



**Quality Assessment and Performance
Improvement Program**

Annual Evaluation

2019

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INTRODUCTION

HAP Empowered Medicaid's Quality Program is supported by the Quality Management Department, the Clinical Quality Management Committee (CQMC) and its subcommittees, the HAP MHP Board of Directors and HAP staff at large. During the calendar year 2019, HAP Empowered continued to work on making improvements in quality care for the well-being and safety of members. HAP Empowered serves Medicaid members in St. Clair, Huron, Tuscola, Lapeer, Shiawassee, Genesee, and Sanilac counties. HAP MHP evaluates its internal structures and processes and makes changes based on results of surveys, audits, and feedback from members, providers, and staff.

Highlights of the 2019 Quality Assessment and Performance Improvement Program (QAPI) includes the following achievements and organizational accomplishments:

- HAP Midwest Health Plan rebranded as HAP Empowered
- Finalized relocation of HAP operations from Southfield/Detroit to Troy
- Obtained Commendable accreditation rating from the National Committee for Quality Assurance (NCQA). A single-site multiple entity survey was conducted in June 2019. Integration of Appeals & Grievance and Monitoring & Oversight Teams into HCM
- Reconfiguration of PEGA to capture all grievance type cases by product line complete
- Implementation of ESI PBM effective 1/1/19
- Continued implementation and reporting on CCIP's
- Continue development and expansion of HAP Empowered's comprehensive strategy for population health management by inventorying programs and services offered to our members in the following four areas of focus:
 - Keeping members healthy
 - Managing members with emerging risk
 - Patient safety or outcomes across settings
- HAP Care Management and HFHS Population Health leadership teams continue structural collaboration to support shared members/patients. Partnership includes development and execution of shared care management strategic workplans, standardizing care management performance metrics and aligning care management personnel job duties, sharing access to workflows in electronic work platforms, and expanding care management training to share across all HAP/HFHS care management personnel.
- **Livongo:** HAP partnered with Livongo to provide digital case management for diabetic members. Government program roll outs (MMP, Medicaid, DSNP) planned for late December 2019/January 2020.
- Implemented John Hopkins ACG tool to assist in risk stratification for care management outreach of members. The use of this tool is resulted in an increase in member engagement and administrative efficiency.
- Outreach pregnant women for Dental Utilization
- Educating members on where to access Dental Care in the community
- Healthy Baby Program: The Healthy Start for Baby Program creates positive partnerships with expectant moms throughout pregnancy, from prenatal screenings and delivery to post-partum assessments and support.
- QM continues to partner with internal teams to improve care and outcomes for members and successfully submitted to MDHHS the following Medicaid performance improvement projects.
 - Reducing Inappropriate ED Utilization

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- Population Health-Housing Stability
- Improving the Timeliness of Prenatal Care
- Reducing Disparities in Low Birth Weight
- Continued to enhance the Plan's Pay for Performance (P4P) bonus program offering providers financial incentives for delivery of various HEDIS® services.
- HAP Empowered began 2019 with approximately 4171 Medicaid members.
- Consolidation of medical management programs, policies, procedures, streamlined outreach initiatives, enhanced accreditation strategies, team members, and services complete.
- Transition from Care Management CCMS platform to CareRadius/Care Affiliate from EXL.
- HAP acquired Trusted HP, a Medicaid plan based in Detroit, effective September 13, 2019.

OPPORTUNITIES FOR 2020

- Continue to expand membership in service areas
- Integration of programs from Trusted HP
- Lead exposure: Flint Water Crisis Intervention as proposed by MDHHS and city of Flint Leaders
- Pay for Performance State Projects: population health, ED utilization, health disparities, low birth weight, community collaboration, integration of behavioral health and physical health services
- Performance Improvement Project: Improving the Timeliness of Prenatal Care in the Black/African American Population Improvement of HEDIS/CAHPS outcomes

GOALS AND OBJECTIVES

Each year HAP Empowered sets goals and objectives for its Quality Improvement (QI) activities designed to improve the level of care and service provided to its members. Annually, HAP Empowered reviews the QAPI to evaluate the value and effectiveness of activities implemented throughout the year and to determine if goals and objectives are met. Program revisions are dependent on clinical outcomes, effectiveness of interventions, contractual agreements, accreditation standards requirements, budget, and overall satisfaction with meeting goals of the QAPI.

QUALITY PROGRAM EVALUATION

The formal evaluation of the Quality Program is comprehensive and is comprised of two components:

- The Quality Program Work Plan Evaluation
- The Quality Annual Report and Summary

The Quality Program Work Plan Evaluation is a quarterly analysis of the plan's ability to accomplish organizational goals and objectives as well as an evaluation of the accomplishments, limitations, and recommendations for future goals and objectives. The Quality Program Annual Report provide both qualitative and quantitative evaluations of plan-wide performance.

The Quality Program was developed to ensure alignment with the HAP Unifying Concept strategies, stakeholder/purchaser and regulatory requirements, and accreditation standards. The program document is enhanced annually and as necessary to capture the increased focus on patient safety and behavioral health initiatives.

We will continue to evaluate plan-wide achievement of organizational goals on a quarterly basis. The

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quarterly analysis ensures adherence to the organizational vision, goals, strategies and the opportunity to evaluate effectiveness of the interventions in a timely manner.

The Quality Program Work Plan was developed through review of organizational achievements, best practice research, evaluation of member needs and understanding of regulatory, purchaser and customer expectations.

The QI Work Plan includes all HAP Empowered planned activities for the year. It is developed annually. The Work Plan is not a static document; it is updated quarterly to reflect ongoing progress on QI activities throughout the year. The Work Plan includes:

- QI activities and objectives for improving the quality & safety of clinical care, quality of service and members' experience
- Time frame for each activity's completion
- Staff members responsible for each activity
- Monitoring of previously identified issues department

HEDIS® Performance Outcomes Measures Results

Preventive Health Outreach

HAP MHP measures clinical conditions and preventive health care services on an annual basis through the HEDIS® survey process. ***Below are the outreach and member reminder calls completed in 2019.***

HEDIS Outreach Reminder Mailings

Measure	Outreach Letters Sent
Adolescent Well Care	276
Lead Screening	48
HPV	24
Cervical Cancer Screening	543
CDC Eye	100
Child Immunizations	48
Well Care 0-15months	126
Well Care 16mo-21years	144

HEDIS Outreach Reminder Calls

Outreach Reminder calls are made throughout the year to members to remind of needed appointments, preventive services and assist with scheduling appointments as needed. Calls are made by Community Health Workers (CHW) and/or automated interactive voice response. Below are the reminder calls completed in 2019.

Measure	Reminder Calls (IVR)
CDC A1c	252
CDC Eye	252
CDC Nephrology	252
Adolescent well care	935

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Measure	Reminder Calls (IVR)
Breast Cancer	138
Cervical Cancer	542
<u>Childhood Immunization</u>	<u>126</u>
Adolescent Immunization	138
Lead Screening	35

Measure	Reminder Calls (IVR)
Adolescent well care	935
Breast Cancer/ Cervical Cancer	681
Flu Vaccine	3,089
Childhood Immunization	289
Lead Screening	76

Maternity Program: Healthy Start for your Baby Program

The HAP Empowered Maternity Program is offered to help members achieve a healthy pregnancy. The program is a collaborative effort, between the HEDIS Team, Community Health Outreach Worker (CHOW), Clerks and Case Managers (CM), that provides outreaches 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 will be referred to the CM. Any member with an identified social or economic issue will be referred to Social Work. All care will be coordinated with the member and treating OB/GYN Care Provider to create a comprehensive plan of care to address identified issues.

In 2019, a total of 77 outreaches were completed and 32 enrolled in the program.

Maternal Infant Health Program (MIHP)

HAP Empowered continues to refer all pregnant members and infants to MIHP. HAP continued contracting activities in 2019 with all MIHP providers operating in the service area. MIHP helps pregnant members and infants get the proper food, support, and transportation for all health services. It also helps emphasize the importance of getting prenatal care, well childcare, and shots when they are scheduled. MIHP services include: prenatal teaching, childbirth education classes, nutritional support and education, newborn baby assessments, referrals to community resources and help in finding baby cribs, car seats, and clothing, help with transportation to pregnancy related appointments, and support to stop smoking.

MIHP Interventions

Date	Frequency	Intervention
2010 - present	As needed	Continued oversight of contracts and care coordination agreements with MIHP Provider's in HAP service area
2010 - present	Monthly	Identify Pregnant women and infants; send referral to MIHP in member's county

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Ongoing	As needed	Contact MIHP Provider regarding status of care coordination agreement
Ongoing	As needed	Follow up with MIHP Providers regarding status of referrals
Ongoing	Monthly	Use the pregnancy indicator to identify members for the Maternal Infant Health Program on a monthly basis

On monthly basis, HAP utilizes the MAXIMUS file pregnancy indicator to identify members for the Maternal Infant Health Program. Referrals are made by email, phone, or fax. Referrals made by email are in Microsoft excel format and are secured through password protection. HAP collaborates and maintains care coordination agreements with MIHP providers in HAP service areas. The MIHP Provider is responsible for sending reports of HAP members enrolled in MIHP services. HAP MHP maintains registries of those members enrolled in MIHP services. HAP understands the importance of educating members about MIHP services and will continue to provide referrals for MIHP to its Medicaid pregnant women and infant members.

Total HEDIS 2019 Denominator	Number referred to MIHP	Enrolled in MIHP
76	76	27

Through the Low Birth Weight project, HAP is collaborating with MIHP providers to discuss ways to increase member enrollment and provide our members and medical providers with the specific services (prenatal classes, baby clothing/items, etc.) offered by MIHP. HAP is also a partner with the Region 6 Perinatal Quality Collaborative

- Creating a standardized notification of pregnancy form for use by the providers
- Distribution of a standardized MIHP Referral Tool Kit

Performance Improvement Projects

HAP MHP conducts performance improvement projects (PIP) that focus on clinical and non-clinical areas. Below is a summary of project interventions in 2019.

Improving the timeliness of prenatal care

HAP Empowered continued participation in the MDHHS PIP. The study indicator for the project is improving the Timeliness of Prenatal Care in the Black/African American Population. HAP MHP will be measuring if targeted interventions increase the percentage of Black/African American women who receive a prenatal care visit in the first trimester, on the enrollment date, or within 42 days of enrollment into the MHP. HAP Empowered analyzes HEDIS results to measure the effectiveness of interventions and to identify additional opportunities for improvement. The Baseline measurement period is the 2018 HEDIS rate. For remeasurement period 1, the overall total HEDIS 2019 prenatal care rate is 60.6%; this is a slight increase of 4.9% compared to the HEDIS 2018 rate of 55.7%. HAP Empowered further compared the study indicator of the Black/African American rate for HEDIS 2018 to HEDIS 2019. HEDIS 2018 results are 13 out of 27 Black/African American members received prenatal care compared to 12 out of 25 in HEDIS 2019. Using the Fishers two tailed exact test the p value was 1.000. This indicates that even though the rate decreased from 48.2% to 48%, this is not statistically significant. Lastly, HAP Empowered did not meet the goal of the 50th percentile for HEDIS 2019 prenatal care measure. HAP Empowered continues to identify opportunities for improvement and collaborate

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on plan HAP Empowered implemented a prenatal care workgroup consisting of representatives from the Quality Management, Performance Improvement/HEDIS, Outreach, and Care Management departments. This workgroup meets bimonthly to discuss ongoing barriers, interventions, and strategies to improve prenatal care. The interventions will be tracked for effectiveness and reported during the next remeasurement period cycle. The workgroup completed the following activities throughout 2018-early 2019:

- Reviewing HEDIS performance data
- Identifying key drivers and areas in need of improvement utilizing the initial fishbone diagram
- Identifying evidence-based interventions/change concepts to implement
- Developing action and work plans
- Monitoring intervention performance and outcomes
- Revise or discontinue interventions when necessary

Population Health Management

In 2019, HAP Empowered focused on housing stability. A housing assessment survey was sent to members to determine how many HAP MHP members are affected by issues that impact housing stability. The Housing Survey Assessment was developed from evidence-based questions from the Genesee county SIM and US DHHS Housing Status Assessment tool. Supplemental data will include HAP's post ED data gathering tool which will be updated to reflect the Genesee County SIM as of 1/1/2019. HAP will utilize this tool, as well as completed HMP HRAs and questions from case management assessments to obtain data on housing stability in the region. HAP MHP will also utilize data from case management assessments to assess for housing related needs. The main objective for the project is for the members to have resources to remain in their homes. HAP Case Management and Social Work departments will provide members with resources to assist with housing instability and related challenges. HAP Empowered continues to follow up with members who have had an ED visit, and ask them the questions from the Genesee County SIM SDoH screening survey. HAP Empowered recently added a second Admission, Discharge, Transfer (ADT) feed, Careport, to supplement the MiHIN feed. Testing is currently being conducted to assess the accuracy of this new feed. HAP Empowered continues to pursue the goal of referring members with unmet needs to the Genesee Hub through the web portal.

HAP Empowered continues to monitor the Healthy Michigan Plan HRAs and assist those in need. In 2019, so far there have been 137 HRAs returned. Of these members, 37, or 27%, indicated "yes" to the question: "Do you have trouble paying for food, clothing, utilities, or housing?" Another 83 members, or 61%, answered "no" to that question. Another 17 (12%) members left that question blank.

The SDoH screening tool continues to be administered by, and collected from 62 physician practices, encompassing a total of 156 individual providers, in Genesee County. All screening results are submitted to a community data repository maintained by Great Lakes Health Connect. The data is aggregated into monthly reports to help identify areas of greatest need in the community as well as gaps in resources and barriers to access. Given the availability of the aggregate data, it will be more effective to evaluate the SIM information for information on the needs of the general population and

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utilize that information to help guide interventions. HAP Empowered also receives information from the Genesee County SIM on members who are high ED utilizers. As of September 18, 2019, there were 171 HAP Empowered members on the SIM High ED Utilizer list. From this list, 144 members were already on a list for outreach by HAP case management team. That left 27 unduplicated members who had not yet been contacted by CM. Of that total, 8 members declined assistance, and 19 members were unreachable after three attempts.

A report has been created to track members who request assistance with SDoH needs and who are have been referred to the social worker for follow up. This report went live in August and will be tracked monthly. Case managers have also been following up during monthly meetings on members shared with the PIHPs who have been lost to contact. Members for whom updated contact information has been found will be assessed for unmet SDoH needs and referred to appropriate services. Many members who have severe BH illness as well as co-occurring PH illness struggle with getting their SDoH needs met, including housing, and following up with those lost contacts will increase the likelihood that they will receive the assistance that they need.

Another program, Short-Term Engagement, has been created for members who need short term case management support, but who do not have health needs that qualify them for the Complex Case Management program. These members are followed by the Case Manager, who assists them in attaining their health goals. A report identifying these members for referral to the Case Manager was created and went live in July.

ED Utilization

Emergency Department (ED) utilization provides a snapshot about quality and access issues faced by Medicaid members and their surrounding community. HAP Empowered interventions focus on the reduction and/or elimination of ED visits related to behavioral/mental health. The overall ED project goal is to reduce inappropriate ED utilization and increase member engagement with medical home resulting in an increased quality of life. Results for ED utilization is below:

In Q1 2019, the result was 158.8 ED visits/1,000 member months, which exceeded the threshold of 152/1,000. However, the results were markedly improved for Q2 and Q3: 142.2 and 145.3/1,000 respectively. The BH/SUD ED visits were markedly below the threshold of 23.65/1,000 for all three quarters: 16.3, 15.5, and 17.1/1,000 respectively. HAP Empowered continued to call members who had an ED visit and ask about their SDoH needs. However, this activity did not make the impact on meeting members' needs that had been anticipated. HAP Empowered is currently investigating other ways to impact this population. The Short-Term Engagement program has been added for members who have unmet needs, but who do not meet the criteria for the Complex Case Management (CCM) program. The Social Worker also has a report to track members who have been assisted with SDoH needs. HAP Empowered is in the process of updating the post-ED survey to be more aligned with the ED visit and follow up needs that members may have.

Integration of Behavioral Health and Physical Health Services

HAP Empowered coordinates care provided to members with the PIHP also managing services for those individuals. It is further the policy of HAP Empowered to work cooperatively with other PIHPs to jointly identify priority need populations for purposes of care coordination. Ongoing activities are

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noted below:

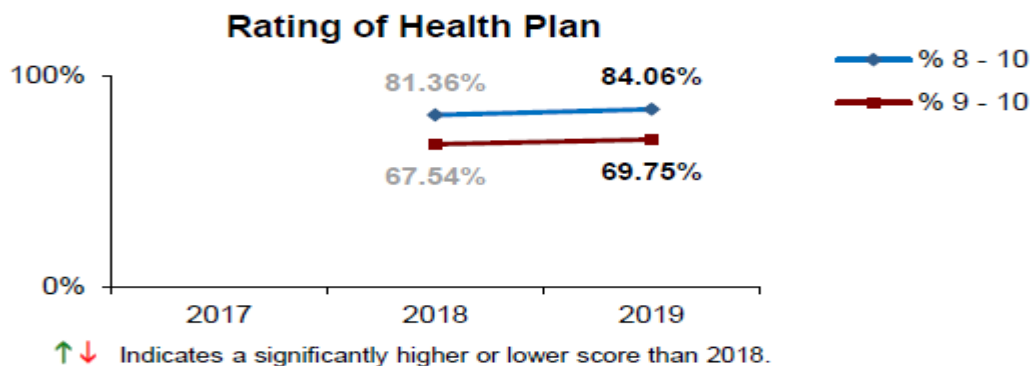
- At least monthly, identify which members are assigned to an MHP and have sought services through the PIHP
- Quarterly, demonstrate that joint care plans exist for members with appropriate severity risk that have been identified as receiving services from both HAP Empowered and the PIHP
- Participate in the MHP-PIHP Workgroup, in reviewing and validating MDHHS reports that include but not limited to the number of care coordination plans, the reasons for closing care coordination plans, and the average length of time for active care coordination plans
- Work jointly to develop at least two standard of care protocols for care coordination as identified collaboratively with MDHHS
- Receive information from electronic sources
- Completed data validation for the following performance measures with the shared metrics with the PIHPs: Plan All-Cause Readmissions (PCR) and Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)
- Participate in MiHIN (Michigan Health Information Network)
- Establish and implement joint care plan management standards and processes to ensure appropriate communication exists and enough efforts are being made to support success in integration. The joint care plans will foster an environment of collaboration between HAP MHP and the PIHPs for the ongoing coordination and integration of services

CAHPS® Member Survey Results

HAP Empowered monitors member satisfaction with access to care through the annual Adult Medicaid CAHPS® survey. DSS administered the 2019 CAHPS® 5.0 Medicaid certified survey.

- In January 2019, a random sample of Medicaid members eligible for the survey were those 18 years and older (as of December 31 of the measurement year) who had been continuously enrolled in the plan for at least five of the last six months of the measurement year. HAP Empowered requested an oversample, with the final sample size of 1755 for the survey.

The survey results presented below are compiled from the 574 HAP Empowered Medicaid members who corresponded to the survey, for a response rate of 34%.



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HAP Empowered Medicaid performed similar to last year; no significant improvements were seen on the overall rating or composite scores. More than eight in 10 members (84.06%) gave HAP Empowered a rating of 8, 9 or 10 which is not significantly different from last year. About seven in 10 (69.75%) gave HAP Empowered Medicaid a rating of 9 or 10, which is not significantly different from last year.

Significant changes	Compared to: Last year
Overall ratings	
Rating of Health Plan (Q35) (% 8, 9 or 10)	<i>No significant differences</i>
Rating of Health Care (Q13) (% 8, 9 or 10)	
Rating of Personal Doctor (Q23) (% 8, 9 or 10)	
Rating of Specialist (Q27) (% 8, 9 or 10)	
Composite global proportions	
Customer Service (% Always or Usually)	<i>No significant differences</i>
Getting Needed Care (% Always or Usually)	
Getting Care Quickly (% Always or Usually)	
How Well Doctors Communicate (% Always or Usually)	
Shared Decision Making (% Yes)	
Health Promotion and Education (Q8) (% Yes)	
Coordination of Care (Q22) (% Always or Usually)	

The SatisAction™ key driver statistical model is a proprietary statistical methodology used to identify the key drivers of the rating of the health plan and provide actionable direction for satisfaction improvement programs. The model provides the following:

- Identification of the elements that are important in driving of the rating of the health plan
- Measurement of the relative importance of each of these elements
- Measurement of how well members think the plan performed on those important elements
- Presentation of the importance/performance results in a matrix that provides clear direction for member satisfaction improvement efforts by the plan.

Results of the modeling are presented below. This table provides a summary of what is most important to members and how HAP Empowered is doing on those items.

The *POWER* items identified in the table have a large impact on the rating of the health plan and HAP Empowered performance levels on these items are high. The *OPPORTUNITY* items identified also have a relatively large impact on the rating of the health plan, but HAP Empowered performance levels is below

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average. The *WAIT* items still impact the rating of the health plan although a bit less of a priority; HAP Empowered performed low on these items. Items in the *RETAIN* section also have a relatively small impact on the rating of the health plan although HAP Empowered has an above average rating.

Survey Measure	Score	Estimated Percentile	Estimated Rating
Power			
Q13 Health care overall*	77.31%	67th	4
Q25 Got specialist appt.	83.03%	67th	4
Q6 Got routine care	83.99%	75th	4
Q27 Specialist overall*	84.38%	75th	4
Q14 Got care/tests/treatment	90.11%	90th	5
Opportunity			
Q23 Personal doctor overall*	82.71%	50th	3
Q61 Easy to find information on website	89.39%	---	---
Q19 Dr. showed respect	93.22%	50th	3
Q18 Dr. listened carefully	89.64%	10th	2
Wait			
Q17 Dr. explained things	90.65%	25th	2
Q34 Easy to fill out forms	94.09%	33rd	3
Retain			
Q20 Dr. spent enough time	91.33%	67th	4
Q22 Dr. informed about care	85.48%	67th	4
Q31 CS provided info./help	86.56%	75th	4
Q4 Got urgent care	91.46%	90th	5
Q29 Info. provided in materials	73.87%	75th	4
Q32 CS courtesy/respect	94.94%	50th	3

* Overall ratings are top 3 scores (% 8, 9 and 10).

IMPROVEMENT STRATEGIES

During 2019, items of high priority related to a member's rating of their doctor and specialist were obtained from the 10 key measures with the highest correlation to our rating measure. These items will remain a priority for 2020. Based on these priority items, the strategies below will continue to be implemented.

- Work with larger/high volume PCP groups to facilitate EMR connectivity with high volume specialty groups.
- Investigate how the plan can assist the PCP in coordinating care with specialists and ancillary providers.

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PROVIDER SATISFACTION:

HAP Empowered annually conducts a Provider Satisfaction Survey to assess the strength of their relationship with providers in the plan and to identify areas of improvement. Providers in HAP Empowered’s network are surveyed for satisfaction in the following areas:

- Provider Relations
- Network
- Utilization Management
- Quality Improvement
- Finance Issues
- Pay for Performance bonus programs
- Pharmacy and Drug Benefits

A mixed methodology (mail, Internet, phone) was used to maximize the response rate among providers. Follow-up calls were made to encourage participation either via the Internet, mail or fax. Data was collected from September 27, 2018 to January 10, 2019.

Sample Selected	Completed Surveys	Response Rate %
1,200	Internet=141 Mail=185 Fax = 59 Phone=4 Total=389	32.4%

Key takeaways from the survey conducted are below:

- Overall satisfaction with HAP remains strong with a higher satisfaction among Providers with 5+ year tenure with HAP
- Top Box scores in the South outpace the North region on all measures
- North results declined evident on Claims Processing, Provider Information, UM & Provider Inquiry
- Aspects distinguishing higher rated plans than HAP include website, referral process & network of providers

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- Assess for effectiveness the 2019 completed process improvement projects with *eviCore*, resulting in reduced workloads for HCM Referral Management team and improved provider satisfaction. *eviCore is a utilization management vendor for specific radiology, cardiology, musculoskeletal and sleep services.*
- Process for submitting appeals or requesting reviews for medications
- Prior authorization determination
- Process of submitting a request for prior authorization for drugs online
- Assignment of representatives with more contact and visits
- Evaluate & continue improvements with HAP Portal/website

PATIENT SAFETY

HAP Empowered addressed patient safety during 2019 in a variety of areas, including:

- **MyCare at Work:** HAP, in collaboration with HFHS, created an employee virtual care clinic on-site at the Troy location. Employees can get treated for minor conditions as well as get flu shots and complete Reward Your Health screenings. Over 150 employees have been seen for clinical conditions and immunizations.
- Development, review, updating, and distribution of clinical practice guidelines through participation in the Michigan Quality Improvement Consortium (MQIC)
- Monitoring provider compliance with clinical practice guidelines
- Monitoring & investigating for the CMS Serious Reportable Events (SRAE's) and Hospital Acquired Conditions (HAC)
- Publishing safety information for members in the HAP Empowered member newsletters and handbooks.
- Publishing safety information for providers in the HAP Empowered PCP newsletter, administrative manual for providers and website
- Promoting and monitoring the use of E-prescribe to improve prescription safety
- Identifying members who are receiving medications from multiple prescribing physicians and notifying their PCP for follow-up to ensure member safety

PROGRAM STRUCTURE

Authority

HAP Empowered's QAPI is commissioned by the Board of Directors and is accountable to the governing body. The Chief Medical Officer or designee will delegate the responsibility and authority for establishing, maintaining and supporting the QAPI.

The Board of Directors, at each of its regular meetings, shall receive and address reports regarding the status of the ongoing QAPI, member complaints/grievances, credentialing information, policies and procedures, results of audits and surveys, and utilization management reports.

The Chief Medical Officer, through the Clinical Quality Management Committee (CQMC), shall be accountable for:

- Overseeing the QAPI and assuring that all program functions are coordinated and integrated;
- Assuring that the QAPI is defined and understood by all those involved in the process;
- Developing, reviewing, and assuring proper documentation of the QAPI activities;
- The Behavioral Health Care Practitioner representative, through the CQMC, shall be

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responsible for advising the CQMC on behavioral health care activities such as guideline review and approval, peer review activities, and consultant for utilization issues

- Assisting with the activities required for coordination and continuity of care between PCPs and behavioral health care practitioners and providers as the liaison to the MDHHS Behavioral Health Care Advisory Committee.

RESOURCES

The Director of Quality Management is committed full time to developing and implementing the QI Program. Additional support staff include: Chief Medical Officer, Vice President (VP) Quality, Care Management & Outcomes, Corporate Compliance Officer, , Manager of Quality Management Quality Coordinator, Clinical Quality Coordinator, Sr. Project Coordinator, , Director of CM/UM, Director of Operations, Claims Manager, Director of Finance, Customer Services Manager, Customer Services Representatives, Medical Director, Chief Information Officer, and Management Information Services Operations and staff. The Medical Director for one of the PIHP's in the service area of Region 6 will serve as the behavioral health care consultant. An expert panel of board-certified consultants, PCP's and SCP's are also utilized for guideline development, peer review activities, and appeals. Hardware systems include desk top computers, laptop computers, copy machines, and routine office supplies. Software systems include GDIT MedMeasures for HEDIS® data collection and reporting, and CareRadius. HAP Empowered transitioned the Health Management core platform from Clinical Care Management System (CCMS) to CareRadius/CareAffiliate from EXL as part of the integration with HAP.

Microsoft Office, Excel, Power Point, and other standard computer programs are also used.

EVALUATION SUMMARY

Overall, HAP Empowered has made progress in improving the quality of care, safety, and service to our members. We continue to work with our providers to access our web site for the following:

- Communications (administrative manual, newsletters, etc.)
- Quality Program Documents
- Provider and staff directories
- Forms and resources
- Pharmacy and formulary
- Privacy practices
- Member eligibility
- Claims/appeals
- Clinical practice guidelines
- Member roster
- Authorizations/referrals

While practitioner and provider network meet the standards for access, we continue our efforts to expand the network in St. Clair County as well as Shiawassee, Genesee, Lapeer, Sanilac, Tuscola, and Huron to give more choices to our members. HEDIS® and CAHPS® is a continuous focus at HAP Empowered. HAP Empowered continues numerous initiatives, incentives, personalized provider service representatives, and programs. HAP has staff dedicated to promoting women's healthcare needs. The P4P bonus program is revised each year based on performance outcomes and provides

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additional fees for specific HEDIS® -related services based on submitted claims and encounters. HAP Empowered has implemented initiatives to overcome some of the barriers in hopes of serving our members better. HAP is committed to improving the care our members receive.

2020 INITIATIVES

- Enhance HEDIS Performance Monitoring/Reporting
 - Adults' Access to Preventive and Ambulatory Health Services (AAP)
 - Children and Adolescents' Access to Primary Care Practitioners (CAP)
- Enhance Medicaid reporting for HEDIS gap closure
 - Provider and member outreach
- Maintain HEDIS, CAHPS and NCQA plan rankings
- Continue efforts toward maintaining regulatory, State, and CMS compliance
- Focus on additional opportunities to include Medical Management, IT/EDW/Data Analytics and Customer Experience
- Continue to develop and enhance performance improvement projects
- Obtain 4.5 CMS Star Rating for 2021