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MAHP celebrates health plan innovation in 17th Annual Pinnacle Awards

Winners include programs that address social determinants of health and gaps in care and reduce health care costs

Lansing, Mich. – Eleven Michigan health plans from across the state submitted 34 groundbreaking programs to the Michigan Association of Health Plans Foundation Annual Pinnacle Awards, leading the health care industry with innovative programs to improve patient health care, lower costs and increase services to Michigan citizens.

The winners were presented at a reception on Tuesday, Sept. 19 at the Radisson Hotel in Lansing. Priority Health captured three awards and Meridian brought home two in the competition. Other winners were Physicians Health Plan, McLaren Health Plan, Harbor Health Plan and Upper Peninsula Health Plan.

MAHP shares the winning programs among members, helping them adopt best practices throughout the state's health plans. This year's winners address issues from empowering staff to improve processes to improving health care outcomes for pregnant mothers to initiatives that address social determinants of health.

"I am pleased to see the innovation and continual improvement processes used by MAHP members to address key issues aimed at improving the health of their members and their communities," said Dominick Pallone, executive director of MAHP. "It's truly an honor to recognize these achievements and watch many be adopted around the state and nation."

Health plans submit new programs to a judging panel comprised of health care experts, lawmakers and news media. The panel reviewed submissions in depth before selecting winners in various categories for commercial health insurers and Medicaid health plans. Full details on each winner are available at www.mahp.org.

Following are brief descriptions of winning programs:



2017 Business Operational Performance – Commercial

“Improving Satisfaction - One Claim at a Time”

Physicians Health Plan claims processing ratings rose from the 25th to 90th percentile by creating a plan and establishing initiatives to improve the process. These initiatives include: consolidating claims and configuration work into one department, hiring an operations director, redefining staff responsibilities, improving collaboration with claim payment vendor lowering volume of pended claims by investigating reason, addressing configuration issues within the claims platform and increase check writing frequency. PHP also experienced an 18 percent reduction in the interest paid annually on claims over 30 days.

2017 Business Operational Performance – Medicaid

“One by One”

McLaren Health Plan launched One by One program to provide real time outreach to high risk members who have high utilization rates of inappropriate care settings, utilize community health workers to establish a primary care medical home relationship and collaborate with community resources and other partners in the member’s care continuum to ensure communication.

2017 Clinical Service Improvement – Medicaid

“Priority Health CenteringPregnancy® Program”

Priority Health partnered with Spectrum Health to develop CenteringPregnancy program for expectant Medicaid members and their babies. The program is an added benefit to Priority Health Medicaid members, provides a Priority Health care manager at the clinic site and supports and encourages Maternal Infant Health Program participation. The program has resulted in improved health outcomes for mothers and their babies and has lowered costs.

2017 Chronic Disease Management - Commercial

“Concierge Model of Care”

Priority Health has launched an onsite, concierge care management program to engage members at their place of employment. By deploying a dedicated care manager, members are able to meet face to face with a care manager who can fully address their health status and health management needs while addressing gaps in care and social determinants of health.

2017 Chronic Disease Management - Medicaid

“Catching a Breath”

Meridian Health Plan created the COPD Home program in collaboration with American Therapy Centers to provide quality of life for members through education on proper chronic disease self management. The program provides additional resources to members with high COPD stratification



levels. The program has been extremely beneficial to members and presented an impressive return on investment of more than \$1.6 million.

2017 Care Management for Medicare Populations – Medicare Advantage

“Priority Health Care Management Hybrid Program”

Priority Health launched an at-home care management program called the Hybrid Program in March 2016 to address holistic needs of members and identify and address any social determinants of health contributing to illness burden.

2017 Telemedicine/ Telehealth

“Managing my Medications”

Meridian Health Plan assists eligible Medicare members with medication reviews through the annual Comprehensive Medication Review (CMR) program and quarterly Targeted Medication Reviews through their Medication Therapy Management program. CMRs are performed by a clinical pharmacist and review member prescription medications, over the counter medications and supplements they may be taking. Through CMRs, the member receives consultation with their medication regimen and education on their diagnoses, aiding in better healthcare outcomes.

2017 Community Outreach by a Single Plan

“Member Home Outreach Gaps in Care Closure Project”

To address member needs, Harbor Health Plan developed and deployed a high-touch community based initiative called the Member Home Outreach Gaps in Care Closure Project. The project goal was to educate members about their gaps in care and connect them to health care services. More than 3,700 members were reached and 27 of 34 HEDIS 2017 Super Measures were positively impacted with rates higher than reported for HEDIS 2016.

2017 Collaborative Community Health Initiatives

“Connected Communities for Health”

Upper Peninsula Health Plan created the initiative Connected Communities for Health (CC4H) that aims to address its members’ social determinants of health in collaboration with community, state, faith-based and other non-traditional health care network partners to fulfill their resource needs. Since program implementation in June 2016, UPHP has screen 426 members for social needs and 36 percent of those members indicated existing needs with 81 percent accepting enrollment into the CC4H program.

The Michigan Association of Health Plans (MAHP) is an industry voice for 13 health care plans, covering over 2.5 million Michigan residents, and 50 businesses affiliated with the health care industry. MAHP facilitates communication among members, government, and the industry regarding health care issues of common



concern. The mission of the Michigan Association of Health Plans is to provide leadership for the promotion and advocacy of high quality, affordable, accessible health care for the citizens of Michigan.

