

Midwest Health Plan 2009 Quality Improvement Work Plan

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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 2009 Standards to include changes in policies, procedures, and processes.	12 months	SQID, QIA, HS, CR, CS	Jan 09	12/09		

Part II – Quality Improvement Activities

Topic – NCQA Standards	Performance Goals	Responsible Person	Start Date	Status ²	Completion Date	Comments
Comprehensive Diabetes Care QI 8	Improve care for members ages 18-75 with Type 1 or Type 2 Diabetes <ul style="list-style-type: none"> • Performance goal of 84% for HbA1c testing • Performance goal of 38% or less for Poor HbA1c control • Performance goal of 63% for Eye Exams • Performance goal of 78% for Lipid Profiles • Performance goal of 47% for Lipid control <100mg/dL • Performance goal of 82% for Nephropathy monitoring. 	QIH, HM	Ongoing since Jan 99	DC, DA,BA I, R		
Controlling High Blood Pressure	Improve care for members aged 46-85 with hypertension. <ul style="list-style-type: none"> • Performance goal of 60% for members with systolic <140 mm Hg and diastolic <90 mm Hg. 	QIH, HM	Ongoing since Jan 99	DC, DA,BA I, R		

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

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Topic – NCQA Standards	Performance Goals	Responsible Person	Start Date	Status ²	Completion Date	Comments
Use of Appropriate Medications for People with Asthma QI 8	<p>Improve care for members aged 5-56 with a diagnosis of persistent asthma.</p> <ul style="list-style-type: none"> • Performance goal of 95% for members age 5-9. • Performance goal of 92% for members age 10-17. • Performance goal of 88% for members age 18-56. • Performance goal of 90% for combine asthma groups. 	QIH, HM	Ongoing since Jan 99	DC, DA,BAI, R		
Antidepressant Medication Management QI 11	<p>Improve care for members aged 18 years and older with a new episode of depression.</p> <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 of treatment of antidepressant medications. • Performance goal of 38% for ‘effective continuation’ phase treatment of antidepressant medications. 	QIH, HM	Ongoing since Jan 06	DC, DA,BAI, R		
Childhood Immunizations	<p>Improve childhood immunizations among members turning 2 during the measurement year.</p> <ul style="list-style-type: none"> • Performance goal of 79% for Combo 2. 	QIH, HM	Ongoing since Jan 99	DC, DA,BAI, R		
Breast Cancer Screening	<p>Improve breast cancer screening among female members who are 42-69.</p> <ul style="list-style-type: none"> • Performance goal of 59% for mammogram exam. • Continue with Women’s Health Focus to improve rates. 	QIH, HM	Ongoing since Jan 99	DC, DA,BAI, R		
Cervical Cancer Screening	<p>Improve cervical cancer screening among female members who are 21-64.</p> <ul style="list-style-type: none"> • Performance goal of 74% for pap exam. • Continue with Women’s Health Focus to improve rates. 	QIH, HM	Ongoing since Jan 99	DC, DA,BAI, R		

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Topic – NCQA Standards	Performance Goals	Responsible Person	Start Date	Status ²	Completion Date	Comments
Chlamydia Screening in Women	<p>Improve Chlamydia screening among female members who are 16-20, 21-25, and a combined rate.</p> <ul style="list-style-type: none"> • Performance goal of 59% for members age 16-20. • Performance goal of 63% for members age 21-25. • Performance goal of 61% for combined member ages. • Continue with Women’s Health Focus to improve rates. 	QIH, HM	Ongoing since Jan 00	DC, DA,BA I, R		
Well Child Visits	<p>Improve well child care among members age birth to 15 months, 3-6 years old, and 12-21 years old.</p> <ul style="list-style-type: none"> • Performance goal of 64% for members birth to 15 months of age with six or more visits. • Performance goal of 75% for members aged 3-6 years old. • Performance goal of 51% for members aged 12-21 years old. 	QIH, HM	Ongoing since Jan 99	DC, DA,BA I, R		
ABCD Developmental Screening (State initiative)	<p>Ensure providers are conducting developmental screenings as part of EPSDT well child visits. Educate members and providers about the importance of developmental screening.</p> <ul style="list-style-type: none"> • Baseline measurement in 2009 will be the number and percentage of providers billing for developmental screenings using procedure code 96110. 	SQID/QIA	Jan 09	P, DC, DA,BA I		
Body Mass Index (BMI) Measurement	<p>Ensure providers are calculating BMI at each office visit and advising patients as needed. Baseline HEDIS results will be measured and reported in 2009:</p> <ul style="list-style-type: none"> • Adult BMI • Child Weight Assessment and Counseling for Nutrition and Physical Activity 	QIA/ QIH	Jan 09	P, DC, DA,BA I		

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Topic – NCQA Standards	Performance Goals	Responsible Person	Start Date	Status ²	Completion Date	Comments
Smoking Cessation	Continue I Can Quit Smoking Cessation Program. <ul style="list-style-type: none"> • Advising Smokers to Quit – goal 72% • Smoking Cessation Strategies – goal 40% 	QIA/ HM	Ongoing since	DC, DA,BA I, R		
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.	QIA	Ongoing since Jan 99	DC, DA,BA I, R		
Comprehensive Diabetes Program QI 8	Continue the implementation of the Diabetes Control Network Program.	SQID, HM	Ongoing since Jan 00	DC, DA,BA I, R		
Asthma Management Program QI 8	Continue the implementation of the Asthma Management Program.	SQID, HM	Ongoing since Jan 03	DC, DA,BA I, R		
Lead Screening State Goal	Continue the implementation of a Lead Screening Program, of one screening by age 2. <ol 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 <ul style="list-style-type: none"> • 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. 	HM	Ongoing since Jan 03	BA, I, R		

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Topic – NCQA Standards	Performance Goals	Responsible Person	Start Date	Status ²	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) 	SQID, QIA	Jan 09	DC, DA, A, I, R		
Behavioral Health	Implement one preventive behavioral health program-Management of Depression, Antidepressant usage (mailing, postpartum depression screening, survey of PRIME MD) (QI 1 A)	QIA, HM	Jan 09	DC, DA, A, I, R		
<i>Service Improvement Initiatives</i>						
Prenatal & Postpartum Care	Improve the prenatal & postpartum care female members receive. <ul style="list-style-type: none"> • Prenatal performance goal of 86%. • 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. 	QIH, HM	Jan 99	BA, A, I, R		
Practitioner Availability QI 4 A,B,C	Conduct network availability study. 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.	QIA, ND	Jan 09	BA, A, I, R		
MIHP Coordination	Coordinate maternal and infant care with MIHPs <ul style="list-style-type: none"> • Performance goal of 100% screened and referred to MIHP 	HM	Jan 09	BA, A, I, R		

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Topic – NCQA Standards	Performance Goals	Responsible Person	Start Date	Status ²	Completion Date	Comments
Access to Care (State Goal)	Increase the percentage of members accessing care at PCP's offices over the next three years. <ul style="list-style-type: none"> • Performance goal for Adult Access to Care: 85% for 20-44 yrs, 89% for 45-64 yrs, 89% for 65+ yrs. Performance goal for Child Access to Care: 97% for 12-24 mos, 89% for 25 mos-6 yrs, 91% for 7-11 yrs, 89% for 12-19 yrs. Conduct annual network analysis to ensure adequate number and type of providers. Conduct after hours and appointment availability studies. Focused outreach to low access offices.	QIH, QIA	Ongoing since May 05	DA, BA, A, I, R		
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 local community organizations around cultural issues. 	SQID, QIA, HM, CS	Ongoing since 06	A, I, R		

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Topic – NCQA Standards	Performance Goals	Responsible Person	Start Date	Status ²	Completion Date	Comments
Reducing Disparities at the Practice Site (RDPS)	Participate in RDSP project with MDCH, CHCS, and MI Health Plans. Project is part of a multi-state, 3-year initiative with grant funding from CHCS. <ul style="list-style-type: none"> • Midwest Health Center selected as practice site. • Assist Midwest Health Center in achieving NCQA certification as a patient-centered medical home. 	SQID, QIA	Sept 08	P, DC, DA, BA, A	12/2011	
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. 	QIA	Jan 09	BA, A, I, R		
Telephone Access QI 5 A	Ensuring appropriate telephone service <ul style="list-style-type: none"> • Performance goal of 90% of the Customer Service calls will be answered within 30 seconds. • Performance goal of an abandonment rate of 5 % or less for Customer Service calls. • Performance goal of an average of 120 seconds or less to resolve an answered call. • Performance goal of less than 30 seconds for Hold Time. 	CS	Jan 09	BA, A, I, R		

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Topic – NCQA Standards	Performance Goals	Responsible Person	Start Date	Status ²	Completion Date	Comments
Member Satisfaction QI 6	Improving Member Satisfaction in the areas of provider communication, getting care quickly, rating of health plan, and reducing complaints.. <ul style="list-style-type: none"> • Performance goal of 89% for “provider communication” composite as measured by CAHPS, Q15, Q16, Q17, and Q18. • Performance goal of 83% for “getting care quickly” composite as measured by CAHPS, Q4 and Q6. • Performance goal of 75% for “rating of health plan” as measured by CAHPS Q35. (2008 CAHPS results 64%) • Performance goal to maintain the number of complaints below 3.5 per 1000 members. 	SQID, QIA, CS	Jan 09	BA, A, I, R		
			Jan 09	DC, DA, BA, A, I		

Part III– Annual QI Activities

Annual QI Activities	Annual Review ³	Responsible Person	Start Date	Committee and Report Date	Completion Date
QUALITY IMPROVEMENT					
Prepare 2009 QI Program Description (QI 1 A) ➤ Incorporate the recommendations from the QI program evaluation.	Yes	SQID, QIA	Jan 09		
Prepare the annual QI Work Plan for 2009 (QI 1 A).	Yes	SQID, QIA	Jan 09		
Prepare 2008 QI Program Evaluation (QI 1 B).	Yes	SQID, QIA	Jan 09		
Prepare 2008 Disease Management Program Evaluation	Yes	QIA, HM	Jan 09		
Prepare 2009 Disease Management Program Description	Yes	QIA, HM	Jan 09		
Publish annual results in Provider Newsletter of QI activities and effectiveness of actions for improvement (QI 2 C).	Yes	SQID, QIA	Feb 09		
Review and update QI policy and procedures.	Yes	SQID, QIA	Jan 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.

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Annual QI Activities	Annual Review ³	Responsible Person	Start Date	Committee and Report Date	Completion Date
UTILIZATION MANAGEMENT					
Prepare 2009 UM Program Description (UM 1 A) ➤ Incorporate recommendations from UM Program Evaluation	Yes	HS	Jan 09		
Prepare 2007 UM Program Evaluation (UM 1 D)	Yes	HS	Jan 09		
Review and update UM clinical criteria (UM 2 A).	Yes	HS	Jan 09		
Evaluate consistency of UM decision-making by all reviewers for 2007. (UM 2 C) ➤ Implement actions for improvement based on results	Yes	HS	Jan 09		
Analyze 2009 member satisfaction (CAHPS) with UM process (UM 11 A). ➤ Identify sources of dissatisfaction with UM process.	Yes	HS	Jan 09		
Analyze 2009 provider satisfaction with UM process (UM 11 A). ➤ Identify sources of dissatisfaction with UM process.	Yes	HS	Jan 09		
Review and update pharmacy management policies & procedures (UM 13 A-F).	Yes	HS	Jan 09		
Review and update UM policy and procedures, including denial, appeals, timeliness (UM 8).	Yes	HS, CS	Jan 09		
CUSTOMER & PROVIDER SERVICES					
Distribute Member Rights and Responsibility Statement to all practitioners and members (RR 1 A,B & 2 A).	Yes	CS, PS	Jan 09		
Review and update member services policy and procedures.	Yes	CS	Jan 09		
PREVENTIVE HEALTH					
Distribute preventive health guidelines to members	Yes	HM	Jan 09		
Distribute information to all members about preventive services and how they can access those services.	Yes	HM	Jan 09		
Review and update Preventive Health policy and procedures.	Yes	HM	Jan 09		
CREDENTIALING					
Perform annual delegation site visits to evaluate compliance with NCQA's standards (CR 12).	Yes	CR	Jan 09 (annual evals since 1999)		
Review and update Credentialing policy and procedures.	Yes	CR	Jan 09		
Continue a process for ongoing monitoring of sanctions and complaints about network practitioners (CR 5)	Yes	CR	Jan 09		

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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.	QIA/MQIC	Jan 09		
Review and update guideline for Management of Adults with Major Depression at least once every 2 years.	QIA/MQIC	Jan 09		
Review and update guideline for Asthma at least once every 2 years.	QIA/MQIC	Jan 09		
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).	SQID, QIA	Jan 09		
Implement actions to improve continuity and coordination of care between medical care providers if opportunities are identified (QI 10 A).	SQID, QIA	Jan 09		
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	SQID, QIA	Jan 09		
Continue preventive health programs • Childhood immunizations, well child including lead screening, pre-natal/postpartum care (Rose Bud), mammogram, paps, and chlamydia (reminder cards).	SQID, HM	Jan 09		
UTILIZATION MANAGEMENT				
Review behavioral health triage and referral. If protocols have been in place less than 2 years, enter “NA” (UM).	HS	NA		
PREVENTIVE HEALTH				
Review and update adult preventive health guidelines every 2 years.	QIA, MQIC	Jan 09		
Review and update children preventive health guidelines.	HM	Jan 09		
MEDICAL RECORDS				
Assess the quality of medical record keeping (QI 14 A,B).	SQID	Mar 09		

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

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Biennial QI Activities ⁴	Responsible Person	Start Date	Committee and Report Date	Completion Date
QUALITY IMPROVEMENT				
Analyze results of medical record assessment (QI 14 A,B). ➤ Identify opportunities for improvement.	SQID	Mar 09		
Take actions for improvement of medical record keeping, if opportunities identified (QI 14 A,B).	SQID	Mar 09		

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	QIA	
MHP Customer Service Telephone Access – Rate of Calls Answered within 30 seconds.	90%	Quarterly	CS	
MHP Customer Service Telephone Access – Abandonment Rate	5%	Quarterly	CS	
MHP Customer Service Telephone Access – Average Speed to Resolve Call	120 seconds	Quarterly	CS	
MHP Customer Service Telephone Access – Average hold time	<30 seconds	Quarterly	CS	
Member Complaint Resolution Rate	3.5/1000 members	Quarterly	CS	
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	
After Hours Access to PCP	100% for PCP availability 100% for directing members to services, not just ER.	Annually	QIA	