



**Continuous Quality Improvement Program**

**MI Health Link Medicare Medicaid Program (MMP)**

**Annual Evaluation**

**2019**

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**INTRODUCTION**

HAP Empowered Health Plan's Quality Program is supported by the Quality Management Department, the Clinical Quality Management Committee (CQMC) and its subcommittees, the HAP Empowered Board of Directors and HAP staff at large. During the calendar year 2019, HAP Empowered MI Health Link continued to work on making improvements in quality care for the well-being and safety of members.

HAP Empowered began the first year of the MMP demonstration project in May 2015 and continues to serve the needs of the dual eligible population in Wayne and Macomb counties. As of December 2019, MMP membership was 4,718.

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 MI Health Link.
  - 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.
  - Reconfiguration of PEGA to capture all grievance type cases by product line complete
  - HAP Empowered's LTSS Waiver program was the winning entry in the 2019 MAHP Pinnacle Awards
  - HAP received a 2020 CMS 4-Star Rating in October 2019
- Examples of enhanced programs and initiatives that contributed to earning a 4-star rating include:
- HAP's collaboration with HFHS pharmacies to improve **medication adherence** for our members
  - HAP's **Healthy Living Rewards Program**, which rewards members for getting the right preventive services, tests and screenings
  - HAP's **customer service HEDIS gaps portal** to allow Customer Service representatives and case managers to see member-specific HEDIS gaps during a call and remind members to complete tests
  - Development of **award-winning educational materials** to prompt members to get screenings
    - 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
      - Managing multiple chronic illnesses
- 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.
- Integration of Appeals & Grievance and Monitoring & Oversight Teams into HCM

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- Implementation of ESI PBM effective 1/1/19
- 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.
- Continued implementation and reporting on CCIP and QIP
- Continued Quality Withhold Workgroup to identify barriers and opportunities, create action plans for improvement and maintain timely reporting of all CMS Core and MI specific measures.
- Transition from CCMS core platform to CareRadius/Care Affiliate from EXLANDA
- HAP acquired Trusted HP, a Medicaid plan based in Detroit, effective September 13, 2019.

**2019 GOALS AND OBJECTIVES**

Each year HAP Empowered MI Health Link 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 MI Health Link reviews the QI Program 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 Program.

HAP MHP MI Health Link identified the following quality improvement activities for 2019:

- Follow Up After Hospitalization for Mental Illness
- Diabetes A1c Control: To improve the care and treatment outcomes for members with the diagnoses of Diabetes, using targeted interventions and partnership with the Livongo care team.

**Quality Program Evaluation**

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

- The MMP Quality Program Work Plan Evaluation
- The MMP 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. HAP Empowered provides information on the effectiveness of the Quality Program annually to network providers. Evaluations are posted to the plan website annually; providers are notified of the availability of program documents.

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

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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.

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 MI Health Link 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

**Quality Improvement Program and Chronic Care Improvement Program**

HAP's Quality Program encompasses strategies to design programs that are population based, provide for identification of high-risk members with chronic conditions for enrollment into nurse health coaching and case management, measure performance outcomes, and support systematic follow-up on the effectiveness of interventions. Additionally, the quality improvement projects address clinical and non-clinical activities and are based on measurable, evidence-based, achievable outcomes that are analyzed annually. The outcomes are reported to the Clinical Quality Management Committee (CQMC) and Board of Directors. CMS has requested that all Medicare Advantage Organizations (MAOs) develop and implement a CCIP focusing effective management of chronic disease. CMS has requested that health plans submit attestations in lieu of the actual program documents. However, health plans must be prepared to submit the programs at the request of CMS.

**Quality Improvement Program (QIP)**

In 2019, the focus for the MMP QIP was the "Follow Up After Behavioral Health Hospitalization (FUH)" HEDIS measure. This QIP initiative was and continues to be focused on the 30-day measure. The baseline year for this initiative was 2018 (HEDIS 2019); remeasurement year 1 is 2019 (HEDIS 2020). Interventions are being developed in conjunction with the Quality Withhold workgroup. Health Services Advisory Group (HSAG) is the External Quality Review (EQR) organization chosen by MDHHS to oversee this initiative. HAP Empowered has formed a workgroup to find ways to improve low-performing HEDIS measures. This workgroup is comprised of Health Care Management, Customer Service, HEDIS, Quality, and Provider Network Services.

The workgroup completed the following activities throughout 2018, and continued into 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

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- Developing action and work plans
- Monitoring intervention performance and outcomes
- Revise or discontinue interventions when necessary

During 2019, the HAP Empowered MMP team employed the following strategies related to the QIP:

- Development of a process and tracking method for following up with members with behavioral health admission
- Monthly and quarterly meetings with PIHPS for process improvement
- Monthly encounter workgroup meetings to discuss & resolve barriers

**Summary:**

The HEDIS 2019 FUH population was 80 members. From that total, 43 members, or 53.8%, had a follow up visit with a mental health provider within 30 days of discharge. This did not meet the benchmark of the Quality Withhold measure, which was 56%. The goal for Remeasurement Year 1 will be to meet or exceed this benchmark.

**Chronic Care Improvement Program (CCIP)**

The CCIP topic focus is Diabetes. The goal is to demonstrate an increase in the number of MMP members who complete required preventive testing; demonstrate an increase in MMP members who have a HbA1c <8.

HAP Empowered originally was going to implement the Livongo program for their diabetic members. However, delays in implementing this project for this population pushed the “go live” date into 2020. This program assists eligible HAP members in better managing their diabetes with a connected meter, unlimited strips and coaching. In the interim, HAP Empowered implemented a program in which medical professionals with the Matrix health care group went to diabetic members’ homes to assist members in completing preventive health screens

Baseline data for HbA1c—HEDIS 2019:

HbA1c measured: 78.28%

HbA1c Poor control (>9%): 80.17%

HbA1c Control (<8%): 15.84%

Medical Attention for Nephropathy: 91.61%

Retinal Eye Examination: 52.47%

Goal: Meet or exceed above rates for HEDIS 2020.

Results and Findings: As of 12/31/2019, the results were as follows:

Glycosylated Hemoglobin (HbA1c): 96 test opportunities; 90 tests performed (6 tests declined).

Urine Microalbumin, Quantitative: 39 test opportunities; 36 tests performed (3 tests declined); 35 tests processed.

Retinopathy: 76 test opportunities; 65 tests performed (9 declined).

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In summary, HAP Empowered continues working toward rolling out the Livongo program for this population. HAP Empowered will also continue to utilize the Matrix home health program to help diabetic members to obtain preventive screenings.

**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**

<b>Measure</b>	<b>Outreach Letters Sent</b>
Adolescent Well Care	570
Lead Screening	15
HPV	Digital HAP Empowered website
Cervical Cancer Screening	38
CDC Eye	45
Child Immunizations	31
Mammogram	426
Well Care 0-15months	Digital HAP Empowered website
Well Care 16mo-21years	Digital HAP Empowered website

**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.

<b>Measure</b>	<b>Reminder Calls (CHW)</b>
CDC A1c	129
CDC Eye	663
CDC Nephrology	N/A
Colorectal	1169
Adolescent well care	N/A
Breast Cancer	592
Cervical Cancer	514

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<b>Measure</b>	<b>Reminder Calls (CHW)</b>
Childhood Immunization	66
Adolescent Immunization	15
Lead Screening	16

<b>Measure</b>	<b>Reminder Calls (IVR)</b>
Adolescent well care	1105
Breast Cancer/ Cervical Cancer	2,940
Flu Vaccine	3,089
Childhood Immunization	289
Lead Screening	76
Flu Vaccine	4,000
Diabetes Eye Exam	663
Blood Pressure	1304

**CAHPS® Member Survey Results**

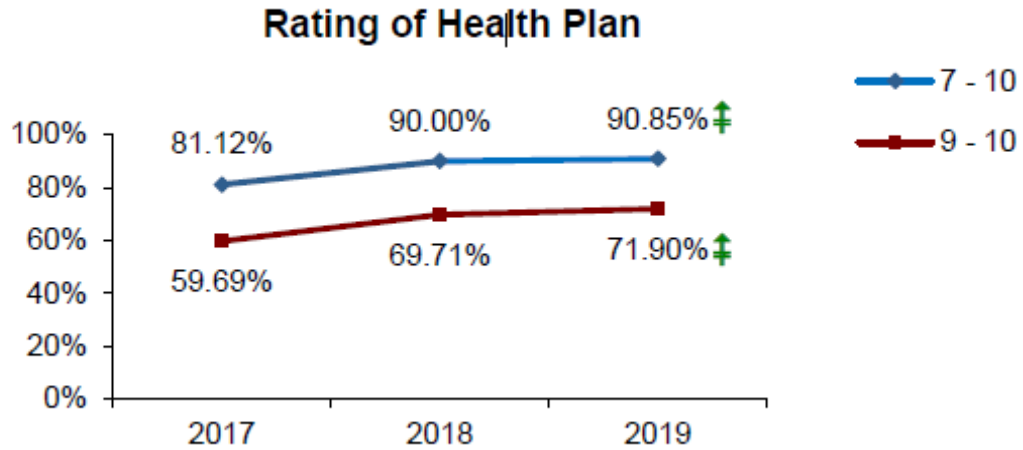
HAP Empowered MI Health Link monitors member satisfaction with access to care through the annual Medicare CAHPS® survey. DSS administered the 2019 CAHPS® 5.0 Medicare certified survey.

In January 2019, a random sample of Medicare beneficiaries was pulled from the Integrated Data Repository by the CMS Office of Information Systems for each health plan. The target sample size for the health plan was 800 beneficiaries.

- Oversampling was optional for health plans with enough enrollment and those who elected to oversample had to submit their request to CMS by December 2, 2018.
- HAP Empowered MI Health Link requested an oversample, with the final sample size of 1,200 for the survey.

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The survey results presented below are compiled from the 325 HAP Empowered MI Health Link members who responded to the survey, for a response rate of 27%.



HAP Empowered MI Health Link performed similar to last year on the rating of the health plan and significantly improved compared to two years ago. Although no significant improvements were seen compared to last year, there were significant improvements compared to two years ago on the following overall rating and composite scores as well:

- Customer Service
- Getting Appointments and Care Quickly
- Rating of Drug Plan



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Significant changes	Compared to:	
	Last year	Two years ago
<b>Part C measures</b>		
Rating of Health Plan (Q38) (% 7, 8, 9 or 10)		✓
Rating of Health Care Quality (Q9) (% 7, 8, 9 or 10)		
Rating of Personal Doctor (Q17) (% 7, 8, 9 or 10)		
Rating of Specialist (Q31) (% 7, 8, 9 or 10)		
Customer Service (% Always or Usually)		✓
Getting Needed Care (% Always or Usually)		
Getting Appointments and Care Quickly (% Always or Usually)		✓
Doctors Who Communicate Well (% Always or Usually)		
Care Coordination (% Always or Usually)		
<b>Part D measures</b>		
Rating of Drug Plan (Q47) (% 7, 8, 9 or 10)		✓
Getting Needed Prescription Drugs (% Always or Usually)		

✓ ✗ Indicates a significantly higher or lower 2019 result than the corresponding previous year.

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 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.

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Survey Measure		Score	Estimated Percentile <sup>2</sup>	Converted Mean
<b>Power</b>				
Q47	Drug plan overall <sup>1</sup>	91.10%	74th	89
Q35	CS courtesy/respect	97.71%	70th	94
<b>Opportunity</b>				
Q9	Health care overall <sup>1</sup>	80.44%	4th	81
Q31	Specialist overall <sup>1</sup>	87.28%	5th	86
Q14	Dr. listened carefully	89.10%	2nd	86
Q16	Dr. spent enough time	88.39%	5th	83
Q17	Personal doctor overall <sup>1</sup>	88.35%	2nd	88
Q15	Dr. showed respect	91.73%	3rd	88
Q18	Dr. had medical records/info	92.42%	3rd	89
Q13	Dr. provided clear explanations	89.77%	6th	87
Q26	Got help managing care	89.29%	2nd	75
Q10	Got care/tests/treatment	84.18%	13th	79
<b>Wait</b>				
Q32	Dr. informed about care	80.13%	8th	75
Q29	Got specialist appt.	83.05%	18th	77
Q4	Got urgent care	84.13%	12th	85
Q8	Seen within 15 minutes of appt.	60.00%	18th	58
Q23	Dr. discussed Rx medicines	84.86%	43rd	81
Q6	Got routine care	88.45%	39th	83
Q44_Q46	Ease of filling Rx	95.87%	43rd	91
Q20_Q21	Got test results	77.70%	3rd	75
Q42	Ease of getting prescribed Rx	92.49%	34th	89
Q37	Easy to fill out forms	96.00%	32nd	94
<b>Retain</b>				
Q34	CS gave info./help needed	88.44%	54th	84

<sup>1</sup> Overall ratings are top 4 scores (% 7, 8, 9 and 10).

<sup>2</sup> The estimated percentile is based on the 2019 DSS Book of Business.

**IMPROVEMENT STRATEGIES**

Based on these priority items, the strategies below were identified:

- Continue to promote and leverage customer service courtesy and respect.
- Maintain relationships with Providers
- Provide communication tips in the provider newsletter including member testimonials
- Encourage members to utilize disease-specific questions checklists

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Re-measurement will occur in 2020 after the completion of the CAHPS survey and to allow time for new interventions to be initiated.

**PROVIDER SATISFACTION**

- HAP Empowered MI Health Link 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

Areas identified for assessment & improvement for 2020 include:

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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 MHP 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 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

**Critical Incidents Reporting**

HAP MI Health Link Care Management team will identify, investigate, resolve and report all critical incidents. A critical incident is defined as any of the following: exploitation; illegal activity in the member's home; medication errors that result in harm to the member; neglect; physical abuse; provider no shows that result in harm to the member; restraints; seclusion or restrictive interventions; theft; verbal abuse; suspicious or unexpected deaths; workers consuming alcohol or drugs on the job; risky behavior that results in harm to self or others (including suicidal ideation or tendencies); and emergency or disaster events.

In 2019, a formal process was implemented for Quality to have oversight of the critical incidents reporting process. Critical Incidents will be included in the 2020 quality management workplan to enable oversight of the critical incidents reporting process. The workplan is updated quarterly and reviewed at the Clinical Quality Management Committee (CQMC). The total number of critical incidents reported in 2019 was 23.

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**PROGRAM STRUCTURE**

***Authority***

HAP Empowered's Quality Program 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 Quality Program, 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 Quality Program and assuring that all program functions are coordinated and integrated
- Assuring that the Quality Program is defined and understood by all those involved in the process
- Developing, reviewing, and assuring proper documentation of the Quality Program activities
- The Behavioral Health Care Practitioner representative, through the CQMC, shall be 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 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. 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 transitioned the Health Management core platform from Clinical Care Management System (CCMS) to CareRadius/CareAffiliate from EXL.

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

**EVALUATION SUMMARY**

Overall, HAP MHP 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

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- Forms and resources
- Pharmacy and formulary
- Privacy practices
- Member eligibility
- Claims/appeals
- Clinical practice guidelines
- Member roster
- Authorizations/referrals

**2020 INITIATIVES**

- Maintain HEDIS, CAHPS and NCQA plan rankings
- Obtain 4.5 CMA Star Rating for 2021
- Coordinate improvement initiatives to close gaps for each withhold measure
- Continue efforts toward maintaining regulatory & CMS compliance
- Continue coordination of Quality Withhold Workgroup