



## 2019 Quality Program Annual Report Executive Summary Submitted January 2020

Health Alliance Plan's (HAP) Quality Program is supported by the Quality Management Department, the Clinical Quality Management Committee (CQMC) formerly the Quality Improvement Council (QIC) and its subcommittees, the HAP Board of Directors and HAP staff at large. The Quality Management Department is responsible for partnering with HAP departments, internal and external stakeholders to ensure that vital components of the program are implemented.

### 2019 Organizational and Strategic Goals

- Ensuring HAP's profitability
- Earning minimally a 4-Star Medicare Rating
- Growing HAP membership through acquisition
- Delivering exceptional customer service
  
- **HAP's Medicare HMO and Medicare PPO both earned a 4-star rating** for 2020 from the Centers for Medicare and Medicaid Services (CMS). Ratings are based on a five-star scale. A plan must earn at least four stars to qualify for a quality bonus payment from CMS, and these payments must be invested back into member benefits.
  
- **HAP acquired Trusted HP – Michigan**, a Medicaid plan headquartered in Detroit. This acquisition will expand our Medicaid footprint, allowing us to serve Trusted's existing members in Wayne, Oakland and Macomb counties and to once again offer Medicaid products in this all-important Region 10. *(Note: In December, we announced that HAP Midwest, our Medicaid subsidiary, is being renamed HAP Empowered and will represent the combined assets of HAP Midwest and Trusted.)*
  
- **HAP's Medicare Advantage 2020 Annual Enrollment Period performance improved 50%** compared to 2019 AEP. HAP's AEP 2020 Medicare Advantage growth rate was 17%, compared to a growth rate of 13% in AEP 2019.
  
- **HAP had extremely high employer group retention** as of Jan. 1, 2019, with 94% of our small group employer customers and 91% of our large group employer customers choosing to continue offering HAP to their employees.
  
- **HAP has expanded its service area into West Michigan** by offering HAP Choice Medicare, a Medicare Advantage HMO developed in collaboration with physicians affiliated with Mercy Health. This marks HAP's first Medicare product to be offered in West Michigan and is available to residents of Kent, Muskegon, Oceana and Ottawa counties.
  
- **HAP partnered with 400 independent primary care physicians** to introduce a new product line - Primary Choice – which helped deliver Medicare Advantage growth and was so popular that HAP has introduced a version for small employer groups.
  
- **HAP reclaimed the J.D. Power Award** in 2019, having now earned the award 10 out of the last 12 years. HAP is ranked #1 in Member Satisfaction Among Commercial Health Plans in Michigan, according to the J.D. Power 2019 U.S. Member Health Plan Study.
  
- **HAP introduced a new-look brand campaign** with the tagline "HAP is here." The new brand is colorful, lively and engaging, and has been well-received both internally and externally.



- **HAP introduced Livongo for Diabetes**, a digital case management program that helps members diagnosed with type 1 or type 2 diabetes better manage their condition. Initially implemented in early 2019 for Medicare Advantage members and HFHS employees, we currently have more than 2,700 voluntarily enrolled. The program will be rolled out to HAP's commercial members on Dec. 1, 2019, with rollouts to other government programs -- Medicaid, Medicare-Medicaid Plan (MMP) and Dual Special Needs Program (DSNP) – in the months ahead.
- **HAP won a Michigan Association of Health Plans (MAHP) Pinnacle Award** for its Long-Term Services and Supports (LTSS) Waiver program, which allows members to remain independent and live safely at home rather than in a skilled nursing facility. HAP has excelled at identifying members who qualify for these services, with 100% of its waiver submissions being approved by the State. The MAHP Pinnacle awards recognize the outstanding work of health plans that improve the quality and efficiency of care, help lower health care costs and increase services for Michigan residents.
- **HAP's risk-based capital, a measure of financial strength, is above 400%** for each of our companies – HAP (our HMO), AHL (our PPO) and HAP Midwest (Medicaid). This is a phenomenal achievement considering that we were at about 200% just a few years ago.
- **Key executive leadership changes** at HAP in 2019:
  - Dr. Michael Genord was named interim president and CEO following the retirement of Terri Kline.
  - Dr. Charles Bloom was named interim chief medical officer, filling the position previously held by Dr. Genord.
  - Laurie Doran was named senior vice president and chief financial officer.
  - Pamela Cleveland was named chief compliance officer.
  - Christopher (Chris) Crowley was named president of ASR Health Benefits, HAP's third-party administrator that is based in Grand Rapids and provides administrative services for self-insured group plans.

## **2020 Quality Program Structure:**

### **Quality Annual Report**

The Quality Annual Report provides a systematic, coordinated mechanism for ongoing evaluation, assessment and improvement of programs and services. Subcommittee and department reports are submitted to the Clinical Quality Management Committee for review, analysis and recommendations. The Annual Report includes performance outcomes and its effect on membership and the providers.

### **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 and Summary 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.

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.

We will continue to evaluate plan-wide achievement of organizational goals on a quarterly basis. The quarterly analysis ensures adherence to the organizational vision, goals, strategies and the opportunity to evaluate effectiveness of the interventions in a timely manner.

#### **Quality Program Annual Work Plan Evaluation**

The Quality Work Plan includes a detailed list of aggressive and optimistic activities associated with each of the program goals approved by the Clinical Quality Management Committee (CQMC).

#### **Quality Program Annual Report Summary**

In order to enhance the efficiency of the production, dissemination and subsequent access to the annual report, the Quality department has placed the annual documents in PDF format.