UNI**

	2021 Top-Box Score
<b>Global Ratings</b>	
<i>Rating of Health Plan</i>	66.5%
<i>Rating of All Health Care</i>	71.6% NA
<i>Rating of Specialist Seen Most Often</i>	73.3%
<i>Rating of CMDS Clinic</i>	70.3% * NA
<i>Rating of Beneficiary Help Line</i>	38.5% * NA
<b>Composite Measures</b>	
<i>Customer Service</i>	84.5% *
<i>How Well Doctors Communicate</i>	89.5% * NA
<i>Access to Specialized Services</i>	72.9% * NA
<b>Individual Item Measures</b>	
<i>Access to Prescription Medicines</i>	95.1% ↑
<i>CMDS Clinics</i>	78.9% * NA
<i>Local Health Department Services</i>	87.8% * NA
<i>Beneficiary Help Line</i>	46.2% * NA

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

NA indicates a national average is not available for the measure.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

## Strengths, Weaknesses, and Recommendations—CSHCS

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

## Strengths

**Strength #1:** Parents/caretakers of child members enrolled in **UnitedHealthcare Community Plan** had positive overall experiences obtaining prescription medicine for their child through their child's health plan, since the score for this measure was statistically significantly above the 2020 NCQA child Medicaid national average. [**Quality and Access**]

## Weaknesses and Recommendations

**Weakness #1:** **UnitedHealthcare Community Plan**'s 2021 top-box scores were not statistically significantly below the 2020 NCQA child Medicaid national averages for any measure; therefore, no weaknesses were identified.

**Why the weakness exists:** NA

**Recommendation:** HSAG recommends that **UnitedHealthcare Community Plan** monitor the measures to ensure significant decreases in scores over time do not occur.

## Performance Results—Healthy Michigan

Table 3-66 presents **UnitedHealthcare Community Plan**'s 2021 CAHPS top-box scores for Healthy Michigan. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-66—Summary of 2021 Healthy Michigan CAHPS Top-Box Scores for UNI**

	2021 Top-Box Score
<b>Global Ratings</b>	
<i>Rating of Health Plan</i>	60.5%
<i>Rating of All Health Care</i>	55.8%
<i>Rating of Personal Doctor</i>	65.0%
<i>Rating of Specialist Seen Most Often</i>	61.3%*
<b>Composite Measures</b>	
<i>Getting Needed Care</i>	84.9%*
<i>Getting Care Quickly</i>	80.7%*
<i>How Well Doctors Communicate</i>	95.5%
<i>Customer Service</i>	85.5%*
<b>Individual Item Measure</b>	
<i>Coordination of Care</i>	92.2%*

	2021 Top-Box Score
<b>Effectiveness of Care Measures**</b>	
<i>Advising Smokers and Tobacco Users to Quit</i>	73.0%
<i>Discussing Cessation Medications</i>	56.8%
<i>Discussing Cessation Strategies</i>	48.0%

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

\*\* These rates follow NCQA's methodology of calculating a rolling two-year average.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

### Strengths, Weaknesses, and Recommendations—Healthy Michigan

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

#### Strengths

**Strength #1: UnitedHealthcare Community Plan's** 2021 top-box scores were not statistically significantly above the 2020 NCQA adult Medicaid national averages for any measure; therefore, no strengths were identified.

#### Weaknesses and Recommendations

**Weakness #1: UnitedHealthcare Community Plan's** 2021 top-box scores were not statistically significantly below the 2020 NCQA adult Medicaid national averages for any measure; therefore, no weaknesses were identified.

**Why the weakness exists:** NA

**Recommendation:** HSAG recommends that **UnitedHealthcare Community Plan** monitor the measures to ensure significant decreases in scores over time do not occur.

#### Quality Rating

The 2021 Michigan Consumer Guide was designed to compare MHP to MHP performance using HEDIS and CAHPS measure indicators. As such, MHP-specific results are not included in this section. Refer to the Quality Rating activity in Section 5—Medicaid Health Plan Comparative Information to review the 2021 Michigan Consumer Guide, which is inclusive of **UnitedHealthcare Community Plan's** performance.

## Overall Conclusions for Quality, Timeliness, and Access to Healthcare Services

To identify strengths and weaknesses and draw conclusions for **UnitedHealthcare Community Plan** about the quality, timeliness, and access to care for its members, HSAG analyzed and evaluated performance related to the provision of healthcare services by **UnitedHealthcare Community Plan** across all EQR activities to identify common themes within **UnitedHealthcare Community Plan** that impacted, or will have the likelihood to impact, member health outcomes. The overarching aggregated findings show that while **UnitedHealthcare Community Plan** performed well in some areas impacting the quality and timeliness of, and access to care, there are several opportunities for improvement.

**UnitedHealthcare Community Plan** designed a methodologically sound PIP and sustained statistically significant improvement over the baseline rate for the third remeasurement period for the *Addressing Disparities in Timeliness of Prenatal Care* PIP. However, while **UnitedHealthcare Community Plan** demonstrated improvement in the study indicator outcomes, the MHP did not achieve the overall goal of removing the racial disparity [**Quality, Timeliness, and Access**]. Additionally, the overall *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure indicator rate fell below the national Medicaid 25th percentile, and the *Prenatal and Postpartum Care—Postpartum Care* measure indicator rate fell between the 25th and 49th percentiles [**Quality, Timeliness, and Access**]. **UnitedHealthcare Community Plan** reported it will be expanding its focus and examining the strategies around the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure indicator beyond traditional outreach methods, programs, and prenatal care models due to the MHP's experiences during the pandemic. These additional efforts should support improvement in prenatal and postpartum care for its members. **UnitedHealthcare Community Plan** should also revisit its causal/barrier analysis within its PIP to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of new interventions.

Further, **UnitedHealthcare Community Plan** performed poorly overall in the Child & Adolescent Care domain reviewed as part of the PMV activity. Nine of the 12 measure rates fell between the below the 25th percentile, and one measure rate fell between the 25th and 49th percentiles, suggesting that

**UnitedHealthcare Community Plan** could implement additional interventions to improve preventive care for children, including *Childhood Immunization Status* and *Immunizations for Adolescents—Combination 1* [**Quality, Timeliness, and Access**]. The child Medicaid CAHPS measure rates for *Rating of All Health Care* and *Rating of Personal Doctor* were significantly below the national averages, which could have a negative impact on children and adolescents obtaining these preventive services [**Quality and Access**].

**UnitedHealthcare Community Plan** reported it is implementing provider collaboration interventions, member collaboration interventions, internal process improvement interventions, and reevaluating its root cause analysis specific to the *Childhood Immunization Status* measure. These efforts should positively impact related HEDIS and CAHPS performance. Related to the Access to Care domain,

**UnitedHealthcare Community Plan**'s adult members were also not always accessing preventive and screening services as demonstrated through lower performance rates for the *Adults' Access to Preventive/Ambulatory Health Services* and *Appropriate Treatment for Pharyngitis* measures [**Quality and Access**]. Additionally, **UnitedHealthcare Community Plan**'s adult members are not always receiving appropriate care for the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 65 Years and Older* and *Appropriate Treatment for Upper Respiratory Infection* measures, as these measure rates fell below the national Medicaid 50th percentile [**Quality**].

**UnitedHealthcare Community Plan** should monitor performance improvement interventions currently in place and continue to expand upon or implement additional interventions, when necessary, to improve the performance in these measures. Further, **UnitedHealthcare Community Plan** demonstrated low performance in the *Asthma Medication Ratio* measure through the PMV activity with a rating below the 50th percentile [**Quality** and **Access**]. Although **UnitedHealthcare Community Plan** has implemented several interventions to improve this measure, the rate remains low. **UnitedHealthcare Community Plan** should monitor and target its efforts toward those with asthma medication ratios less than 50 percent to improve upon performance related to the *Asthma Medication Ratio* measure. Through the results of the compliance review activity, **UnitedHealthcare Community Plan** demonstrated strong performance within the Quality standard, demonstrating that **UnitedHealthcare Community Plan** had an adequate quality program in which it could implement performance improvement strategies to improve access to services [**Quality** and **Access**].

Lastly, **UnitedHealthcare Community Plan** demonstrated additional strengths of its program through the PMV activity. The *Immunizations for Adolescents—Combination 2* and *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years* and *Ages 18 to 64 Years* measure indicator rates were above the national Medicaid 50th percentile, indicating that adolescents were obtaining some of the appropriate immunizations and most members were appropriately not receiving antibiotics for the treatment of acute bronchitis/bronchiolitis [**Quality**, **Timeliness**, and **Access**].

Of note, the COVID-19 pandemic may have had an impact on performance outcomes due to State mandates or instructions to reduce the use of nonemergent services to slow the spread of COVID-19. Additionally, due to fear of contracting the virus, members may have chosen not to access routine care, which may have also impacted performance outcomes in SFY 2021.

## Upper Peninsula Health Plan

### Validation of Performance Improvement Projects

#### Performance Results

Table 3-67 displays the overall validation status; and the baseline, Remeasurement 1, Remeasurement 2, and Remeasurement 3 results. The MHP did not select a PIP-designated goal.

**Table 3-67—Overall Validation Rating for UPP**

PIP Topic	Validation Rating	Study Indicator	Study Indicator Results			
			Baseline	R1	R2	R3
<i>Addressing Disparities in Timeliness of Prenatal Care</i>	<i>Met</i>	1. The percentage of eligible pregnant women residing in Marquette County who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	39.6%	54.2% ↑	69.7% ↑	48.4% ↔
		2. The percentage of eligible pregnant women residing in all other counties served by UPP who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	52.3%	57.8% ↑	59.7% ↑	54.6% ↔

R1 = Remeasurement 1

R2 = Remeasurement 2

R3 = Remeasurement 3

↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05).

↔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05).

↓ = Designates statistically significant decline over the baseline measurement period (p value < 0.05).

Table 3-68 displays the interventions implemented to address the barriers identified by the MHP using QI and causal/barrier analysis processes.

**Table 3-68—Remeasurement 3 Interventions for UPP**

Intervention Descriptions	
Four high-volume maternity care clinics in four counties were educated telephonically on the provider incentive of \$25 per code for submitting the appropriate code that assists the MHP in identifying pregnant members.	Pregnant members with a SUD were stratified as high risk through the pregnancy notification form and received a diaper bag incentive for completing two MIHP home visits.



### Intervention Descriptions

The MHP's Maternal Opioid Misuse (MOM) program identified pregnant and postpartum women in Marquette County through various data and referral sources to help with coordination of care for members living with opioid use disorder. Members were provided educational resources addressing SDOH, including transportation, and completion of all scheduled medical, behavioral health, and maternity care visits.

### Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the PIP validation against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the PIP validation have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

### Strengths

**Strength #1: Upper Peninsula Health Plan** met 100 percent of the requirements for data analysis and implementation of improvement strategies. [Quality]

**Strength #2: Upper Peninsula Health Plan** sustained the improvement over the baseline for the second remeasurement period, eliminating the existing disparity. [Quality, Timeliness, and Access]

### Weaknesses and Recommendations

**Weakness #1:** There were no substantial identified weaknesses.

**Why the weakness exists:** NA

**Recommendation:** Although there were no substantial identified weaknesses, HSAG recommends **Upper Peninsula Health Plan** revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions. The MHP should continue to evaluate the effectiveness of each intervention using the outcomes to determine each intervention's next steps.

### Performance Measure Validation

#### Performance Results

**Upper Peninsula Health Plan** was evaluated against NCQA's IS standards to measure how the MHP collected, stored, analyzed, and reported HEDIS data. According to the HEDIS MY 2020 Compliance Audit Report findings, **Upper Peninsula Health Plan** was fully compliant with all seven IS standards.

According to the auditor's review, **Upper Peninsula Health Plan** followed the NCQA HEDIS MY 2020 technical specifications and produced a *Reportable* rate for all included measures and sub-measures. No rates were determined to be materially biased.

Table 3-69 displays the HEDIS MY 2020 performance measure rates and 2020 performance levels based on comparisons to national percentiles<sup>3-73</sup> for **Upper Peninsula Health Plan**.

**Table 3-69—HEDIS MY 2020 Performance Measure Results for UPP**

Measure	HEDIS MY 2020	2020 Performance Level <sup>1</sup>
<b>Child &amp; Adolescent Care</b>		
<b><i>Childhood Immunization Status</i></b>		
<i>Combination 2</i>	68.36%	★
<i>Combination 3</i>	66.08%	★
<i>Combination 4</i>	64.52%	★
<i>Combination 5</i>	55.08%	★
<i>Combination 6</i>	45.02%	★★★★
<i>Combination 7</i>	53.94%	★
<i>Combination 8</i>	44.40%	★★★★
<i>Combination 9</i>	39.83%	★★★★
<i>Combination 10</i>	39.21%	★★★★
<b><i>Lead Screening in Children</i></b>		
<i>Lead Screening in Children</i>	74.48%	★★★★
<b><i>Immunizations for Adolescents</i></b>		
<i>Combination 1</i>	80.72%	★★
<i>Combination 2</i>	34.93%	★★
<b>Access to Care</b>		
<b><i>Adults' Access to Preventive/Ambulatory Health Services</i></b>		
<i>Ages 20 to 44 Years</i>	78.29%	★★
<i>Ages 45 to 64 Years</i>	85.12%	★★
<i>Ages 65 Years and Older</i>	92.68%	★★★★★
<i>Total</i>	81.72%	★★★★
<b><i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</i></b>		
<i>Ages 3 Months to 17 Years</i>	64.64%	★★★★
<i>Ages 18 to 64 Years</i>	36.47%	★★
<i>Ages 65 Years and Older</i>	NA	NA
<i>Total</i>	47.53%	★★
<b><i>Appropriate Testing for Pharyngitis<sup>2</sup></i></b>		
<i>Ages 3 to 17 Years</i>	79.18%	★★
<i>Ages 18 to 64 Years</i>	71.84%	★★★★

<sup>3-73</sup> HEDIS MY 2020 performance measure rates are compared to NCQA's Quality Compass National Medicaid HMO percentiles for HEDIS MY 2020 (referred to as "percentiles" throughout this section of the report).

Measure	HEDIS MY 2020	2020 Performance Level <sup>1</sup>
<i>Ages 65 Years and Older</i>	NA	NA
<i>Total</i>	76.40%	★★
<b><i>Appropriate Treatment for Upper Respiratory Infection</i></b>		
<i>Ages 3 Months to 17 Years</i>	91.43%	★★
<i>Ages 18 to 64 Years</i>	83.13%	★★★★
<i>Ages 65 Years and Older</i>	NA	NA
<i>Total</i>	88.72%	★★★★
<b>Pregnancy Care</b>		
<b><i>Prenatal and Postpartum Care<sup>2</sup></i></b>		
<i>Timeliness of Prenatal Care</i>	91.24%	★★★★
<i>Postpartum Care</i>	87.59%	★★★★★
<b>Living With Illness</b>		
<b><i>Asthma Medication Ratio</i></b>		
<i>Total</i>	58.42%	★★

<sup>1</sup>Performance Levels for 2020 were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks.

<sup>2</sup>Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution. NA indicates that the MHP followed the specifications, but the denominator was too small to report a valid rate.

2020 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

## Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the PMV against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the PMV have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

## Strengths

**Strength #1: Upper Peninsula Health Plan's** performance ranked between the 75th and 89th percentile for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older* measure indicator, indicating members ages 65 years and older had access to ambulatory or preventive care visits most of the time. Healthcare visits are an opportunity for individuals to receive

preventive services and counseling on topics such as diet and exercise. These visits also can help them to address acute issues or manage chronic conditions.<sup>3-74</sup> [Quality and Access]

**Strength #2: Upper Peninsula Health Plan's** performance ranked between the 75th and 89th percentile and above for the *Appropriate Treatment for Upper Respiratory Infection—Ages 18 to 64 Years* measure indicator, indicating members ages 18 to 64 years of age with a diagnosis of upper respiratory infection received appropriate treatment. Most upper respiratory infections, also known as the common cold, are caused by viruses that require no antibiotic treatment. Too often antibiotics are prescribed inappropriately.<sup>3-75</sup> [Quality]

**Strength #3: Upper Peninsula Health Plan's** performance ranked at the 90th percentile and above for the *Prenatal and Postpartum Care—Postpartum Care* measure indicator, indicating women had postpartum visits following delivery. Each year, about 4 million women in the U.S. give birth, with 1 million women having one or more complications during pregnancy, labor and delivery, or the postpartum period.<sup>3-76</sup> [Quality, Timeliness, and Access]

**Strength #4: Upper Peninsula Health Plan** demonstrated overall strength in its HEDIS data reporting, as **Upper Peninsula Health Plan** was fully compliant with all seven IS standards and all performance measure rates were determined to be *Reportable*. [Quality]

## Weaknesses and Recommendations

**Weakness #1: Upper Peninsula Health Plan's** performance for the *Asthma Medication Ratio* measure ranked between the 25th and 49th percentile, indicating members were dispensed asthma reliever medication as often, or more often, than asthma controller medications, suggesting an increased use of short-acting medications and less controlled asthma. The prevalence and cost of asthma have increased over the past decade, demonstrating the need for better access to care and medication.<sup>3-77</sup> [Quality and Access]

**Why the weakness exists:** The rate for the *Asthma Medication Ratio* measure ranked between the 25th and 49th percentile, suggesting that asthma reliever medications were dispensed more often relative to controller medications and that barriers may potentially exist with provider prescribing and/or member medication compliance.

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<sup>3-74</sup> National Committee for Quality Assurance. Adults' Access to Preventative/Ambulatory Health Services (AAP). Available at: <https://www.ncqa.org/hedis/measures/adults-access-to-preventive-ambulatory-health-services/>. Accessed on: Feb 4, 2022.

<sup>3-75</sup> National Committee for Quality Assurance. Appropriate Treatment for Children With Upper Respiratory Infection (URI). Available at: <https://www.ncqa.org/hedis/measures/appropriate-treatment-for-children-with-upper-respiratory-infection/>. Accessed on: Feb 4, 2022.

<sup>3-76</sup> National Committee for Quality Assurance. Prenatal and Postpartum Care (PPC). Available at: <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>. Accessed on: Feb 4, 2022.

<sup>3-77</sup> National Committee for Quality Assurance. Asthma Medication Ratio (AMR). Available at: <https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/>. Accessed on: Feb 4, 2022.

**Recommendation:** Due to continued low performance for the *Asthma Medication Ratio* measure, HSAG recommends that **Upper Peninsula Health Plan** monitor and target its efforts toward those with asthma medication ratios less than 50 percent to improve upon performance related to the *Asthma Medication Ratio* measure. Appropriate medication management for those with persistent asthma is especially important during the COVID-19 pandemic, as those with moderate-to-severe or uncontrolled asthma are more likely to be hospitalized from COVID-19.<sup>3-78</sup>

**Weakness #2: Upper Peninsula Health Plan's** performance for both *Immunizations for Adolescents* measure indicators ranked between the 25th and 49th percentile, indicating adolescents 13 years of age were not always receiving one dose of meningococcal vaccine, one Tdap vaccine, and the complete HPV vaccine series by their 13th birthday. Receiving recommended vaccinations is the best defense against serious vaccine-preventable diseases, including meningococcal meningitis, tetanus, diphtheria, pertussis (whooping cough), and HPV.<sup>3-79</sup> **[Quality, Timeliness, and Access]**

**Why the weakness exists:** The rates for both *Immunizations for Adolescents* measure indicators ranked between the 25th and 49th percentile, suggesting barriers exist for adolescents to receive one dose of meningococcal vaccine, one Tdap vaccine, and the complete HPV vaccine series by their 13th birthday.

**Recommendation:** HSAG recommends that **Upper Peninsula Health Plan** monitor performance improvement interventions currently in place and continue to expand upon or implement additional interventions, when necessary, to improve the performance related to the *Immunizations for Adolescents* measure. The easing of nationwide restrictions and opening of schools introduce a new risk for disease outbreaks among adolescents who may have missed routine immunizations due to the pandemic. Therefore, it is essential for pediatricians to ensure adolescents are up to date on their vaccines.<sup>3-80</sup>

**Weakness #3: Upper Peninsula Health Plan's** performance for the *Childhood Immunization Status—Combinations 2, 3, 4, 5, and 7* measure indicators ranked below the 25th percentile, indicating children 2 years of age were not always getting their immunizations by their second birthday. Vaccination coverage must be maintained in order to prevent a resurgence of vaccine-preventable diseases.<sup>3-81</sup> **[Quality, Timeliness, and Access]**

**Why the weakness exists:** The rates for the *Childhood Immunization Status—Combinations 2, 3, 4, 5, and 7* measure indicators ranked below the 25th percentile, suggesting barriers exist for children to receive immunizations. A barrier noted by **Upper Peninsula Health Plan** for access to care was provider office staff shortages due to COVID-19.

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<sup>3-78</sup> Centers for Disease Control and Prevention. People with Moderate to Severe Asthma. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/asthma.html>. Accessed on: Feb 4, 2022.

<sup>3-79</sup> National Committee for Quality Assurance. Immunizations for Adolescents (IMA). Available at: <https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/>. Accessed on: Feb 4, 2022.

<sup>3-80</sup> American Academy of Pediatrics. Ensure Adolescents Who Missed Vaccines During Pandemic Catch Up. Available at: <https://publications.aap.org/aapnews/news/16979>. Accessed on: Feb 4, 2022.

<sup>3-81</sup> National Committee for Quality Assurance. Childhood Immunization Status (CIS). Available at: <https://www.ncqa.org/hedis/measures/childhood-immunization-status/>. Accessed on: Feb 4, 2022.

**Recommendation:** HSAG recommends that **Upper Peninsula Health Plan** monitor performance improvement interventions currently in place and continue to expand upon or implement additional interventions, when necessary, to improve the performance related to the *Childhood Immunization Status* measure. The CDC recommends continued administration of routine immunization during the pandemic to prevent transmission of other preventable infectious diseases. According to the AAP, while telehealth visits are recommended, in-person visits, especially for vaccination, should not be discontinued unless community circumstances require the limitation of in-person visits, in which case curbside or drive-through vaccination can be implemented by clinics to limit patient-provider contact.<sup>3-82</sup>

## Compliance Review

### Performance Results

Table 3-70 presents the total number of criteria for each standard that received a score of *Met* or *Not Met*. Table 3-70 also presents **Upper Peninsula Health Plan**'s overall compliance score for each standard, the total compliance score across all standards, and their comparison to statewide averages.

**Table 3-70—Compliance Review Results for UPP**

Standard		Number of Scores		Compliance Scores	
		<i>Met</i>	<i>Not Met</i>	UPP	Statewide <sup>1</sup>
1	Administrative	5	0	100%	100%
2	Provider	20	2	91%	91.4%
3	Member	25	0	100%	100%
4	Quality	22	0	100%	100%
5	MIS	23	0	100%	100%
6	Program Integrity	32	2	94%	87.4%
<b>Overall</b>		<b>127</b>	<b>4</b>	<b>97%</b>	<b>94.0%</b>

Indicates the standard scored below the statewide rate.

Indicates the standard had a score of 100 percent.

<sup>1</sup> MDHHS calculated statewide performance scores to the tenths place decimal; however, MHP performance scores were calculated using whole number percentages.

<sup>3-82</sup> Centers for Disease Control and Prevention. Interim guidance for routine and influenza immunization services during the COVID-19 pandemic. Available at: <https://www.cdc.gov/vaccines/pandemic-guidance/index.html>. Accessed on: Feb 16, 2022.



## Strengths, Weaknesses, and Recommendations

Through the EQR, HSAG assessed the findings for the compliance review activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the compliance review have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

### Strengths

**Strength #1: Upper Peninsula Health Plan** achieved full compliance in the Administrative standard, demonstrating that the MHP had an adequate administrative structure, including an organizational chart, administrative positions, governing body, participation in administrative meetings, and data privacy and oversight, which are necessary to effectively carry out managed care functions. [Quality]

**Strength #2: Upper Peninsula Health Plan** achieved full compliance in the Member standard, demonstrating the MHP maintained sufficient policies and procedures to ensure members had access to service authorization processes; collaboration with local health departments for members with special health care needs, and care coordination; a fair grievance and appeal system; member information materials such as the handbook, newsletters, and website; and choice of PCPs, which are necessary for members to access and participate in their healthcare and services. [Quality, Timeliness, and Access]

**Strength #3: Upper Peninsula Health Plan** achieved full compliance in the Quality standard, demonstrating the MHP had an adequate quality program, which included, but not limited to, CPGs, QIP description, work plan, and evaluation; UM program; program policies and procedures; HEDIS activities; PIPs; accreditation; addressing health disparities; health improvement activities; and dental health quality. [Quality, Timeliness, and Access]

**Strength #4: Upper Peninsula Health Plan** achieved full compliance in the MIS standard, demonstrating the MHP maintained an HIS that collected, analyzed, integrated, and reported data in various program areas and functions, including but not limited to, provider data, member enrollment and disenrollment, financial statements and reports, third-party recovery and subrogation requests, common formulary, member enrollment and disenrollment, provider enrollment, claims payment, grievance and appeal tracking, and quality reporting. An HIS that collects, analyzes, and reports health information is necessary to support healthcare-related decision making and drive improved healthcare outcomes. [Quality]

### Weaknesses and Recommendations

**Weakness #1: Upper Peninsula Health Plan** scored below the statewide average in the Provider standard. Adequate and effective processes for maintaining and monitoring a provider network are necessary to ensure members have access to complete and accurate provider information and that all members are assigned to an appropriate provider. [Quality and Access]



**Why the weakness exists:** Discrepancies in whether the PCP was accepting new patients and provider contact information were identified in **Upper Peninsula Health Plan**'s provider directory.

**Recommendation:** As **Upper Peninsula Health Plan** was required to submit a CAP to address these findings, HSAG recommends **Upper Peninsula Health Plan** ensure its MDHHS-approved CAP is fully implemented to mitigate the deficiencies. Additionally, HSAG recommends that **Upper Peninsula Health Plan** conduct its own periodic secret shopper survey of a sample of its provider network and use the results of any future EQR-related network adequacy validation activity to further analyze the completeness and accuracy of its provider data.

## Consumer Assessment of Healthcare Providers and Systems Analysis

### Performance Results—Adult and Child Medicaid

Table 3-71 presents **Upper Peninsula Health Plan**'s 2021 adult and child Medicaid CAHPS top-box scores. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-71—Summary of 2021 Adult and Child Medicaid CAHPS Top-Box Scores for UPP**

	2021 Adult Medicaid	2021 Child Medicaid
<b>Global Ratings</b>		
<i>Rating of Health Plan</i>	73.9% ↑	72.5%
<i>Rating of All Health Care</i>	68.6% ↑	69.6%
<i>Rating of Personal Doctor</i>	72.8%	72.3% ↓
<i>Rating of Specialist Seen Most Often</i>	70.4%	67.2%*
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	89.2% ↑	86.0%
<i>Getting Care Quickly</i>	90.8% ↑	95.2% ↑
<i>How Well Doctors Communicate</i>	94.0%	97.3% ↑
<i>Customer Service</i>	95.1% ↑	86.7%*
<b>Individual Item Measure</b>		
<i>Coordination of Care</i>	88.6%	91.3%*
<b>Effectiveness of Care Measures**</b>		
<i>Advising Smokers and Tobacco Users to Quit</i>	79.5%	
<i>Discussing Cessation Medications</i>	63.0% ↑	
<i>Discussing Cessation Strategies</i>	56.0% ↑	

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

\*\* These rates follow NCQA's methodology of calculating a rolling two-year average.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

### **Strengths, Weaknesses, and Recommendations- Adult and Child Medicaid**

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

#### **Strengths**

**Strength #1:** Adult members enrolled in **Upper Peninsula Health Plan** had more positive experiences with their health plan, their healthcare, getting the care they needed, timeliness of getting care, and customer service, since the scores for these measures were statistically significantly above the 2020 NCQA adult Medicaid national averages. In addition, two Effectiveness of Care scores, *Discussing Cessation Medications* and *Discussing Cessation Strategies*, were statistically significantly above the 2020 NCQA adult Medicaid national averages. [Quality, Timeliness, and Access]

**Strength #2:** Parents/caretakers of child members enrolled in **Upper Peninsula Health Plan** had more positive experiences with the timeliness of the care received for their child and communication with their child's doctors, since the scores for these measures were statistically significantly above the 2020 NCQA child Medicaid national averages. [Quality and Timeliness]

#### **Weaknesses and Recommendations**

**Weakness #1:** Parents/caretakers of child members enrolled in **Upper Peninsula Health Plan** had less positive overall experiences with their child's personal doctor, since the score for this measure was statistically significantly below the 2020 NCQA child national average. [Quality]

**Why the weakness exists:** Parents/caretakers of child members are reporting a more negative experience with their child's personal doctor compared to national benchmarks.

**Recommendation:** HSAG recommends that **Upper Peninsula Health Plan** focus on identifying the root cause of the poorer experiences parents/caretakers are having with their child's personal doctor. **Upper Peninsula Health Plan** should provide training and resources to providers to cultivate better relationships between providers and members, and to improve providers' communication skills.

## Performance Results—CSHCS

Table 3-72 presents **Upper Peninsula Health Plan**'s 2021 CSHCS CAHPS survey top-box scores. The following measures could not be displayed in the table because these measures had fewer than 11 responses and were suppressed: *Rating of Beneficiary Help Line*, *CSHCS Family Center*, and *Beneficiary Help Line*. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-72—Summary of 2021 CSHCS CAHPS Survey Top-Box Scores for UPP**

	2021 Top-Box Score
<b>Global Ratings</b>	
<i>Rating of Health Plan</i>	76.9%
<i>Rating of Health Care</i>	62.6% NA
<i>Rating of Specialist Seen Most Often</i>	78.5%*
<i>Rating of CMDS Clinic</i>	85.7%* NA
<b>Composite Measures</b>	
<i>Customer Service</i>	96.7%* ↑
<i>How Well Doctors Communicate</i>	93.2%* NA
<i>Access to Specialized Services</i>	84.7%* NA
<b>Individual Item Measures</b>	
<i>Access to Prescription Medicines</i>	87.8%*
<i>CMDS Clinics</i>	85.7%* NA
<i>Local Health Department Services</i>	84.0%* NA

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

NA indicates a national average is not available for the measure.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

## Strengths, Weaknesses, and Recommendations—CSHCS

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

## Strength

**Strength #1:** Parents/caretakers of child members enrolled in **Upper Peninsula Health Plan** had more positive overall experiences with customer service, since the score for this measure was statistically significantly above the 2020 NCQA child Medicaid national average. **[Quality]**

## Weaknesses and Recommendations

**Weakness #1:** **Upper Peninsula Health Plan**'s 2021 top-box scores were not statistically significantly below the 2020 NCQA child Medicaid national averages for any measure; therefore, no weaknesses were identified.

**Why the weakness exists:** NA

**Recommendation:** HSAG recommends that **Upper Peninsula Health Plan** monitor the measures to ensure significant decreases in scores over time do not occur.

## Performance Results—Healthy Michigan

Table 3-73 presents **Upper Peninsula Health Plan**'s 2021 CAHPS top-box scores for Healthy Michigan. Arrows (↑ or ↓) indicate 2021 scores were statistically significantly above or below the 2020 national average.

**Table 3-73—Summary of 2021 Healthy Michigan CAHPS Top-Box Scores for UPP**

	2021 Top-Box Score
<b>Global Ratings</b>	
<i>Rating of Health Plan</i>	68.7% ↑
<i>Rating of All Health Care</i>	58.6%
<i>Rating of Personal Doctor</i>	67.2%
<i>Rating of Specialist Seen Most Often</i>	67.0%
<b>Composite Measures</b>	
<i>Getting Needed Care</i>	82.5%
<i>Getting Care Quickly</i>	85.9%
<i>How Well Doctors Communicate</i>	92.8%
<i>Customer Service</i>	93.8% *
<b>Individual Item Measure</b>	
<i>Coordination of Care</i>	84.4% *
<b>Effectiveness of Care Measures**</b>	
<i>Advising Smokers and Tobacco Users to Quit</i>	67.5% ↓

	2021 Top-Box Score
<i>Discussing Cessation Medications</i>	47.9% ↓
<i>Discussing Cessation Strategies</i>	40.1% ↓

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.

\*\* These rates follow NCQA's methodology of calculating a rolling two-year average.

↑ Indicates the 2021 score is statistically significantly above the 2020 national average.

↓ Indicates the 2021 score is statistically significantly below the 2020 national average.

## Strengths, Weaknesses, and Recommendations—Healthy Michigan

Through the EQR, HSAG assessed the findings for the CAHPS activity against the domains of quality, timeliness, and access. Substantial strengths and weaknesses within the findings of the CAHPS activity have been linked to and impacted one or more of these domains. If a domain is not associated with an identified strength or weakness, the findings did not determine significant impact to the quality, timeliness, and/or accessibility of care.

### Strengths

**Strength #1:** Adult members enrolled in **Upper Peninsula Health Plan** had more overall positive experiences with their health plan, since the score for this measure was statistically significantly above the 2020 NCQA adult Medicaid national average. [Quality]

### Weaknesses and Recommendations

**Weakness #1:** All three Effectiveness of Care scores, *Advising Smokers and Tobacco Users to Quit*, *Discussing Cessation Medications*, and *Discussing Cessation Strategies*, were statistically significantly below the 2020 NCQA adult Medicaid national averages. [Quality]

**Why the weakness exists:** When compared to national benchmarks, the results indicate that **Upper Peninsula Health Plan** providers may not be discussing cessation medications or strategies with members who smoke or use tobacco as much as other providers.

**Recommendation:** HSAG recommends that **Upper Peninsula Health Plan** explore what may be driving lower experience scores and develop initiatives designed to improve quality of care. **Upper Peninsula Health Plan** should provide training and resources to providers to promote smoking cessation with their members.

### Quality Rating

The 2021 Michigan Consumer Guide was designed to compare MHP to MHP performance using HEDIS and CAHPS measure indicators. As such, MHP-specific results are not included in this section. Refer to the Quality Rating activity in Section 5—Medicaid Health Plan Comparative Information to review the 2021 Michigan Consumer Guide, which is inclusive of **Upper Peninsula Health Plan's** performance.

## Overall Conclusions for Quality, Timeliness, and Access to Healthcare Services

To identify strengths and weaknesses and draw conclusions for **Upper Peninsula Health Plan** about the quality, timeliness, and access to care for its members, HSAG analyzed and evaluated performance related to the provision of healthcare services by **Upper Peninsula Health Plan** across all EQR activities to identify common themes within **Upper Peninsula Health Plan** that impacted, or will have the likelihood to impact, member health outcomes. The overarching aggregated findings show that while **Upper Peninsula Health Plan** performed well in some areas impacting the quality and timeliness of, and access to care, there are several opportunities for improvement. **Upper Peninsula Health Plan** met 100 percent of the requirements for data analysis and implementation of improvement strategies for the *Addressing Disparities in Timeliness of Prenatal Care* PIP, while also demonstrating sustained improvement over the baseline for the second remeasurement period and eliminating the existing disparity [**Quality, Timeliness, and Access**]. Additionally, **Upper Peninsula Health Plan** performed between the national Medicaid 50th and 74th percentiles for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure indicator. The *Prenatal and Postpartum Care—Postpartum Care* measure indicator also performed at or above the national Medicaid 90th percentile, further supporting that **Upper Peninsula Health Plan** focused efforts on timely appointments for prenatal and postpartum care. [**Quality, Timeliness, and Access**].

However, **Upper Peninsula Health Plan** performed poorly in several measures within the Child & Adolescent Care domain reviewed as part of the PMV activity. Seven of the 12 measure rates fell below the national Medicaid 50th percentile, with five measure rates falling below the national Medicaid 25th percentile, suggesting that **Upper Peninsula Health Plan** could implement additional interventions to improve access to preventive care for children, specifically the *Childhood Immunization Status—Combinations 2, 3, 4, 5, and 7* and *Immunizations for Adolescents* measure indicator rates [**Quality, Timeliness, and Access**]. **Upper Peninsula Health Plan** reported it had completed a root cause analysis for these measures and implemented several interventions, but rates for these measures declined. Related to the Access to Care domain, many adult members between the ages of 20 and 64 were also not always accessing preventive services as demonstrated through lower performance rates within the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years and Ages 45 to 64 Years* measure indicators. However, adults ages 65 years and older were accessing preventive services more often, as demonstrated through a performance rate between the national Medicaid 75th and 89th percentiles. **Upper Peninsula Health Plan** should analyze the difference in performance for these age groups and determine whether interventions need to be tailored specifically for members younger than 65 years of age. Further, **Upper Peninsula Health Plan** performed well in the *Appropriate Treatment for Upper Respiratory Infection—Ages 18 to 64 Years* measure indicator as demonstrated through a performance rate between the national Medicaid 75th and 89th percentiles. However, other age groups for this measure and age groups within the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis* and *Appropriate Testing for Pharyngitis* measures performed below the national Medicaid 75th percentile, with five indicators performing below the national Medicaid 50th percentile, indicating continued opportunities for improvement overall in the Access to Care domain.

**Upper Peninsula Health Plan's** performance for the *Asthma Medication Ratio* measure ranked between the national Medicaid 25th and 49th percentile for the second year in a row, indicating members were



dispensed asthma reliever medication as often, or more often, than asthma controller medications, and suggesting an increased use of short-acting medications and less controlled asthma [**Quality and Access**]. **Upper Peninsula Health Plan** reported it has developed interventions aimed at leveraging clinical electronic health record access, developing a prescriber-focused survey, and piloting a shared-savings alternative payment model. These interventions should positively impact future performance in the Living With Illness domain reviewed through the PMV.

Through the CAHPS activity, **Upper Peninsula Health Plan**'s adult Medicaid members and/or parents/caretakers of child members reported positive experiences with *Rating of Health Plan*, *Rating of All Health Care*, *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service* suggested members who completed the survey were satisfied with most services being received through **Upper Peninsula Health Plan** and its providers [**Quality, Timeliness, and Access**]. However, parents/caretakers of child members were not as satisfied with their personal doctors as indicated through a performance rating statistically significantly below the 2020 national average, suggesting parents/caretakers may be experiencing barriers to accessing timely care to preventive services as supported through lower performing rates within the Child & Adolescent Care domain as indicated previously. Additionally, although adult Medicaid members reported their providers discussed smoking and tobacco cessation medications and strategies as indicated through ratings statistically significantly above the 2020 national average, HMP adult members reported less positive experiences with their providers discussing smoking and tobacco cessation medication and strategies as demonstrated through ratings statistically significantly below the 2020 national average. To improve the satisfaction of the HMP population, **Upper Peninsula Health Plan** should continue its provider incentive program, provider education, and respiratory health campaign efforts.

**Upper Peninsula Health Plan**, through the results of the compliance review activity, demonstrated strong performance in four program areas, including Administrative, Member, Quality, and MIS, and received the highest overall score across all MHPs. This strong performance, especially in the Quality program area, indicates **Upper Peninsula Health Plan** has the necessary structure to successfully implement performance improvement strategies to target lower performing program areas.

Of note, the COVID-19 pandemic may have had an impact on performance outcomes due to State mandates or instructions to reduce the use of nonemergent services to slow the spread of COVID-19. Additionally, due to fear of contracting the virus, members may have chosen not to access routine care, which may have also impacted performance outcomes in SFY 2021.



## 4. Follow-Up on Prior External Quality Review Recommendations for Medicaid Health Plans

From the findings of each MHP's performance for the SFY 2020 EQR activities, HSAG made recommendations for improving the quality of healthcare services furnished to members enrolled in the CHCP. The recommendations provided to each MHP for the EQR activities in the *State Fiscal Year 2020 External Quality Review Technical Report for Medicaid Health Plans* are summarized in Table 4-1 through Table 4-10. The MHP's summary of the activities that were either completed, or were implemented and still underway, to improve the finding that resulted in the recommendation, and as applicable, identified performance improvement, and/or barriers identified are also provided in Table 4-1 through Table 4-10.

### Aetna Better Health of Michigan

**Table 4-1—Prior Year Recommendations and Responses for AET**

1. Prior Year Recommendation from the EQR Technical Report for Performance Improvement Projects
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> <li>As <b>Aetna Better Health of Michigan</b> progresses into the third remeasurement, the MHP should revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions. The MHP should continue to evaluate the effectiveness of each intervention using the outcomes to determine each intervention's next steps.</li> </ul>
<p><b><i>MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)</i></b></p>
<p>a. Describe initiatives implemented based on recommendations (<i>include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation</i>):</p> <ul style="list-style-type: none"> <li>Addressing Disparities in the Prenatal Population: Aetna Better Health revisited the barrier analysis, SWOT [Strengths, Weaknesses, Opportunities, and Threats] analysis and fishbone diagram to reassess the challenges members may be experiencing to complete timely prenatal care. The barriers outlined continue to persist in our African American population.</li> <li>We have set the strategic priority to leverage prenatal data available to us in different frequencies to identify our maternity population more rapidly. Our Quality Team identifies prenatal outreach targets by leveraging the ADT feed bi-weekly, IP [inpatient] Census report bi-weekly, dental Obstetrical report monthly as well as our internal OB [obstetrics] claims report monthly. Moving 2 data source exports to bi-weekly September 2021, we've identified 12 members as being pregnant in their first trimester and coordinated their first prenatal care visit and have completed 24 member referrals to an MIHP.</li> <li>Aetna will re-evaluate the need for updates on member health education mailers specific to prenatal care to improve health literacy and importance in timely prenatal care. In addition to health mailings, Aetna continues to perform live outreach calls, host member events, text campaigns and allows members to seek prenatal care at the OBGYN of choice.</li> </ul>

## 1. Prior Year Recommendation from the EQR Technical Report for Performance Improvement Projects

### NEW INTERVENTIONS

- We've successfully onboarded a Quality Practice Liaison that will be responsible for scheduling on-site meetings with providers showing a high rate of racial disparity in their HEDIS outcomes. She will review how the office can improve their health equity outcomes, share evidence based best practices in working with our minority/underserved populations as well as offering implicit bias and cultural competency trainings. While we continue to target members for quality interventions through text campaigns, live-calls, mailings, hosting events and surveying member experiences; we look forward to moving into the provider space to educate and empower practices by leveraging racial disparity reporting and sharing outcomes to improve health equity one clinic at a time.
- We are also working to overcome the challenge of member's seeking care during the Covid-19 pandemic by fulfilling member incentives for completing their covid vaccine. Our Outreach and Case Management Teams educate members on the safety and efficacy of covid vaccination during live calls, schedule appointments and coordinate transportation to covid vaccine clinics. Since implementing our covid vaccination incentive, 352 members to date have become vaccinated and rewarded for completing their covid vaccine.
- Aetna Better Health intends to re-deploy another Health Equity text survey to re-measure member trust with health care providers and health care system in 2022.
- Aetna Better Health has partnered with 3 Community Based Organizations in October 2021 that will dedicate our funding to support members experiencing the following social determinants of health: homelessness/housing insecurity, early learning/education, employment training and food insecurity.

### b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):

- Per claims through 8.31.21, our African American population has achieved a rate of 57.9% and our White population has achieved a rate of 59.9%. The Fischer exact test produced a p-value of  $p=0.835$  meaning the current rate between our African American and Caucasian members is still *not* significant Aetna Better Health's MY2020 Prenatal rate for African American mothers was coincidentally 57.90% therefore we are expecting our rate to improve as we coordinate maternal care through the measurement period end (10/7/2021).  
AA 249 / 430 Rate - 57.9%  
W 124 / 207 Rate - 59.9%  
 $p=0.835$  *not* significant

### c. Identify any barriers to implementing initiatives:

- The COVID-19 pandemic has impacted all ambulatory and non-critical care provider practices significantly which is evident in the decline of patient utilization volumes and general preventative service outcomes. We continue to leverage educating our members on the opportunity and flexibility telehealth services offer, as well as support our providers in adopting appropriate billing practices to encourage telehealth visits to curb utilization decline.

**HSAG's Assessment:** HSAG determined that **Aetna Better Health of Michigan** addressed the prior year's recommendations. The MHP utilized appropriate QI methods to identify and prioritize its barriers to care and developed intervention efforts to address those barriers. The MHP continued to evaluate the effectiveness of each intervention and used those outcomes to determine each intervention's next steps.

## 2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures

HSAG recommended the following:

- **Aetna Better Health of Michigan** should conduct a root cause analysis or focused study to determine why some children did not receive their immunizations. Upon identification of a root cause, **Aetna Better Health of Michigan** should implement appropriate interventions to improve the performance related to the *Childhood Immunization Status* measure.
- **Aetna Better Health of Michigan** should conduct a root cause analysis or focused study to determine why some children did not access primary care services. Upon identification of a root cause, **Aetna Better Health of Michigan** should implement appropriate interventions to improve the performance related to the *Children and Adolescents' Access to Primary Care Practitioners* measure.
- **Aetna Better Health of Michigan** should conduct a root cause analysis or focused study to identify potential patterns contributing to the dispensing of asthma medication and asthma-related service utilization of members, especially those with an asthma medication ratio less than 50 percent. Upon identification of a root cause, **Aetna Better Health of Michigan** should implement appropriate interventions to improve the performance related to the *Asthma Medication Ratio* measure.

**MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)**

- a. Describe initiatives implemented based on recommendations (*include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation*):
- **Childhood Immunization Status:** 3 goals were added to our Quality Work Plan to improve our childhood immunization outcomes: 1) Leveraging our CVS [Consumer Value Store] Pharmacy Minute Clinics to host events in 2022 and administer vaccines at minute clinics; 2) Review ROI [return on investment] and assess increasing our member incentive from \$25 for completing all combo 3 vaccines before the age of 2 to \$50 in 2022; and 3) Deployment of a multi-modal communication campaign targeting vaccine hesitant parents to dispel myths/fears and encourage vaccination using data gathered in our Vaccine-Equity Detroit initiative with Ichor Group. The Vaccine Equity Initiative's long-term goals include increasing vaccine trust in our black and Latin communities & utilizing community advocates to expand vaccine trust within targeted neighborhoods. The Ichor Group also meets with key community partners such as Detroit Hispanic Development Organization, Urban League of Detroit, The Senior Alliance, and Church leaders to discuss engagement strategies and neighborhood prioritization.
  - **Children and Adolescent's Access to Primary Care Practitioners:** Since NCQA retired this HEDIS measure in MY2020, we are focusing our efforts on improving HEDIS outcomes for the Child and Adolescent well care visits (WCV) HEDIS measure through health education mailers, text message campaigns, live outreach as well as a \$25 member incentive for completing a service. We continue to encourage our members and providers to leverage telehealth visits as a convenient option for those that are fearful of contracting covid at their provider's office or have childcare and transportation barriers.
  - **Asthma Medication Ratio:** Aetna partners with Kids Health Connection that focuses on outreach to families with children 17 years of age and younger in Wayne, Oakland, and Macomb counties with a diagnosis of asthma. Kids Health Connection outreaches members with asthma via live calls and in-home visits to provide members with the tools they need to improve their ability to self-manage their asthma. Aetna's Next Best Action outreach campaign targets members with a diagnosis of asthma who have had an MDI [metered-dose inhaler] Rx [prescription] claim in a rolling 3-month period with the goal to decrease asthma related ED visits. The campaign provides links to resources on how to appropriately use a spacer and the importance of ensuring providers prescribe a spacer with an inhaler.

## 2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures

Our Community Outreach Workers are assigned members to perform targeted outreach and inhaler use education to members that have had an IP/ED visit with a diagnosis of asthma.

### b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):

- **Childhood Immunization Status:** Our current year to date Combo 3 Childhood Immunization rate has increased 1.79% Year over Year (YOY)
- **Children and Adolescent's Access to Primary Care Practitioners:** As our efforts are focused on WCV in place of CAP, our current year to date rate has improved YOY. WCV 3 to 11 has increased 5.24% year over year, WCV 12 to 17 has increased 5.05% YOY and WCV 18 to 21 increased 1.31% YOY.
- **Asthma Medication Ratio:** Asthma Medication Ratio HEDIS outcome has increased 2.59% YOY for members in the 19 to 50 years of age population.

### c. Identify any barriers to implementing initiatives:

- **Childhood Immunization Status:** Upon completion of our root cause analysis to determine why members are not completing their recommended vaccines, several challenges were identified. Vaccine recommendations have nearly tripled since 1980's and several parents firmly believe that vaccinating their children with all of these doses before the age of 2, causes autism. In our outreach efforts, vaccine hesitant families are educated on the efficacy and safety of vaccines and are instructed to direct concerns to their provider. We also incentivize providers \$25 for completion of each series in Combo 3 and an added \$100 incentive for completion of the combo 3 series to support higher vaccination rates however that does not seem to be significantly impacting outcomes. The QMUM [quality management/utilization management] Committee will convene to discuss any changes needed to our APM [alternative payment method] strategy regarding combo 3 provider incentives.
- **Children and Adolescent's Access to Primary Care Practitioners:** Utilization of standard preventative health care services has declined due to the covid-19 pandemic. Throughout the year, during outreach calls, we ensure that any members sensitive to seeking care during the pandemic are educated on seeking care safely and review the importance of hand washing, efficacy of wearing a mask and reiterating that providers take the utmost care in sanitizing and taking precautions to reduce rate of infection in office.
- **Asthma Medication Ratio:** Around 30% of members in zip codes 48219, 48235, 48227, 48228 & 48238 have had asthma or COPD [chronic obstructive pulmonary disease] related IP/ED visits which are our predominantly African American communities.

**HSAG's Assessment:** HSAG has determined that **Aetna Better Health of Michigan** has partially addressed the prior year's recommendations. While **Aetna Better Health of Michigan** has put forth effort to address HSAG's prior year recommendation for the *Childhood Immunization Status* measure indicators by conducting a root cause analysis to determine why some children did not receive their immunizations and implemented a Quality Work Plan to improve childhood immunization status outcomes, HSAG recommends that **Aetna Better Health of Michigan** monitor the impact of the recently implemented Quality Work Plan to ensure it produces the expected results. Additional goals should be incorporated within the Quality Work Plan if further QI strategies are identified. The HEDIS MY 2021 results will not have been impacted due to the implementation of the Quality Work Plan in 2022; however, **Aetna Better Health of Michigan** should utilize the HEDIS MY 2021 results when conducting a year-over-year impact analysis.

As it relates to the prior year's recommendation for the *Children and Adolescent's Access to Primary Care Practitioners* measure, **Aetna Better Health of Michigan** appears to be working toward improving upon children and adolescents' access to well-care services through implementation of health education mailers,

## 2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures

outreach campaigns, offering incentives, and addressing barriers through the use of telehealth services. While rates were not reported due to NCQA retiring the *Children and Adolescent's Access to Primary Care Practitioners* measure in MY 2020, HSAG recommends that **Aetna Better Health of Michigan** continue its efforts on improving children and adolescents' access to well-care services and monitor the impact of initiatives currently in place to ensure improved performance.

As it relates to the prior year's recommendation for the *Asthma Medication Ratio* measure, **Aetna Better Health of Michigan** has demonstrated efforts by outreaching to members with a diagnosis of asthma through its partnership with Kids Health Connection, internal campaign work, and community outreach workers. However, **Aetna Better Health of Michigan** continues to demonstrate low performance for the *Asthma Medication Ratio* measure. As such, HSAG recommends that **Aetna Better Health of Michigan** continue to educate and outreach to members with asthma, with a targeted focus on members with an asthma medication ratio less than 50 percent, to improve upon performance and asthma control for its members. Appropriate interventions should be implemented if contributing factors are identified.

## 3. Prior Year Recommendation from the EQR Technical Report for Compliance Review

HSAG recommended the following:

- As **Aetna Better Health of Michigan** previously submitted a CAP to address these findings [discrepancies in provider information were identified in the provider directory; the network access plan did not address continuity of care for members in the event of new population enrollment, changes in service area, covered benefits, contract termination between the MHP and any of its participating providers; and the process for Maximum Allowable Cost (MAC) did not address the requirement to notify a pharmacy of national drug codes (three national drug codes, if there are three or more available, and all available national drug codes, if there are fewer than three) for the drug in question that are available and deliverable, or time frame requirements for this notification], which was accepted by MDHHS, **Aetna Better Health of Michigan** should ensure its CAP is fully implemented to mitigate the deficiencies [the MHP scored below the statewide average in the Provider standard]. **Aetna Better Health of Michigan** should also conduct its own secret shopper survey of a sample of its provider network to further analyze the completeness and accuracy of its provider data.
- As **Aetna Better Health of Michigan** previously submitted a CAP to address these findings [the member handbook did not include managed care uniform definitions or information regarding habilitative services; not all requests for member handbooks were processed timely (within five business days); IS was pulling incorrect data for appeal resolution time frames; and policies did not include a member's right to an MDHHS State fair hearing, or required the MHP to consult with the Office of Medical Affairs to determine pediatric sub-specialists, hospitals, and ancillary providers available and appropriate to render services to children with special healthcare needs (e.g., CSHCS)], which was accepted by MDHHS, **Aetna Better Health of Michigan** should ensure its CAP is fully implemented to mitigate the deficiencies. **Aetna Better Health of Michigan** should also ensure it has a tracking mechanism in place to appropriately monitor time frames for sending member handbooks upon member request.
- As **Aetna Better Health of Michigan** previously submitted a CAP to address these findings [the MHP did not submit the UM Decisions and Notification Timeframe Requirement Job Aid in its initial submission, and did not review the most current performance measures or address the not met standard for the *Outreach and Engagement to Facilitate Entry to Primary Care* measure], which was accepted by MDHHS, **Aetna Better Health of Michigan** should ensure its CAP is fully implemented to mitigate the deficiencies. **Aetna Better Health of Michigan** should also include any lower performing



### 3. Prior Year Recommendation from the EQR Technical Report for Compliance Review

measures in its QAPI program workplan and subsequent evaluation to ensure interventions are targeting any noted opportunities.

- As **Aetna Better Health of Michigan** previously submitted a CAP to address these findings [the MHP did not submit all quarterly financial reports or third-party liability recovery policies and procedures in its initial submission], which was accepted by MDHHS, **Aetna Better Health of Michigan** should ensure its CAP is fully implemented to mitigate the deficiencies.

**MCE's Response:** (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)

a. Describe initiatives implemented based on recommendations (*include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation*):

- Aetna has implemented actions to improve provider directory accuracy that include PCP quarterly auditing and deploying a 4275 Pre-Screen validation front end audit to scan and ensure no provider information is captured that does not have a positive participation status or other required information for file inclusion. This will reduce and thus eliminate any passage of data to MDHHS for providers who should not be reflected as participating or accepting new patients.
- Aetna implemented a new handbook print vendor at the end of 2020 to help mitigate timeliness issues. Actions implemented for the other compliance review CAPs were effective as they were not issues in the FY [fiscal year] 21 compliance review.

b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):

- Aetna's FY21 Compliance Review summary shows an overall performance improvement of 91% items scored as Met as compared to FY20 (87% items scored as Pass).

c. Identify any barriers to implementing initiatives:

- There were no significant barriers to implementing initiatives.

**HSAG's Assessment:** HSAG has determined that **Aetna Better Health of Michigan** has partially addressed the prior year's recommendations. PCP quarterly auditing is important to ensure PCP data in the provider directory are correct; however, it is unclear what will occur once the audit is completed. HSAG recommends that **Aetna Better Health of Michigan** implement a process to update any incorrect information identified during the audits and implement the same auditing and update process for other provider types as well (e.g., specialists and organizational providers). While HSAG understands that it is important to provide accurate data to MDHHS upon submission of provider directory data, the intent of this standard is to ensure that members have access to accurate provider directory information. Excluding provider information that appears incorrect in the provider directory for submission to MDHHS would misrepresent the accuracy of the provider information members can see in the online provider directory; therefore, this action does not address ensuring the accuracy of provider information included in the provider directory. Additionally, the results of the SFY 2021 compliance review confirmed there are continued opportunities for improvement. HSAG recommends that **Aetna Better Health of Michigan** make the appropriate updates to the provider directory prior to submission of the data to MDHHS. Changing the print vendor for the member handbooks may improve the timeliness of the handbook distribution to members; however, HSAG recommends that **Aetna Better Health of Michigan** ensure appropriate oversight of all activities conducted by the new vendor. Additionally, HSAG validated that most other issues were addressed based on the results of the SFY 2021 compliance review activities. However, **Aetna Better Health of Michigan** received a similar deficiency related to member appeal time frames, indicating there are continued opportunities for improvement in tracking and resolving appeals timely. As such, HSAG recommends that **Aetna Better Health of Michigan** implement a process to

### 3. Prior Year Recommendation from the EQR Technical Report for Compliance Review

continuously monitor and track time frames in real time to ensure appeals are completed timely and a formal auditing process to address timeliness concerns with individual staff members.

### 4. Prior Year Recommendation from the EQR Technical Report for CAHPS

HSAG recommended the following:

- Adult and Child Medicaid—**Aetna Better Health of Michigan** should explore what may be driving lower experience scores and develop initiatives designed to improve quality of care and coordination of care.
- CSHCS—**Aetna Better Health of Michigan** should explore what may be driving lower experience scores and develop initiatives designed to improve quality of care.

**MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)**

a. Describe initiatives implemented based on recommendations (*include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation*):

#### Adult and Child Medicaid:

- Communicate CAHPS results with Providers/Specialists, and Care Coordinators to increase awareness of opportunities to support members in navigating health care outside of what is shared on our website, and in our provider newsletters. A more focused approach to ensure understanding of the measurements/metrics and how they are being assessed.
- CHW's and Member Outreach Coordinator's now required to use Health Care Equity assessment's to identify and document SDoH and coordinate referrals to CBO's that report results in closed loop platforms (incentivizing CBO's to use specific platforms that offer closed loop functionality) so we can ensure the members needs are being met and refer to the CBO's with successful outcomes.
- Monitor for consistent use of the voluntary post call experience rating survey available to members after each telephone call with their Care Coordinators.
- ABH [Aetna Better Health of] MI offers a provider incentive for Care Management/Care Coordination Services from claims data. The provider will be paid for each eligible Care Management/Care Coordination Service appropriately rendered and billed during the measurement period in accordance with State guidelines.
- Expand and leverage telehealth technologies to expand access to care to our members that may not be aware of the ease of use from a smart phone. Also, incentivize providers reluctant to expand use of telemedicine appointments post pandemic to continue doing so.
- Gain member feedback from the Member Advisory Committee and other Focus Study groups about areas of improvement with the health plan and network providers.
- Look into innovative opportunities in technology to strengthen our current IP and ED alerts to be more Care Coordinator specific and real time.
- Review the county breakout of CAHPS results to identify any particular counties where satisfaction seems lower; dispatch Provider Relations team to target offices in that area.

#### CSHCS:

The coordination of care between primary and specialist providers can be a challenge and may affect patient perceptions of their specialist care. Improving the coordination of care and case management can



#### 4. Prior Year Recommendation from the EQR Technical Report for CAHPS

increase patient satisfaction with their specialist. To improve care coordination efficiency and quality to the CSHCS members, ABH MI is putting processes in place to:

- Communicate CAHPS results with Providers/Specialists to increase provider awareness of opportunities to support members in navigating health care outside of what is shared on our website, and in our provider newsletters. A more focused approach to ensure understanding of the measurement and how they are being assessed.
- Ensure referrals and services delivered by the providers/specialists for the CSHCS population are being tracked by the MHP Care Coordinators and follow up occurs to ensure the members needs were met after the referral is given.
- Through Care Coordination and Population Health Management, assist the CSHCS members on how to prepare, and ensure effective communication with their providers such as writing down talking points and questions prior to visits.

b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):

- N/A

c. Identify any barriers to implementing initiatives:

- All noted performance improvement initiatives are currently in process, and we are hoping to see marked improvement next year once we have completed our outreach and education campaigns around reengaging the members back into the provider offices post pandemic.
- The Provider Relations team has not been able to get back into provider offices since the pandemic because of provider office policies in place to decrease risk of COVID-19 infection. Most Provider Relations rounds are done virtually now, and with provider office staffing shortages, it's limits provider education and coordination opportunities.

**HSAG's Assessment:** HSAG has determined that **Aetna Better Health of Michigan** has partially addressed the prior year's recommendations. While the child Medicaid population score for *Rating of Health Plan* showed some improvement, the score continued to demonstrate lower performance and was statistically significantly below the 2020 NCQA child Medicaid national averages. **Aetna Better Health of Michigan** has reported several performance improvement initiatives that continue to be in progress. HSAG recommends **Aetna Better Health of Michigan** timely implement performance improvement interventions and evaluate their effectiveness.

## Blue Cross Complete of Michigan

**Table 4-2—Prior Year Recommendations and Responses for BCC**

1. Prior Year Recommendation from the EQR Technical Report for Performance Improvement Projects
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> <li>As <b>Blue Cross Complete of Michigan</b> progresses into the third remeasurement, the MHP should revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions.</li> </ul>
<p><b>MCE's Response:</b> <i>(Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)</i></p>
<p>a. Describe initiatives implemented based on recommendations <i>(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)</i>:</p> <ul style="list-style-type: none"> <li>Blue Cross Complete of Michigan (BCC) completed a key driver analysis (also called a casual/barrier analysis) and took proactive steps to identify barriers to desired outcomes, continued existing interventions and implemented one new intervention to address those barriers. BCC proposed a new intervention which issued a gift card to incentivize the targeted population to increase the rate of pre-natal visits.</li> </ul>
<p>b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <ul style="list-style-type: none"> <li>Once the new intervention is implemented, we expect to see improvement.</li> </ul>
<p>c. Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> <li>BCC experienced operational challenges with launching the pre-natal gift card related to oversight of the process and the selection of a new gift card vendor.</li> </ul>
<p><b>HSAG's Assessment:</b> HSAG determined that <b>Blue Cross Complete of Michigan</b> addressed the prior year's recommendations. The MHP utilized appropriate QI methods to identify and prioritize its barriers to care and developed intervention efforts to address those barriers. The MHP continued to evaluate the effectiveness of each intervention and used those outcomes to determine each intervention's next steps.</p>
2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> <li><b>Blue Cross Complete of Michigan</b> should conduct a root cause analysis or focused study to identify potential patterns contributing to the dispensing of asthma medication and asthma-related service utilization of members, especially those with an asthma medication ratio less than 50 percent. Upon identification of a root cause, <b>Blue Cross Complete of Michigan</b> should implement appropriate interventions to improve the performance related to the <i>Asthma Medication Ratio</i> measure.</li> <li><b>Blue Cross Complete of Michigan</b> should conduct a root cause analysis or focused study to determine why some members 65 years of age and older did not have access to preventive or ambulatory health services. Upon identification of a root cause, <b>Blue Cross Complete of Michigan</b> should implement appropriate interventions to improve the performance related to the <i>Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years</i> measure indicator.</li> </ul>

## 2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures

**MCE's Response:** (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)

a. Describe initiatives implemented based on recommendations (*include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation*):

For measure 1, Asthma Medication Ratio, BCC has implemented the following initiatives:

- BCC implemented cross-departmental work group meetings to monitor progress towards the goal of obtaining the 75th percentile for this measure (implemented).
- BCC's Pharmacy Benefit Manager expanded communication with members who are non-adherent with their medications for asthma by performing outreach calls to members (ongoing).
- Practitioner outreach performed via targeted mailings to the practitioner's affected member(s) (ongoing).
- Care Managers perform outreach to members with asthma to provide care coordination and education (ongoing).
- Data mining to identify members for outreach with a lapse in refill or asthma medication concerns (ongoing).

For measure 2, Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years (AAP), BCC has implemented the following initiatives:

- Targeted outreach activities to focus on members residing in zip codes where health disparity seems the greatest (ongoing).
- Texting campaign implemented for the AAP measure to provide information and assist members with scheduling appointments (implemented).

b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):

- BCC will continue to monitor the above measures for improvement and revise initiatives as needed.

c. Identify any barriers to implementing initiatives:

- Measure 1 Asthma: BCC has had difficulties with contacting members who need education about the importance of appropriate use of asthma medication. BCC will explore additional sources to improve the effectiveness of member contact information.
- Measure 2 Adult access: Members, especially those over 65 years, have been reluctant to seek health care services during the Public Health Emergency. BCC will provide additional outreach to members to assist in scheduling appointments.
- Measure 2 Adult access: Provider/Specialist availability has been more limited during the Public Health Emergency. BCC will provide additional outreach to members to assist in scheduling appointments.

**HSAG's Assessment:** HSAG has determined that **Blue Cross Complete of Michigan** has partially addressed the prior year's recommendations. While **Blue Cross Complete of Michigan** has put forth effort to address HSAG's prior year recommendation for the *Asthma Medication Ratio* measure by implementing multiple initiatives in an effort to improve performance, HSAG recommends that **Blue Cross Complete of Michigan** monitor the impact of the recently implemented initiatives to ensure they produce the expected results. Additional initiatives should be incorporated or expanded and improved upon if further QI opportunities are identified.

## 2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures

As it relates to the prior year's recommendation for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years* measure indicator, **Blue Cross Complete of Michigan** has demonstrated efforts with targeted outreach and texting campaign initiatives. However, **Blue Cross Complete of Michigan**'s performance did not demonstrate improvement from HEDIS MY 2019 for the *Adults' Access to Preventive/Ambulatory Health Services* measure indicators. As such, HSAG recommends that **Blue Cross Complete of Michigan** continue to outreach to schedule members for preventive or ambulatory health services to improve upon performance and access to preventive care for its members. Although the COVID-19 pandemic was identified as a barrier, maintaining continuity of care to the extent possible can avoid additional negative consequences from delayed preventive, chronic, or routine care. Remote access to healthcare services may increase participation for those who are medically or socially vulnerable or who do not have ready access to providers. Remote access can also help preserve the patient-provider relationship at times when an in-person visit is not practical or feasible.<sup>4-1</sup> Appropriate interventions should be implemented if other contributing factors are identified.

## 3. Prior Year Recommendation from the EQR Technical Report for Compliance Review

HSAG recommended the following:

- As **Blue Cross Complete of Michigan** previously submitted a CAP to address this finding, discrepancies in provider information in the directory], which was accepted by MDHHS, Blue Cross Complete of Michigan should ensure its CAP is fully implemented to mitigate the deficiency. **Blue Cross Complete of Michigan** should conduct its own secret shopper survey of a sample of its provider network to further analyze the completeness and accuracy of its provider data.

***MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)***

- Describe initiatives implemented based on recommendations (*include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation*):
  - BCC updates provider data received from network providers in provider directories (including the 4275 provider files) and provides quarterly monitoring of provider data accuracy. BCC conducts secret shopper calls on a random sample of primary care and specialty providers. The outcome of the secret shopper calls are reviewed with the providers to educate them on the provider data change notification process. Providers who fail to confirm that they provided the required updates to demographic information and are identified as continuously “non-compliant” are placed on corrective action plans.
- Identify any noted performance improvement as a result of initiatives implemented (if applicable):
  - BCC continues to monitor the impact of initiatives, but has not seen continuous and consistent improvement.

<sup>4-1</sup> Centers for Disease Control and Prevention. Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic, Updated June 10, 2020. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/telehealth.html>. Accessed on: Feb 9, 2022.

### 3. Prior Year Recommendation from the EQR Technical Report for Compliance Review

#### c. Identify any barriers to implementing initiatives:

- Administrative burdens and limited provider resources as a result of the COVID-19 pandemic have diminished the provider's ability to provide updated information and respond to BCC inquiries on a timely basis.

**HSAG's Assessment:** HSAG has determined that **Blue Cross Complete of Michigan** has partially addressed the prior year's recommendations. As **Blue Cross Complete of Michigan** has not seen improvement in provider directory accuracy, as confirmed by HSAG based on the SFY 2021 compliance review activities, additional interventions are needed. HSAG recommends that **Blue Cross Complete of Michigan** use other sources, such as the provider website, to verify and correct data included in the provider directory.

### 4. Prior Year Recommendation from the EQR Technical Report for CAHPS

HSAG recommended the following:

- Adult and Child Medicaid—**Blue Cross Complete of Michigan** should focus on improving parents/caretakers of child members' overall experiences with children's specialists.
- Healthy Michigan—**Blue Cross Complete of Michigan** should focus on quality improvement initiatives designed to encourage providers to discuss cessation strategies with members.

**MCE's Response:** (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)

#### a. Describe initiatives implemented based on recommendations (*include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation*):

- BCC used newsletter communication to members and providers educating on specialty care services and smoking cessation strategies. BCC improved the content of member portal information to support member awareness of and information about provider access, treatment availability and services. BCC also created a list of common concerns from members in care management and provided access for health education and information related to these concerns.

#### b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):

- BCC achieved a 2.7 percentage point increase for the member rating of specialist in the 2021 Adult CAHPS results and an 11.7 percentage point increase in the 2021 Child CAHPS. The Healthy Michigan Plan CAHPS results are not available at time of this report to confirm improvement in the Discussing Cessation Strategies rate for 2021.

#### c. Identify any barriers to implementing initiatives:

- Member access to provider/specialty care during the COVID-19 Pandemic
- Inaccurate or incomplete member contact information preventing the receipt of education and information.

**HSAG's Assessment:** HSAG has determined that **Blue Cross Complete of Michigan** has addressed the prior year's recommendations. The SFY 2021 CAHPS activity confirmed that **Blue Cross Complete of Michigan's** score for *Rating of Specialist Seen Most Often* for the child Medicaid population and the *Discussing Cessation Strategies* for the Healthy Michigan population were comparable to national averages.



## HAP Empowered

**Table 4-3—Prior Year Recommendations and Responses for HAP**

1. Prior Year Recommendation from the EQR Technical Report for Performance Improvement Projects
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> <li>As <b>HAP Empowered</b> progresses into the third remeasurement, the MHP should revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions. The MHP should continue to evaluate the effectiveness of each intervention using the outcomes to determine each intervention's next steps.</li> </ul>
<p><b><i>MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)</i></b></p>
<p>a. Describe initiatives implemented based on recommendations (<i>include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation</i>):</p> <ul style="list-style-type: none"> <li>HAP Empowered continued working with a prenatal care workgroup that was established in 2017 consisting of representatives from the Quality Management (QM), Performance Improvement/HEDIS, Outreach, and Care Management (CM) departments. This workgroup meets monthly to discuss ongoing barriers, interventions, and strategies to improve prenatal care. To identify initial barriers, the workgroup created and continued use of a fishbone diagram as a QI tool. This helped to document barriers and initiate discussions for improvement. Furthermore, workplans are maintained to track progress. Sessions were also held to brainstorm and prioritize barriers. Barriers were prioritized into focus areas. The workgroup completed the following activities throughout 2020: <ul style="list-style-type: none"> <li>Reviewed HEDIS® performance data</li> <li>Identified key drivers and areas in need of improvement utilizing the initial fishbone diagram</li> <li>Identified evidence-based interventions/change concepts to implement</li> <li>Developed action and work plans</li> <li>Monitored intervention performance and outcomes</li> <li>Revised or discontinued interventions when necessary</li> </ul> </li> </ul> <p>Interventions described below:</p> <p><u>Member Incentive</u></p> <ul style="list-style-type: none"> <li>The member incentive intervention began in July 2018. Members eligible for the incentive are contacted to confirm they had a prenatal visit. These members are then tracked so that the effectiveness of the incentive program and its impact of the HEDIS® rates can be evaluated. In 2020, the HAP Empowered member incentive program incentivized members for obtaining prenatal care (regardless if it was in the first, second or third trimester). All HAP Empowered members were mailed the Empower Your Health Rewards Program information in March 2020.</li> </ul> <p>Overall, a total of 76 members were incentivized in 2020 for prenatal care. However, only 14.0% of members in the denominator for Region 6 and 8.7% of the members in the denominator for Region 10 received an incentive for prenatal care. These low numbers can be attributed to multiple factors such as the expecting mother not having a live birth or not meeting the measure's continuous enrollment criteria. Furthermore, 13.33% (4/30) of the members that were incentivized for Region 6 and 8.11%</p>



# 1. Prior Year Recommendation from the EQR Technical Report for Performance Improvement Projects

(6/74) of the members that were incentivized for Region 10 became numerator compliant and met the HEDIS® criteria for Timeliness of Prenatal care measure.

## Case Management Program

- The internal maternity case management program was implemented 4/1/19. The program is a collaborative effort, between the HEDIS Team, Community Health Outreach Worker (CHOW), Clerks and Case Managers (CM), that provides outreach to maximize and support the wellness of the pregnant member. Through screening, the team will identify high-risk behaviors, any member concerns about health care, and their social and economic conditions. Any member identified as moderate or high risk is referred to the CM. Any member with an identified social or economic issue is referred to Social Work. All care is coordinated with the member and treating OB/GYN Care Provider to create a comprehensive plan of care to address identified issues. For the members in the total denominator for remeasurement period 3, 37 members were engaged in the prenatal Case Management program. Of those enrolled, 23 (62.1%) received timely prenatal care.

## MIHP Referrals

- For remeasurement period 3, Region 6 study indicator results showed 19 out of 43 (44%) members in the denominator received a telephonic outreach call and were referred to MIHP, and 2 enrolled in MIHP. Study indicator 2 results included 35 out of 115 (30.4%) members referred to MIHP. Of the members outreached regarding MIHP, 37% enrolled in the MIHP program. HAP Empowered continues to identify ways to improve the report identification process of pregnant members and engagement with members in the MIHP program. A group comprised of QM, CM, and Information Technology (IT) continues to meet and explore options for reporting. HAP Empowered's monthly comprehensive Pregnancy Report was revised in September 2020 to include OB lab codes and ultrasound codes to ensure reporting included all data sources available.

## b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):

### Study Indicator #1 (Region 6):

- The Baseline measurement period is the 2018 HEDIS® rate. The overall total measurement year 2020 prenatal care rate was 71.4%; this is an increase of 15.7% compared to the HEDIS® 2018 rate of 55.7%. HAP Empowered further compared the study indicator of the Black/African American baseline rate for HEDIS® 2018 to measurement year 2020. HEDIS® 2018 results were 13 out of 27 (48.2%) Black/African American members received prenatal care compared to 30 out of 43 (69.7%) in measurement year 2020. This is an improvement of 21.5% from the baseline. Using the Fishers two tailed exact test, the p-value equals 0.0829. The improvement in the rate is considered to be not quite statistically significant.

### Study Indicator #2 (Region 10):

- The Timeliness of Prenatal Care for Region 10 maintained considerable improvement from the baseline period of HEDIS® 2018 with 35.3% to HEDIS® measurement year 2020 with 64.3%, an overall increase of 29 percentage points. Region 10 indicator used the Chi Square Tool to determine that this increase was statistically significant as it calculated that the p-value equaled 0.0001. While there was statistically significant improvement from HEDIS® 2018 to measurement year 2020, HAP Empowered did not reach its goal of the 50th NCQA Percentile (83.8%). It is important to note that the national benchmarks do change from year to year in accordance with the performance of Medicaid plans across the country; however, these changes are usually not significant.

## 1. Prior Year Recommendation from the EQR Technical Report for Performance Improvement Projects

### c. Identify any barriers to implementing initiatives:

#### Prenatal Care Incentive

- HAP Empowered identified that a barrier to this program's ability to impact the Timeliness of Prenatal Care is not requiring the member to receive the prenatal within the first trimester of the pregnancy or 42 days of enrollment. This incentive will be reviewed and revised in 2021 to align with the HEDIS specifications. Additionally, this intervention will be revised to ensure sufficient outreach efforts are in place and to work with CM team on incentive education when members are enrolled in the maternity program. HAP Empowered also plans to educate the large PHOs [physician-hospital organizations] in Regions 6 and 10 about member incentive programs.

#### Case Management Program

- No known barriers for implementation of initiatives.

#### MIHP Referrals

- HAP Empowered continues to identify ways to improve the report identification process of pregnant members and engagement with members to enroll in the MIHP program.

**HSAG's Assessment:** HSAG determined that **HAP Empowered** addressed the prior year's recommendations. The MHP utilized appropriate QI methods to identify and prioritize its barriers to care and developed intervention efforts to address those barriers. The MHP continued to evaluate the effectiveness of each intervention and used those outcomes to determine each intervention's next steps.

## 2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures

HSAG recommended the following:

- **HAP Empowered** should conduct a root cause analysis or focused study to determine why some children 2 years of age did not receive immunizations. Upon identification of a root cause, **HAP Empowered** should implement appropriate interventions to improve the performance related to the *Childhood Immunization Status* measure.
- **HAP Empowered** should conduct a root cause analysis or focused study to identify potential patterns contributing to the dispensing of asthma medication and asthma-related service utilization of members, especially those with an asthma medication ratio less than 50 percent. Upon identification of a root cause, **HAP Empowered** should implement appropriate interventions to improve the performance related to the *Asthma Medication Ratio* measure.
- **HAP Empowered** should conduct a root cause analysis or focused study to determine why some children did not access primary care services. Upon identification of a root cause, **HAP Empowered** should implement appropriate interventions to improve the performance related to the *Children and Adolescents' Access to Primary Care Practitioners* measure.
- **HAP Empowered** should conduct a root cause analysis or focused study to determine why some members ages 20 to 44 years did not have access to preventive or ambulatory health services. Upon identification of a root cause, **HAP Empowered** should implement appropriate interventions to improve the performance related to the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years* measure.

## 2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures

***MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)***

- a. Describe initiatives implemented based on recommendations *(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)*:

### Childhood Immunizations

- HAP Empowered realizes the decrease in childhood immunizations rates are a serious concern that has been exacerbated by the COVID 19 pandemic and is addressing the low rates with the following:
  - Established routine workgroup meetings focused on children's health measures.
  - Collaborating across the organization to address key drivers of low immunization rates.
  - Developing a multi-stakeholder approach that includes HAP staff, providers, and member input.
  - Researching/learning about other health plans' best practices.
  - Meetings with a pharmaceutical company and others to learn about innovative approaches to improve childhood immunizations including mobile vaccinations.
  - Developing new member communication channels that include email and texting capabilities
  - Developed new member incentives for childhood immunizations in 2021.
  - Monthly review of refreshed HEDIS data via a dashboard to monitor immunization rates.

### Asthma Medication Ratio

- The root causes for the low asthma medication ratio measure include:
  - Lack of member awareness regarding the correlation between taking their controller medication/treatment and the prevention of exacerbation of asthma attacks.
  - Lack of asthma medication adherence for controller medications.
  - MDHHS Common Formulary/Preferred Drug List changes that have occurred in 2020 and additional revisions that have caused multiple transitions in members' asthma medications.
  - Low rates of member primary care visits making it difficult for the provider to assess medication use, prescribe controller medications when needed, and educate members on the appropriate use of acute vs. controller medications.
  - Missing, incorrect, or incomplete contact information resulting in unsuccessful member contact.
  - Lower overall prescription utilization during COVID-19 pandemic.
  - Additional barriers include potential Social Determinants of Health – housing status, food security, income, type of employment, poverty, and education.
- The following is a summary of current and planned efforts:
  - Adapt an education program used with our Medicare members to addresses and improve member adherence to chronic medications which will include asthma.
  - Develop provider medication adherence reports for the provider groups/PCP's with significant membership.
  - Continue outreach to members, providers, and pharmacies related to State-required formulary changes for asthma medications.
  - Continue workgroup efforts dedicated to improving member primary care visits including telephonic member outreach, clinic visits, etc.
  - Continue provider portal reporting that includes HEDIS rates with member gaps in care for asthma medications.
  - Initiating a follow-up process for members seen in the Emergency Department for asthma.

## 2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures

- Developed a Medicaid dashboard to track and measure performance compared to benchmarks. This dashboard is refreshed monthly and reviewed during workgroup meetings. Progress with the asthma ratio measure will be monitored and improvement efforts modified as needed.

### Childhood Access to Care

- HAP Empowered has implemented a coordinated approach to improve all the childhood measures many of which have similar or combined initiatives. The following describes a summary of our efforts.
  - Established routine workgroup meetings focused on children’s health measures.
  - Collaborated across the organization/HAP to address key drivers of low HEDIS rates.
  - Developed a multi-stakeholder approach that includes HAP staff, providers and member input.
  - Researching/learning about other health plans best practices
  - Developed new member communication channels that include email and texting capabilities.
  - Developed new member incentives for childhood primary/pediatric visits.
  - Monthly review of refreshed HEDIS data via a dashboard to monitor childhood access rates.
- HAP Empowered:
  - Established a workgroup focused on improving adult access to care and address health equity.
  - Identified root causes/barriers.
  - Expand outreach and offer members support in scheduling appointments, schedule clinic days on various days of the week and, implement supplemental activities based on workgroup recommendations.
  - Refine the gaps in care outreach program, provider incentives, and member incentives.
  - Consider an approach to member incentives that includes a behavioral economics component. Include reminders in member newsletters, focused member mailings, and provide gaps in care reports to providers.
  - Schedule clinic days on Saturday.
  - Complete a geographic zip code analysis to identify hot spots for targeted interventions.

### b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):

- HAP Empowered will continue to monitor the following indicators:
  - The childhood measures' progress throughout the year. Improvement in rates is limited at this time due to implementation of new initiatives; however, there are gradual month-to-month increases in the immunization rates and child well visits are trending positive.
  - The asthma ratio measure progress throughout the year. Progress is limited at this time due to implementation of new initiatives.
  - The adult access measures' progress throughout the year. Improvement in the rates is limited at this time due to implementation of new initiatives; however, the month-to-month rates for adult access visits is trending positive.

## 2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures

### c. Identify any barriers to implementing initiatives:

#### Childhood Immunizations and Children and Adolescents' Access to Primary Care Practitioners

- Social determinants of health (SDoH) – Food insecurity has an impact on chronic conditions and health care utilization HAP initiated additional member outreach in December 2020 and continued in 2021 to address food insecurity. The US Department of Agriculture 'Food Access Research Atlas' was used to identify food deserts and members residing in these areas. Feeding America has identified Michigan as sixth in the nation for food insecurity based on projections of unemployment in 2020. Michigan is also one of the states to have the largest percent change in child food insecurity rate between 2018 and 2020 from 14.7% to 25.5%.
- Health disparities – HAP Empowered continues to collaborate with the Henry Ford Health System (HFHS) Group focused on improving SDoH and Health Equity. The groups reviews data and racial/ethnicity information to identify methods to improve child measures.
- Additional barriers include – 1) inaccurate member contact information, 2) ineffective outreach from physicians and the Plan, 3) members having transportation challenges and neither the member nor their provider being aware of transportation assistance, 4) members needing childcare for other children, 5) members reluctance to taking their children to the doctor unless they are sick, 6) member/provider knowledge regarding HAP Empowered incentives, 7) vaccine hesitancy and the importance of preventive screening.

#### Asthma Medication Ratio

- The following are the primary barriers to our improvement efforts:
  - Inaccurate member contact information
  - Potential unknown MDHHS Common Formulary/Preferred Drug List changes impacting asthma medications
  - Outreach team resource restrictions

#### Adults Access to Preventive/Ambulatory Health Services-Ages 20 to 44 years

- The same SDoH barriers impacting childhood access to care also impacts adults accessing and seeking care behaviors. HAP utilized the same data to identify food deserts and performed member outreach to help mitigate these barriers. Likewise, HAP and HFHS collaborate to understand and address SDoH and health disparity issues impacting our members and the populations both organization serve. Additional barriers include:
  - A lack of understanding of the importance of receiving preventative services especially for the members in the age range of 20-44 years who generally tend to be healthy
  - A lack of accurate member contact information for either phone or mail
  - Members not knowing the name of their PCP
  - Members forgetting their appointment
  - Members who did not go to their appointment due to the weather or work
  - Difficulty coordinating transportation to/from appointment
  - Child-care issues
  - Members unaware they are due for an annual appointment.
  - A lack of appointment availability outside of business hours
  - SDoH – housing status, food security, income, type of employment, poverty, and education



## 2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures

**HSAG's Assessment:** HSAG has determined that **HAP Empowered** has partially addressed the prior year's recommendations. While **HAP Empowered** has put forth effort to address HSAG's prior year recommendation for the *Childhood Immunization Status* measure indicators by implementing multiple initiatives (i.e., workgroups, discussing best practices with other health plans, member incentives, etc.) to increase performance, HSAG recommends that **HAP Empowered** monitor the impact of the recently implemented initiatives to ensure they produce the expected results. Due to low performance, continuous incorporation of initiatives should be implemented as additional QI strategies are identified.

As it relates to the prior year's recommendation for the *Asthma Medication Ratio* measure, **HAP Empowered** has demonstrated efforts by conducting a root cause analysis and identifying factors that led to a decrease in performance. However, **HAP Empowered** continues to demonstrate low performance for the *Asthma Medication Ratio* measure. As such, HSAG recommends that **HAP Empowered** continue to educate and outreach to members with asthma, with a targeted focus on members with an asthma medication ratio less than 50 percent, to improve upon performance and asthma control for its members. Timely and appropriate interventions should be implemented based on contributing factors that were identified.

As it relates to the prior year's recommendation for the *Children and Adolescent's Access to Primary Care Practitioners* measure, **HAP Empowered** demonstrated efforts by conducting a root cause analysis and identifying factors that led to a decrease in performance. However, since rates were not reported due to NCQA retiring the *Children and Adolescent's Access to Primary Care Practitioners* measure in MY 2020, and performance could not be evaluated, HSAG recommends that **HAP Empowered** continue to focus its efforts on improving children and adolescents' access to well-care services through implementation of initiatives. Telehealth services could be taken into consideration since transportation and childcare were identified as barriers to access to care.

As it relates to the prior year's recommendation for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years* measure indicator, **HAP Empowered** has demonstrated efforts through conducting a root cause analysis, identifying factors that led to a decrease in performance, establishing a workgroup for adult access to care and health equity, and expanding scheduling and outreach efforts. However, **HAP Empowered's** performance did not demonstrate improvement from HEDIS MY 2019 for the *Adults' Access to Preventive/Ambulatory Health Services* measure indicators. As such, HSAG recommends that **HAP Empowered** continue to outreach to schedule members for preventive or ambulatory health services to improve upon performance and access to preventive care for its members. Maintaining continuity of care to the extent possible can avoid additional negative consequences from delayed preventive, chronic, or routine care. Remote access to healthcare services may increase participation for those who are medically or socially vulnerable or who do not have ready access to providers. Remote access can also help preserve the patient-provider relationship at times when an in-person visit is not practical or feasible.<sup>4-2</sup> Appropriate interventions should be implemented if other contributing factors are identified.

<sup>4-2</sup> Centers for Disease Control and Prevention. Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic, Updated June 10, 2020. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/telehealth.html>. Accessed on: Feb 9, 2022.



### 3. Prior Year Recommendation from the EQR Technical Report for Compliance Review

HSAG recommended the following:

- As MDHHS required a CAP to address these findings [discrepancies in provider information in the directory; the initial compliance review document submission did not address how the MHP ensures that medical records are retained for 10 years for claims monitoring], **HAP Empowered** should ensure its CAP is fully implemented to mitigate the deficiency.

**MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)**

- a. Describe initiatives implemented based on recommendations (*include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation*):

**Response 1:**

- Documented business rules and requirements for provider lifecycle (provider recruitment, online application, credentialing, contracting, provider data management and integration) – June 2021
- Document case scenarios with new software application vendor to incorporate into the provider lifecycle management application – June 2021
- Retrained staff on established process flows and business rules – September 2021
- Engaged the HAP Empowered business areas to revisit process flows to understand if there is a lack of adherence or a breakdown in the process – September 2021

In addition, the following performance improvement activities are in-process:

- Reconciliation process between provider contracting organization rosters – a minimum of three against the credentialing and claims payment systems in July 2021.
- Document and socialize process flows of provider data management to ensure HAP Empowered teams are aligned and that no steps are missed in the process to ensure timely and accurate provider updates in July 2021.
- Assess and implement an omni-channel communication strategy with providers and office staff regarding compliance of HAP Empowered policies starting October 2021.

**Response 2:**

- Retaining medical records for 10 years is a State of Michigan law; HAP Empowered expects providers to follow the law and adhere to their contractual obligations. HAP Empowered is ensuring that providers retain medical records by educating them on the standards in the Provider Manual and identifying any deficiencies if a provider is unable to produce medical records when requested to do so. If a provider is unable to produce a medical record when requested, providers will be expected to submit a corrective action plan to rectify the issue for future medical record requests.

If HAP determines medical records are not being retained for 10 years, we will reevaluate this practice for process improvement.

- b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):

**Response 1:**

- There is not enough data to identify improvement trends.

**Response 2:**

- There is not enough data to identify improvement trends.

### 3. Prior Year Recommendation from the EQR Technical Report for Compliance Review

c. Identify any barriers to implementing initiatives:

**Response 1:**

- HAP does not anticipate any barriers.

**Response 2:**

- HAP does not anticipate any barriers to this practice in the future.

**HSAG's Assessment:** HSAG has determined that **HAP Empowered** has partially addressed the prior year's recommendations. As **HAP Empowered** implemented its interventions for the provider directory accuracy improvement during the last quarter of SFY 2021, it is unclear if the interventions have had an impact on provider directory accuracy. The results of the SFY 2021 compliance review activity also suggest there are continued opportunities for improvement. HSAG recommends that **HAP Empowered** ensure its CAP is fully implemented to mitigate the deficiencies and continually monitor provider directory information to ensure the interventions work, and if they do not, adjust the interventions or implement further interventions. HSAG confirmed that **HAP Empowered** mitigated the deficiency that the MHP did not address how it ensures that medical records are retained for 10 years for claims monitoring as this criterion was met during the SFY 2021 compliance review activity.

### 4. Prior Year Recommendation from the EQR Technical Report for CAHPS

HSAG recommended the following:

- Adult and Child Medicaid—**HAP Empowered** should focus on improving parents/caretakers of child members' overall experiences with their child's health plan.
- Healthy Michigan—**HAP Empowered** should focus on improving members' overall experiences with their health plan, as well as on quality improvement initiatives to provide medical assistance with smoking and tobacco use cessation.

**MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)**

a. Describe initiatives implemented based on recommendations (*include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation*):

Child's Health Plan and Health Michigan Member Experience Improvement

- **Customer Service Training**  
In the fall of 2020, HAP Empowered embarked on a path to overhaul our entire customer service training curriculum. This overhaul entails moving to scenario-based materials that are stored in a knowledge management system within our Customer Service tool for easy reference for our customer service agents. The training includes a mix of classroom, online and role-based learnings to enhance understanding and retention. HAP has aligned the training team with our quality team so that we can determine where gaps in curriculum or understanding may exist. We have rolled out many new learning modules in 2021 and expect the entire project to be completed by the middle of 2022. This overhaul will allow us to more consistently provide accurate and timely information while improving average handle time and reducing repeat callers.
- **Member Incentives and Communications**  
HAP Empowered members received a reminder communication in July about needed services and the incentive program to encourage completion of preventive services and interaction with their primary care physician. This reward program encourages members to complete important health screenings and

#### 4. Prior Year Recommendation from the EQR Technical Report for CAHPS

vaccinations for children, adolescents, and adults and can improve the member's overall experience with HAP.

- **Member Outreach**

Additional efforts are underway to improve member engagement and facilitate access to providers and preventive care:

- The HEDIS team has engaged resources to perform member outreach and to connect members with care and preventive services including clinic days for women's health services. As calls are made the staff are also assessing members for SDoH and making the appropriate referrals.
- The HEDIS and Risk Adjustment teams have collaborated on a Q [quarter] 3/Q4 outreach campaign to target 2021 HAP Empowered members that are due for PCP visits and preventive screenings. HAP is also meeting with provider groups to collaborate on this member engagement and gap closure initiative

#### Smoking and Tobacco Cessation

- In relation to the quality improvement initiatives for medical assistance with smoking and tobacco cessation, HAP Empowered is a Michigan Tobacco Quitline partner and offers the QuitLogix® Program through National Jewish Health. The program provides personalized, telephone-based coaching, customized support materials, an integrated online program, text messaging, email support, and free Nicotine Replacement Therapy (NRT) for all members. HAP Empowered continues to actively identify tobacco users via multiple sources and conducts outreach to enroll members in the tobacco cessation program. Sources include:
  - Self-Referral
    - Telephonic or online
  - Healthy Michigan Plan Health Risk Assessment
  - Care Management Assessments

In addition to the above, HAP Empowered developed an educational flyer that the Care Management team utilizes to educate and engage members in the program. HAP Empowered also worked with the Pharmacy team to develop a report of smoking cessation medication claims for potential outreach to members regarding the Quitline program.

b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):

- **Customer Service Training Curriculum:** The first of many phases of the initiative listed above, was rolled out in the spring of 2021. It is too early to measure results; however, feedback from the Customer Service agents has been positive.
- **Member Incentives and Communications and Member Outreach:** HEDIS improvement will be realized in future years; however, the work we are doing now to improve member engagement and experience with the plan and their providers can be realized in the next CAHPS survey that we will be fielded in 2022.
- **Tobacco Cessation:** In 2020, 168 members were enrolled or received tobacco cessation counseling through their PCP.

#### 4. Prior Year Recommendation from the EQR Technical Report for CAHPS

c. Identify any barriers to implementing initiatives:

- **Customer Service Training Curriculum:** As we have built our curriculum, we have identified additional gaps in the curriculum which has added additional phases. Therefore, the total completion of all phases has extended into 2022. We have partnered with an organization to assist us in re-writing the curriculum. As additional gaps have been identified impacting the timeline, we may not have enough consulting dollars to continue at our current pace. We would then use internal resources, which would impact the end date of the final modules.
- **Member Incentives and Communications and Member Outreach:** No known barriers at this time.
- **Tobacco Cessation:** No known barriers at this time.

**HSAG's Assessment:** HSAG has determined that **HAP Empowered** has partially addressed the prior year's recommendations. While **HAP Empowered** has put forth effort to address HSAG's prior year recommendations, scores for *Rating of Health Plan* for the child Medicaid population and the *Rating of Health Plan* and *Advising Smokers and Tobacco Users to Quit* for the Healthy Michigan population declined and continued to be statistically significantly below the 2020 NCQA child Medicaid national averages. HSAG recommends that **HAP Empowered** continue to provide training and resources to providers to promote smoking cessation with their members.

## McLaren Health Plan

**Table 4-4—Prior Year Recommendations and Responses for MCL**

<b>1. Prior Year Recommendation from the EQR Technical Report for Performance Improvement Projects</b>	
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> <li>As <b>McLaren Health Plan</b> progresses to the third remeasurement period, the MHP should revisit the causal/barrier analysis process and ensuring it includes both regions so interventions are implemented as appropriate.</li> </ul>	
<p><b><i>MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)</i></b></p>	
a.	<p>Describe initiatives implemented based on recommendations (<i>include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation</i>):</p> <ul style="list-style-type: none"> <li>McLaren Health Plan will continue to utilize HSAG's approved PIP methodologies, feedback, and instructions to guide our Timeliness of Prenatal Care project. Based on HSAG's recommendations, McLaren completed a causal/barrier analysis in June 2021 to identify new barriers and implement additional interventions. One additional intervention was implemented to maintain the comparison group for Region 6 at goal (Combine LBW [low birth weight] calls for Region 6 with reminders for 1st visit). No new barriers were identified. This causal/barrier analysis was included in the FY2021 PIP. In addition, McLaren completed an analysis of the effectiveness of each intervention for this PIP. Interventions continue to be appropriate and all documented interventions for this project continue. This evaluation was included in the FY2021 PIP.</li> </ul>
b.	<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <ul style="list-style-type: none"> <li>Although not statistically significant, there was a 7.9 percentage point increase in the Region 6 (study indicator 2) timeliness of prenatal care rate for 2021, which was above the goal of 71%. The disparity between Region 6 and Region 7 continues to be eliminated.</li> <li>Region 7 timeliness of prenatal care results are above the goal of 71% by 1.6 percentage points. Region 6 timeliness of prenatal care results have also exceeded the goal of 71% by 3.2 percentage points.</li> <li>An analysis of the HEDIS 2021 data for both Region 7 and Region 6 illustrates there is no disparity in timeliness of prenatal care between the two regions. There was a difference of 1.6 percentage points between the two regions with a p value of 0.81221 that is NOT statistically significant.</li> </ul>
c.	<p>Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> <li>None identified.</li> </ul>
<p><b>HSAG's Assessment:</b> HSAG determined that <b>McLaren Health Plan</b> addressed the prior year's recommendations. The MHP utilized appropriate QI methods to identify and prioritize its barriers to care and developed intervention efforts addressing barriers in both regions.</p>	

## 2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures

HSAG recommended the following:

- **McLaren Health Plan** should conduct a root cause analysis or focused study to determine why some children 2 years of age did not receive immunizations. Upon identification of a root cause, **McLaren Health Plan** should implement appropriate interventions to improve the performance related to the *Childhood Immunization Status* measure.
- **McLaren Health Plan** should conduct a root cause analysis or focused study to help identify potential patterns contributing to the dispensing of asthma medication and asthma-related service utilization of members, especially those with an asthma medication ratio less than 50 percent. Upon identification of a root cause, **McLaren Health Plan** should implement appropriate interventions to improve the performance related to the *Asthma Medication Ratio* measure.

**MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)**

- Describe initiatives implemented based on recommendations (*include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation*):
  - McLaren Health Plan was closely monitoring immunizations throughout 2020. The impact of COVID could be seen; members were having their second birthday during periods where many offices were doing telehealth or limited appointments, during chart review patient's may have obtained their immunization however past their second birthday. McLaren implemented a provider incentive for completion of Childhood Immunization Status Combo [combination] 3 and Combo 10 in MY21. Additionally, McLaren is offering a member incentive for anyone who completes a well visit and their immunizations prior to the end of MY21. Throughout the year McLaren Health Plan sends monthly gap reports to Primary Care Providers, this lists their assigned members and any needed services, screenings or immunizations. Twice a year letters are mailed to parents of children notifying them of services they show they need. Also, within the McLaren Health Plan's MOMs mailing program we notify recently delivered moms of all the well visits and immunizations their child should have from birth through adult. During MY20 McLaren Implemented a member incentive drawing for completion of immunizations for Children and Adolescent. The response was positive but although if the immunizations were administered after the birthday, they didn't count within the HEDIS measures. McLaren still felt this was successful as children still received their necessary immunizations.
  - McLaren Health Plan recognized an impact to the Asthma medication measure for CY [calendar year] 20 during COVID. The plan allowed early refills as well as 90-day supplies of medications during the declared state of emergency. However, the transition to the MPPL [Medicaid Pharmaceutical Product List] caused some challenges at the pharmacy level to maintain adequate inventory of the SPDL [Single Preferred Drug List] preferred products. McLaren Health Plan's pharmacy team had to enter several overrides during the transition period to allow continual fills of non-preferred products until the SPDL products were more readily available. This challenge caused some patients to miss a fill or obtain a fill late since if the pharmacy team was unaware of the issue. Since then this issue has seem to normalize and challenges with this are few and far between. In addition, McLaren has continued to make efforts to educate providers of the measure, the importance of regular visits with asthmatic patients, and medication adherence. McLaren provides lists to the Primary Care Providers on a monthly basis that reflects their assigned membership and any gaps in care including their medication adherence. Quality Quick Tips are also provided to Primary Care Providers to explain the measure, share the plans overall performance, as well as the NCQA benchmarks that we are targeting to exceed. McLaren also implemented a medication reminder postcard in CY21 that educated members, in



## 2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures

general, the importance of taking their medication as prescribed and to communicate with the primary care regularly to ensure adequate medications. This postcard also included information on Pharmacy's refill notification programs that are automated and to contact their local pharmacy to enroll. The intention for this postcard was to bring additional awareness and hopefully assist these members in enrolling in a medication reminder program to ensure timely fills and medication adherence.

### b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):

- McLaren monitors their overall performance on a monthly basis. Although there is not a noted performance improvement for Childhood Immunization Status at this time there isn't a significant decrease from MY20 to YTD [year-to-date] MY21. McLaren will continue these efforts that have provided positive feedback from members and providers into upcoming years.
- McLaren monitors their overall performance on a monthly basis. Comparing MY20 to YTD21 McLaren is showing an insignificant improvement. However, this measure fluctuates throughout the year which makes it challenging to see significant improvement with interventions done throughout the CY21. McLaren will continue these efforts as well as look for additional opportunities to improve adherence to Asthma Medications for our members.

### c. Identify any barriers to implementing initiatives:

- Barriers that McLaren Health Plan has identified is member hesitancy during COVID to access in-office care and obtain necessary immunizations. Utilization has continued to improve as things have progressed but during MY20 there was noted decrease in utilization directly linked to COVID. An additional barrier that McLaren has found is providers offices scheduling well visits after the child's birthday, thus causing the completion of immunizations to be past the timeframe for HEDIS measurements. McLaren continues to educate our providers on the HEDIS timeframes and measurements through our HEDIS manual, Provider Newsletters, and Monthly Quality Quick Tips.
- Barriers that McLaren Health Plan recognized, related to the Asthma Medication Ratio measure, within CY20 were noted above. Pharmacies expressed challenges with maintaining adequate inventory of SPDL preferred products which caused delays in fills or missed fills. Once McLaren Health Plan was made aware of the issue, the team provided appropriate overrides to ensure members were able to fill their non-preferred medications until preferred products were more readily available. This issue has since seemed to have subsided.

**HSAG's Assessment:** HSAG has determined that **McLaren Health Plan** has partially addressed the prior year's recommendations. **McLaren Health Plan** has put forth effort to address HSAG's prior year recommendation for the *Childhood Immunization Status* measure indicators by implementing multiple initiatives (i.e., provider and member incentives, mailing programs, etc.) to increase performance, which was demonstrated by slight improvement between MY 2019 and MY 2020 for *Childhood Immunization Status—Combination 2, Combination 9, and Combination 10*. However, to ensure continued improvement in performance for *Childhood Immunization Status*, HSAG recommends that **McLaren Health Plan** continue to monitor the impact of the recently implemented initiatives to ensure they continue to produce expected results.

As it relates to the prior year's recommendation for the *Asthma Medication Ratio* measure, **McLaren Health Plan** has demonstrated efforts by implementing multiple initiatives (provider and member education, medication reminder postcards, etc.). However, **McLaren Health Plan** continues to demonstrate low performance for the *Asthma Medication Ratio* measure. As such, HSAG recommends that **McLaren Health Plan** continue to educate and outreach to members with asthma, with a targeted focus on members with an asthma medication ratio less than 50 percent, to improve upon performance and asthma control for its members. Timely and appropriate interventions should be implemented if additional barriers are identified.

### 3. Prior Year Recommendation from the EQR Technical Report for Compliance Review

HSAG recommended the following:

- As **McLaren Health Plan** previously submitted a CAP to address these findings [the MHP did not meet the 10-business-day standard for mailing ID cards and member handbooks in all instances], which was approved by MDHHS, **McLaren Health Plan** should ensure its CAP is fully implemented to mitigate the deficiencies.

**MCE's Response:** (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)

a. Describe initiatives implemented based on recommendations (*include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation*):

- McLaren Health Plan pulled together a workgroup comprised of Business Intelligence, Marketing, and Membership to review the process and timeline of the intake 834 Membership Audit file to mailing of the New Member materials. Process Improvements were identified, and a tracking timeline document was developed of all steps to monitor improvement for the next six months.

b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):

- Tightening up internal processes and gathering the team together to understand downstream steps improved performance.
- Our performance of the first six months of CY2020 was submitted showing compliance within the ten (10) requirement. Provided updated response on 9/4/20 via the FTP [file transfer protocol] site.

c. Identify any barriers to implementing initiatives:

- Monitoring of external vendor lead times and mail constraints. Regular communication with vendor and internal teams.

**HSAG's Assessment:** HSAG has determined that **McLaren Health Plan** has partially addressed the prior year's recommendations. It is unclear what specific interventions were implemented to improve the timeliness of member identification (ID) cards and member handbook distribution. However, HSAG confirmed that this deficiency was mitigated as this component was met during the SFY 2021 compliance review activity.

### 4. Prior Year Recommendation from the EQR Technical Report for CAHPS

HSAG recommended the following:

- Adult and Child Medicaid—**McLaren Health Plan** should explore what may be driving lower experience scores and develop initiatives designed to improve quality of care and coordination of care. In addition, **McLaren Health Plan** should focus on improving parents/caretakers of child members' overall experiences with children's specialists.
- Healthy Michigan—**McLaren Health Plan** should explore what may be driving lower experience scores and focus on improving the care specialists are providing to members.

**MCE's Response:** (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)

a. Describe initiatives implemented based on recommendations (*include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation*):

- Adult & Child Medicaid/Healthy Michigan Plan: McLaren Health Plan regularly works to improve our member's experiences and increase our CAHPS scores year over year. McLaren Health Plan continued

#### 4. Prior Year Recommendation from the EQR Technical Report for CAHPS

to educate staff on first call resolutions to ensure optimal customer service. Continued training on benefits, gaps in care (HEDIS), preventive care, appeals & grievances, and CAHPS to Customer Service which will aid in the first call resolution standard. McLaren implemented a training program on CAHPS to all departments within the health plan to ensure plan-wide understanding of what CAHPS is and how each department can impact the overall view of the health plan as well as look for feedback and ideas for various departments. McLaren is looking to re-start the member advisory groups which were implemented in 2019 but cancelled due to COVID in 2020. The goal of the member advisory groups is to gain understanding into barriers faced by members regarding access to healthcare services, issues that members may encounter that impact high levels of Plan and Provider satisfaction. The plan will analyze the information received, work collaboratively with various business units, and develop action plans to improve member experience. Members who attend the member advisory groups will be sent follow up surveys 6 months after attending the member advisory group sessions to determine if the barriers or issues they may have encountered have been resolved or improved upon. These advisory groups have provided great insight to the plan's successes and areas for improvement. In 2019, McLaren implemented a member Portal where they can view claims, find providers, benefit information, and see their ID cards. Continual member education on the availability of this portal and its uses, will be completed. Additionally, the health plan has increased their efforts to educate providers on CAHPS, share the health plans scores year over year, educate on their impact to scores, best practices, and ways improve coordination of care. Providers are educated through monthly Quality Quick Tips, Monthly PCP Connection faxes, Bi-annual provider newsletters, as well as ad hoc Provider Network Updates throughout the year. Provider relations also conducts provider visits with highly utilized specialty types. McLaren is exploring additional opportunities to continually monitor ratings of the health plan with targeted surveys such as call satisfaction, care management, etc. In addition to developing internal work groups, McLaren will work with their CAHPS vendor to research best practices and further analysis of CAHPS results.

b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):

- Medicaid Adult: McLaren saw improvements on CAHPS results for the following categories: Customer Service, Rating of Health Plan 8,9,10, Rating of Specialist at 9 or 10, and Coordination of care from 2020 to 2021. McLaren will continue to monitor these rates for additional targeted interventions.
- Medicaid Child: McLaren saw a significant improvement on coordination of care from 2020 to 2021. However, there is still room for improvement for Rating of Specialist, Personal Doctor and the Health Plan which showed a slight decrease from 2020 to 2021.
- Healthy Michigan Plan: McLaren has not yet received their 2021 HMP CAHPS results from MDHHS however in 2020 were trending upward in the Rating of the Health plan as well as rating of specialist. Efforts will continue in 2021 and 2022 while McLaren monitors rates for additional targeted interventions.

c. Identify any barriers to implementing initiatives:

- CAHPS surveys are de-identified as well as lacking any specific information to be able to assist members facing challenges with their providers or the health plan. Outreach efforts are provided to general populations based on results however, responses may be an individual experience or concerns that we are unable to directly impact. McLaren is hopeful that with the trainings, education, outreach efforts, and first call resolution standards that we can impact members individually as well as population wide. With the addition of member specific surveys completed at the time of interaction will help us drill down to specific areas or concerns that currently CAHPS doesn't allow.

#### 4. Prior Year Recommendation from the EQR Technical Report for CAHPS

**HSAG's Assessment:** HSAG has determined that **McLaren Health Plan** has addressed the prior year's recommendations. The SFY 2021 CAHPS activity confirmed that **McLaren Health Plan**'s score for *Rating of Specialist Seen Most Often* for the child Medicaid population declined but was comparable to national averages. Additionally, the score for *Coordination of Care* for the child Medicaid population and *Rating of Specialist Seen Most Often* for the Healthy Michigan population were comparable to national averages.

## Meridian Health Plan of Michigan

**Table 4-5—Prior Year Recommendations and Responses for MER**

1. Prior Year Recommendation from the EQR Technical Report for Performance Improvement Projects
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> <li>• <b>Meridian Health Plan of Michigan</b> should use the same data collection method for each measurement period. As reasonable, the MHP should attempt to collect medical records for Remeasurement 2 in the subsequent year and update the study indicator data as appropriate.</li> </ul>
<p><b><i>MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)</i></b></p>
<p>a. Describe initiatives implemented based on recommendations (<i>include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation</i>):</p> <ul style="list-style-type: none"> <li>• The second remeasurement for this measure was based on final HEDIS® 2020 final administrative rates in the IDSS [Interactive Data Submission System] utilizing claims and medical record review data. When using HEDIS® specifications for data analysis results, there was a high level of reliability for the study indicators for both regions for the second remeasurement period. To obtain the rate for the second remeasurement, Meridian filtered the report from our Managed Care System by member county for the selected counties in Regions 3 and 5 in order to identify the eligible study population's HEDIS® rates.</li> <li>• The 2020 HEDIS® specifications has changed the event/diagnoses timeframes from November to October timeframes and changed the compliance window to include a lookback for newly enrolled members. Meridian conducted a crosswalk of the NCQA technical specifications and value sets to identify potential impact and improve Addressing Disparities in Timeliness of Prenatal Care.</li> <li>• The third remeasurement period was based on final HEDIS® 2021 results from the IDSS, which utilizes a compilation of claims and medical record data. Third remeasurement period results were determined by filtering the report by region 3 and region 5 counties to identify the distinct member population and the respective measure compliance statuses. Also in HEDIS® 2021 Meridian resumed medical record reviews and supplemental data entry for HEDIS 2021 in its new HEDIS systems.</li> </ul> <p>b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <ul style="list-style-type: none"> <li>• The final performance results in region 3 improved approximately 6% over remeasurement 2 final results for region 3. The improvement realized in Region 3 for remeasurement period 3 indicates that Meridian is showing signs of recovering from the devastating impact of the COVID-19 pandemic.</li> </ul> <p>c. Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> <li>• The COVID-19 pandemic adversely impacted data collection processes, reporting processes and intervention activities for the greater segment of the 2020 calendar. Consequently resulting in an overall decline in performance for remeasurement 2 of this measure and added an additional layer of complexity to remeasurement period 3 recovery efforts.</li> <li>• Meridian utilizes medical record abstraction to help identify pregnant members and numerator compliant visits. In 2020, Meridian changed HEDIS® engines and processes for entering data into its managed care systems. Meridian had difficulty entering supplemental data using the new HEDIS® program and there was a backlog of medical records. As a result, Meridian was unable to confidently rectify the medical record review issue across two different systems and go back to update for the Remeasurement 2 period of this measure.</li> </ul>



## 1. Prior Year Recommendation from the EQR Technical Report for Performance Improvement Projects

**HSAG's Assessment:** HSAG determined that **Meridian Health Plan of Michigan** was unable to address the prior year's recommendations. The MHP noted that the COVID-19 pandemic impacted its ability to conduct a full medical record review. As this PIP has concluded, HSAG has no further recommendations on this PIP topic.

## 2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures

HSAG recommended the following:

- **Meridian Health Plan of Michigan** should conduct a root cause analysis or focused study to determine why some children 2 years of age did not receive immunizations. Upon identification of a root cause, **Meridian Health Plan of Michigan** should implement appropriate interventions to improve the performance related to the *Childhood Immunization Status* measure.
- **Meridian Health Plan of Michigan** should conduct a root cause analysis or focused study to identify potential patterns contributing to the dispensing of asthma medication and asthma-related service utilization of members, especially those with an asthma medication ratio less than 50 percent. Upon identification of a root cause, **Meridian Health Plan of Michigan** should implement appropriate interventions to improve the performance related to the *Asthma Medication Ratio* measure.

**MCE's Response:** *(Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)*

a. Describe initiatives implemented based on recommendations *(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)*:

- For the HEDIS® 2020 measurement year to improve Childhood Immunization Status, Based on HSAG's recommendations, Meridian conducted a root cause analysis to improve this measure. This analysis investigated the relationship between claims, exclusions, and member address demographics to discover if these were barriers to children receiving immunizations and having proper records. Meridian has completed a drill-down analysis to identify regions that indicate the largest disparity for completion of CIS Combo 3. Targeted outreach campaigns to remind members to take their child in for proper and timely immunizations will be conducted throughout the year and staff will offer to schedule appointments and arrange for transportation if needed. Meridian has completed a provider office drill-down analysis to determine high volume offices with the largest disparity. These offices will receive additional education and missed opportunity materials from Provider Network Management Representatives. Meridian also completed a formal Quality Improvement Activity (QIA) for this measure stating overall goals, methodology, and strategies to improve this measure year over year.
- For the HEDIS® 2020 measurement year to improve the Asthma Medication Ratio, Meridian conducted a root cause analysis to improve this measure based on HSAG's recommendations. This analysis investigated electronically received supplemental data (which may include state registries, laboratory files and more), the internally constructed Member Clinical Profile tool, and utilization metrics for the past 12 months at the member level. For currently enrolled Meridian members, Meridian offers a Rescue Inhalation Overutilization Program. This program is offered to Meridian members who have 2 or more rescue inhaler fills for 3 consecutive months in a 6 month period. Drill down analysis is performed to confirm how many maintenance inhalers are filled over the same 6 month period to help determine outreach needs. As a result of these efforts, Rescue inhaler claims per 1,000 have decreased steadily by 13.5% and Maintenance medication usage has remained consistent through 2020 and 2021. Meridian also completed a formal Quality Improvement Activity (QIA) for this measure stating overall goals, methodology, and strategies to improve this measure year over year. For 2021, Meridian plans to create member focused interventions that



2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures	
	utilize mail or telephonic outreach. Outreach effectiveness will be determined, internally, by how many HEDIS® hits were received within 5 to 56 days after outreach occurred.
b.	<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <ul style="list-style-type: none"> <li>HEDIS®2021 fell during measurement year 2020 which marked the beginning of the COVID-19 pandemic. The pandemic may have negatively affected both Childhood Immunization Status and Asthma Medication Ratio Measures, with both seeing little to no improvement during this time period.</li> </ul>
c.	<p>Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> <li>For the Childhood Immunization Status Measure, Meridian identified potential barriers that will need to be addressed while implementing interventions in the future. These barriers are: that members may have a fear of negative effects or religious views of immunizations that reduces their willingness to bring their children to appointments. Members may also not have adequate transportation to a provider office or health department for needed care for the amount of visits that are needed to complete the entire vaccination series. Lastly, members may receive part of an immunization series and fall behind schedule due to the member's family having other important commitments/appointments.</li> <li>For the Asthma Medication Ratio Measure, Meridian identified potential barriers that will need to be addressed while implementing interventions. These barriers are: that members are unaware of the importance of long acting asthma medications because they may be assuming that regular use of quick relief asthma medications is sufficient. Members may also be unmotivated to complete preventive care or attempt to control this chronic condition because asthma is a lifelong incurable disease that requires knowing and avoiding personal asthma triggers, and persistent medication use. Finally, members may be avoiding the discomfort of persistent medication use due to uncomfortable medication side effects.</li> <li>In closing, for both Childhood Immunization Status and Asthma Medication Ratio Measures, the beginning of the COVID-19 pandemic had heavily effected the Meridian membership and restricted Meridian's opportunities for interventions. As part of the 'Stay Home, Stay Safe' orders in 2020 for the state of Michigan, Meridian outreach shifted to focus efforts on high risk populations instead of preventive care measures. As a result, Meridian members received less health plan outreach in 2020. Meridian was also unable to offer in person interventions such as health fairs, educational, and wellness events which in the past have been great motivators to help encourage Meridian members to complete preventive care.</li> </ul>
<p><b>HSAG's Assessment:</b> HSAG has determined that <b>Meridian Health Plan of Michigan</b> has partially addressed the prior year's recommendations. While <b>Meridian Health Plan of Michigan</b> has put forth effort to address HSAG's prior year recommendation for the <i>Childhood Immunization Status</i> measure indicators by conducting a root cause analysis to identify factors impacting performance and implementing multiple initiatives (i.e., outreach campaigns and provider education) to increase performance, HSAG recommends that <b>Meridian Health Plan of Michigan</b> monitor the impact of the recently implemented initiatives to ensure they produce the expected results. Due to low performance, continuous incorporation of initiatives should be implemented as additional QI strategies are identified.</p> <p>As it relates to the prior year's recommendation for the <i>Asthma Medication Ratio</i> measure, <b>Meridian Health Plan of Michigan</b> has demonstrated efforts by conducting a root cause analysis to identify factors impacting performance and development of strategies for future implementation of initiatives. However, <b>Meridian Health Plan of Michigan</b> continues to demonstrate low performance for the <i>Asthma Medication Ratio</i> measure. As such, HSAG recommends that <b>Meridian Health Plan of Michigan</b> continue to educate and outreach to members with asthma, with a targeted focus on members with an asthma medication ratio less than</p>	

<b>2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures</b>
<p>50 percent, to improve upon performance and asthma control for its members. Timely and appropriate interventions should be implemented if additional barriers are identified.</p>
<b>3. Prior Year Recommendation from the EQR Technical Report for Compliance Review</b>
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> <li>• None.</li> </ul>
<p><b>MCE's Response:</b> <i>(Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)</i></p>
<p>a. Describe initiatives implemented based on recommendations <i>(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)</i>:</p>
<p>b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p>
<p>c. Identify any barriers to implementing initiatives:</p>
<p><b>HSAG's Assessment:</b> HSAG did not identify any weaknesses; therefore, no recommendations were made to <b>Meridian Health Plan of Michigan</b> for the compliance review activity.</p>
<b>4. Prior Year Recommendation from the EQR Technical Report for CAHPS</b>
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> <li>• Adult and Child Medicaid—<b>Meridian Health Plan of Michigan</b> should focus on improving members' overall experiences with their personal doctor and specialist. <b>Meridian Health Plan of Michigan</b> should explore what may be driving lower experience scores for these measures.</li> <li>• Healthy Michigan—<b>Meridian Health Plan of Michigan</b> should explore what may be driving lower experience scores and focus on improving the care specialists are providing to members.</li> </ul>
<p><b>MCE's Response:</b> <i>(Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)</i></p>
<p>a. Describe initiatives implemented based on recommendations <i>(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)</i>:</p> <ul style="list-style-type: none"> <li>• In 2020, Meridian made improvements to the Member &amp; Provider Satisfaction Workgroup to improve Adult and Child Medicaid CAHPS Scores and Healthy Michigan Medicaid CAHPS Scores. This workgroup was originally started in 2019 as a Meridian's Quality department-led initiative to address opportunities for improvement across all lines of business from member and provider satisfaction survey results, and other feedback sources. In 2021, the Member &amp; Provider Satisfaction Workgroup became an interdepartmental project where stakeholders from across the company have an opportunity to help direct interventions to increase CAHPS scores. This workgroup is co-led by the Quality Improvement and Network Management departments, as providers have a high impact on the member experience with their health care.</li> <li>• Meridian also conducted a root cause analysis to determine the top member grievance and how to solve it. This most common grievance received by Meridian is regarding access to Transportation. In 2020, Meridian implemented mailing a transportation infographic anytime a member called in and reported experiencing a transportation barrier.</li> </ul>

#### 4. Prior Year Recommendation from the EQR Technical Report for CAHPS

- Meridian's Quality department plans to work with the Corporate CAHPS team to field Mock CAHPS surveys after the current CAHPS survey have completed fielding. This offers the opportunity to obtain additional qualitative feedback from members about their satisfaction with their health care. The results will be shared with providers and will contain mock CAHPS data specific to each provider. By doing this, Meridian will have the opportunity to provide targeted resources and strategies for improvement when the data is delivered to the providers.
- Meridian implemented quarterly Consumer Advisory Committee (CAC) Meetings to receive feedback from active Meridian members on their satisfaction with the plan and suggestions for improvement on Meridian benefits, member materials, and resources. These CACs helped gather member feedback to help explore what may be driving lower experience scores on the CAHPS survey. These forums have also been used as opportunities for education from Member Services, Care Coordination, or the Pharmacy department.

#### b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):

- In March 2020, Meridian member facing staff were ordering the transportation infographic for only 7 members. By November 2020, after receiving re-training on how to use the flyer in December, Meridian began to average mailing over 80 flyers to members per month.
- For the Adult and Child Medicaid CAHPS Scores, Meridian saw increased on many rates on the 2021 Survey. The most notable increases are listed below:
  - Overall Rating of Health Plan measure increased by 1% from 2020 to a final score of 64.0%.
  - Flu Vaccinations for ages 18-64 increased by 3.1% from 2020 to a final score of 40.5%.
  - Overall Rating of Health Care measure increased by 3.4% from 2020 to a final score of 56.9%.
  - Rating of Specialist measure increased by 9.2% from 2020 to a final score of 70.9%.

#### c. Identify any barriers to implementing initiatives:

- For the Adult and Child Medicaid CAHPS Scores and Healthy Michigan Medicaid CAHPS Scores, Meridian identified potential barriers that need to be addressed or considered while implementing interventions. Because of Meridian's acquisition and integration, Meridian has several lines of business in Michigan on different systems and has experienced changes to existing processes. This includes changes to claim processing, use of UM vendors, and internal changes to the credentialing process. These changes may have an impact on provider satisfaction, and in turn, could impact the member experience.
- During the measurement period, Meridian implemented quarterly CACs. In 2021, during the Summer CAC, Meridian members expressed member dissatisfaction with teaching facilities as care providers. Members stated that when being seen at teaching facilities appointments felt rushed, test results were often not shared, and they were sometimes prescribed duplicative medications.
- Lastly, the beginning of the COVID-19 pandemic had heavily effected the Meridian membership and restricted Meridian's opportunities for interventions. As part of the 'Stay Home, Stay Safe' orders for the state of Michigan, Meridian members received less health plan outreach in 2020 to focus on stopping the spread of COVID-19. This was also the time period when the CAHPS survey was conducted. This strategy helped keep Meridian members safe but also made it more difficult to address member questions and concerns unless they actively called in for assistance. As a result, members have perceived having less access to services at the beginning of the pandemic.

**HSAG's Assessment:** HSAG has determined that **Meridian Health Plan of Michigan** has partially addressed the prior year's recommendations. While **Meridian Health Plan of Michigan** has put forth effort to address HSAG's prior year recommendation related to specialists, HSAG recommends that **Meridian Health Plan of Michigan** continue to monitor this measure to ensure interventions are put in place to improve members' experiences with their specialists, particularly for the child population.

## Molina Healthcare of Michigan

**Table 4-6—Prior Year Recommendations and Responses for MOL**

1. Prior Year Recommendation from the EQR Technical Report for Performance Improvement Projects	
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> <li>As <b>Molina Healthcare of Michigan</b> progresses into the third remeasurement, the MHP should revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions.</li> </ul>	
<p><b>MCE's Response:</b> <i>(Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)</i></p>	
a.	<p>Describe initiatives implemented based on recommendations <i>(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)</i>:</p> <ul style="list-style-type: none"> <li>The decline in the HEDIS 2021 rate compared to the HEDIS 2020 rate is attributed to the change in the HEDIS specifications which last year (HEDIS 2020) allowed visits conducted any time prior to the enrollment start date to be counted. For HEDIS 2021, these visits would not count because the member must be continuously enrolled during the entire last enrollment period, significantly restricting the visit timeframe. This change has significantly reduced the number of compliant visits. Molina Healthcare has implemented the following interventions to address the decline in the rate: <ul style="list-style-type: none"> <li>To reach women earlier in their pregnancy and encourage them to schedule early prenatal care the health plan will add occasional prenatal education with the general women's health education outreach via email to increase the number of women who receive the information.</li> <li>Additionally, women are provided information regarding community resources to address Social Determinants of Health (SDoH) which may contribute to them not receiving early prenatal care.</li> </ul> </li> </ul>
b.	<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <ul style="list-style-type: none"> <li>At this time, there is no notable improvement in performance.</li> </ul>
c.	<p>Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> <li>Invalid email addresses or accounts which are not monitored may impact members receiving the prenatal and community resource information.</li> </ul>
<p><b>HSAG's Assessment:</b> HSAG determined that <b>Molina Healthcare of Michigan</b> addressed the prior year's recommendations. The MHP utilized appropriate QI methods to identify and prioritize its barriers to care and developed intervention efforts to address those barriers. The MHP continued to evaluate the effectiveness of each intervention and used those outcomes to determine each intervention's next steps.</p>	
2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures	
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> <li><b>Molina Healthcare of Michigan</b> should conduct a root cause analysis or focused study to identify potential patterns contributing to the dispensing of asthma medication and asthma-related service utilization of members, especially those with an asthma medication ratio less than 50 percent. Upon identification of a root cause, <b>Molina Healthcare of Michigan</b> should implement appropriate interventions to improve the performance related to the <i>Asthma Medication Ratio</i> measure.</li> <li><b>Molina Healthcare of Michigan</b> should conduct a root cause analysis or focused study to determine why some children 2 years of age did not receive immunizations. Upon identification of a root cause,</li> </ul>	

## 2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures

**Molina Healthcare of Michigan** should implement appropriate interventions to improve the performance related to the *Childhood Immunization Status* measure.

- **Molina Healthcare of Michigan** should conduct a root cause analysis or focused study to determine why some children did not access primary care services. Upon identification of a root cause, **Molina Healthcare of Michigan** should implement appropriate interventions to improve the performance related to the *Children and Adolescents' Access to Primary Care Practitioners* measure.

**MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)**

a. Describe initiatives implemented based on recommendations (*include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation*):

- Molina Healthcare of Michigan reviewed HEDIS data for members who had an asthma medication ratio of less than fifty percent. The HEDIS 2020 rate was reported at 55.87% which ranked below the 25<sup>th</sup> percentile. In review of the findings, Molina decided to implement a reminder postcard mailing and send a letter to all members not on a 90-day supply to advise them of the benefit. Molina also implemented outreach calls to members to determine if there were any barriers to receiving their medications, assist them with setting up mail order delivery of medication and if needed, engaging the assistance of the Molina Pharmacy staff to address any issues with prior authorizations for specific Asthma medications. Molina Pharmacy Department provides a monthly member report which identifies the member's current asthma ratio which assists with prioritizing the outreach calls. Furthermore, to support the provider Network, Molina added a help sheet for the Asthma Medication Ratio measure to the HEDIS Provider Manual. This is available electronically to all providers through Molina's WebPortal.
- Molina reviewed HEDIS data for the measure Childhood Immunization Series to assess root cause for noncompliance. The HEDIS 2020 rate was reported at 71.29%. Through provider practice surveys and outreach calls to parents, our findings were that many members did not complete the recommended series because of the COVID-19 pandemic. Many members are afraid and unwilling to go to a physician's office. Another challenge has been appointment availability, particular in the latter half of the year. Molina sends postcard and letter reminders to parents of children who are becoming due and overdue for age-appropriate immunizations and has implemented outreach calls for members who are age 14 months, but missed their 12 month shots, and to those who are 18 months and older who can complete Combination 3 in a single visit. Throughout the summer, Molina supported many immunization events, particularly with FQHCs. While these were focused on COVID-19 vaccination, most of them offered other vaccines. To support the effort of our PCPs, Molina has maintained a robust incentive for completing Combination 3.
- Molina's review of Children's Access to Primary Care Services led to similar conclusions as childhood immunizations. The effect of the COVID-19 pandemic caused many members to be afraid to seek non-urgent care and later in 2021, appointment availability is a challenge in some areas. Molina has implemented member mailings and calls to remind members and parents to continue preventive services and encourage them to re-engage with their PCP. To promote provider availability, Molina uses Children's Access to Care metrics, among others, as a withhold in nearly all shared savings agreements.



2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures
<p>b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <ul style="list-style-type: none"> <li>At this time, there is no notable improvement in performance.</li> </ul> <p>c. Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> <li>Ongoing challenges of COVID-19, which include staffing challenges at provider offices.</li> <li>Continued member hesitation to re-establish care, especially in regions with fluctuating infection rates.</li> </ul>
<p><b>HSAG's Assessment:</b> HSAG has determined that <b>Molina Healthcare of Michigan</b> has partially addressed the prior year's recommendations. While <b>Molina Healthcare of Michigan</b> has put forth effort to address HSAG's prior year recommendation for the <i>Childhood Immunization Status</i> measure indicators by conducting a root cause analysis to identify factors impacting performance and implementing multiple initiatives (i.e., postcard reminders, member outreach, immunization events, and incentives) to increase performance, HSAG recommends that <b>Molina Healthcare of Michigan</b> monitor the impact of the recently implemented initiatives to ensure they produce the expected results. Due to low performance, continuous incorporation of initiatives should be implemented as additional QI strategies are identified or if additional barriers are identified.</p> <p>As it relates to the prior year's recommendation for the <i>Asthma Medication Ratio</i> measure, <b>Molina Healthcare of Michigan</b> has demonstrated efforts by implementing multiple initiatives (i.e., reminder postcard mailings, member and provider outreach and education, etc.). However, <b>Molina Healthcare of Michigan</b> continues to demonstrate low performance for the <i>Asthma Medication Ratio</i> measure. As such, HSAG recommends that <b>Molina Healthcare of Michigan</b> continue to educate and outreach to members with asthma, with a targeted focus on members with an asthma medication ratio less than 50 percent, to improve upon performance and asthma control for its members. Timely and appropriate interventions should be implemented if additional barriers are identified.</p> <p>As it relates to the prior year's recommendation for the <i>Children and Adolescent's Access to Primary Care Practitioners</i> measure, <b>Molina Healthcare of Michigan</b> demonstrated efforts by conducting a root cause analysis and identifying factors that led to a decrease in performance. However, since rates were not reported due to NCQA retiring the <i>Children and Adolescent's Access to Primary Care Practitioners</i> measure in MY 2020, and performance could not be evaluated, HSAG recommends that <b>Molina Healthcare of Michigan</b> continue to focus its efforts on improving children and adolescents' access to well-care services through implementation of initiatives. Telehealth services could be taken into consideration since appointment availability and apprehensiveness for in-person visits were identified as barriers to access to care.</p>
3. Prior Year Recommendation from the EQR Technical Report for Compliance Review
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> <li>None.</li> </ul>
<p><b>MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)</b></p>
<p>a. Describe initiatives implemented based on recommendations (<i>include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation</i>):</p>
<p>b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p>



### 3. Prior Year Recommendation from the EQR Technical Report for Compliance Review

c. Identify any barriers to implementing initiatives:

**HSAG's Assessment:** HSAG did not identify any substantial weaknesses that required additional recommendations; therefore, no assessments were necessary for the compliance review activity.

### 4. Prior Year Recommendation from the EQR Technical Report for CAHPS

HSAG recommended the following:

- Adult and Child Medicaid—**Molina Healthcare of Michigan** should focus on improving parents/caretakers of child members' overall experiences with their health plan and personal doctor. **Molina Healthcare of Michigan** should explore what may be driving lower experience scores for these measures.
- CSHCS—**Molina Healthcare of Michigan** should explore what may be driving this lower experience score and develop initiatives designed to improve quality of care.

**MCE's Response:** (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)

a. Describe initiatives implemented based on recommendations (*include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation*):

- **Adult and Child Medicaid CAHPS**  
Molina Healthcare 2020 Child CAHPS scores declined from the 2019 scores in the of Rating of the Health Plan (65.5 to 63.2%) and Rating of Personal Doctor (76.7% to 70.7%).
- **CHSCS CAHPS**  
The 2020 Child CAHPS scores declined from 2019 in their experience with Customer Service (87.0% to 84.2%).
- Molina Healthcare is exploring what may be driving the lower experience scores by implementing a CAHPS Taskforce, comprised of the health plan's senior leadership, to design and implement member, provider and Molina staff initiatives to identify and address the key drivers associated with the decline in scores. The Taskforce is divided into five workgroups tasked with working on specific measures and then reporting progress to the Taskforce during bi-weekly meetings. The health plan has also implemented an eight-question member survey, sent by email, to help identify opportunities to improve CAHPS performance by provider network/group. Results of the survey will be presented to each provider/network group for discussion of methods to improve CAHPS performance.

b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):

- Molina Healthcare's Child CAHPS Rating of Health Plan rate improved from the 2020 rate of 63.2% to the 2021 rate of 74.5% which is a 11.3 percentage point rate improvement. The Rating of Personal Doctor improved from the 2020 score of 70.7% to 77.5% in 2021, which is a 6.8 percentage point rate increase.

c. Identify any barriers to implementing initiatives:

- Member survey results are dependent on receiving a valid number of member responses to be reliable.
- Provider networks/groups must be willing to design and implement improvement initiatives that are based on the results of the member survey report.

#### 4. Prior Year Recommendation from the EQR Technical Report for CAHPS

**HSAG's Assessment:** HSAG has determined that **Molina Healthcare of Michigan** has partially addressed the prior year's recommendations. The SFY 2021 CAHPS activity confirmed the score for the *Customer Service* measure for the CSHCS population was statistically significantly below the national average with the rate declining slightly from the prior year. HSAG recommends that **Molina Healthcare of Michigan** continue to explore barriers and opportunities for improvement for this measure through its CAHPS Taskforce. HSAG confirmed that the SFY 2021 scores for the *Rating of Health Plan* and *Rating of Personal Doctor* measures for the child Medicaid population were comparable to national averages.

## Priority Health Choice

**Table 4-7—Prior Year Recommendations and Responses for PRI**

1. Prior Year Recommendation from the EQR Technical Report for Performance Improvement Projects
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> <li>As <b>Priority Health Choice</b> progresses into the third remeasurement, the MHP should revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions. The MHP should continue to evaluate the effectiveness of each intervention using the outcomes to determine each intervention's next steps.</li> </ul>
<p><b><i>MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)</i></b></p>
<p>a. Describe initiatives implemented based on recommendations (<i>include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation</i>):</p> <ul style="list-style-type: none"> <li>PRI selected to focus on missed pre-natal visits by African American women. PRI created a total of five interventions, three have been implemented and 2 are still underway. PRI implemented the following interventions: 1, provided all moms and pregnant members, tiering outreach to African American mothers first, with education and information on healthy pregnancy resources, such as, Centering Pregnancy Program, Maternal Infant Health Program (MIHP), and transportation aid; 2, embedded RN [registered nurse] care managers in provider offices that have a high volume of African American patients experiencing high risk pregnancies in order to support getting important prenatal care; and 3, collaborated with Strong Beginnings program, a home visiting program that targets African American and Hispanic families in Kent County, to help identify African American women during their first trimester of pregnancy and provide them with their services. PRI has two interventions underway: 4, target provider offices to engage in best practices for scheduling and removing barriers to schedule an appointment with an actual provider during the first trimester, and 5, investigate billing practices and internal procedures to improve early identification of pregnancy.</li> </ul> <p>b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <ul style="list-style-type: none"> <li>In 2020, our second intervention resulted in 138 women engaged with our embedded care manager at the Spectrum Health OBGYN Residency Clinic. By the end of 2020, the third initiative resulted in Strong Beginnings identifying and providing services for 98 African American women in the first trimester. During the first and second quarter of 2021 Strong Beginnings enrolled and identified 61 African American women in the first trimester.</li> </ul> <p>c. Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> <li>The pandemic has had a significant impact on all of the interventions mentioned above. The first intervention, connecting moms to pregnancy resources, like MIHP, Centering Program, and transportation, experienced a decrease in participation rates. MIHPs in our networks pulled resources to focus on COVID-19-which caused a large decrease in MIHP prenatal engagement. Although there has been a total of 211 unique Priority Health Medicaid members to enroll and participate in the Centering pregnancy program to date, COVID-19 has put a strain on increasing participation rates. The program moved to a virtual setting in May 2021 and is still operating virtually. Even though we increased awareness of our transportation benefit, COVID-19 decreased the number of members attending provider visits. Our second intervention also experienced a decrease in in-person visits with our embedded care manager due to COVID restrictions. Members were contacted by phone when in person</li> </ul>

<b>1. Prior Year Recommendation from the EQR Technical Report for Performance Improvement Projects</b>
<p>visits could not be done. Our fourth and final interventions could not be implemented due to the pandemic and lack of office and staffing resources.</p>
<p><b>HSAG's Assessment:</b> HSAG determined that <b>Priority Health Choice</b> addressed the prior year's recommendations. The MHP utilized appropriate QI methods to identify and prioritize its barriers to care and developed intervention efforts to address those barriers. The MHP continued to evaluate the effectiveness of each intervention and used those outcomes to determine each intervention's next steps.</p>
<b>2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures</b>
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> <li>• <b>Priority Health Choice</b> should conduct a root cause analysis or focused study to determine why some children did not access primary care services. Upon identification of a root cause, <b>Priority Health Choice</b> should implement appropriate interventions to improve the performance related to the <i>Children and Adolescents' Access to Primary Care Practitioners</i> measure.</li> </ul>
<p><b>MCE's Response:</b> (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)</p>
<p>a. Describe initiatives implemented based on recommendations (<i>include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation</i>):</p> <ul style="list-style-type: none"> <li>• After PRI received this recommendation, the National Committee for Quality Assurance (NCQA) retired the measure. Although this measure is retired, PRI still plans to complete a root cause analysis on other childhood measures, such as lead screening and well-child visits.</li> </ul>
<p>b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <ul style="list-style-type: none"> <li>• Our root cause analysis of the childhood measures identified above is still underway. PRI plans to include any performance improvements in next year's submission.</li> </ul>
<p>c. Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> <li>• Due to NCQA retiring this measure, and other staffing restructuring delays, PRI has decided to focus its efforts on other childhood measures. We will report on our findings for our root cause analysis in next year's submission.</li> </ul>
<p><b>HSAG's Assessment:</b> HSAG has determined that <b>Priority Health Choice</b> has partially addressed the prior year's recommendation. <b>Priority Health Choice</b> plans to put forth effort by conducting a root cause analysis and identifying factors that led to the decrease in performance. However, since rates were not reported due to NCQA retiring the <i>Children and Adolescent's Access to Primary Care Practitioners</i> measure in MY 2020, and performance could not be evaluated, HSAG recommends that <b>Priority Health Choice</b> still proceed with monitoring and focusing its efforts on improving children and adolescents' access to well-care services through implementation of initiatives following the root cause analysis.</p>

<b>3. Prior Year Recommendation from the EQR Technical Report for Compliance Review</b>
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> <li>None.</li> </ul>
<p><b>MCE's Response:</b> <i>(Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)</i></p>
<p>a. Describe initiatives implemented based on recommendations <i>(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)</i>:</p>
<p>b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p>
<p>c. Identify any barriers to implementing initiatives:</p>
<p><b>HSAG's Assessment:</b> HSAG did not identify any substantial weaknesses that required additional recommendations; therefore, no assessments were necessary for the compliance review activity.</p>
<b>4. Prior Year Recommendation from the EQR Technical Report for CAHPS</b>
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> <li>None.</li> </ul>
<p><b>MCE's Response:</b> <i>(Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)</i></p>
<p>a. Describe initiatives implemented based on recommendations <i>(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)</i>:</p>
<p>b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p>
<p>c. Identify any barriers to implementing initiatives:</p>
<p><b>HSAG's Assessment:</b> HSAG did not identify any substantial weaknesses; therefore, no recommendations were made to <b>Priority Health Choice</b> for the CAHPS activity.</p>

## Total Health Care

**Table 4-8—Prior Year Recommendations and Responses for THC**

1. Prior Year Recommendation from the EQR Technical Report for Performance Improvement Projects
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> <li>As <b>Total Health Care</b> progresses into the third remeasurement, the MHP should revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions. The MHP should continue to evaluate the effectiveness of each intervention using the outcomes to determine each intervention's next steps.</li> </ul>
<p><b>MCE's Response:</b> <i>(Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)</i></p>
<p>a. Describe initiatives implemented based on recommendations <i>(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)</i>:</p> <ul style="list-style-type: none"> <li>Total Health Care is currently completing drill down analyses into data to determine commonalities amongst women who are non-complaint with prenatal care. THC will look at social determinants of health, geographic location, race/ethnicity, and health care providers. Information from that analysis will be used to inform additional interventions. In addition to advanced analytics being performed, through the integration with Priority Health, the health plan is in the process of creating the PriorityMOM program. The program seeks to deliver a personalized, multi-touch, multimedia experience to acquire participants and keep them consistently engaged in the maternity management health program which will improve health outcomes for mom and baby and lower total cost of care. Lastly, Total Health Care has created a workplan that allows for more frequent review and assessment of interventions.</li> </ul> <p>b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <ul style="list-style-type: none"> <li>At this time there have not been any notable improvements, however once the HEDIS measurement year 2021 is complete, Total Health Care/Priority Health will be able to better identify changes in performance, particularly in region 10.</li> </ul> <p>c. Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> <li>Total Health Care had experienced resource barriers to completing the drill down analyses, but these barriers have been recently resolved and we are actively completing the analysis.</li> </ul>
<p><b>HSAG's Assessment:</b> HSAG determined that <b>Total Health Care</b> addressed the prior year's recommendations. The MHP utilized appropriate QI methods to identify and prioritize its barriers to care and developed intervention efforts to address those barriers. The MHP continued to evaluate the effectiveness of each intervention and used those outcomes to determine each intervention's next steps.</p>
2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> <li><b>Total Health Care</b> should conduct a root cause analysis or focused study to determine why some children did not receive their immunizations. Upon identification of a root cause, <b>Total Health Care</b> should implement appropriate interventions to improve the performance related to the <i>Childhood Immunization Status</i> measure.</li> <li><b>Total Health Care</b> should conduct a root cause analysis or focused study to determine why some children did not access primary care services. Upon identification of a root cause, <b>Total Health Care</b></li> </ul>



## 2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures

should implement appropriate interventions to improve the performance related to the *Children and Adolescents' Access to Primary Care Practitioners* measure.

- **Total Health Care** should conduct a root cause analysis or focused study to identify potential patterns contributing to the dispensing of asthma medication and asthma-related service utilization of members, especially those with an asthma medication ratio less than 50 percent. Upon identification of a root cause, **Total Health Care** should implement appropriate interventions to improve the performance related to the *Asthma Medication Ratio* measure.

**MCE's Response:** (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)

a. Describe initiatives implemented based on recommendations (*include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation*):

- Total Health Care is currently in the process of utilizing advanced analytics to complete drill down analyses into an array of HEDIS measures including Childhood Immunization Status and Asthma Medication Ratio. Because NCQA has retired the Child Access to Care measure, THC will focus efforts on completing analysis for other childhood measures such as Well Child Visits and Lead Screenings. THC is looking into completing telephonic or text outreach to members for non-complaint members for the Asthma Medication Ratio measure.

b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):

- At this time there have not been any notable improvements, however once the HEDIS measurement year 2021 is complete, Total Health Care/Priority Health will be able to better identify changes in performance, particularly in region 10.

c. Identify any barriers to implementing initiatives:

- At this time there have not been any notable improvements, however once the HEDIS measurement year 2021 is complete, Total Health Care/Priority Health will be able to better identify changes in performance, particularly in region 10.

**HSAG's Assessment:** HSAG has determined that **Total Health Care** has partially addressed the prior year's recommendations. While **Total Health Care** has put forth effort to address HSAG's prior year recommendation for the *Childhood Immunization Status* and *Asthma Medication Ratio* measure indicators by utilizing advanced analytics to analyze performance and identify areas of improvement, **Total Health Care** continued to demonstrate low performance.

As it relates to the prior year's recommendation for the *Children and Adolescent's Access to Primary Care Practitioners* measure, rates were not reported due to NCQA retiring the *Children and Adolescent's Access to Primary Care Practitioners* measure in MY 2020. Therefore, performance could not be evaluated.

As **Total Health Care** members moved to **Priority Health Choice** effective October 1, 2021, no additional recommendations for improvement are being made by HSAG.

3. Prior Year Recommendation from the EQR Technical Report for Compliance Review
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> <li>None.</li> </ul>
<p><b>MCE's Response:</b> <i>(Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)</i></p>
<p>a. Describe initiatives implemented based on recommendations <i>(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)</i>:</p>
<p>b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p>
<p>c. Identify any barriers to implementing initiatives:</p>
<p><b>HSAG's Assessment:</b> HSAG did not identify any substantial weaknesses that required additional recommendations; therefore, no assessments were necessary for the compliance review activity.</p>
4. Prior Year Recommendation from the EQR Technical Report for CAHPS
<p>HSAG recommended the following:</p>
<ul style="list-style-type: none"> <li>Adult and Child Medicaid—<b>Total Health Care</b> should focus on improving parents/caretakers of child members' overall experiences with their health plan and personal doctor. <b>Total Health Care</b> should explore what may be driving lower experience scores for these measures.</li> <li>CSHCS—<b>Total Health Care</b> should focus on improving parents/caretakers of child members' overall experiences with children's specialists.</li> <li>Healthy Michigan—<b>Total Health Care</b> should explore what may be driving lower experience scores and develop initiatives designed to improve quality of care and coordination of care.</li> </ul>
<p><b>MCE's Response:</b> <i>(Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)</i></p>
<p>a. Describe initiatives implemented based on recommendations <i>(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)</i>:</p> <ul style="list-style-type: none"> <li>In response to HSAG's recommendations, Total Health Care and Priority Health have implemented a CAHPS workgroup that meets bi-monthly to review areas of opportunities for CAHPS measures. The workgroup brings together cross-functional teams to identify trends and address member concerns. So far, the workgroup has identified opportunities to gather more detailed information from members by conducting an off-cycle CAHPS survey. The survey would allow the plan to dig deeper into member experience and concerns instead of just reviewing high level data received from the official annual survey. An off-cycle survey would provide root causes and actionable data.</li> </ul>
<p>b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <ul style="list-style-type: none"> <li>At this time there have not been any notable improvements, however once the 2022 CAHPS survey results are in, THC plans to build an off-cycle CAHPS survey based on the results.</li> </ul>
<p>c. Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> <li>None at this time.</li> </ul>

#### 4. Prior Year Recommendation from the EQR Technical Report for CAHPS

**HSAG's Assessment:** HSAG has determined that **Total Health Care** has addressed the prior year's recommendations. The SFY 2021 CAHPS activity demonstrated that the scores for *Rating of Health Plan* and *Rating of Personal Doctor* for the child Medicaid population, *Rating of Specialist Seen Most Often* for the CHSCS population, and *Coordination of Care* for the Healthy Michigan population were comparable to national averages.

## UnitedHealthcare Community Plan

**Table 4-9—Prior Year Recommendations and Responses for UNI**

1. Prior Year Recommendation from the EQR Technical Report for Performance Improvement Projects
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> <li>As <b>UnitedHealthcare Community Plan</b> progresses into the third remeasurement, the MHP should revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions.</li> </ul>
<p><b><i>MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)</i></b></p>
<p>a. Describe initiatives implemented based on recommendations (<i>include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation</i>):</p> <p><u>Remeasurement 3 Barrier:</u> UNI unable to fully address SDoH needs</p> <ul style="list-style-type: none"> <li>The pandemic created a unique learning environment in which the "status quo" could not be pursued and flexible options and solutions had to be developed to meet the needs of the members. UNI supported our MIHP providers in the telehealth model of delivery for services as well as provided forums to engage in discussion around the pandemic and its impact on both their agencies as well as their provision of care. Throughout the three remeasurement periods, even though the percentage of MIHP referrals were equal or greater for Caucasian members, there continues to be more initial engagement of the African American members by MIHP organizations. UNI will be continuing to examine and improve the utilization patterns of the African American members within the MIHP.</li> <li>UNI will be expanding its focus and examining the strategies around the Timeliness of Prenatal Care measure beyond traditional outreach methods, programs, and prenatal care models due to the health plan's experiences during the pandemic. UNI will be pursuing member education around and utilization of alternative care such as doulas, Birthing Centers, Centering Programs, Midwifery Model of Care, and other modalities to further increase the early engagement of members in prenatal care. Midwifery driven care, Centering Pregnancy®, Birth Centers, and other alternative care provision models that include a team concept of professional providers such as lactation consultants, doulas, home visitors, etc. facilitate the provision of prenatal, birth, and postpartum services in a seamless continuum of care. This is the way that maternity services need to be rendered to save lives, improve outcomes, and eliminate the current health disparities. For women who are facing SDoH challenges, systemic racism, etc., it is crucial for all members of the afore mentioned professional team to be covered by Medicaid to improve both maternal and infant outcomes and eliminate the disparity gap for the BIPOC [black, indigenous, and people of color] community. These professionals have proven throughout time and have a history of being an effective way both in terms of cost and outcome to provide care to women and children. For example, studies have shown that support from non-traditional providers such as doulas has positive outcomes such as lower cesarean rates, improved prenatal care, fewer obstetric interventions and complications, less pain medication, higher rates of breastfeeding, and improved birth experiences as well as improved parent child interactions. The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine have referred to doulas and other support personnel as one of the most effective tools to improve labor and delivery outcomes.</li> </ul>

## 1. Prior Year Recommendation from the EQR Technical Report for Performance Improvement Projects

- UNI within the last year, participated with the *Leveraging Midwifery-Led Care to Address Disparities and Equity in Medicaid Learning Series*, led by the Institute for Medicaid Innovation (IMI) in partnership with the Center for Health Care Strategies (CHCS). Birth Detroit, an emerging birth center and prenatal care provider, invited UNI to be a part of their team. As a result of this participation, UNI along with Birth Detroit and community partners such as the State of Michigan Medicaid Program, were among five state teams selected for The Institute for Medicaid Innovation (IMI)'s new national midwifery learning collaborative. The learning collaborative offers a rare opportunity for stakeholders across multiple levels of maternal health to join in discussion to identify ways to reduce maternal health disparities. The collaborative is for three-years and at the end, the collaborative will have identified shared goals to advance midwifery-led models of care, strategies to achieve those goals, piloted and evaluated their efforts, and charted a course to continue to advance these models in their state. The team will also be working to pursue licensure for Birth Centers in Michigan.
- UNI is also supporting the development of the doula workforce and recently awarded Maternal Infant Community Investment Grants to Black Mothers Breastfeeding Association to train doulas as well as to Birth Detroit to help support the provision of doula and home-based post-partum services for their prenatal clinic.
- UNI has lactation consultants within their network and is looking into an App called Pacify to provide 24/7 access to lactation consultants.

### Remeasurement 3 Barrier: HFS program previous format did not allow for SDoH needs assessment

- UNI's health plan data continues to show that members are, for the most part, not receptive to connecting with the health plan either through the mail, telephone, or email attempts, as evidenced by the extremely low response rate to the national Healthy First Steps (HFS) initiative. The availability of other sources of health care information such as the internet, family, and friends continue to be a barrier to the health plan in establishing a trusted, reliable, personal relationship with its members. The complexity in navigating the healthcare system has likely led to generations and communities of dissatisfaction and distrust, which could contribute to delayed or no care.
- The continuation of the pandemic has demonstrated to UNI that the health plan may need to approach outreach differently. UNI is looking at ways to empower members by providing education about models of prenatal care that are available to meet their own specific individual needs and circumstances such as the Centering Program® and Midwifery Centered Care. This type of education will hopefully motivate members to seek prenatal care as early as possible since the care is better matched with the needs of the individual. In addition, these types of care models prioritize the establishment of a personal relationship between the member and the provider. The flexible and personalized nature of this type of care helps to ensure cultural congruency with members and makes them particularly impactful at effectively meeting the specific needs of BIPOC pregnant individuals. As a result, there is improved prenatal care engagement and retention. UNI is working on educating member touchpoints such as customer service, case managers, CHW's, MIHP agencies, etc. on these models of care to assist members in choosing a model that meets their individual needs.
- UNI is also working to educate its team of customer service, behavioral health, CHW's, Healthy First Steps nurse case managers etc. who interact with our pregnant members on the use of a tool called Healthify that provides SDoH referral sources for members. Healthify is an online platform that allows the plan to collect, assess, and act on SDoH data. In this way, UNI can provide real time help for members in reducing the SDoH barriers and disparities that can hinder and affect the way that members can pursue their prenatal/postpartum visits. It is hoped the use of this tool along

<b>1. Prior Year Recommendation from the EQR Technical Report for Performance Improvement Projects</b>
<p>with other strategies around the provision of care will help with decreasing disparities and establishing trusted relationships with our pregnant members and their prenatal care providers. This will in turn increase timeliness and retention in prenatal care.</p>
<p>b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <ul style="list-style-type: none"> <li>• [MHP did not provide a response]</li> </ul>
<p>c. Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> <li>• An additional barrier that has been created and continues to be present is that members may be reticent in seeking prenatal care due to fears of contracting Covid and this has caused a shift in how prenatal care is initiated, received, and delivered. It has accentuated the standing health equity problems and has further created SDoH and other barriers for BIPOC women.</li> </ul>
<p><b>HSAG's Assessment:</b> HSAG determined that <b>UnitedHealthcare Community Plan</b> addressed the prior year's recommendations. The MHP utilized appropriate QI methods to identify and prioritize its barriers to care and developed intervention efforts to address those barriers.</p>
<b>2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures</b>
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> <li>• <b>UnitedHealthcare Community Plan</b> should conduct a root cause analysis or focused study to determine why some children did not receive their immunizations. Upon identification of a root cause, <b>UnitedHealthcare Community Plan</b> should implement appropriate interventions to improve the performance related to the <i>Childhood Immunization Status</i> measure.</li> <li>• <b>UnitedHealthcare Community Plan</b> should conduct a root cause analysis or focused study to determine why some adolescents ages 12 to 24 months did not access primary care services. Upon identification of a root cause, <b>UnitedHealthcare Community Plan</b> should implement appropriate interventions to improve the performance related to <i>Children and Adolescents' Access to Primary Care Practitioners</i>.</li> <li>• <b>UnitedHealthcare Community Plan</b> should conduct a root cause analysis or focused study to identify potential patterns contributing to the dispensing of asthma medication and asthma-related service utilization of members, especially those with an asthma medication ratio less than 50 percent. Upon identification of a root cause, <b>UnitedHealthcare Community Plan</b> should implement appropriate interventions to improve the performance related to the <i>Asthma Medication Ratio</i> measure.</li> </ul>
<p><b>MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)</b></p>
<p>a. Describe initiatives implemented based on recommendations (<i>include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation</i>):</p> <ul style="list-style-type: none"> <li>• Following the HSAG recommendation UNI conducted a root cause analysis (RCA) for the Childhood Immunization Status (CIS) measures (Combo 1-10) to identify why children did not receive their immunizations by age two. RCA confirmation for targeted interventions directed towards improving quality initiatives utilizing an interdisciplinary approach to support the Centers for Disease Control and Prevention (CDC, 2021) catch up and continue guidelines in recommended vaccination schedules. <ul style="list-style-type: none"> <li>– <u>Provider collaboration interventions</u>: Identify and support low-performing, high volume practices with gaps in care reports, co-branding letters, and UNI staff outreach to members for immunizations scheduling from telephonic or on-site at provider office depending on provider preference. Regular site visits with providers to educate on immunization schedules, provider and</li> </ul> </li> </ul>



## 2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures

- member incentives, and support resources for Social Determinants of Health (SDoH) and health disparities to improve health equity. Consistent provider communication channels regarding immunization best practices and resources, including newsletters, fax blast, direct quality staff contact, and meeting educational PowerPoint slides for care coordination to support the provider-patient relationship.
- Member collaboration interventions: Telephonic and co-branding letters for member outreach to identified population still needing immunizations or catch-up recommended schedules. Outreach assistance includes appointment scheduling, transportation, vaccine schedule education, and primary care provider (PCP) reassignment if experiencing barriers to completing immunizations. Gift card incentives for completion of all immunizations before or on age two birthday. Consistent member communication channels regarding immunization reminder includes direct telephonic outreach connection with assigned UNI Community Health Workers (CHWs) for care coordination to support informed decision making. For unable to reach members/guardians, CDC involving the American Academy of Family Physicians (AAFP) immunization schedules are mailed to member's address on record.
  - Internal Process Improvement (PI) interventions: Continuous quality assurance processes for monthly review and identification of missing codes and mismatched identifiers with Michigan Care Improvement Registry (MCIR). Continued involvement and financial support of Michigan Department of Community Health (MDCH) and Alliance for Immunization on Michigan (AIM) supporting consumer and provider education. Ensure adequate access within the provider network for immunizations, after-hours, and weekend through network adequacy survey. Continue with the Federally Qualified Health Centers (FQHCs) Transformation Pathway Program, a UNI-sponsored grant program, specifically designed to support improvements in immunizations, access to quality care, and well care visits.
  - Following the HSAG recommendation UNI conducted an RCA to determine why children and adolescents did not access primary care service, especially ages 12 to 24 months. This coincides with the Well-Child visits in the first 30 months (W30), as well as Child and Adolescent Well-Care visit (WCV) quality measures. RCA confirmation and implementation of the Model for Improvement PDSA [Plan-Do-Study-Act] cycles, with lessons learned, in targeted interventions incorporating an interdisciplinary care coordination for a patient-centered approach.
    - Provider collaboration interventions: Identify and support low-performing, high volume practices with gaps in care reports, co-branding letters, and UNI staff outreach to members for scheduling well-care visits from telephonic or on-site at provider office depending on provider preference. Regular site visits with providers to educate on gaps in care, correct codes, provider and member incentives, and support resources for SDoH and health disparities to improve health equity. Consistent provider communication channels regarding well-care visits best practices and resources, including newsletters, fax blast, direct quality staff contact, and meeting PowerPoint slides for care coordination to support the provider-patient relationship.
    - Member collaboration interventions: Telephonic and co-branding letters for member outreach to identified population still needing access to timely well-care visits. Outreach assistance includes appointment scheduling, transportation, well-care education, understanding of benefits, pharmacy home delivery option, population health resources to address SDoH, and PCP or pediatrician reassignment if experiencing barriers. Consistent member communication channels include direct telephonic outreach connection with assigned UNI CHWs for care coordination to support informed decision making, regular scheduled member newsletters about accessing care, and

## 2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures

national email blast about virtual visit options. For unable to reach members/guardians, letters are mailed to member's address on record.

- Internal PI interventions: Continuous quality assurance processes for monthly review and identification of providers needing PI assistance, gaps in care, and missing codes. Established a Provider Advisory Committee quarterly meeting for discussion on best practices and recommendations. Ensure adequate access to care within the provider network for routine hours, after-hours, and weekend through network adequacy survey. Continue with the FQHCs Transformation Pathway Program, a UNI-sponsored grant program, specifically designed to support improvements in immunizations, access to quality care, and well-care visits.
- Following the HSAG recommendation UNI conducted an RCA to identify patterns contributing to the dispensing of asthma medication and asthma-related service utilization of members, especially those with an asthma medication ratio (AMR) less than 50 percent. RCA confirmation for targeted interventions directed towards improving quality initiatives for members identified in utilizing short-acting reliever medications over recommended asthma controller medications.
  - Provider collaboration interventions: Continue to identify low performing providers to increase their surveillance of asthma members throughout the year. UNI staff outreach to educate providers on new treatment protocols for asthma released in 2020. Consistent communication channels for provider ancillary resources includes the 15-minute asthma visit, Asthma Initiative of Michigan (AIM) website, Michigan Quality Improvement Consortium (MQIC) guidelines, spacer education infographic, and provider-based education PowerPoint, with the goal of continually assessing asthma control and adjusting therapy. Continue to encourage the use of asthma action plans and other member education/self-management resources. Assess members for SDoH barriers and provide resources as needed. Continue to identify and conduct regular site visits with low performing providers to increase their surveillance of asthma members throughout the year.
  - Member collaboration interventions: Member communication channels include national scheduled emails when members are initially diagnosed and email blast about virtual visit options to encourage the use of telehealth visits to increase monitoring of asthma throughout the year.
  - Internal PI interventions: Continue quarterly quality assurance processes for review and identification in member utilization of short-acting reliever medications over recommended asthma controller medications distributed to providers needing PI assistance and gaps in care.

### b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):

- CIS measures: Quality compass MY2020 indicated combo 8 at 32.85% continues to stay consistent of the MY2018 baseline of 32.36% at the 25 percentiles. Combo 10 has similar results indicating MY2020 at 29.58% from a baseline of MY2018 29.44%. UNI is reevaluating the RCA for overall external barriers to create new strategies to support and reinvigorate the provider-patient relationship for immunization factorial information and trusted resource.
- W30 and WCV measures: 2020 change: Healthcare Effectiveness Data and Information Set (HEDIS®) combined and replaced measures has impacted baseline data, MY2020 WCV indicate results are 44.25% at the 33.33 percentile. With lessons learned and a new PDSA cycle for improvement, it is early in the process to determine whether the rates are reflecting the initiative implemented.

### c. Identify any barriers to implementing initiatives:

- UNI continues to experience challenges with correct member contact information, coming from the MDHHS enrollment (834) File, impacting the ability to initiate contact with new members. UNI

## 2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures

continues to send out letters to the address on the enrollment life, encouraging members or guardians to contact UNI, however, there continues to be little engagement with the member ship.

- Through quality assurance processes for CIS monthly review, data issue identification has been discovered in specific immunizations. UNI is currently collaborating with MCIR for correction.
- QI evaluation reported children and wellness measures continue to decline with barriers attributing to SDoH, childcare, food insecurity, and stress/anxiety. UNI is reevaluating the RCA and PDSA lessons learned to create new strategies for holistic patient-centered care, supporting the provider-patient relationships and addressing health equity associated with SDoH and health disparities.
- There continues to be barriers post COVID-19 pandemic. Provider office staff restrictions continue with staff shortage and scheduling. Members having a fear of exposure, lack in trust, and negative perception of healthcare.

**HSAG's Assessment:** HSAG has determined that **UnitedHealthcare Community Plan** has partially addressed the prior year's recommendations. While **UnitedHealthcare Community Plan** has put forth effort to address HSAG's prior year recommendation for the *Childhood Immunization Status* measure indicators by conducting a root cause analysis to identify factors impacting performance and implementing multiple initiatives (i.e., provider and member collaboration interventions and internal PI interventions) to increase performance, HSAG recommends that **UnitedHealthcare Community Plan** monitor the impact of the recently implemented initiatives to ensure they produce the expected results. Due to low performance, continuous incorporation of initiatives should be implemented as additional QI strategies are identified or if additional barriers are identified.

As it relates to the prior year's recommendation for the *Asthma Medication Ratio* measure, **UnitedHealthcare Community Plan** has demonstrated efforts by implementing multiple initiatives (i.e., provider and member collaboration interventions and internal PI interventions). However, **UnitedHealthcare Community Plan** continues to demonstrate low performance for the *Asthma Medication Ratio* measure. As such, HSAG recommends that **UnitedHealthcare Community Plan** continue to educate and outreach to members with asthma, with a targeted focus on members with an asthma medication ratio less than 50 percent, to improve upon performance and asthma control for its members, as well as monitor the impact of recently implemented interventions.

As it relates to the prior year's recommendation for the *Children and Adolescent's Access to Primary Care Practitioners* measure, **UnitedHealthcare Community Plan** demonstrated efforts by conducting a root cause analysis and identifying factors that led to a decrease in performance. However, since rates were not reported due to NCQA retiring the *Children and Adolescent's Access to Primary Care Practitioners* measure in MY 2020, and performance could not be evaluated, HSAG recommends that **UnitedHealthcare Community Plan** continue to focus its efforts on improving children and adolescents' access to well-care services through continued monitoring of recently implemented initiatives.

### 3. Prior Year Recommendation from the EQR Technical Report for Compliance Review

HSAG recommended the following:

- While MDHHS required a CAP to address this finding [the MHP did not submit all third-party liability recovery policies and procedures], MDHHS noted that **UnitedHealthcare Community Plan**'s policy did not include specific details about the provider takeback process. **UnitedHealthcare Community Plan** should prioritize the review of its policy and update accordingly.
- **UnitedHealthcare Community Plan** was required to submit a CAP addressing these deficiencies [the MHP's program integrity forms (Tips and Grievances, Data Mining, and Provider Dis-enrollments) contained reporting errors]; however, **UnitedHealthcare Community Plan** should conduct additional staff training on the completion of program integrity forms and enhance quality assurance activities to ensure forms and reports meet MDHHS' reporting expectations prior to submission to the State.

**MCE's Response:** (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)

- Describe initiatives implemented based on recommendations (*include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation*):
  - UNI revised its Vendor Reclamation Policy as well AS ITS Standard Operation Procedure with specific details about the provider takeback process. Reclamation Vendor staff were apprised of and trained on the additional information for reference.
  - UNI conducted numerous meetings with the staff related to proper completion of program integrity forms. Quality processes were enhanced between the Compliance Officer and the Audit Management team to ensure the forms and reports met reporting expectations prior to submission to the State.
- Identify any noted performance improvement as a result of initiatives implemented (if applicable):
  - N/A
  - Enhanced quality checks and meetings to discuss proper completion of forms resulted in only one finding during the past 2021 SFY Compliance Review audit.
- Identify any barriers to implementing initiatives:
  - N/A
  - There were no barriers to implementing these extra steps to ensure compliance.

**HSAG's Assessment:** HSAG has determined that **UnitedHealthcare Community Plan** has partially addressed the prior year's recommendations. While the MHP has demonstrated some improvement in the completion of program integrity forms, the MHP continued to receive *Not Met* scores during MDHHS' compliance reviews conducted during SFY 2021. HSAG recommends that **UnitedHealthcare Community Plan** review its processes to ensure its performance improvement initiatives are producing the desired results.

#### 4. Prior Year Recommendation from the EQR Technical Report for CAHPS

HSAG recommended the following:

- Adult and Child Medicaid—**UnitedHealthcare Community Plan** should focus on improving parents/caretakers of child members’ overall experiences with children’s specialists.

***MCE’s Response: (Note—the narrative within the MHP’s Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)***

- Describe initiatives implemented based on recommendations (*include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation*):
  - To understand and improve Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey, UNI formulated a PICOT (population, intervention, comparison, outcome, and time) question to assist in synthesizing research into a literature review. Peer reviewed research articles were searched in PubMed, and CINAHL databases. The keywords used were "CAHPS", "scores OR surveys", and "Interventions OR strategies OR best practices". Other keyword search included “underserved” “socioeconomic status”, “health outcomes”, “accessing care”, and “mock survey”.
  - UNI conducted CAHPS member focus study groups to identify strengths and weaknesses with a focus on improving communication, engagement, and satisfaction to enhance the Medicaid population experience, including customer service, understanding benefits, and access to care with the correct provider, at the correct time, with the correct resources.
  - UNI has initiated an off-cycle survey to 1000 randomize members sample with the CAHPS standardized questionnaire to be able to monitor, analyze, and directly follow-up with members/caregivers. The intent is to understand the rationale to the answers on the survey in identifying UHI strengths, weaknesses, and targeted areas for improvement to best meet the needs of members/caregivers to improve the overall experience, including children’s specialists.
- Identify any noted performance improvement as a result of initiatives implemented (if applicable):
  - Three-member virtual focus study groups were completed consisting of different days, times, gender, ethnicity, and race, ages 22 to 63, with a total of 21 participants. Member focus groups reflected vital information about specialist for children with special needs, access to care, customer service, understanding benefits, out-of-network issues, comfort level with providers, member materials, and understanding health and well-being. One focus study identified the need for diapers; therefore, UNI implemented the Michigan emergency diaper bank distributing over 200,000 diapers and continuing. In addition, during one male focus study, participants started to become a men’s support group, communicating with each other about how to use customer service, transportation, and the importance in preventive care.
  - Off-cycle member survey is currently in the implementation and monitoring phases of the project.
- Identify any barriers to implementing initiatives:
  - Focus study barriers included response rate for participation was low, including multiple electronic mailings and incentive offers for attendants and engagement. There were time constraints in revising lists for multiple mailings to eliminate individuals who opted out. Only 21 members responded and participated with an estimate of 2000 total electronic invitations sent. This small sample size of attended participants did not reflect total population for adequate knowledge to the CAHPS score responses because the members who responded had a positive overall experience with UNI.
  - There were no barriers off-cycle member survey. Off-cycle member survey is currently in the implementation and monitoring phases of the project.

#### 4. Prior Year Recommendation from the EQR Technical Report for CAHPS

**HSAG's Assessment:** HSAG has determined that **UnitedHealthcare Community Plan** has addressed the prior year's recommendations. The SFY 2021 CAHPS activity confirmed that **UnitedHealthcare Community Plan**'s score for *Rating of Specialist Seen Most Often* for the child Medicaid population was comparable to national averages.



## Upper Peninsula Health Plan

**Table 4-10—Prior Year Recommendations and Responses for UPP**

1. Prior Year Recommendation from the EQR Technical Report for Performance Improvement Projects
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> <li>As <b>Upper Peninsula Health Plan</b> progresses into the third remeasurement, the MHP should revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions. The MHP should continue to evaluate the effectiveness of each intervention using the outcomes to determine each intervention's next steps.</li> </ul>
<p><b>MCE's Response:</b> <i>(Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)</i></p>
<p>a. Describe initiatives implemented based on recommendations <i>(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)</i>:</p> <ul style="list-style-type: none"> <li>Upper Peninsula Health Plan (UPHP) revisits the casual/barrier analysis annually. Prioritized barriers were not changed during Remeasurement 3.</li> </ul>
<p>b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <ul style="list-style-type: none"> <li>UPHP met validation with a score of 100% for the PIP – Prenatal Timeliness Remeasurement 3 submission.</li> </ul>
<p>c. Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> <li>Barriers to implementing initiatives in Remeasurement 3 included the COVID-19 pandemic. The pandemic led to emergency executive orders that limited in-person contact and non-emergency care services. These barriers disrupted workflow, staffing, and existing QI efforts within the clinic setting.</li> </ul>
<p><b>HSAG's Assessment:</b> HSAG determined that <b>Upper Peninsula Health Plan</b> addressed the prior year's recommendations. The MHP utilized appropriate QI methods to identify and prioritize its barriers to care and developed intervention efforts to address those barriers. The MHP continued to evaluate the effectiveness of each intervention and used those outcomes to determine each intervention's next steps.</p>
2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures
<p>HSAG recommended the following:</p> <ul style="list-style-type: none"> <li><b>Upper Peninsula Health Plan</b> should conduct a root cause analysis or focused study to identify potential patterns contributing to the dispensing of asthma medication and asthma-related service utilization of members, especially those with an asthma medication ratio less than 50 percent. Upon identification of a root cause, <b>Upper Peninsula Health Plan</b> should implement appropriate interventions to improve the performance related to the <i>Asthma Medication Ratio</i> measure.</li> <li><b>Upper Peninsula Health Plan</b> should conduct a root cause analysis or focused study to determine why adolescents 13 years of age did not receive immunizations. Upon identification of a root cause, <b>Upper Peninsula Health Plan</b> should implement appropriate interventions to improve the performance related to the <i>Immunizations and Adolescents—Combination 1</i> measure indicator.</li> <li><b>Upper Peninsula Health Plan</b> should conduct a root cause analysis or focused study to determine why some children 2 years of age did not receive immunizations. Upon identification of a root cause, <b>Upper Peninsula Health Plan</b> should implement appropriate interventions to improve the performance related to the <i>Childhood Immunization Status</i> measure.</li> </ul>

## 2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures

**MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)**

- a. Describe initiatives implemented based on recommendations *(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)*:
  - Asthma Medication Ratio (AMR): UPHP Quality and Pharmacy staff completed a root cause analysis to identify opportunities to improve AMR.
    - Leveraged clinical electronic medical record (EMR) audit access and our PharmD intern to execute a focused medical record review to gather additional information about barriers and trends among members with claims evidence of multiple reliever medications but no controller medications.
    - UPHP is developing a prescriber focused survey to gather additional input from front line health care staff and further inform the barrier analysis and potential improvement opportunities. Upon completion and evaluation of this survey, UPHP will develop relevant, best-practice informed interventions to address identified areas of concern within the provider network.
    - UPHP is piloting a shared-savings alternative payment model (APM) with a minimum AMR performance benchmark to qualify for payment. Participating clinic systems were furnished with member lists identifying those individuals with an AMR less than 0.5. These clinic systems also have access to up-to-date member level information using the UPHP-supported Cotiviti Provider Intelligence PHM Tool and Member Registry.
  - Immunizations and Adolescents – Combo 1 (IMA): Root cause analysis identified:
    - Tdap is a frequently missing immunization in the series. UPHP identified that Tdap is not consistently coming across correctly in MCIR. This was raised during a state immunization conference and it was identified to be a known system issue.
    - Providers continue to report members are weary of being seen in the clinic due to COVID-19 concerns. Transportation, missing work, and childcare for other children are issues for caregivers to obtain recommended health care for children.
    - UPHP expanded a member incentive to include completing Combination 1 for meningococcal and Tdap in addition to HPV, and offered this via direct telephone outreach to members with care gaps.
    - UPHP held an annual Healthy Kids, Healthy Futures campaign July through September 2021 promoting preventive care for children and immunization completion.
    - IMA completion is included in the CY2021 Value Based Payment Program.
  - Childhood Immunization Status (CIS): Root cause analysis identified:
    - Opportunity to improve 4<sup>th</sup> DTaP and PCV [pneumococcal vaccine] completion.
    - Providers continue to report members are weary of being seen in the clinic due to COVID-19 concerns. Transportation, missing work, and childcare for other children are issues for caregivers to obtain recommended health care for children.
    - UPHP expanded a member incentive to include completing CIS and offered this via direct outreach to members with care gaps.
    - UPHP held an annual Healthy Kids, Healthy Futures campaign July through September 2021 promoting preventive care for children with care gap lists provided to providers.
    - CIS completion is included in the CY2021 Value Based Payment Program.
- b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):
  - AMR: N/A - It is too early to evaluate the impact of the shared savings APM on our AMR rates.
  - IMA: 21.7% (15/69) members offered a GC [gift card] completed immunizations.
  - CIS: 22.2% (4/18) members offered a GC completed immunizations.

## 2. Prior Year Recommendation from the EQR Technical Report for Validation of Performance Measures

### c. Identify any barriers to implementing initiatives:

- **AMR:** The COVID-19 pandemic continued to impact the regional health care delivery system, requiring reprioritization of quality efforts and resource diversion to address the ongoing health emergency. UPHP experienced some delays in the planning and implementation of initiatives not focused on COVID-19. As the pandemic response becomes more focused, UPHP is excited to refocus efforts on developing interventions that ensure members living with asthma are receiving appropriate medication therapy.
- **IMA/CIS:** Engagement with the Healthy Kids, Healthy Futures campaign was low, as provider offices had decreased staff and resources to commit to the health campaign secondary to COVID-19. Health Departments also had significantly decreased resources for timely routine immunizations, which is the location that members utilize if their PCP does not have immunizations in the office.

**HSAG's Assessment:** HSAG has determined that **Upper Peninsula Health Plan** has partially addressed the prior year's recommendations. While **Upper Peninsula Health Plan** has put forth effort to address HSAG's prior year recommendations for the *Childhood Immunization Status* measure indicators and *Immunizations for Adolescents—Combination 1* measure indicator by conducting a root cause analysis to identify factors impacting performance and implementing multiple initiatives (i.e., member incentives and holding an annual campaign to promote preventive care for children) to increase performance, HSAG recommends that **Upper Peninsula Health Plan** monitor the impact of the recently implemented initiatives to ensure they produce the expected results. Due to continued low performance, continuous incorporation of initiatives should be implemented as additional QI strategies are identified or if additional barriers are identified.

As it relates to the prior year's recommendation for the *Asthma Medication Ratio* measure, **Upper Peninsula Health Plan** has demonstrated efforts by implementing multiple initiatives (i.e., development of a prescriber-focused survey, piloting a shared-savings APM, and leveraging EMR audit access for gathering and analyzing information). However, **Upper Peninsula Health Plan** continues to demonstrate low performance for the *Asthma Medication Ratio* measure. As such, HSAG recommends that **Upper Peninsula Health Plan** educate and outreach to members with asthma, with a targeted focus on members with an asthma medication ratio less than 50 percent, to improve upon performance and asthma control for its members, as well as monitor the impact of recently implemented interventions.

## 3. Prior Year Recommendation from the EQR Technical Report for Compliance Review

HSAG recommended the following:

- While **Upper Peninsula Health Plan** submitted revised forms correcting the issues [the MHP's program integrity forms (Tips and Grievances, Data Mining, Audits, and Overpayments Collected) contained reporting errors] that were accepted by MDHHS, **Upper Peninsula Health Plan** should conduct additional staff training on the completion of program integrity forms and enhance quality assurance activities to ensure forms and reports meet MDHHS' reporting expectations prior to submission to the State.

**MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)**

- Describe initiatives implemented based on recommendations (*include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation*):

### 3. Prior Year Recommendation from the EQR Technical Report for Compliance Review

- In an effort to conduct additional staff training on the completion of the program integrity forms, Upper Peninsula Health Plan's Compliance Team and Encounter Data Analyst (UPHP) met exclusively with the Lead Analyst at the Office of Inspector General (OIG), Integrity Division. The discussion was focused on encounter adjustments and overpayments as to how to best report for correct and accurate data submission.
- UPHP's Compliance Team and Encounter Data Analyst also held a teleconference with Delta Dental, UPHP's dental benefit manager, and brought forth ongoing reporting issues to Delta Dental, specifically to address encounter adjustments and reporting duplicate encounters. UPHP has also discussed with Delta Dental regarding Data Mining efforts.
- In order to meet MDHHS's reporting expectations prior to submission, UPHP has implemented additional quality assurance activities which includes the Encounter Data Analyst review of all encounter adjustments submitted by vendors Delta Dental, Magellan and Change Healthcare. Also, prior to final submission, the Compliance Officer reviews the Tips and Grievances, Data Mining, Audits and Overpayment forms to ensure it is correct and complete.

#### b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):

- Noted performance improvement includes increased communication to vendors to quickly catch any reporting errors and correct them prior to submission.
- Due to the additional internal review of the program integrity data, specifically encounter adjustments, UPHP has increased the encounter data match rate.

#### c. Identify any barriers to implementing initiatives:

- A barrier to implementing initiatives in 2020 was UPHP's communication with vendors which has noticeably improved in 2021. UPHP is dependent on our vendors to provide correct data for the program integrity report and communication is limited to teleconferencing and emails which can be challenging at times, but UPHP is committed to successful reporting and continues to work with our vendors for ongoing improvement.

**HSAG's Assessment:** HSAG has determined that **Upper Peninsula Health Plan** has partially addressed the prior year's recommendations. While **Upper Peninsula Health Plan** performance increased in the Program Integrity standard, the SFY 2021 compliance review activity demonstrated the MHP received similar findings related to inconsistencies between various program integrity reports. HSAG recommends that **Upper Peninsula Health Plan** continue its staff training and quality assurance activities.

### 4. Prior Year Recommendation from the EQR Technical Report for CAHPS

HSAG recommended the following:

- Adult and Child Medicaid—**Upper Peninsula Health Plan** should focus on improving parents/caretakers of child members' overall experiences with children's specialists.
- CSHCS—**Upper Peninsula Health Plan** should explore what may be driving this lower experience score and develop initiatives designed to improve quality and timeliness of care.
- Healthy Michigan—**Upper Peninsula Health Plan** should focus on quality improvement initiatives to provide medical assistance with smoking and tobacco use cessation.

**MCE's Response:** (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)

- Describe initiatives implemented based on recommendations (include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation):

#### 4. Prior Year Recommendation from the EQR Technical Report for CAHPS

- A CAHPS Taskforce, a subset of our Service Advisory Committee, has been formed to analyze our CAHPS scores and develop initiatives to improve or maintain CAHPS scores. Initiatives will be formally tracked on the UPHP QAI [quality assessment and improvement]-UM Work Plan.
- Initiatives specific to improving parents/caretakers of child members' overall experience with children's specialist include:
  - Consider offering a provider incentive for training specific to increasing patient satisfaction.
  - Conduct an organization wide communications audit to understand how we can communicate with our provider network more effectively.
  - Educate our providers about CAHPS, CAHPS scores and best practices via newsletters, other channels based on communications audit.
- Initiatives specific to improving experience for CSHCS members quality and timeliness of care include:
  - Evaluate the opportunity to include Pediatric Specialists in the UPHP CSHCS Provider Search.
  - Evaluate opportunity for UPHP CSHCS Care Coordinator to assist with Care Coordination.
  - Share the Specialty Clinic of UP Health Systems Marquette schedule with in-network pediatricians.
- Initiatives specific to Healthy Michigan – Medical Assistance with Smoking & Tobacco Use Cessation:
  - Implemented a provider incentive program to increase tobacco cessation counseling and discussion of cessation strategies in May 2021. This incentive remains active until the close of CY2021.
  - August UPHP Provider Newsletter article was published that focused on educating health care providers on the importance of tobacco cessation screening and counseling.
  - November 2021 *Breathe Better* respiratory health campaign is ongoing and provided over 350 tobacco “quit kits” to 18 network clinics. Kits provided tobacco cessation resources – including information on Nicotine Replacement Therapies – to be shared with members during provider counseling.

b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):

- UPHP scored 65.9% for Rating of Specialist Seen Most Often for the 2020 Child Medicaid CAHPS Survey and 67.2% for the 2021 Child Medicaid CAHPS Survey, for an increase of 1.3%. UPHP has not yet received the 2021 CSHCS CAHPS Survey scores, so we are unable to compare results at this time. UPHP has not received final HMP CAHPS scores for comparison, however, analysis of the six clinic systems offered the incentive showed five have increased the volume of tobacco cessation counseling code submissions and one clinic system has maintained a level of performance over the baseline measurement period of 1/1/2021-5/1/2021. The November 2021 *Breathe Better* initiative will be evaluated at the end of the month-long campaign.

c. Identify any barriers to implementing initiatives:

- In Rating of Specialist Seen Most Often, there are fewer than 100 responses for each plan, excluding the entire MDHHS Medicaid Program and the MDHHS Managed Care Program so the results may not be reliable.
- The lag in survey data can be a barrier when developing initiatives; there is little time to respond to survey scores in the upcoming year.
- Clinic quality staff have noted various barriers to coding for Tobacco Cessation counseling; UPHP continues to explore these barriers.



#### 4. Prior Year Recommendation from the EQR Technical Report for CAHPS

**HSAG's Assessment:** HSAG has determined that **Upper Peninsula Health Plan** has partially addressed the prior year's recommendations. The scores for the *Advising Smokers and Tobacco Users to Quit*, *Discussing Cessation Medications*, and *Discussing Cessation Strategies* measures for the Healthy Michigan population were statistically significantly below the national average. The three rates also declined slightly. While **Upper Peninsula Health Plan** has put forth effort to address HSAG's prior year recommendation for the medical assistance with smoking and tobacco use cessation measures, HSAG recommends that **Upper Peninsula Health Plan** continue to provide training and resources to providers to promote smoking cessation with their members. Based on the SFY 2021 CAHPS activity results, HSAG confirmed that the *Rating of Specialist Seen Most Often* measure for the child Medicaid population and the *Rating of Specialist Seen Most Often* measure for the CSHCS population were comparable to national averages.



## 5. Medicaid Health Plan Comparative Information

In addition to performing a comprehensive assessment of each MHP's performance, HSAG uses a step-by-step process methodology to compare the findings and conclusions established for each MHP to assess the CHCP. Specifically, HSAG identifies any patterns and commonalities that exist across the 10 MHPs and the CHCP, draws conclusions about the overall strengths and weaknesses of the program, and identifies areas in which MDHHS could leverage or modify Michigan's CQS to promote improvement.

### Medicaid Health Plan External Quality Review Activity Results

This section provides the summarized results for the mandatory and optional EQR activities across the MHPs.

#### Validation of Performance Improvement Projects

For the SFY 2021 validation, the MHPs submitted Remeasurement 3 data for their ongoing state-mandated PIP topic: *Addressing Disparities in Timeliness of Prenatal Care*. Table 5-1 provides a comparison of the validation scores, by MHP.

**Table 5-1—Comparison of Validation by MHP**

Overall PIP Validation Status, by MHP		Design, Implementation, and Outcomes Scores		
		<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>
AET	<i>Met</i>	100%	0%	0%
BCC*	<i>Not Met</i>	91%	0%	10%
HAP*	<i>Partially Met</i>	91%	5%	5%
MCL	<i>Not Met</i>	96%	0%	4%
MER*	<i>Not Met</i>	91%	5%	5%
MOL*	<i>Met</i>	91%	0%	10%
PRI*	<i>Met</i>	91%	5%	5%
THC*	<i>Met</i>	93%	3%	3%
UNI	<i>Met</i>	95%	0%	5%
UPP	<i>Met</i>	100%	0%	0%

\* Percentage totals may not equal 100 due to rounding.

## Performance Measure Validation

Table 5-2 displays the HEDIS MY 2020 performance levels. Table 5-3 displays the HEDIS MY 2019 and HEDIS MY 2020 Michigan Medicaid weighted averages, comparison of performance between 2019 and 2020, and the performance level for 2020. Statewide weighted averages were calculated and compared from HEDIS MY 2019 to HEDIS MY 2020, and comparisons were based on a Chi-square test of statistical significance with a p-value of <0.01 considered statistically significant due to large denominators. Of note, 2019 to 2020 comparison values are based on comparisons of the exact HEDIS MY 2019 and HEDIS MY 2020 statewide weighted averages rather than on rounded values.

For most measures in Table 5-3, the performance levels compare the HEDIS MY 2020 statewide weighted average to the NCQA Quality Compass national Medicaid HMO percentiles for HEDIS MY 2019 (referred to as “percentiles”), as displayed in Table 5-2.<sup>5-1</sup>

**Table 5-2—HEDIS MY 2020 Performance Levels**

Performance Levels	Percentile
★★★★★	90th percentile and above
★★★★	75th to 89th percentile
★★★	50th to 74th percentile
★★	25th to 49th percentile
★	Below 25th percentile

**Table 5-3—Overall Statewide Averages for HEDIS MY 2019 and HEDIS MY 2020 Performance Measures<sup>5-2</sup>**

Measure	HEDIS MY 2019	HEDIS MY 2020	2019–2020 Comparison <sup>1</sup>	2020 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>				
<i>Childhood Immunization Status</i>				
<i>Combination 2</i>	72.71%	66.88%	-5.83 <sup>++</sup>	★
<i>Combination 3</i>	68.36%	64.00%	-4.36 <sup>++</sup>	★
<i>Combination 4</i>	67.54%	63.16%	-4.38 <sup>++</sup>	★

<sup>5-1</sup> 2020 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS MY 2019 benchmarks.

<sup>5-2</sup> Due to the possible effect of the COVID-19 pandemic on HEDIS hybrid measures, specifically an MHP’s ability to collect medical record data, NCQA allowed the MHPs to report their audited HEDIS 2019 (MY 2018) hybrid rates if they were better than their HEDIS 2020 (MY 2019) hybrid rates. The MHPs were not required to rotate all hybrid measures but were required to rotate entire measures when there were multiple indicators (e.g., *Comprehensive Diabetes Care*). NCQA’s Interactive Data Submission System (IDSS) was not configured to capture rotation decisions, meaning that even when a hybrid measure was rotated, the measurement year will say “2019.” For HEDIS MY 2020, NCQA did not allow the MHPs to report their audited HEDIS MY 2019 hybrid rates if they were better than their HEDIS MY 2020 hybrid rates.

Measure	HEDIS MY 2019	HEDIS MY 2020	2019–2020 Comparison <sup>1</sup>	2020 Performance Level <sup>2</sup>
<i>Combination 5</i>	59.06%	56.31%	-2.75 <sup>++</sup>	★
<i>Combination 6</i>	37.86%	37.33%	-0.53	★★
<i>Combination 7</i>	58.44%	55.64%	-2.80 <sup>++</sup>	★
<i>Combination 8</i>	37.69%	37.17%	-0.52	★★
<i>Combination 9</i>	33.60%	33.37%	-0.23	★★
<i>Combination 10</i>	33.44%	33.22%	-0.22	★★
<b>Lead Screening in Children</b>				
<i>Lead Screening in Children</i>	78.27%	73.44%	-4.83 <sup>++</sup>	★★★★
<b>Immunizations for Adolescents</b>				
<i>Combination 1</i>	85.28%	82.68%	-2.60 <sup>++</sup>	★★★★
<i>Combination 2</i>	40.40%	37.95%	-2.45 <sup>++</sup>	★★★★
<b>Access to Care</b>				
<b>Adults' Access to Preventive/Ambulatory Health Services</b>				
<i>Ages 20 to 44 Years</i>	79.02%	74.60%	-4.42 <sup>++</sup>	★★
<i>Ages 45 to 64 Years</i>	87.31%	84.05%	-3.26 <sup>++</sup>	★★
<i>Ages 65 Years and Older</i>	92.68%	88.77%	-3.91 <sup>++</sup>	★★
<i>Total</i>	82.49%	78.22%	-4.27 <sup>++</sup>	★★
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>				
<i>Ages 3 Months to 17 Years</i>	60.04%	61.42%	+1.38 <sup>+</sup>	★★★★
<i>Ages 18 to 64 Years</i>	37.65%	39.69%	+2.04 <sup>+</sup>	★★★★
<i>Ages 65 Years and Older</i>	34.71%	32.87%	-1.84	★★
<i>Total</i>	48.23%	50.15%	+1.92 <sup>+</sup>	★★
<b>Appropriate Testing for Pharyngitis<sup>3</sup></b>				
<i>Ages 3 to 17 Years</i>	76.87%	75.34%	-1.53 <sup>++</sup>	★
<i>Ages 18 to 64 Years</i>	59.75%	57.61%	-2.14 <sup>++</sup>	★★
<i>Ages 65 Years and Older</i>	34.85%	25.00%	-9.85	★★★★
<i>Total</i>	70.83%	68.56%	-2.27 <sup>++</sup>	★
<b>Appropriate Treatment for Upper Respiratory Infection</b>				
<i>Ages 3 Months to 17 Years</i>	90.61%	91.30%	+0.69 <sup>+</sup>	★★
<i>Ages 18 to 64 Years</i>	75.39%	78.18%	+2.79 <sup>+</sup>	★★★★
<i>Ages 65 Years and Older</i>	68.24%	71.33%	+3.09	★★
<i>Total</i>	86.26%	87.28%	+1.02 <sup>+</sup>	★★
<b>Pregnancy Care</b>				
<b>Prenatal and Postpartum Care<sup>3</sup></b>				
<i>Timeliness of Prenatal Care</i>	86.17%	79.54%	-6.63 <sup>++</sup>	★
<i>Postpartum Care</i>	73.76%	70.13%	-3.63 <sup>++</sup>	★

Measure	HEDIS MY 2019	HEDIS MY 2020	2019–2020 Comparison <sup>1</sup>	2020 Performance Level <sup>2</sup>
<b>Living With Illness</b>				
<i>Asthma Medication Ratio</i>				
<i>Total</i>	59.86%	56.83%	<b>-3.03<sup>++</sup></b>	<b>★</b>

<sup>1</sup> Weighted averages were calculated and compared from HEDIS MY 2019 to HEDIS MY 2020, and comparisons were based on a Chi-square test of statistical significance with a p value of <0.01 due to large denominators. Rates shaded **green** with one cross (+) indicate statistically significant improvement from the previous year. Rates shaded **red** with two crosses (++) indicate statistically significant decline in performance from the previous year. Of note, 2019–2020 Comparison values are based on comparisons of the exact HEDIS MY 2019 and HEDIS MY 2020 statewide weighted averages, not rounded values.

<sup>2</sup> Performance Levels for 2020 were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks.

<sup>3</sup> Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.

<sup>4</sup> Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

Performance Levels for 2020 represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Table 5-4 presents, by measure, the number of MHPs that performed at each performance level. The counts include only measures with a valid, reportable rate that could be compared to percentiles. Therefore, not all row totals will equal 10 MHPs.

Table 5-4—Count of MHPs by Performance Level

Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
<b>Child &amp; Adolescent Care</b>					
<i>Childhood Immunization Status</i>					
Combination 2	8	1	1	0	0
Combination 3	8	1	1	0	0
Combination 4	8	1	0	1	0
Combination 5	7	2	0	1	0
Combination 6	4	4	1	1	0
Combination 7	7	2	0	1	0
Combination 8	4	4	1	1	0
Combination 9	4	4	1	1	0
Combination 10	4	4	1	1	0
<i>Lead Screening in Children</i>					
Lead Screening in Children	2	3	5	0	0
<i>Immunizations for Adolescents</i>					
Combination 1	1	6	2	1	0
Combination 2	2	3	4	1	0
<b>Access to Care</b>					
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	3	7	0	0	0
Ages 45 to 64 Years	4	6	0	0	0
Ages 65 Years and Older	3	4	2	1	0
Total	4	5	1	0	0
<i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</i>					
Ages 3 Months to 17 Years	0	1	7	2	0
Ages 18 to 64 Years	0	1	7	2	0
Ages 65 Years and Older	1	4	0	0	0
Total	0	9	0	1	0
<i>Appropriate Testing for Pharyngitis</i>					
Ages 3 to 17 Years	6	4	0	0	0
Ages 18 to 64 Years	6	1	3	0	0
Ages 65 Years and Older	0	0	1	0	0
Total	6	4	0	0	0

Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
<b>Appropriate Treatment for Upper Respiratory Infection</b>					
<i>Ages 3 Months to 17 Years</i>	0	5	4	1	0
<i>Ages 18 to 64 Years</i>	0	1	7	1	1
<i>Ages 65 Years and Older</i>	1	2	1	2	0
<i>Total</i>	1	6	2	1	0
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care</b>					
<i>Timeliness of Prenatal Care</i>	8	1	1	0	0
<i>Postpartum Care</i>	7	1	1	0	1
<b>Living With Illness</b>					
<b>Asthma Medication Ratio</b>					
<i>Total</i>	6	3	0	1	0
<b>Total</b>	<b>115</b>	<b>100</b>	<b>53</b>	<b>26</b>	<b>2</b>

Performance Levels for 2020 represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Table 5-5 provides an MHP to MHP comparison with the statewide average in the four selected HEDIS measure domains. **Green** represents best MHP performance in comparison to the statewide average. **Red** represents worst MHP performance in comparison to the statewide average.

**Table 5-5—MHP to MHP Comparison and Statewide Average**

HEDIS Measure	Statewide Average	AET	BCC	HAP	MCL	MER	MOL	PRI	THC	UNI	UPP
<b>Child &amp; Adolescent Care</b>											
<b>Childhood Immunization Status</b>											
<i>Combination 2</i>	66.88%	52.66%	64.96%	49.54%	65.94%	64.72%	71.29%	75.91%	60.34%	65.21%	68.36%
<i>Combination 3</i>	64.00%	49.38%	62.53%	44.95%	63.26%	62.53%	67.15%	74.70%	53.04%	61.80%	66.08%
<i>Combination 4</i>	63.16%	48.75%	61.80%	44.95%	61.56%	62.04%	66.18%	73.72%	53.04%	61.07%	64.52%
<i>Combination 5</i>	56.31%	41.25%	53.04%	37.61%	52.55%	56.69%	59.37%	66.67%	44.53%	55.47%	55.08%
<i>Combination 6</i>	37.33%	21.41%	37.71%	23.85%	37.23%	35.77%	37.23%	53.53%	28.47%	32.85%	45.02%
<i>Combination 7</i>	55.64%	40.63%	52.55%	37.61%	51.34%	56.20%	58.64%	65.94%	44.53%	54.74%	53.94%
<i>Combination 8</i>	37.17%	21.41%	37.71%	23.85%	36.74%	35.77%	36.98%	53.04%	28.47%	32.85%	44.40%



HEDIS Measure	Statewide Average	AET	BCC	HAP	MCL	MER	MOL	PRI	THC	UNI	UPP
Combination 9	33.37%	18.13%	31.39%	20.18%	31.87%	32.85%	34.06%	48.42%	24.57%	29.68%	39.83%
Combination 10	33.22%	18.13%	31.39%	20.18%	31.39%	32.85%	33.82%	47.93%	24.57%	29.68%	39.21%
<b>Lead Screening in Children</b>											
Lead Screening in Children	73.44%	62.83%	71.53%	62.39%	74.21%	73.87%	72.14%	78.35%	67.64%	74.70%	74.48%
<b>Immunizations for Adolescents</b>											
Combination 1	82.68%	79.56%	82.00%	70.73%	81.75%	82.73%	83.70%	87.59%	81.75%	80.78%	80.72%
Combination 2	37.95%	37.23%	34.06%	21.95%	30.90%	36.50%	42.34%	45.99%	36.98%	38.20%	34.93%
<b>Access to Care</b>											
<b>Adults' Access to Preventive/Ambulatory Health Services</b>											
Ages 20 to 44 Years	74.60%	65.40%	74.84%	57.06%	73.17%	76.20%	75.54%	76.55%	69.67%	73.73%	78.29%
Ages 45 to 64 Years	84.05%	79.70%	82.29%	74.49%	83.28%	84.67%	85.30%	85.47%	82.94%	84.72%	85.12%
Ages 65 Years and Older	88.77%	87.72%	71.52%	88.16%	72.67%	88.91%	90.28%	91.77%	81.87%	88.25%	92.68%
Total	78.22%	72.90%	77.48%	68.81%	76.67%	79.18%	79.57%	80.06%	74.97%	77.79%	81.72%
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>											
Ages 3 Months to 17 Years	61.42%	61.25%	62.81%	75.93%	61.39%	60.82%	58.59%	71.56%	64.79%	60.54%	64.64%
Ages 18 to 64 Years	39.69%	43.03%	38.45%	40.52%	39.96%	39.00%	38.65%	48.74%	39.51%	38.84%	36.47%
Ages 65 Years and Older	32.87%	28.36%	NA	29.55%	NA	31.25%	22.73%	NA	NA	31.25%	NA
Total	50.15%	48.75%	49.46%	47.20%	50.05%	50.08%	48.76%	59.51%	49.92%	49.38%	47.53%
<b>Appropriate Testing for Pharyngitis</b>											
Ages 3 to 17 Years	75.34%	68.58%	75.69%	65.98%	81.62%	77.32%	70.08%	81.08%	65.71%	73.31%	79.18%
Ages 18 to 64 Years	57.61%	49.81%	54.39%	47.10%	67.58%	60.88%	52.12%	68.19%	45.57%	51.63%	71.84%
Ages 65 Years and Older	25.00%	NA	NA	NA	NA	NA	24.00%	NA	NA	NA	NA
Total	68.56%	59.23%	65.57%	52.76%	76.36%	71.39%	63.70%	76.32%	56.49%	65.10%	76.40%
<b>Appropriate Treatment for Upper Respiratory Infection</b>											
Ages 3 Months to 17 Years	91.30%	91.28%	91.91%	91.72%	90.52%	91.71%	89.18%	95.18%	91.99%	91.43%	91.43%
Ages 18 to 64 Years	78.18%	80.28%	76.51%	79.94%	79.90%	78.27%	76.95%	87.57%	75.58%	75.01%	83.13%
Ages 65 Years and Older	71.33%	70.00%	NA	73.75%	NA	88.33%	61.31%	89.74%	NA	67.80%	NA

HEDIS Measure	Statewide Average	AET	BCC	HAP	MCL	MER	MOL	PRI	THC	UNI	UPP
Total	87.28%	87.04%	86.34%	84.31%	86.88%	87.84%	85.63%	93.04%	86.44%	86.75%	88.72%
<b>Pregnancy Care</b>											
<b>Prenatal and Postpartum Care</b>											
Timeliness of Prenatal Care	79.54%	68.86%	78.91%	68.30%	78.59%	79.08%	81.27%	86.37%	64.72%	78.83%	91.24%
Postpartum Care	70.13%	54.01%	71.09%	52.68%	70.32%	67.88%	70.32%	79.56%	53.53%	71.78%	87.59%
<b>Living With Illness</b>											
<b>Asthma Medication Ratio</b>											
Total	56.83%	50.39%	50.13%	46.27%	53.48%	60.15%	52.96%	73.36%	45.68%	61.08%	58.42%

NA indicates that the MHP followed the specifications, but the denominator was too small to report a valid rate.

## Compliance Review

MDHHS calculated the CHCP overall performance in each of the six performance areas. Table 5-6 compares the CHCP average compliance score in each of the six performance areas with the compliance score achieved by each MHP. The percentages of requirements met for each of the six standards reviewed during the SFY 2021 compliance review are provided.

**Table 5-6—Compliance Monitoring Comparative Results**

Standard	AET	BCC	HAP	MCL	MER	MOL	PRI	THC	UNI	UPP	CHCP
1 Administrative	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
2 Provider	91%	86%	95%	86%	95%	86%	91%	100%	91%	91%	91.4%
3 Member	96%	96%	92%	100%	100%	100%	100%	100%	100%	100%	98.4%
4 Quality	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%	99.5%
5 MIS	91%	100%	100%	100%	91%	91%	91%	91%	91%	100%	94.8%
6 Program Integrity	85%	94%	94%	88%	82%	88%	82%	76%	88%	94%	87.4%
<b>Overall Score</b>	<b>92%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>93%</b>	<b>93%</b>	<b>92%</b>	<b>92%</b>	<b>94%</b>	<b>97%</b>	<b>94.0%</b>
Indicates standards in which the MHPs did not achieve full compliance.											

## Consumer Assessment of Healthcare Providers and Systems Analysis

Comparative analyses identified whether one MHP performed statistically significantly higher or lower on each measure compared to the MDHHS Medicaid managed care program for a specific population.

Table 5-7 through Table 5-9 provide a summary of the statistically significant findings (noted with arrows) from the MHP comparisons of the adult and child Medicaid populations. HSAG only included MHPs with a statistically significant result in the tables.

**Table 5-7—Statewide Comparisons: Adult Medicaid Statistically Significant Results**

MHP	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Getting Needed Care	Getting Care Quickly
BCC			↓		
HAP	↑				
MCL		↑		↑	
MER					↓
MOL	↓				
PRI					↑
UNI					↓
UPP	↑	↑	↑		↑

Indicates the measure for the MHP was not statistically significantly higher or lower than the MDHHS Medicaid managed care program.

**Table 5-8—Statewide Comparisons: Adult Medicaid Statistically Significant Results (Continued)**

MHP	Customer Service	Advising Smokers and Tobacco Users to Quit	Discussing Cessation Medications
THC		↑	↑
UPP	↑		

↑ Statistically significantly above the MDHHS Medicaid Managed Care Program.

↓ Statistically significantly below the MDHHS Medicaid Managed Care Program.

Indicates the measure for the MHP was not statistically significantly higher or lower than the MDHHS Medicaid Managed Care program.

**Table 5-9—Statewide Comparisons: Child Medicaid Statistically Significant Results**

MHP	Rating of Health Plan	Getting Care Quickly	How Well Doctors Communicate
AET		↓ <sup>+</sup>	
HAP	↓		
MER			↑
MOL	↑		↓
PRI	↑		↑
UPP	↑	↑	

<sup>+</sup> Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

↑ Statistically significantly above the MDHHS Medicaid managed care program average.

↓ Statistically significantly below the MDHHS Medicaid managed care program average.

Indicates the measure for the MHP was not statistically significantly higher or lower than the MDHHS Medicaid managed care program.

Table 5-10 shows the statistically significant findings (noted with arrows) of the CSHCS population analysis. HSAG only included MHPs with a statistically significant result in the table.

**Table 5-10—Statewide Comparisons: CSHCS Statistically Significant Results**

MHP	Rating of Health Care	Transportation
BCC	↑	
MOL		↑ <sup>+</sup>
PRI	↑	
UPP		↑ <sup>+</sup>

<sup>+</sup> Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

↑ Statistically significantly above the MDHHS CSHCS managed care program average.

↓ Statistically significantly below the MDHHS CSHCS managed care program average.

Indicates the measure for the MHP was not statistically significantly higher or lower than the MDHHS CSHCS managed care program.

Table 5-11 shows the statistically significant findings (noted with arrows) of the HMP population analysis. HSAG only included HMP health plans with a statistically significant result in the table.

**Table 5-11—Statewide Comparisons: HMP Statistically Significant Results**

MHP	Rating of Health Plan	Advising Smokers and Tobacco Users to Quit
BCC		↑
HAP	↓	↓
PRI	↑	
UPP	↑	↓

↑ Statistically significantly above the MDHHS HMP program.




↓ Statistically significantly below the MDHHS HMP program.

Indicates the measure for the HMP health plan was not statistically significantly higher or lower than the MDHHS HMP program.

## Quality Rating

HSAG analyzed MY 2020 HEDIS results, including MY 2020 CAHPS data from the 10 MHPs, for presentation in the 2021 Michigan Consumer Guide.<sup>5-3</sup> The 2021 Michigan Consumer Guide analysis helps to support MDHHS’ public reporting of health plan performance information. The 2021 Michigan Consumer Guide used a three-level rating scale to provide potential and enrolled Medicaid members with an easy-to-read “picture” of quality performance across MHPs and presented data in a manner that emphasizes meaningful differences between MHPs. The 2021 Michigan Consumer Guide used apples to display results for each MHP, which correlated to the performance ratings defined in Table 5-12. Table 5-13 shows the 2021 Michigan Consumer Guide, which demonstrates MHP comparative performance in MDHHS-established categories.

**Table 5-12—Apple Ratings for the 2021 Michigan Consumer Guide**

Rating	Plan Performance Compared to Statewide Average	
	Above Average	The health plan’s performance was above average compared to Michigan Medicaid health plans
	Average	The health plan’s performance was average compared to Michigan Medicaid health plans
	Below Average	The health plan’s performance was below average compared to Michigan Medicaid health plans

<sup>5-3</sup> Total Health Care and Priority Health Choice merged as of October 2021. Both MHPs were included in the 2021 Michigan Consumer Guide analysis as separate entities; however, Total Health Care was removed from the final data results that were provided to MDHHS.

Table 5-13—2021 Michigan Consumer Guide

Plan	Overall Rating*	Doctors' Communication and Service	Getting Care	Keeping Kids Healthy	Living With Illness	Taking Care of Women
Aetna Better Health of Michigan	★★	★★★★	★★★★	★★	★★	★★
Blue Cross Complete of Michigan	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★
HAP Empowered	★★	★★★★	★★★★	★★	★★	★★
McLaren Health Plan	★★★★	★★★★	★★★★	★★	★★	★★★★
Meridian Health Plan of Michigan	★★★★	★★★★	★★	★★★★	★★★★	★★★★
Molina Healthcare of Michigan	★★★★	★★	★★★★	★★★★	★★	★★★★
Priority Health Choice, Inc.	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★
UnitedHealthcare Community Plan	★★★★	★★	★★★★	★★★★	★★★★	★★★★
Upper Peninsula Health Plan	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★

\*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.



## 6. Program-Wide Conclusions and Recommendations

HSAG performed a comprehensive assessment of the performance of each MHP and of the overall strengths and weaknesses of the CHCP related to the provision of healthcare services. All components of each EQR activity and the resulting findings were thoroughly analyzed and reviewed across the continuum of program areas and activities that comprise the CHCP.

### Strengths

Through this all-inclusive assessment of aggregated performance, HSAG identified areas of strength in the program related to the quality of, timeliness of, and access to care and services.

- **Quality**

- All 10 MHPs followed the NCQA HEDIS MY 2020 technical specifications and produced a *Reportable* rate for all included measures and sub-measures. No rates were determined to be materially biased. These findings support the accuracy of the performance measure rates reported by the MHPs and allow MDHHS and stakeholders to measure the performance of the CHCP program through comparisons across MHPs and comparisons to national Medicaid percentiles.
- During the prior year’s annual EQR, HSAG identified several opportunities for improvement and made specific recommendations to enhance MDHHS’ compliance review activity. HSAG’s review of the SFY 2021 compliance review tools and summaries identified that significant enhancements were implemented by MDHHS:
  - Incorporation of several additional requirements mandated under 42 CFR §438.358(iii) within the MHP compliance review tools.
  - Adjustment of its scoring methodology to a two-point rating scale of *Met* and *Not Met*.
  - Clear documentation of the elements that have been identified by MDHHS as qualifying for deemed status through the use of information from each MHP’s accreditation surveys. MDHHS described its nonduplication process and the SFY 2021 deemed standards within MDHHS’ CQS.
  - Revision of the compliance review tools and summaries to a more user-friendly format.
- As demonstrated through the compliance review activity, all 10 MHPs received a 100 percent score for the Administrative standard, indicating that the MHPs had adequate administrative structures, including organizational charts, administrative positions, governing bodies, participation in administrative meetings, and data privacy and oversight, which are necessary to effectively carry out managed care functions.
- The CHCP score for the Quality standard of the compliance review was 99.5 percent, with nine of the 10 MHPs achieving full compliance. These results confirm that the MHPs maintained and implemented QAPI activities and initiatives that met MDHHS requirements of a quality program. Comprehensive quality programs are critical in working toward continuous improvement in the quality of care and services received by Michigan’s Medicaid members.

- As demonstrated through the PMV activity, two of the four program-wide rates for the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis* measure ranked between the 50th and 74th percentiles, with three of the four rates demonstrating statistically significant improvement from the prior year. These findings indicate many members three months to 64 years of age with a diagnosis of acute bronchitis/bronchiolitis received appropriate treatment most of the time. Ensuring the appropriate use of antibiotics for individuals with acute bronchitis/bronchiolitis will help them avoid harmful side effects and possible resistance to antibiotics over time.<sup>6-1</sup>
- While only one of the four rates for the *Appropriate Treatment for Upper Respiratory Infection* measure ranked between the 50th and 74th percentiles, three of the rates demonstrated statistically significant improvement from the prior year, suggesting more members ages three months to 64 years with a diagnosis of upper respiratory infection received appropriate treatment. Most upper respiratory infections, also known as the common cold, are caused by viruses that require no antibiotic treatment. Too often antibiotics are prescribed inappropriately.<sup>6-2</sup>
- The CHCP rate for the *Lead Screening in Children* measure ranked between the 50th to 74th percentiles, indicating that many children had one or more blood test for lead poisoning by their second birthday. Screening for lead is an easy way to detect an abnormal blood lead level in children. If not found early, exposure to lead and high blood lead levels can lead to irrevocable effects on a child's physical and mental health.<sup>6-3</sup> As compared to national benchmarks, the CHCP is performing well; however, the program-wide rate had a statistically significant decline in performance from the prior year, which suggests additional attention and efforts in this area may be needed to maintain strong performance.
- **Quality, Timeliness, and Access**
  - Rates for both *Immunizations for Adolescents* measure indicators ranked between the 50th and 74th percentile for the CHCP, indicating many adolescents 13 years of age were receiving one dose of meningococcal vaccine, one Tdap vaccine, and one complete HPV vaccine series by their 13th birthday most of the time. Vaccines are a safe and effective way to protect adolescents against potential deadly diseases.<sup>6-4</sup> Although compared to national benchmarks the CHCP is performing well, the program-wide rate had a statistically significant decline in performance from the prior year, which suggests additional attention and efforts in this area may be needed to maintain strong performance.

<sup>6-1</sup> National Committee for Quality Assurance. Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB). Available at: <https://www.ncqa.org/hedis/measures/avoidance-of-antibiotic-treatment-in-adults-with-acute-bronchitis/>. Accessed on: Feb 10, 2022.

<sup>6-2</sup> National Committee for Quality Assurance. Appropriate Treatment for Children With Upper Respiratory Infection (URI). Available at: <https://www.ncqa.org/hedis/measures/appropriate-treatment-for-children-with-upper-respiratory-infection/>. Accessed on: Feb 10, 2022.

<sup>6-3</sup> National Committee for Quality Assurance. Lead Screening in Children (LSC). Available at: <https://www.ncqa.org/hedis/measures/lead-screening-in-children/>. Accessed on: Feb 10, 2022.

<sup>6-4</sup> National Committee for Quality Assurance. Immunizations for Adolescents (IMA). Available at: <https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/>. Accessed on: Feb 10, 2022.

- MDHHS has continued to place significant emphasis on pregnancy during this annual EQR through state-mandated *Addressing Disparities in Timeliness of Prenatal Care* PIPs. While the MHPs identified several potential barriers to members accessing timely prenatal care, nine of the 10 MHPs demonstrated a positive outcome through their PIP activities, such as demonstrating improvement over the baseline, sustaining improvement of the baseline, and/or eliminating the existing disparity.

## Weaknesses

HSAG's comprehensive assessment of the MHPs and the CHCP also identified areas of focus that represent significant opportunities for improvement within the program related to the quality of, timeliness of, and access to care and services.

- **Quality, Timeliness, and Access**

- The CHCP performance for the *Childhood Immunization Status* measure was poor overall with five rates below the 25th percentile and four rates between the 25th and 49th percentiles, indicating many children were not always getting their immunizations by their second birthday. The five rates below the 25th percentile also demonstrated a statistically significant decline from the prior year. Vaccination coverage must be maintained in order to prevent a resurgence of vaccine-preventable diseases.<sup>6-5</sup> Several MHPs reported barriers related to the COVID-19 pandemic, which may have had a negative impact on the performance for this measure such as the limitation of in-person visits, staff shortages or restrictions, and members being hesitant to go to the office.
- Although MDHHS mandated the MHPs conduct an *Addressing Disparities in Timeliness of Prenatal Care* PIP to support improvement, many women were not always having, or accessing timely, prenatal and/or postpartum care visits, as demonstrated through lower CHCP performance for the *Prenatal and Postpartum Care* measure rates. Both measure rates ranked below the 25th percentile and demonstrated a statistically significant decline from the prior year. Timely and adequate prenatal and postpartum care can set the stage for the long-term health and well-being of new mothers and their infants.<sup>6-6</sup> Several of the MHPs reported barriers related to the COVID-19 pandemic, which may have had a negative impact on the performance for this measure. These barriers included changing priorities and duties of clinical staff members, limited in-person ambulatory and non-critical care, and member reluctance to seek in-person care due to fears of contracting COVID-19; these noted barriers also adversely impacted data collection, reporting process, and intervention activities. Other MHPs reported potential barriers included member mistrust in providers, lack of use of telehealth services/comfort level with telehealth services, and the change in the specifications for the *Prenatal and Postpartum Care* measure.

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<sup>6-5</sup> National Committee for Quality Assurance. Childhood Immunization Status (CIS). Available at: <https://www.ncqa.org/hedis/measures/childhood-immunization-status/>. Accessed on: Feb 10, 2022.

<sup>6-6</sup> National Committee for Quality Assurance. Prenatal and Postpartum Care (PPC). Available at: <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>. Accessed on: Feb 10, 2022.

The performance in the *Prenatal and Postpartum Care* measure indicators has been identified as a program-wide weakness during the prior two annual EQRs.

- **Quality and Access**

- The *Adults' Access to Preventive/Ambulatory Health Services* measure rates ranked between the 25th and 49th percentiles, with all four rates demonstrating a statistically significant decline from the prior year. These results support that many adult members did not access ambulatory or preventive care visits. Healthcare visits are an opportunity for individuals to receive preventive services and counseling on topics such as diet and exercise. These visits also can help them to address acute issues or manage chronic conditions.<sup>6-7</sup> Some MHPs reported the COVID-19 pandemic and SDOH as potential barriers to adult members accessing preventive care.
- As demonstrated through low performance in the *Asthma Medication Ratio* measure rate, many members were dispensed asthma reliever medication as often, or more often, than asthma controller medications, suggesting an increased use of short-acting medications and less controlled asthma. This measure rated below the 25th percentile and demonstrated a statistically significant decline from the prior year. The prevalence and cost of asthma have increased over the past decade, demonstrating the need for better access to care and medication.<sup>6-8</sup> Some MHPs reported potential barriers that include, but are not limited to, the impact of the COVID-19 pandemic, members' SDOH, difficulty contacting members, lack of member education/understanding of appropriate use of medication, and changes in the PDL.

- **Quality**

- While one of the four rates for the *Appropriate Testing for Pharyngitis* measure ranked between the 50th and 74th percentiles, the remaining three rates ranked below the 49th percentile, with two of those below the 25th percentile. These three lower performing measure rates also demonstrated a statistically significant decline from the prior year, indicating members with a diagnosis of pharyngitis were not always receiving appropriate testing required to merit antibiotic treatment. Viral pharyngitis does not require antibiotic treatment, but antibiotics continue to be inappropriately prescribed. Proper testing and treatment of pharyngitis prevents the spread of sickness, while reducing unnecessary use of antibiotics.<sup>6-9</sup> Specific barriers in achieving higher rates for this measure were unclear.

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<sup>6-7</sup> National Committee for Quality Assurance. Adults' Access to Preventive/Ambulatory Health Services (AAP). Available at: <https://www.ncqa.org/hedis/measures/adults-access-to-preventive-ambulatory-health-services/>. Accessed on: Feb 10, 2022.

<sup>6-8</sup> National Committee for Quality Assurance. Asthma Medication Ratio (AMR). Available at: <https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/>. Accessed on: Feb 10, 2022.

<sup>6-9</sup> National Committee for Quality Assurance. Appropriate Testing for Children with Pharyngitis (CWP). Available at: <https://www.ncqa.org/hedis/measures/appropriate-testing-for-children-with-pharyngitis/>. Accessed on: Feb 10, 2022.

## Quality Strategy Recommendations for the Comprehensive Health Care Program

The MDHHS CQS is designed to improve the health and welfare of the people of the State of Michigan and address the challenges facing the State. Through its CQS, MDHHS is focusing on population health improvement on behalf of all of the Medicaid members it serves, while accomplishing its overarching goal of designing and implementing a coordinated and comprehensive system to proactively drive quality across all Michigan Medicaid managed care programs. MDHHS uses three foundational principles to guide implementation of the CQS to improve the quality of care and services. The principles include:

- A focus on health equity and decreasing racial and ethnic disparities.
- Addressing SDOH.
- Using an integrated data-driven approach to identify opportunities and improve outcomes.

In consideration of the goals of the CQS and the comparative review of findings for all activities related to quality, timely, and accessible care and services, HSAG recommends the following QI initiatives, which target the identified specific goals within MDHHS' CQS.

- **Goal 1:** Ensure high-quality and high levels of access to care
  - **Objective 1.2:** Assess and reduce identified racial disparities
  - **Objective 1.3:** Implement processes to monitor, track, and trend the quality, timeliness, and availability of care and services
  - **Objective 1.4:** Ensure care is delivered in a way that maximizes members' health and safety
- **Goal 3:** Promote effective care coordination and communication of care among managed care programs, providers, and stakeholders (internal and external)
  - **Objective 3.1:** Establish common program-specific quality metrics and definitions to collaborate meaningfully across program areas and delivery systems
- **Goal 4:** Reduce racial and ethnic disparities in healthcare and health outcomes
  - **Objective 4.1:** Use a data-driven approach to identify root causes of racial and ethnic disparities and address health inequity at its source whenever possible
  - **Objective 4.5:** Expand and share promising practices for reducing racial disparities
- **Goal 5:** Improve quality outcomes and disparity reduction through value-based initiatives and payment reform
  - **Objective 5.2:** Align value-based goals and objectives across programs

To improve program-wide performance in support of the objectives under **Goal 1**, **Goal 3**, and **Goal 4**, and to enhance monitoring efforts and improve all members' access to timely care and services, HSAG recommends the following:

- **Compliance Review Validation**—During HSAG's review of the compliance review summaries for the MHPs, HSAG discovered a discrepancy between the performance score for the Program Integrity standard for **Meridian Health Plan of Michigan** versus the performance score calculated by HSAG. MDHHS confirmed there was an error in MDHHS' initial calculation, which resulted in a positive change in **Meridian Health Plan of Michigan**'s performance score for Program Integrity and **Meridian Health Plan of Michigan**'s overall score across all standards. It also resulted in a minimal change to the program-wide score for both the Program Integrity standard and the overall score across all MHPs. As such, HSAG recommends that MDHHS enhance procedures when calculating compliance review results. Specifically, MDHHS should consider implementing a validation process prior to finalizing the performance scores.
- **Compliance Review Methodology**—While MDHHS has made several significant improvements to its compliance review process, HSAG identified additional areas in which the compliance review process could be enhanced.
  - MDHHS is continuing to compare its current compliance review standards to federal standards to ensure it is reviewing all required components under the federal Medicaid managed care rule. MDHHS is also hiring a new position to support this activity. HSAG recommends that MDHHS proceed with this comparison and consider all requirements under Subpart D of Part 438, the disenrollment requirements and limitations described in §438.56, the member rights requirements described in §438.100, the emergency and post-stabilization services requirements described in §438.114, and the QAPI requirements described in §438.330.
  - HSAG recommends that MDHHS consider updating its naming convention of its standards to align with the standards under federal rule. This may assist MDHHS in ensuring all requirements are appropriately included in its review.
  - MDHHS should verify implementation of the MHPs' policies and procedures through comprehensive targeted file reviews, including member grievances, member appeals, service authorizations, credentialing and recredentialing records, care management records, and delegation oversight documentation. HSAG also made this recommendation in the SFY 2020 EQR technical report, and MDHHS has included requests for additional evidence to support these areas; however, HSAG continues to recommend a robust and targeted file review, including a live demonstration of each MHP's HIS to enhance MDHHS' review process and provide confirmation of how the MHPs are implementing specific requirements in these program areas.
  - Based on the documented findings within MDHHS' compliance review tools, it was unclear whether MDHHS' compliance review process included on-site visits and interviews of key MHP staff members for all federally required compliance review program areas. In accordance with CMS EQR Protocol 3, MDHHS' compliance review should include a process to conduct MHP-specific interviews of MHP staff members to collect additional data to supplement and verify the information MDHHS learned through the document review. It is also important for MDHHS to



ensure MHP staff can articulate its processes and procedures. MDHHS should consider interviewing MHP leadership; IS staff; QAPI program staff; provider services staff; member services staff; grievances and appeal staff; UM staff, including medical directors; and case managers and care coordinators. Additionally, the interviews should be tailored to the MHP being evaluated, and MDHHS should focus its questions on any issues identified through the document review (e.g., gaps in processes, clarification of procedures). After the interviews, MDHHS should also consider collecting and documenting additional information as needed. HSAG also made this recommendation in the SFY 2020 EQR technical report. Interviews with MHP staff members are a vital component of the compliance review activity. MDHHS should review the *Conduct MCP Onsite Visit* section of CMS EQR Protocol 3 and determine how CMS' guidance can be incorporated into MDHHS' current compliance review process.

- **SFY 2022 PIP**—For SFY 2022, the MHPs will be restarting the *Addressing Disparities in Timeliness of Prenatal Care* PIP topic to further support improvement in this lower performing statewide program area. As part of the PIP process, specifically when the MHPs are in the process of developing PIP interventions, MDHHS should consider the following:
  - To ensure interventions are actionable and will support performance improvement, MDHHS should review the MHPs' planned interventions prior to MHP implementation and provide feedback and/or approval on any planned interventions. MDHHS could also consider whether a state-required intervention would be appropriate for the MHPs to implement. MDHHS could consult with HSAG through these processes.
  - Once interventions have been developed and implemented, MDHHS could consider assessing the MHPs' processes to continuously measure and analyze intervention effectiveness through required quarterly status updates. These updates could include a summary of the MHPs' intervention effectiveness, including any noted barriers, steps to mitigate those barriers, and any revisions that have been made to the interventions to support improvement. This is especially important through the COVID-19 pandemic as the MHPs have continued to report the COVID-19 pandemic as a barrier to successfully improving performance. MDHHS could leverage the HSAG-developed Intervention Progress Form to obtain feedback; however, this recommendation is specifically for MDHHS as MDHHS could provide valuable feedback to the MHPs through its knowledge of the environment in Michigan.
  - MDHHS could also consider having the MHPs, through a dedicated workgroup session, share promising practices (e.g., effective interventions) for reducing racial disparities and improving performance specifically through the PIP activity. This session could also be used to discuss how COVID-19 was considered when developing interventions that could be successful even through a pandemic.
- **Childhood Immunization Initiative**—The MHPs continue to experience challenges improving the prevalence of compliant childhood immunizations due to the COVID-19 pandemic. To support an increase in CDC recommended immunizations, MDHHS could work with the MHPs and community partners (i.e., public health departments, schools, providers) to establish and promote safe delivery of immunizations through alternative vaccination sites, including drive-through vaccination services in accordance with the CDC's pandemic guidance for routine and influenza immunization services during the COVID-19 pandemic. Based on the impact of this initiative, MDHHS could consider working with the MHPs to expand similar services to support adult preventive care.

To improve performance in support of Objective 5.2 under **Goal 5** to align value-based goals and objectives across programs, HSAG recommends the following:

- **MDHHS Collaborative**—MDHHS is responsible for several separate Medicaid managed care programs. These programs are managed separately by multiple teams within MDHHS with minimal program alignment. To support the sharing of best practices and potentially reduce duplicative efforts, HSAG recommends the following:
  - MDHHS should establish a collaborative workgroup whose membership consists of representation from all Medicaid managed care programs. As part of this workgroup, MDHHS should implement a communication channel and protocol for ongoing collaboration between the managed care programs. Through the workgroup, MDHHS could:
    - Determine processes within the programs that could be streamlined to reduce efforts.
    - Team members from each program area could report regularly on program-level activities, including successes and challenges, and solicit feedback from other program team members, when necessary, to identify potential opportunities for improvement and program enhancements.

HSAG is making this recommendation for all Medicaid managed care programs in Michigan.

## Appendix A. External Quality Review Activity Methodologies

### Methods for Conducting EQR Activities

#### *Validation of Performance Improvement Projects*

##### Activity Objectives

Validating PIPs is one of the mandatory activities described at 42 CFR §438.330(b)(1). In accordance with §438.330(d), MCOs, PIHPs, PAHPs, and PCCM entities are required to have a QAPI program, which includes PIPs that focus on both clinical and nonclinical areas. Each PIP must be designed to achieve significant improvement, sustained over time, in health outcomes and member satisfaction, and must include the following:

- Measuring performance using objective quality indicators.
- Implementing system interventions to achieve QI.
- Evaluating effectiveness of the interventions.
- Planning and initiating activities for increasing and sustaining improvement.

The EQR technical report must include information on the validation of PIPs required by the State and underway during the preceding 12 months.

The primary objective of PIP validation is to determine the MHP's compliance with the requirements of 42 CFR §438.330(d). HSAG's evaluation of the PIP includes two key components of the QI process:

1. HSAG evaluates the technical structure of the PIP to ensure that the MHP designs, conducts, and reports the PIP in a methodologically sound manner, meeting all State and federal requirements. HSAG's review determines whether the PIP design (e.g., study question, population, indicator[s], sampling techniques, and data collection methodology) is based on sound methodological principles and could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring sustained improvement.
2. HSAG evaluates the implementation of the PIP. Once designed, a PIP's effectiveness in improving outcomes depends on the systematic data collection process, analysis of data, identification of causes and barriers, and subsequent development of relevant interventions. Through this component, HSAG evaluates how well the MHP improves its rates through implementation of effective processes (i.e., barrier analyses, intervention design, and evaluation of results).

The goal of HSAG's PIP validation is to ensure that MDHHS and key stakeholders can have confidence that any reported improvement is related to and can be directly linked to the QI strategies and activities conducted by the MHP during the PIP.

MDHHS requires that each MHP conduct one PIP subject to validation by HSAG. For this year's SFY 2021 validation, the MHPs submitted Remeasurement 3 data for the state-mandated PIP topic, *Addressing Disparities in Timeliness of Prenatal Care*. The selected PIP topic is based on the HEDIS *Prenatal and Postpartum Care* measure; however, each MHP was required to use historical data to identify disparities within its population related to timeliness of prenatal care. Disparities could be one or more of the following:

- Race/Ethnicity/Language
- Enrollee Age
- Geographic Region

This topic has the potential to improve the health of pregnant members through increasing early initiation of prenatal care. Women who do not receive adequate or timely prenatal care are at an increased risk of complications and poor birth outcomes. The selected study topic addressed CMS' requirements related to quality outcomes—specifically, the quality of, timeliness of, and access to care and services.

### Technical Methods of Data Collection and Analysis

Since these PIPs were initiated in SFY 2018, the methodology used to validate PIPs was based on the CMS guidelines as outlined in *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.<sup>A-1</sup> When the MHPs implement new PIPs, HSAG will use the 2019 CMS publication, *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, October 2019 (CMS EQR Protocol 1).

Using this protocol, HSAG, in collaboration with MDHHS, developed the PIP Submission Form. Each MHP completed this form and submitted it to HSAG for review. The PIP Submission Form standardized the process for submitting information regarding the PIPs and ensured all CMS PIP protocol requirements were addressed.

HSAG, with MDHHS' input and approval, developed a PIP Validation Tool to ensure uniform validation of PIPs. Using this tool, HSAG evaluated each of the PIPs according to the CMS EQR Protocols. The CMS EQR Protocols identify 10 steps that should be validated for each PIP. For the SFY 2021 submissions, the MHPs reported Remeasurement 3 data and were validated for Step I through Step X in the PIP Validation Tool.

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<sup>A-1</sup> Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <https://www.medicare.gov/medicaid/quality-of-care/downloads/eqr-protocol-3.pdf>. Accessed on: Feb 16, 2022.

The 10 steps included in the PIP Validation Tool are listed below:

- Step I.       Appropriate Study Topic
- Step II.       Clearly Defined, Answerable Study Question(s)
- Step III.       Correctly Identified Study Population
- Step IV.       Clearly Defined Study Indicator(s)
- Step V.       Valid Sampling Techniques (if sampling was used)
- Step VI.       Accurate/Complete Data Collection
- Step VII.       Sufficient Data Analysis and Interpretation
- Step VIII.      Appropriate Improvement Strategies
- Step IX.       Real Improvement Achieved
- Step X.       Sustained Improvement Achieved

HSAG used the following methodology to evaluate PIPs conducted by the MHPs to determine PIP validity and to rate the percentage of compliance with CMS' protocol for conducting PIPs.

Each required step is evaluated on one or more elements that form a valid PIP. The HSAG PIP Review Team scores each evaluation element within a given step as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed*. HSAG designates evaluation elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all critical elements must be *Met*. Given the importance of critical elements to the scoring methodology, any critical element that receives a *Not Met* score results in an overall validation rating of *Not Met* for the PIP. The MHP is assigned a *Partially Met* score if 60 percent to 79 percent of all evaluation elements are *Met* or one or more critical elements are *Partially Met*. HSAG provides a *General Comment* when enhanced documentation would have demonstrated a stronger understanding and application of the PIP activities and evaluation elements.

In addition to the validation status (e.g., *Met*), HSAG assigns the PIP an overall percentage score for all evaluation elements (including critical elements). HSAG calculates the overall percentage score by dividing the total number of elements scored as *Met* by the total number of elements scored as *Met*, *Partially Met*, and *Not Met*. HSAG also calculates a critical element percentage score by dividing the total number of critical elements scored as *Met* by the sum of the critical elements scored as *Met*, *Partially Met*, and *Not Met*.

HSAG assessed the implications of the PIP's findings on the likely validity and reliability of the results as follows:

- *Met*: High confidence/confidence in reported PIP results. All critical elements were *Met*, and 80 to 100 percent of all evaluation elements were *Met* across all activities.
- *Partially Met*: Low confidence in reported PIP results. All critical elements were *Met*, and 60 to 79 percent of all evaluation elements were *Met* across all activities; or one or more critical elements were *Partially Met*.

- *Not Met*: All critical elements were *Met*, and less than 60 percent of all evaluation elements were *Met* across all activities; or one or more critical elements were *Not Met*.

The MHPs had an opportunity to resubmit a revised PIP Submission Form and provide additional information or documentation in response to HSAG's initial validation scores of *Partially Met* or *Not Met*, regardless of whether the evaluation element was critical or noncritical. HSAG offered technical assistance to any MHP that requested an opportunity to review the initial validation scoring prior to resubmitting the PIP.

HSAG conducted a final validation for any resubmitted PIPs and documented the findings and recommendations for each PIP. Upon completion of the final validation, HSAG prepared a report of its findings and recommendations for each MHP. These reports, which complied with 42 CFR §438.364, were provided to MDHHS which distributed them to the MHPs.

### Description of Data Obtained and Related Time Period

For SFY 2021, the MHPs submitted Remeasurement 3 data. The study indicator measurement period dates are listed below.

**Table A-1—Description of Data Obtained and Measurement Periods**

Data Obtained	Period to Which the Data Applied
Baseline	November 6, 2016–November 5, 2017
Remeasurement 1	November 6, 2017–November 5, 2018
Remeasurement 2	October 8, 2018–October 7, 2019
Remeasurement 3	October 8, 2019–October 7, 2020

### Process for Drawing Conclusions

To draw conclusions about the quality and timeliness of, and access to, care and services that each MHP provided to members, HSAG validated the PIPs to ensure it used a sound methodology in its design, implementation, analysis and reporting of the study's findings and outcomes. The process assesses the validation findings on the likely validity and reliability of the results by assigning a validation score of *Met*, *Partially Met*, and *Not Met*. HSAG further analyzed the quantitative results (e.g., study indicator results compared to baseline, prior remeasurement period results, and study goal) and qualitative results (e.g., technical design of the PIP, data analysis, and implementation of improvement strategies) to identify strengths and weaknesses and determine whether each strength and weakness impacted one or more of the domains of quality, timeliness, or access. Additionally, for each weakness, HSAG made recommendations to support improvement in the quality, timeliness, and access to care and services furnished to the MHP's Medicaid members.



## Performance Measure Validation

### Activity Objectives

In accordance with 42 CFR §438.330(c), states must require that MCOs, PIHPs, PAHPs, and PCCM entities submit performance measurement data as part of their QAPI programs. Validating performance measures is one of the mandatory EQR activities described in §438.358(b)(2). For the MCO, PIHP, PAHP, and PCCM entity, the EQR technical report must include information regarding the validation of performance measures (as required by the State) and/or performance measures calculated by the State during the preceding 12 months.

The primary objectives of the PMV process are to:

- Evaluate the accuracy of the performance measure data collected by the MHP.
- Determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure.

To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough IS evaluation, to assess each MHP's support system available to report accurate HEDIS measures.

### Technical Methods of Data Collection and Analysis

MDHHS required each MHP to collect and report a set of Medicaid HEDIS measures. Developed and maintained by NCQA, HEDIS is a set of performance measures broadly accepted in the managed care environment as an industry standard.

Each MHP underwent an NCQA HEDIS Compliance Audit conducted by an NCQA licensed organization. The NCQA HEDIS Compliance Audit followed NCQA audit methodology as set out in NCQA's MY 2020 Volume 5, *HEDIS Compliance Audit: Standards, Policies and Procedures*. The NCQA HEDIS Compliance Audit encompasses an in-depth examination of the MHPs' processes consistent with the CMS EQR Protocols. To complete the validation of performance measure process according to the CMS EQR Protocol 2, HSAG performed an independent evaluation of the audit results and findings to determine the validity of each performance measure.

Each NCQA HEDIS Compliance Audit was conducted by a certified HEDIS compliance auditor and included the following activities:

**Pre-Review Activities:** Each MHP was required to complete the NCQA Record of Administration, Data Management, and Processes (Roadmap), which is comparable to the Information Systems Capabilities Assessment Tool, Appendix V of the CMS EQR Protocols. Pre-on-site conference calls were held to follow up on any outstanding questions. HSAG conducted a thorough review of the Roadmap and supporting documentation, including an evaluation of processes used for collecting, storing, validating, and reporting the performance measure data.

**On-Site Review Activities:** The on-site reviews, which typically lasted one to two days, included:

- An evaluation of system compliance, focusing on the processing of claims and encounters.
- An overview of data integration and control procedures, including discussion and observation.
- A review of how all data sources were combined and the method used to produce the performance measures.
- Interviews with MHP staff members involved with any aspect of performance measure reporting.
- A closing conference at which the auditor summarized preliminary findings and recommendations.

**Post-On-Site Review Activities:** For each performance measure calculated and reported by the MHPs, the auditor aggregated the findings from the pre-on-site and on-site activities to determine whether the reported measures were valid, based on an allowable bias. The auditor assigned each measure one of seven audit findings: (1) *Reportable* (a reportable rate was submitted for the measure), (2) *Small Denominator* (the MHP followed the specifications, but the denominator was too small [e.g., <30] to report a valid rate), (3) *No Benefit* (the MHP did not offer the health benefits required by the measure), (4) *Not Reportable* (the MHP chose not to report the measure), (5) *Not Required* (the MHP was not required to report the measure), (6) *Biased Rate* (the calculated rate was materially biased), or (7) *Un-Audited* (the MHP chose to report a measure that is not required to be audited).

HSAG performed a comprehensive review and analysis of the MHPs' IDSS results, data submission tools, and MHP-specific NCQA HEDIS Compliance Audit Reports and performance measure reports.

HSAG ensured that the following criteria were met prior to accepting any validation results:

- An NCQA licensed organization completed the audit.
- An NCQA-certified HEDIS compliance auditor led the audit.
- The audit scope included all MDHHS-selected HEDIS measures.
- The audit scope focused on the Medicaid product line.
- Data were submitted via an auditor-locked NCQA IDSS.
- A final audit opinion, signed by the lead auditor and responsible officer within the licensed organization, was produced.

## Description of Data Obtained and Related Time Period

As identified in the CMS EQR Protocol 2, the following key types of data were obtained and reviewed as part of the validation of performance measures. Table A-2 shows the data sources used in the validation of performance measures and the time period to which the data applied.

**Table A-2—Description of Data Sources**

Data Obtained	Measurement Period
NCQA HEDIS Compliance Audit Reports were obtained for each MHP, which included a description of the audit process, the results of the IS findings, and the final audit designations for each performance measure.	Calendar Year (CY) 2020 (HEDIS MY 2020)
Performance measure reports, submitted by the MHPs using NCQA's IDSS, were analyzed and subsequently validated by HSAG.	CY 2020 (HEDIS MY 2020)
Previous performance measure reports were reviewed to assess trending patterns and the reasonability of rates.	CY 2019 (HEDIS 2020)

## Process for Drawing Conclusions

To draw conclusions about the quality and timeliness of, and access to, care and services that each MHP provided to members, HSAG evaluated the results for each performance measure that were assigned an audit finding of *Reportable*, *Small Denominator*, *No Benefit*, *Not Reportable*, *Not Required*, *Biased Rate*, or *Un-Audited*. HSAG further analyzed the results of the MHP's HEDIS MY 2020 performance measure rates and 2020 performance levels based on comparisons to national percentiles to identify strengths and weaknesses and determine whether each strength and weakness impacted one or more of the domains of quality, timeliness, or access. Additionally, for each weakness, HSAG made recommendations to support improvement in the quality of, timeliness of, and access to care and services furnished to the MHP's Medicaid members.

## Compliance Review

### Activity Objectives

According to 42 CFR §438.358, a state or its EQRO must conduct a review within a three-year period to determine the MHPs' compliance with standards set forth in 42 CFR §438—Managed Care Subpart D, the disenrollment requirements and limitations described in §438.56, the member rights requirements described in §438.100, the emergency and post-stabilization services requirements described in §438.114, and the QAPI requirements described in 42 CFR §438.330. To meet this requirement, MDHHS performed annual compliance reviews of its contracted MHPs.

The objectives of conducting compliance reviews are to ensure performance and adherence to contractual provisions as well as compliance with federal Medicaid managed care regulations. The reviews also aid in identifying areas of noncompliance and assist MHPs in developing corrective actions to achieve compliance with State and federal requirements.

### Technical Methods of Data Collection and Analysis

MDHHS is responsible for conducting compliance activities that assess MHPs' conformity with State requirements and federal Medicaid managed care regulations. To meet this requirement, MDHHS identifies the requirements necessary for review during the SFY and divides the requirements into a 12-month compliance monitoring schedule. The MHPs were provided with a *FY2021 MHP Compliance Review Timeline* that outlined the areas of focus for each month's review and the documents required to be submitted to MDHHS to demonstrate compliance.

This technical report presents the results of the compliance reviews performed during the SFY 2021 contract year. MDHHS conducted a compliance review of six standards listed in Table A-3. Table A-3 also crosswalks MDHHS' compliance review standards to the associated federal standards and citations.

**Table A-3—Compliance Review Standards Crosswalk<sup>1</sup>**

MDHHS Compliance Review Standard		Federal Standard and Citation
1	Administrative	§438.224 Confidentiality
2	Provider	§438.10 Information requirements §438.206 Availability of services §438.207 Assurances of adequate capacity and services §438.210 Coverage and authorization of services §438.214 Provider selection §438.230 Subcontractual relationships and delegation

MDHHS Compliance Review Standard		Federal Standard and Citation
3	Member	§438.10 Information requirements §438.100 Enrollee Rights §438.114 Emergency and poststabilization services §438.206 Availability of services §438.208 Coordination and continuity of care §438.210 Coverage and authorization of services §438.228 Grievance and appeal systems §438.230 Subcontractual relationships and delegation Subpart F Grievance and Appeal System
4	Quality	§438.208 Coordination and continuity of care §438.210 Coverage and authorization of services §438.236 Practice guidelines §438.330 Quality assessment and performance improvement program
5	MIS	§438.56 Disenrollment: Requirements and limitations §438.242 Health information systems
6	Program Integrity	§438.230 Subcontractual relationships and delegation Subpart H Additional Program Integrity Safeguards

<sup>1</sup> HSAG and MDHHS created a crosswalk to compare MDHHS compliance review standards to federal standards, but this crosswalk should not be interpreted to mean the State's standards include all specific federal requirements under 42 CFR §438.358(b)(1)(iii).

MDHHS reviewers used a compliance review tool for each MHP to document its findings and to identify, when applicable, specific action(s) required of the MHP to address any areas of noncompliance with contractual requirements.

**Attestation**—For certain elements, if an MHP met requirements in the last compliance review, the MHP was allowed to attest that the previously submitted documentation was still applicable and had not changed. These attestations are allowed every other year (e.g., if an MHP attested to an item in SFY 2020, it may not attest to the item again in SFY 2021).

**Deeming**—As all MHPs are NCQA-accredited, MDHHS considered certain elements deemable. In order for these elements to be deemable, the MHP must have had the NCQA Medicaid module completed. If the module was completed, the MHP was only required to share the results of that survey. If the MHP did not have the NCQA Medicaid module completed, the MHP would have been required to submit documentation for MDHHS' review. The elements that MDHHS considers NCQA deemable are outlined in the MDHHS CQS.

For each element reviewed, MDHHS assigned one of the following scores:

- *Met*—The MHP's submission met contract and compliance review requirements.
- *Not Met*—The MHP's submission did not meet contract or compliance review requirements.

For each MHP, MDHHS calculated a total percentage-of-compliance score for each of the standards and an overall percentage-of-compliance score across the standards. MDHHS calculated the total score for each standard by totaling the number of *Met* (i.e., 1 point) elements and the number of *Not Met* (i.e., 0 points) elements, then dividing the summed score by the total number of elements for that standard. MDHHS determined the overall percentage-of-compliance score across the areas of review by following the same method used to calculate the scores for each standard (i.e., by summing the total values of the scores and dividing the result by the total number of applicable elements). A summary of MHP-specific and program-wide results were provided to HSAG via the *All Plans FY2021 CR Results* report.

Upon receiving a *Not Met* finding, the MHPs were required to submit a CAP, which was reviewed by MDHHS to determine acceptability. The only reason a CAP may not be required is if an MHP demonstrated compliance with the element prior to the CAP being issued; however, the *Not Met* finding would still stand.

### Description of Data Obtained and Related Time Period

To assess the MHPs' compliance with federal and State requirements, MDHHS obtained information from a wide range of written documents produced by the MHPs, including, but not limited to, the following:

- Policies and procedures
- Accreditation certificates or letters, organizational charts, governing board member appointment documentation, and board meeting minutes
- Operational plans, health plan profiles, administrative position descriptions, and management and financial reports
- Consolidated Annual Report, including financial information and member and provider incentives
- Provider contracts, network access plan, network access and provider availability documentation, and provider appeal logs
- Subcontract/delegation agreements and monitoring documentation
- CPGs and supporting documentation
- Member material timeliness documentation, including identification (ID) card mailings and new member packets
- Copies of member materials, including new member packets, member handbooks, member newsletters, and provider directories
- MAC pricing reconsiderations process
- Grievance, appeal, and prior-authorization reports and notice templates
- QIPs and UM programs, QI workplans and worksheets, utilization reports, QI effectiveness reports, and committee meeting minutes
- Enrollment and disenrollment procedures
- PIPs
- Compliance plan and employee training documentation
- Program integrity forms and reports



MDHHS also reviews each MHP's website to determine compliance in several program areas such as the provider appeal process, provider directory components, member material reading level, and website content.

### Process for Drawing Conclusions

To draw conclusions and provide an understanding of the strengths and weaknesses of each MHP individually, HSAG used the quantitative results and percentage-of-compliance score calculated by MDHHS for each standard. HSAG determined each MHP's substantial strengths and weaknesses as follows:

- Strength—Any standard that achieved a 100 percent compliance score.
- Weakness—Any standard that scored below the statewide compliance score.

HSAG further analyzed the qualitative results of each strength and weakness (i.e., findings that resulted in the strength or weakness) to draw conclusions about the quality and timeliness of, and access to care and services that each MHP provided to members by determining whether each strength and weakness impacted one or more of the domains of quality, timeliness, and access. Additionally, for each weakness, HSAG made recommendations to support improvement in the quality, timeliness, and accessibility of care and services furnished to each MHP's Medicaid members.

## Consumer Assessment of Healthcare Providers and Systems Analysis

### Activity Objectives

The CAHPS surveys ask adult members and parents/caretaker of child members to report on and evaluate their experiences with healthcare. The surveys cover topics that are important to members, such as the communication skills of providers and the accessibility of services. The CAHPS surveys are recognized nationally as an industry standard for both commercial and public payers. The sampling and data collection procedures promote both the standardized administration of survey instruments and the comparability of the resulting data.

### Technical Methods of Data Collection and Analysis

The technical method of data collection was through administration of the CAHPS 5.1H Adult Medicaid Health Plan Survey to the adult Medicaid population, and the CAHPS 5.1H Child Medicaid Health Plan Survey (without the CCC measurement set) to the child Medicaid population. Various methods of data collection were used for the CAHPS surveys, such as mixed-mode (i.e., mailed surveys followed by telephone interviews of non-respondents), mixed-mode and Internet protocol methodology (i.e., mailed surveys with an Internet link included on the cover letter followed by telephone interviews of non-respondents), or mail-only. For the adult and child Medicaid CAHPS surveys, based on NCQA protocol, adult members included as eligible for the survey were 18 years of age or older as of December 31, 2020; and child members included as eligible for the survey were 17 years of age or younger as of December 31, 2020. For the CSHCS CAHPS survey, child members included as eligible for the survey were 17 years of

age or younger as of February 28, 2021. For the HMP CAHPS survey, adult members included as eligible for the survey were 19 years or older as of February 28, 2021.

The survey questions were categorized into various measures of member experience. For the adult and child Medicaid and HMP CAHPS surveys, these measures included four global ratings, four composite measures, and three Effectiveness of Care measures.<sup>A-2</sup> The global ratings reflected respondents' overall experience with their/their child's personal doctor, specialist, health plan, and all healthcare. The composite measures were derived from sets of questions to address different aspects of care (e.g., *Getting Needed Care* and *How Well Doctors Communicate*). The Effectiveness of Care measures assessed the various aspects of providing assistance with smoking and tobacco use cessation in the adult population.

For the CSHCS CAHPS survey, these measures included five global rating questions, five composite measures, and four individual item measures. The global ratings reflected respondents' overall experience with the health plan, healthcare, specialists, CMDs clinics, and beneficiary help line. The composite measures were derived from sets of questions to address different aspects of care (e.g., *Customer Service* and *How Well Doctors Communicate*). The individual item measures were individual questions that looked at specific areas of care (e.g., *Access to Prescription Medicines*).

NCQA requires a minimum of 100 responses on each item to report the measure as a valid CAHPS survey result; however, for this report, if available, the MHPs' results are reported for a CAHPS measure even when the NCQA minimum reporting threshold of 100 respondents was not met. Measure results that did not meet the minimum number of 100 responses are denoted in the tables with an asterisk (\*). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents.

For each of the global ratings, the percentage of respondents who chose the top experience ratings (a response value of 9 or 10 on a scale of 0 to 10) was calculated. For each of the composite measures, the percentage of respondents who chose a positive response was calculated. CAHPS composite question response choices were "Never," "Sometimes," "Usually," or "Always." A positive or top-box response for the composites was defined as a response of "Always" or "Usually." The percentage of top-box responses is referred to as a top-box score for the composite measures. For the Effectiveness of Care measures, responses of "Always/Usually/Sometimes" were used to determine if the respondent qualified for inclusion in the numerator. The rates presented follow NCQA's methodology of calculating a rolling average using the current and prior year's results. Individual item measure question response choices were "Never," "Sometimes," "Usually," or "Always," and "Extremely Dissatisfied," "Somewhat Dissatisfied," "Neither Satisfied Nor Dissatisfied," "Somewhat Satisfied," or "Extremely Satisfied." A positive or top-box response for the individual items was defined as a response of "Always" or "Usually" and "Somewhat Satisfied" or "Extremely Satisfied."

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<sup>A-2</sup> Effectiveness of Care measures related to smoking cessation were only included for the adult surveys.

## NCQA National Average Comparisons

Each MHP's 2021 adult and child CAHPS scores were compared to the 2020 NCQA adult and child Medicaid national averages, respectively.<sup>A-3</sup> A *t* test was performed to determine whether 2021 top-box scores were statistically significantly different from the 2020 NCQA adult and child Medicaid national averages. A difference was considered statistically significant if the two-sided *p* value of the *t* test was less than 0.05.

Colors and arrows are used to note statistically significant differences. An upward green (↑) arrow indicates a top-box score that was statistically significantly above the 2020 NCQA national average. A downward red (↓) arrow indicates a top-box score that was statistically significantly below the 2020 NCQA national average. Scores that were not statistically significantly different than the 2020 NCQA national averages are not denoted with arrows.

## Plan Comparisons

The results of the MHPs were compared to the applicable program (i.e., MDHHS Medicaid managed care program, MDHHS CSHCS managed care program, and MDHHS HMP program). Two types of hypothesis tests were applied to these results. First, a global *F* test was calculated, which determined whether the difference between the MHPs' scores was significant. If the *F* test demonstrated plan-level differences (i.e., *p* value < 0.05), then a *t* test was performed for each MHP. The *t* test determined whether each MHP's score was statistically significantly different from the applicable program.

Colors and arrows are used to note statistically significant differences. An upward green (↑) arrow indicates a top-box score that was statistically significantly above the applicable program. A downward red (↓) arrow indicates a top-box score that was statistically significantly below the applicable program. Scores that were not statistically significantly different than the applicable program are not denoted with arrows.

## Description of Data Obtained and Related Time Period

HSAG administered the CAHPS surveys to the child Medicaid population for the MHPs, child members enrolled in CSHCS, and adult members enrolled in HMP. The MHPs provided HSAG with the adult Medicaid CAHPS survey data presented in this report. The MHPs reported that NCQA protocols were followed for administering the CAHPS surveys.

The CAHPS 5.1H Child Medicaid Health Plan Survey was administered to parents/caretakers of child members enrolled in the MHPs from February to May 2021. The CSHCS CAHPS survey was administered to parents/caretakers of child members enrolled in the CSHCS Program from June to September 2021. The HMP CAHPS survey was administered to eligible adult members in the HMP from June to September 2021.

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<sup>A-3</sup> National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020*. Washington, DC: NCQA, September 2020.

## Process for Drawing Conclusions

To draw conclusions about the quality and timeliness of, and access to services provided by the MHPs, HSAG assigned each of the measures to one or more of these three domains. This assignment to domains is depicted in Table A-4.

**Table A-4—Assignment of CAHPS Measures to the Quality, Timeliness, and Access Domains**

CAHPS Topic	Quality	Timeliness	Access
<b>Adult and Child Medicaid CAHPS/HMP CAHPS</b>			
<i>Rating of Personal Doctor</i>	✓		
<i>Rating of Specialist Seen Most Often</i>	✓		
<i>Rating of All Health Care</i>	✓		
<i>Rating of Health Plan</i>	✓		
<i>Getting Needed Care</i>	✓		✓
<i>Getting Care Quickly</i>	✓	✓	
<i>How Well Doctors Communicate</i>	✓		
<i>Customer Service</i>	✓		
<i>Coordination of Care</i>	✓		
<i>Advising Smokers and Tobacco Users to Quit</i>	✓		
<i>Discussing Cessation Medications</i>	✓		
<i>Discussing Cessation Strategies</i>	✓		
<b>CSHCS</b>			
<i>Rating of Health Plan</i>	✓		
<i>Rating of All Health Care</i>	✓		
<i>Rating of Specialist Seen Most Often</i>	✓		
<i>Rating of CMDS Clinic</i>	✓		
<i>Rating of Beneficiary Help Line</i>	✓		
<i>Customer Service</i>	✓		
<i>How Well Doctors Communicate</i>	✓		
<i>Access to Specialized Services</i>	✓		✓
<i>CSHCS Family Center</i>	✓		
<i>Access to Prescription Medicines</i>	✓		✓
<i>CMDS Clinics</i>	✓	✓	
<i>Local Health Department Services</i>	✓		
<i>Beneficiary Help Line</i>	✓		

## Quality Rating

### Activity Objectives

MDHHS contracted with HSAG to analyze MY 2020 HEDIS results, including MY 2020 CAHPS data from the 10 MHPs for presentation in the 2021 Michigan Consumer Guide.<sup>A-4</sup> The 2021 Michigan Consumer Guide analysis helps to support MDHHS' public reporting of health plan performance information.

### Technical Methods of Data Collection and Analysis

MDHHS, in collaboration with HSAG, chose measures for the 2021 Michigan Consumer Guide based on a number of factors that were consistent with previous years. Per NCQA specifications, the CAHPS 5.1H Adult Medicaid Health Plan Survey instrument was used for the adult population and the CAHPS 5.1H Child Medicaid Health Plan Survey instrument was used for the child population.

Table A-5 lists the 41 measures, 15 CAHPS and 26 HEDIS, and their associated weights. The measures are organized by reporting category and subcategory.

**Table A-5—Reporting Categories, Subcategories, Measures, and Weights—HEDIS 2021 Analysis**

Measure	Measure Weight
<b>Overall Rating<sup>A-5</sup></b>	
Adult Medicaid— <i>Rating of Health Plan</i> (CAHPS Global Rating)	1
Child Medicaid— <i>Rating of Health Plan</i> (CAHPS Global Rating)	1
Adult Medicaid— <i>Rating of All Health Care</i> (CAHPS Global Rating)	1
Child Medicaid— <i>Rating of All Health Care</i> (CAHPS Global Rating)	1
Adult Medicaid— <i>Customer Service</i> (CAHPS Composite)	1
<b>Doctors' Communication and Service</b>	
<b>Satisfaction With Providers</b>	
Adult Medicaid— <i>How Well Doctors Communicate</i> (CAHPS Composite)	1
Child Medicaid— <i>How Well Doctors Communicate</i> (CAHPS Composite)	1
Adult Medicaid— <i>Rating of Personal Doctor</i> (CAHPS Global Rating)	1
Child Medicaid— <i>Rating of Personal Doctor</i> (CAHPS Global Rating)	1
Adult Medicaid— <i>Rating of Specialist Seen Most Often</i> (CAHPS Global Rating)	1

<sup>A-4</sup> Total Health Care and Priority Health will be merging as of October 2021. Both MHPs will be included in the 2021 Michigan Consumer Guide analysis as separate entities; however, Total Health Care will be removed from the final data results that will be published to MDHHS' website.

<sup>A-5</sup> To calculate the Overall Rating category, all 41 CAHPS and HEDIS measures are included in the analysis. Please note that the CAHPS measures listed in the Overall Rating reporting category are exclusive to the reporting category.

Measure	Measure Weight
<b>Patient Engagement</b>	
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>	
<i>Advising Smokers and Tobacco Users to Quit</i>	1/3
<i>Discussing Cessation Medications</i>	1/3
<i>Discussing Cessation Strategies</i>	1/3
<b>Getting Care</b>	
<b>Access</b>	
Adult Medicaid— <i>Getting Needed Care</i> (CAHPS Composite)	1
Adult Medicaid— <i>Getting Care Quickly</i> (CAHPS Composite)	1
<i>Adults' Access to Preventive/Ambulatory Health Services</i>	
<i>Ages 20–44 Years</i>	1/3
<i>Ages 45–64 Years</i>	1/3
<i>Ages 65+ Years</i>	1/3
<b>Keeping Kids Healthy</b>	
<b>Immunizations and Screenings for Young Children</b>	
<i>Childhood Immunization Status</i>	
<i>Combination 2</i>	1/2
<i>Combination 3</i>	1/2
<i>Lead Screening in Children</i>	1
<b>Immunizations for Adolescents</b>	
<i>Immunizations for Adolescents</i>	
<i>Combination 2</i>	1
<b>Preventive Care</b>	
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>	
<i>Body Mass Index (BMI) Percentile Documentation—Total</i>	1/3
<i>Counseling for Nutrition—Total</i>	1/3
<i>Counseling for Physical Activity—Total</i>	1/3
<i>Well-Child Visits in the First 30 Months of Life</i>	
<i>Well-Child Visits in the First 15 Months—Six or More Well-Child Visits</i>	1
<i>Well-Child Visits for Ages 15 Months–30 Months—Two or More Well-Child Visits</i>	1
<i>Child and Adolescent Well-Care Visits</i>	
<i>Ages 3–11 Years</i>	1
<i>Ages 12–17 Years</i>	1
<i>Ages 18–21 Years</i>	1



Measure	Measure Weight
<b>Living With Illness</b>	
<b>Diabetes</b>	
<i>Comprehensive Diabetes Care</i>	
<i>Hemoglobin A1c (HbA1c) Testing</i>	1/4
<i>HbA1c Poor Control (&gt;9.0 Percent)</i>	1/4
<i>HbA1c Control (&lt;8.0 Percent)</i>	1/4
<i>Eye Exam (Retinal) Performed</i>	1/4
<b>Cardiovascular</b>	
<i>Controlling High Blood Pressure</i>	1
<b>Respiratory</b>	
<i>Asthma Medication Ratio—Total</i>	1
<b>Taking Care of Women</b>	
<b>Screenings for Women</b>	
<i>Breast Cancer Screening</i>	1
<i>Cervical Cancer Screening</i>	1
<i>Chlamydia Screening in Women—Total</i>	1
<b>Maternal Health</b>	
<i>Prenatal and Postpartum Care</i>	
<i>Timeliness of Prenatal Care</i>	1
<i>Postpartum Care</i>	1

HSAG computed six reporting category and 11 subcategory summary scores for each MHP, as well as the summary mean values for the MHPs as a group. Each score is a standardized score where higher values represent more favorable performance. Summary scores for the six reporting categories (Overall Rating, Doctors' Communication and Service, Getting Care, Keeping Kids Healthy, Living With Illness, and Taking Care of Women) and 11 subcategories (Satisfaction With Providers, Patient Engagement, Access, Immunizations and Screenings for Young Children, Immunizations for Adolescents, Preventive Care, Diabetes, Cardiovascular, Respiratory, Screenings for Women, and Maternal Health) were calculated from MHP scores on select HEDIS measures and CAHPS questions and composites.

1. HEDIS rates were extracted from the auditor-locked IDSS data sets, and HSAG calculated the CAHPS rates using the NCQA CAHPS member-level data files. To calculate a rate for a CAHPS measure, HSAG converted each individual question by assigning the top-box responses (i.e., "Usually/Always" and "9/10," where applicable) to a "1" for each individual question, as described in *HEDIS Volume 3: Specifications for Survey Measures*. All other non-missing responses were assigned a value of "0." HSAG then calculated the percentage of respondents with a top-box response (i.e., a "1"). For composite measures, HSAG calculated the composite rate by taking the average percentage for each question within the composite.

2. For each HEDIS and CAHPS measure, HSAG calculated the measure variance. The measure variance for HEDIS measures was calculated as follows:

$$\frac{p_k(1-p_k)}{n_k-1}$$

where:  $p_k$  = MHP k score  
 $n_k$  = number of members in the measure sample for MHP k

For CAHPS global rating measures, the variance will be calculated as follows:

$$\frac{1}{n} \frac{\sum_{i=1}^n (x_i - \bar{x})^2}{n-1}$$

where:  $x_i$  = response of member i  
 $\bar{x}$  = the mean score for MHP k  
 $n$  = number of responses in MHP k

For CAHPS composite measures, the variance will be calculated as follows:

$$\frac{N}{N-1} \sum_{i=1}^N \left( \sum_{j=1}^m \frac{1}{m} \frac{(x_{ij} - \bar{x}_j)}{n_j} \right)^2$$

where:  $j = 1, \dots, m$  questions in the composite measure  
 $i = 1, \dots, n_j$  members responding to question j  
 $x_{ij}$  = response of member i to question j (0 or 1)  
 $\bar{x}_j$  = MHP mean for question j  
 $N$  = members responding to at least one question in the composite

3. For MHPs with *NR*, *BR*, and *NA* audit results, HSAG used the average variance of the non-missing rates across all MHPs. This ensured that all rates reflect some level of variability, rather than simply omitting the missing variances in subsequent calculations.
4. HSAG computed the MHP mean for each CAHPS and HEDIS measure.
5. Each MHP mean (CAHPS or HEDIS) was standardized by subtracting the mean of the MHP means and dividing by the standard deviation of the MHP means to give each measure equal weight toward the category rating. If the measures are not standardized, a measure with higher variability would contribute disproportionately toward the category rating.
6. HSAG summed the standardized MHP means, weighted by the individual measure weights to derive the MHP category summary measure score.

7. For each MHP  $k$ , HSAG calculated the category variance,  $CV_k$ , as:  $CV_k = \sum_{j=1}^m \frac{w_j}{c_j^2} V_j$

where:  $j = 1, \dots, m$  HEDIS or CAHPS measures in the summary  
 $V_j$  = variance for measure  $j$   
 $c_j$  = group standard deviation for measure  $j$   
 $w_j$  = measure weight for measure  $j$

8. The summary scores were used to compute the group mean and the difference scores. The group mean was the average of the MHP summary measure scores. The difference score,  $d_k$ , was calculated as  $d_k = \text{MHP } k \text{ score} - \text{group mean}$ .
9. For each MHP  $k$ , HSAG calculated the variance of the difference scores,  $Var(d_k)$ , as:

$$Var(d_k) = \frac{P(P-2)}{P^2} CV_k + \frac{1}{P^2} \sum_{k=1}^P CV_k$$

where:  $P$  = total number of MHPs  
 $CV_k$  = category variance for MHP  $k$

10. The statistical significance of each difference was determined by computing a confidence interval (CI). A 95 percent CI was calculated around each difference score to identify MHPs that were significantly higher than or significantly lower than the mean. MHPs with differences significantly above or below zero at the 95 percent confidence level received the top (Above Average) and bottom (Below Average) designations, respectively. An MHP was significantly above zero if the lower limit of the CI was greater than zero and was significantly below zero if the upper limit of the CI was below zero. MHPs that did not fall either above or below zero at the 95 percent confidence level received the middle designation (Average). For a given measure, the formula for calculating the 95 percent CI was:

$$95\% \text{ CI} = d_k \pm 1.96 \sqrt{Var(d_k)}$$

A three-level rating scale provides consumers with an easy-to-read “picture” of quality performance across the MHPs and presents data in a manner that emphasizes meaningful differences between the MHPs. The 2021 Michigan Consumer Guide used apples to display results for each MHP.

### Description of Data Obtained and Related Time Period

HEDIS MY 2020 rates were extracted from the auditor-locked IDSS data sets, and HSAG calculated the CAHPS rates using the NCQA CAHPS member-level data files.