

Midwest Health Plan 2008 Quality Improvement Work Plan

Part I- Development Activities

QI Development Activities (New requirements or new processes)	Time in Place ¹	Responsible Person	Start Date	Deadline	Committee and Report Date	Completion Date
Incorporate changes of NCQA MCO 2008 Standards to include changes in policies, procedures, and processes.	12 months	QI/TW,KH, UM/EA, CR/KB	Jan 08	12/08	12/08	

Part II – Quality Improvement Activities

Topic – NCQA Standards	Performance Goals	Responsible Person	Start Date	Status ²	Completion Date	Comments
Comprehensive Diabetes Care QI 8, 12	Improve care for members ages 18-75 with Type 1 or Type 2 Diabetes <ul style="list-style-type: none"> • Performance goal of 78% for HbA1c testing • Performance goal of 35% or less for Poor HbA1c control • Performance goal of 52% for Eye Exams • Performance goal of 69% for Lipid Profiles • Performance goal of 47% for Lipid control <100mg/dL • Performance goal of 46% for Nephropathy monitoring. 	QI/KH/TW	Ongoing since Jan 99	DC, DA,BA I, R	6/15/08	
Controlling High Blood Pressure QI 8, 12	Improve care for members aged 46-85 with hypertension. <ul style="list-style-type: none"> • Performance goal of 61% for members with systolic <140 mm Hg and diastolic <90 mm Hg. 	QI/KH/TW	Ongoing since Jan 99	DC, DA,BA I, R	6/15/08	

¹ NCQA scoring guidelines specify the length of time an activity must be in place before the accreditation survey to receive a score of full compliance for that element. This column specifies NCQA's time-in-place requirements for this element. If there is no time-in-place requirement; that information is specified.

² Use one or more of the status codes to identify progress on activities during the course of the year. The status codes are: P=Planning, DC=Data Collection, DA=Data Analysis, BA=Barrier Analysis, A=Designing Actions, I=Implementing Actions, R=Review Actions

**Midwest Health Plan
2008 Quality Improvement Work Plan**

Topic – NCQA Standards	Performance Goals	Responsible Person	Start Date	Status²	Completion Date	Comments
Use of Appropriate Medications for People with Asthma QI 8, 12	Improve care for members aged 5-56 with a diagnosis of persistent asthma. <ul style="list-style-type: none"> • Performance goal of 90% for members age 5-9. • Performance goal of 90% for members age 10-17. • Performance goal of 90% for members age 18-56. • Performance goal of 90% for combine asthma age groups. 	QI/KH/TW	Ongoing since Jan 99	DC, DA,BA I, R	6/15/08	
Antidepressant Medication Management QI 12	Improve care for members aged 18 years and older with a new episode of depression. <ul style="list-style-type: none"> • Performance goal of 37% for ‘optimal practitioner contacts’ for medication management. • Performance goal of 52% for ‘effective acute’ phase treatment of antidepressant medications. • Performance goal of 38% for ‘effective continuation’ phase treatment of antidepressant medications. 	QI/KH/TW	Jan 06	DC, DA,BA I, R	6/15/08	
Childhood Immunizations QI 12	Improve childhood immunizations among members turning 2 during the measurement year. <ul style="list-style-type: none"> • Performance goal of 68% for Combo 2. 	QI/KH/TW	Ongoing since Jan 99	DC, DA,BA I, R	6/15/08	
Breast Cancer Screening QI 12	Improve breast cancer screening among female members who are 42-69. <ul style="list-style-type: none"> • Performance goal of 59% for mammogram exam. • Continue with Women’s Health Focus to improve rates. 	QI/KH/TW	Ongoing since Jan 99	DC, DA,BA I, R	6/15/08	

**Midwest Health Plan
2008 Quality Improvement Work Plan**

Topic – NCQA Standards	Performance Goals	Responsible Person	Start Date	Status ²	Completion Date	Comments
Cervical Cancer Screening QI 12	Improve cervical cancer screening among female members who are 21-64. <ul style="list-style-type: none"> • Performance goal of 74% for pap exam. • Continue with Women’s Health Focus to improve rates. 	QI/KH/TW	Ongoing since Jan 99	DC, DA,BA I, R	6/15/08	
Chlamydia Screening in Women Q12	Improve Chlamydia screening among female members who are 16-20, 21-25, and a combined rate. <ul style="list-style-type: none"> • Performance goal of 59% for members age 16-20. • Performance goal of 59% for members age 21-25. • Performance goal of 59% for combined member ages. • Continue with Women’s Health Focus to improve rates. 	QI/KH/TW	Ongoing since Jan 00	DC, DA,BA I, R	6/15/08	
Well Child Visits Q12	Improve well child care among members age birth to 15 months, 3-6 years old, and 12-21 years old. <ul style="list-style-type: none"> • Performance goal of 53% for members birth to 15 months. • Performance goal of 67% for members age 3-6 years old. • Performance goal of 44% for members age 12-21 years old. 	QI/KH/TW	Ongoing since Jan 99	DC, DA,BA I, R	6/15/08	

**Midwest Health Plan
2008 Quality Improvement Work Plan**

Topic – NCQA Standards	Performance Goals	Responsible Person	Start Date	Status²	Completion Date	Comments
Clinical Practice Guideline Monitoring of 4 Conditions QI 9	Behavioral health: Antidepressant medication monitoring through HEDIS & depression screening for persons w/ diabetes. Clinical: Diabetes measures – HEDIS Asthma: medications (HEDIS) & 7 day follow up after hospitalization.	QI/KH, HO/AF	Ongoing since Jan 99	DC, DA,BA I, R	12/08	
Comprehensive Diabetes Program QI 8	Continue the implementation of the Diabetes Control Network Program.	QI/KH DM/MV	Ongoing since Jan 00	DC, DA,BA I, R	12/08	McKesson DM Implementation 7/08
Asthma Management Program QI 8	Continue the implementation of the Asthma Management Program.	QI/KH DM/MV	Ongoing since Jan 03	DC, DA,BA I, R	12/08	McKesson DM Implementation 7/08
Lead Screening State Goal, QI 12	Continue the implementation of a Lead Screening Program, of one screening by age 2. <ul style="list-style-type: none"> 1. mailings to members due for testing 2. list of members due for testing to PCP 3. information on lead to new moms 4. maintain registry 5. continue to implement MedTox 6. collaborate with Det Pub Health, Hamtramck, Highland Pk, Wayne Co Pub Health initiatives as necessary • State Performance goal of 80% for Total Enrollment and 80% for Continuous Enrollment by 10/31/08. • HEDIS Lead Screening for 2 yr olds is a new measure this year. 	QI/TW HO/AF	Ongoing since Jan 03	BA, I, R	2/08, 4/08, 6/08, 8/08, 10/08, 12/08	72% for Continuous Enrollment, 64% for Total Enrollment as of March.

**Midwest Health Plan
2008 Quality Improvement Work Plan**

Topic – NCQA Standards	Performance Goals	Responsible Person	Start Date	Status²	Completion Date	Comments
Safety	Evaluate at least one patient safety activity. <ul style="list-style-type: none"> ➤ Incorporate a description of patient safety activities into CQI Program description and evaluation (QI 1 A) ➤ Implement at least one patient safety activity (current immunization schedules, safe medication practices, record keeping) (QI 1 A) 	QI/KH	Jan 08	DC, DA, A, I, R	12/08	
Behavioral Health	Implement one preventive behavioral health program-Management of Depression, Antidepressant usage (mailing, postpartum depression screening, survey of PRIME MD) (QI 1 A)	QI/KH HO/AF	Jan 08	DC, DA, A, I, R	12/08	
<i>Service Improvement Initiatives</i>						
Prenatal & Postpartum Care QI 12	Improve the prenatal & postpartum care female members receive. <ul style="list-style-type: none"> • Prenatal performance goal of 82%. • Postpartum performance goal of 62% for services 21 to 56 days after delivery. • Continue initiatives within the Health Plan workgroup and DMC. • Continue with prenatal/postpartum calls and mailings and Women’s Health Focus to improve rates. 	QI/KH/TW	Jan 99	BA, A, I, R	6/15/08	
Practitioner Availability QI 4 A,B,C	Increase number of PCP’s, OB/GYN’s, hospitals, in northern Macomb, Livingston, St. Clair Counties, and female Arabic OB/GYN’s in the Dearborn area.	ND/JR	Jan 08	BA, A, I, R	12/08	

**Midwest Health Plan
2008 Quality Improvement Work Plan**

Topic – NCQA Standards	Performance Goals	Responsible Person	Start Date	Status ²	Completion Date	Comments
MSS/ISS Screening (State Goal)	Increase the number of MSS/ISS screenings. <ul style="list-style-type: none"> • Performance goal of 100%. • Participate in the redesign of Maternal-Infant Health model. 	HO/AF	Jan 08	BA, A, I, R	12/08	
Access to Care (State Goal)	Increase the percentage of members accessing care at PCP's offices over the next three years. <ol style="list-style-type: none"> 1. Participate in Statewide Practice Size Exploratory Project to improve Access to Care. 2. Conduct annual network analysis to ensure adequate number and type of providers. 3. Conduct after hours and appointment availability studies. 4. Focused outreach to low access offices. 	QI/KH/TW	Ongoing since May 05	DA, BA, A, I, R	12/08	

**Midwest Health Plan
2008 Quality Improvement Work Plan**

Topic – NCQA Standards	Performance Goals	Responsible Person	Start Date	Status ²	Completion Date	Comments
Disparities Initiative (State Goal)	Continue the practice of making MHP services culturally appropriate to our diverse membership. <ul style="list-style-type: none"> • Monitor PIP around Cervical Cancer Screening Disparities for MDCH. • Arabic/Spanish speaking Customer Service staff. • Arabic/Spanish language Member Handbook • Arabic language Preventive Guidelines • Sponsor a Health Fair (include Arabic/Spanish materials and/or speaker) • Work with Pfizer on zip code prevalence analysis for members with Diabetes • Work with local community organizations around cultural issues. 	QI/KH/TW HO/AF CS/MA	Jan 08	A, I, R	12/08	
Appointment Availability QI 5 A	Member Appointment Wait Time/Access to Care <ul style="list-style-type: none"> • Performance goal of 90% of the Preventive Care Appointments within 14 days. • Performance goal of 90% of the Routine Care Appointments within in 14 days. • Performance goal of 90% of the Urgent Care Appointments within one day. • Performance goal of less than 2 days for an Urgent Care appointment. • Performance goal of less than 14 days for a Routine Care appointment. • Performance goal of less than 14 days for a Preventive Care appointment. 	QI/TW	Jan 08	BA, A, I, R	12/08	

Midwest Health Plan 2008 Quality Improvement Work Plan

Part III– Annual QI Activities

Annual QI Activities	Annual Review ³	Responsible Person	Start Date	Committee and Report Date	Completion Date
QUALITY IMPROVEMENT					
Prepare 2008 QI Program Description (QI 1 A) ➤ Incorporate the recommendations from the QI program evaluation.	Yes	QI/KH/TW	Jan 08	2/08	Presented to QIC 2/08.
Prepare the annual QI Work Plan for 2008 (QI 1 A).	Yes	QI/KH/TW	Jan 08	2/08	Presented to QIC 2/08.
Prepare 2007 QI Program Evaluation (QI 1 B).	Yes	QI/KH/TW	Jan 08	2/08	Presented to QIC 2/08.
Publish annual results in Provider Newsletter of QI activities and effectiveness of actions for improvement (QI 2 C).	Yes	QI/KH	Feb 08	5/08	
Review and update QI policy and procedures.	Yes	QI/KH	Jan 08	12/08	
UTILIZATION MANAGEMENT					
Prepare 2008 UM Program Description (UM 1 A) ➤ Incorporate recommendations from UM Program Evaluation	Yes	UM/EA	Jan 08	2/08	Presented to QIC 2/08.
Prepare 2007 UM Program Evaluation (UM 1 D)	Yes	UM/EA	Jan 08	2/08	Presented to QIC 2/08.
Review and update UM clinical criteria (UM 2 A).	Yes	UM/EA	Jan 08	12/08	
Evaluate consistency of UM decision-making by all reviewers for 2007. (UM 2 C) ➤ Implement actions for improvement based on results	Yes	UM/EA	Jan 08	6/08	
Analyze 2008 member satisfaction (CAHPS) with UM process (UM 11 A). ➤ Identify sources of dissatisfaction with UM process.	Yes	UM/EA	Jan 08	8/08	

³ NCQA’s Scoring Guidelines include requirements for completion of a number of activities on an “annual” basis. NCQA’s FAQs define annual as **at least every 12 months** with a two-month grace period. Annual reviews completed within 14 months of the previous review receive a full compliance designation. Work plan activities with an “annual” requirement are denoted with a “Yes” in the Annual Review Column.

**Midwest Health Plan
2008 Quality Improvement Work Plan**

Annual QI Activities	Annual Review³	Responsible Person	Start Date	Committee and Report Date	Completion Date
Analyze 2008 provider satisfaction with UM process (UM 11 A). ➤ Identify sources of dissatisfaction with UM process.	Yes	UM/EA	Jan 08	8/08	
Review and update pharmacy management policies & procedures (UM 13 A-F).	Yes	UM/EA	Jan 08	12/08	
Review and update UM policy and procedures, including denial, appeals, timeliness (UM 8).	Yes	UM/EA CS/MA	Jan 08		
CUSTOMER & PROVIDER SERVICES					
Distribute Member Rights and Responsibility Statement to all practitioners and members (RR 1 A,B & 2 A).	Yes	CS/MA	Oct 08		Winter '08 Member Newsletter
Review and update member services policy and procedures.	Yes	CS/MA	Jan 08		
PREVENTIVE HEALTH					
Distribute preventive health guidelines to members	Yes	HO/AF	Jan 08		
Distribute information to all members about preventive services and how they can access those services.	Yes	HO/AF	Jan 08		
Review and update Preventive Health policy and procedures.	Yes	HO/AF	Jan 08	12/08	
CREDENTIALING					
Perform annual delegation site visits to evaluate compliance with NCQA's standards (CR 12).	Yes	CR/KB	Jan 08 (annual evals since 1999)	2/08, 4/08, 6/08, 8/08, 10/08, 12/08	Cred minutes to QIC in Feb 2008.
Review and update Credentialing policy and procedures.	Yes	CR/KB	Jan 08	12/08	
Continue a process for ongoing monitoring of sanctions and complaints about network practitioners (CR 5)	Yes	CR/KB	Jan 08	2/08, 4/08, 6/08, 8/08, 10/08, 12/08	

Midwest Health Plan 2008 Quality Improvement Work Plan

Part IV -Biennial QI Activities

Biennial QI Activities ⁴	Responsible Person	Start Date	Committee and Report Date	Completion Date
QUALITY IMPROVEMENT				
Review and update guideline for Diabetes at least once every 2 years.	QI/MQIC	Jan 08	July 08	
Review and update guideline for Management of Adults with Major Depression at least once every 2 years.	QI/MQIC	Jan 08	Jan 08	Jan 2008
Review and update guideline for Asthma at least once every 2 years.	QI/MQIC	Jan 08	Aug 08	
Review and update guideline for Hypertension at least once every 2 years.	NA	NA	NA	NA
Monitor for continuity and coordination of care across the health care network (QI 10 A) at least once in the last 2 years. ➤ Identify opportunities for improvement – consultation to include nursing homes, behavioral health, specialists, and hospitals (Oakwood Health Care System).	QI/KH	Jan 08	8/08	
Implement actions to improve continuity and coordination of care between medical care providers if opportunities are identified (QI 10 A).	QI/KH	Jan 08		
Monitor for continuity and coordination of care between medical care and behavioral health care (QI 11 A, B) at least once every 2 years. ➤ Identify opportunities for improvement	QI/KH	Jan 08		
Continue preventive health programs • Childhood immunizations, well child including lead screening, pre-natal/postpartum care (Rose Bud), mammogram, paps, and chlamydia (reminder cards).	QI/KH, HO/AF/KC	Jan 08		
UTILIZATION MANAGEMENT				
Review behavioral health triage and referral. If protocols have been in place less than 2 years, enter “NA” (UM).	UM/EA	NA		
PREVENTIVE HEALTH				
Review and update adult preventive health guidelines every 2 years.	QI/MQIC	Jan 08		
Review and update children preventive health guidelines.	HO/AF	Jan 08	12/08	

⁴ This section lists NCQA requirements that must be performed at least every 2 years.

**Midwest Health Plan
2008 Quality Improvement Work Plan**

Biennial QI Activities ⁴	Responsible Person	Start Date	Committee and Report Date	Completion Date
QUALITY IMPROVEMENT				
MEDICAL RECORDS				
Assess the quality of medical record keeping (QI 14 A,B).	QI/KH	Mar 08	8/08	
Analyze results of medical record assessment (QI 14 A,B). ➤ Identify opportunities for improvement.	QI/KH	Mar 08	8/08	
Take actions for improvement of medical record keeping, if opportunities identified (QI 14 A,B).	QI/KH	Mar 08	8/08	

Part V– Key Performance Indicators - Service [KPI]

Indicator Name	Performance Goal	Frequency of Reporting	Responsible Person	Responsible Committee
Member Access to Medical Care Appointments	90% for Urgent Care 90% for Routine Care 90% for Preventive Care	Annually	QI/TW	
MHP Customer Service Telephone Access – Rate of Calls Answered within 30 seconds.	90%	Quarterly	CS/MA	43% for 2007
MHP Customer Service Telephone Access – Abandonment Rate	5%	Quarterly	CS/MA	18% for 1 st two mos. of 2008.
MHP Customer Service Telephone Access – Average Speed to Resolve Call	120 seconds	Quarterly	CS/MA	180 for 1 st two mos. of 2008.
MHP Customer Service Telephone Access – Average hold time	<30 seconds	Quarterly	CS/MA	155 sec for 1 st two mos. of 2008.
Member Complaint Resolution Rate	3.5/1000 members	Quarterly	CS/MA	7.8 for 1 st two mos. of 2008.

**Midwest Health Plan
2008 Quality Improvement Work Plan**

Member Access - increase number of PCPs & specialists in No. Macomb, Livingston, St. Clair Counties, increase urgent care sites throughout the network, increase the number of female Arabic OB/GYN's in the Dearborn area.	Increase the number of PCP's and specialists in northern Macomb, Livingston, St. Clair counties, & OB/GYN in Dearborn, and urgent care sites.	Annually	ND/JR	
After Hours Access to PCP	100% for PCP availability 100% for directing members to services, not just ER.	Annually	QI/TW	