

# 2020 HAP Quality Program Goals & Objectives



Goal	Tasks	Responsible Person/Team	Objective Categories: <ul style="list-style-type: none"> <li>• Quality of Clinical Care</li> <li>• Member Experience</li> <li>• Quality of Service</li> <li>• Safety of Clinical Care</li> </ul>
1. a. Maintain Medicare 5 Star, HEDIS, CAHPS and NCQA plan rankings to comply with the Unifying Concept Goals & Objectives as evidenced by obtaining 4.5 stars or higher with Medicare 5 Star, 80-100 percent of the MMP Quality Withhold measures passing, and achieving 90th percentile for commercial CAHPS and HOS. b. Integration of Trusted quality initiatives (e. g. MDHHS mandatory quality reporting, NCQA, HEDIS, and Stars).	Support ongoing HEDIS and Medicare 5 Star improvement initiatives relating to chronic and preventive health measures by minimizing gaps in care.	Dr. Watson Tony Petitta Vanita Pindolia Buff Donovan Mark Huizenga Jeff Taylor Carrie Germain Mary Mcfarlane	Quality of Clinical Care
	Through the Customer Experience Management (CEM) and Medicare Stars Committees, coordinate Medicaid, Commercial and Medicare HMO and PPO CAHPS member satisfaction improvement initiatives to achieve corporate member satisfaction goals	Mark Huizenga Venus Pope	Member Experience
	Administer CAHPS surveys, report results and provide necessary research.	Ari Schwartz Delaney Ryan	Member Experience
	Through the Quality Withhold workgroup, coordinate improvement initiatives to meet the established benchmark and/or the established goal for closing gaps for each withhold measure.	Carrie Germain Mark Huizenga Chanelle Reeves Jennifer Sheridan Dr. Watson Andrea Van Goethem Vernal Tiller Barbara McIntyre Mary Mcfarlane	Quality of Clinical Care

Goal	Tasks	Responsible Person/Team	Objective Categories: <ul style="list-style-type: none"> <li>• Quality of Clinical Care</li> <li>• Quality of Service</li> <li>• Member Experience</li> <li>• Safety of Clinical Care</li> </ul>
<p>2. Case Management initiatives for Commercial and Medicare Advantage members will focus on providing meaningful impact with our members. The goal is to engage members in need of transitional care as well as complex case management to improve the members overall quality of health through education, care and coordination of care. A reduction in non-emergent ED use, reduction in readmission rate, gap closures, and member surreys will be outcomes monitored.</p>	<p>Increase the overall number of Commercial and Medicare Advantage members enrolled and engaged in the Complex and Transitional Case Management programs.</p>	<p>Sharon Schultz Cathie Smith</p>	<p>Quality of Clinical Care</p>
<p>3. Promote health equity, address social determinants of health, and initiate efforts to reduce racial and ethnic disparities among the Michigan Medicaid managed care population as evidenced by receiving the highest quality ratings from MDHHS.</p>	<p>Implement SDOH program initiatives in accordance with MDHHS criteria.</p>	<p>Catherine Smith Sharon Schultz</p>	<p>Quality of Clinical Care Member Experience</p>
<p>4. Continue the integration of Appeals &amp; Grievance and Monitoring &amp; Oversight Teams into HCM (all lines of business) Transition of Medicaid/MMP grievances from customer service, transition of Medicaid appeals from UM and Provider Appeals, and transition of pharmacy Medicaid/MMP appeals</p>	<ol style="list-style-type: none"> <li>1. Implement new timelines for appeal and grievance turnaround</li> <li>2. Review and revision of department policies, procedures, and training manuals</li> <li>3. Consolidation of the Commercial, Medicaid, and MMP policies and procedures</li> <li>4. Reconfiguration of PEGA to capture all grievance type cases by product line</li> <li>5. Reallocation of the multiple mandatory reporting requirements</li> <li>6. Participation in compliance and regulatory audits</li> <li>7. Ensure compliance with regulatory revisions and updates</li> <li>8. Completion of mandatory CMS training</li> <li>9. Implementation of revisions to Medicare Part B appeals processing in accordance with CMS requirements</li> </ol>	<p>Dr. Watson Vernal Tiller Jeffrey Cartwright Jacqueline Greene Erick Haynes</p>	<p>Quality of Service</p>

Goal	Tasks	Responsible Person/Team	Objective Categories: <ul style="list-style-type: none"> <li>• Quality of Clinical Care</li> <li>• Quality of Service</li> <li>• Member Experience</li> <li>• Safety of Clinical Care</li> </ul>
5. Promote health equity and efforts to reduce racial and ethnic disparities among the Michigan Medicaid managed care population as evidenced by receiving the highest quality ratings from MDHHS.	Participate in the MDHHS Population Health & Health Equity P4P programs and follow-up project documentation as defined by MDHHS.	Andrea Van Goethem Patricia Marchese Vernal Tiller Leslie Johnson Kathy Shureb Mary Mcfarlane Julie Jackson	Quality of Clinical Care
6. Promote Coordination of Medical and Behavioral Health Care among the Michigan Medicaid managed care population as evidenced by receiving the highest quality ratings from MDHHS.	Collaborate between pre-paid Inpatient Health Plans (PHIPs) and Medicaid Health Plans (MHPs). Continue to access data on joint members, develop joint care management standards and processes, and implement joint care managements processes. Continue bi-monthly meetings with the PIHPs; MHPs; and MDHHS for the purpose of improving coordination processes.	Leslie Johnson Andrea Van Goethem Patricia Marchese Vernal Tiller Buff Donovan Mark DesRoberts	Quality of Clinical Care
7. Address Purchaser, Accreditation and Regulatory Expectations as evidenced by, obtaining Excellent NCQA accreditation status (Commercial/Medicare, Medicaid, MMP), NCQA accreditation, and credentialing timelines.	Mock File review completed in 2020 in preparation for the 2022 all product line onsite resurvey.	Jenette Ferguson Andrea Van Goethem Patricia Marchese Vernal Tiller All Plan Stakeholders	Quality of Clinical Care
	Continue to maintain all credentialing accreditation and regulatory expectations including State, DIFS, CMS, OIG, Deloitte and Touché, and NCQA for HAP Credentialing activities.	Sheri Chatterson Janet Krajnovic	Quality of Service
8. Enhance Performance Monitoring/Reporting	Continue to produce quarterly quality reports of Clinical Quality Management Committee (CQMC) Executive Summaries for the HAP Board.	Andrea Van Goethem Jenette Ferguson	Quality of Clinical Care Quality of Service
	Provider Data Quality Initiative	Lisa Lopez Sheri Chatterson	Quality of Service
9. Compliance Monitoring related to the FDR process for quality and credentialing	HAP and HAP Empowered Medicaid requires that all its FDRs to maintain their own effective compliance program that complies with the CMS requirements as set forth in CMS Medicare Managed Care Manual Chapter 21, CMS Prescription Drug Manual Chapter 9 and CMS State Guide to CMS Criteria for Medicaid Managed Care Contract Review and Approval (January 20. 2017). The HAP Vendor Code of Conduct in Appendix A communicates the minimum standards by which all	Dr. Watson Vonteria Carter Andrea Van Goethem Janet Krajnovic Vernal Tiller Jeffrey Cartwright	Quality of Service

Goal	Tasks	Responsible Person/Team	Objective Categories: <ul style="list-style-type: none"> <li>• Quality of Clinical Care</li> <li>• Quality of Service</li> <li>• Member Experience</li> <li>• Safety of Clinical Care</li> </ul>
	<p>FDR and Subcontractor Vendors and their employees are expected to conduct themselves when providing goods and services to HAP Empowered Medicaid, our enrollees, or employees. The HAP Office of Compliance will review the FDR's compliance program at the time of contracting, and, based on HAP's current risk assessment, periodically thereafter. First tier FDRs and Subcontractors are expected develop and implement policies and procedures to ensure that any downstream entities have effective compliance programs of their own. There are (25) Appeal and Grievance, (4) quality, and (17) credentialing FDR's.</p>		
<p>10. Centers for Medicare and Medicaid: Expansion of Transparency, Hospital Reporting, and Patient Safety as evidenced by continued oversight of CMS Never Events programs and expansion of the COE program. Submit annual attestations to CMS and MDHHS for Chronic Care Improvement Program (CCIP) Quality Improvement Program (QIP).</p>	<p>Participate in external collaboratives and internal partnerships to achieve identified goals (e.g., Greater Detroit Area Health Council Save Lives Save Dollars, CIGNA, Michigan Association of Health Plans (MAHP) QI Directors and Medical Directors Meetings, Michigan Cancer Consortium (MCC), and Michigan Quality Improvement Consortium (MQIC).</p>	<p>All Stakeholders</p>	<p>Quality of Clinical Care Quality of Service</p>
	<p>Achieve approval of the annual submission of Quality Improvement Program (QIP) attestations in accordance with CMS requirements. Submit reports for the Quality Improvement Program (QIP) for the MMP product as requested by MDHHS and/or Health Services Advisory Group (HSAG).</p>	<p>Vanita Pindolia Sharon Schultz Vernal Tiller Patricia Marchese Andrea Van Goethem Leslie Johnson Cathie Smith Rose Simono</p>	<p>Quality of Clinical Care</p>
	<p>Monitor &amp; investigate the CMS Serious Reportable Adverse Events (SRAE) and Hospital Acquired Conditions (HAC) to promote safe patient conditions and assure appropriate application of the non-payment process.</p>	<p>Frances Neely Patricia Marchese Vernal Tiller Lautrell Edwards</p>	<p>Quality of Clinical Care Quality of Service Safety of Clinical Care</p>
	<p>Provide monthly HEDIS reports to participating POs</p>	<p>Carrie Germain Jeff Taylor Mark Huizenga</p>	<p>Quality of Service</p>
<p>11. Evaluation of the Quality Program Activities as evidenced by completion of the annual evaluation of the Quality Program, Work Plan, and Quantitative Assessment.</p>	<p>Complete 2020 written annual program summary.</p>	<p>All Stakeholders</p>	<p>Quality of Clinical Care Safety of Clinical Care</p>
	<p>Submit minimally (2) programs HFHS Quality Exposition and MAHP Pinnacle Awards.</p>	<p>All Stakeholders</p>	<p>Quality of Service</p>

Goal	Tasks	Responsible Person/Team	Objective Categories: <ul style="list-style-type: none"> <li>• Quality of Clinical Care</li> <li>• Quality of Service</li> <li>• Member Experience</li> <li>• Safety of Clinical Care</li> </ul>
	Complete 2020 quarterly updates and the annual work plan evaluation.	All Stakeholders	Quality of Clinical Care Quality of Service Safety of Clinical Care
	Complete 2021 HEDIS submission (CY 2020).	Dr. Watson Carrie Germain Jeff Taylor Mark Huizenga	Quality of Clinical Care Quality of Service Safety of Clinical Care
	Draft 2021 Program goals.	All Stakeholders	Quality of Clinical Care Quality of Service Safety of Clinical Care