



Quality Assessment and Performance Improvement Program

MI Health Link Medicare-Medicaid Program (MMP)

Annual Evaluation

2022

**HAP Empowered
Quality Assessment and Performance Improvement Program
MI Health Link Medicare Medicaid Program (MMP)
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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 2022 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 2022, MMP membership was 4,832. This Program Evaluation is applicable to the MI Health Link program unless otherwise noted.

Highlights of the 2022 MMP Quality Assessment and Performance Improvement Program (QAPI) includes the following achievements and organizational accomplishments:

- Successful completion of NCQA MED Module and LTSS Distinction
- HAP won the prestigious Michigan Association of Health Plans Pinnacle award for our palliative care program, taking first place in the 2022 Clinical Service Improvement – Government Programs category. The palliative care program allows members with serious illness to be home with their families, especially during end-of-life care, which increases quality of life. Since 2019, more than 1,000 HAP members have enrolled, with hospitalizations among this group having decreased by up to 58% compared to similar cohort at end of life. HAP continues to be committed to creating programs like this that are designed to ensure every member is treated with dignity and respect at every stage of care.
- The Institute of Medicaid Innovation (IMI) selected HAP's COVID-19 Response: Pre- and Post-Vaccine as one of twenty-five outstanding programs nationally that will be highlighted in a compendium of exemplary initiatives.
- All HAP team members completed training on Unconscious Bias.
- Online Chronic Disease Self-Management Program: Implemented Better Choices, Better Health (BCBH) in partnership with the National Kidney Foundation of Michigan which is a six-week online program developed by Stanford University. Members learn to manage a variety chronic conditions like diabetes, high blood pressure, heart disease, sleep apnea, depression, arthritis, and improve healthy behaviors. Outreach was sent to 2,452 members that met the following criteria: Medicaid, ≤3 chronic conditions, and between the ages of 25-64. Since the initial outreach in September, 23 members enrolled through a mailer (6) or text campaign (17). Targeted enrollment is 20-25 members.
- HAP provides a dedicated care manager to all MMP members with the purpose of improving the health and well-being of the members through medical, pharmaceutical, and psychosocial support. HAP's programs provide care coordination across all clinical settings and members' circumstances optimizing the use of community resources and strengthens the relationship with the practitioner and care teams. MMP tools have improved by implementing a risk scoring

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methodology required by the State of Michigan. A new risk stratification tool will begin delivering this risk scoring in 4th Q 2022.

- HAP Empowered tracks and trends inpatient utilization for all products. HAP has seen the most profound changes in the MMP with a 21% increase from 2019 to 2020 and then sharp decline of 15% from 2020 to October 2022.
- HAP donated \$75,000 to the Detroit Public Schools Community District Foundation to support a program that provides coats and personal care items to students throughout the district who need them.
- Released the inaugural edition of the *Make Health Happen* newsletter and gathered feedback from Advisory Council members
- 2022 Partnership with HFH Mobile Integrated Health to provide support for members with acute exacerbations related to their chronic conditions (CHF, COPD, DM, HTN). CC's can make direct referrals to MIH. This provides additional home visits by physicians to reduce the risk of readmissions to acute care.
- Deployed In Home and Telehealth Assessment Visits with Matrix Medical Network as a supplemental service to complement existing PCP visits. Objective is to assist members with gaps in care, safety concerns and to address other identified issues. This began in October and to date, 295 assessments have been completed
- New HAP Empowered contract with McLaren Health System Effective Oct. 1, 2022, McLaren Greater Lansing Hospital and its 125 providers have joined the HAP network. This means that all McLaren facilities and providers in Michigan are now in-network for Medicaid plans.
- Launched New Provider Excellence team to support contracting expansion activities
- Implemented new Provider reports to assist FQHC providers groups in scheduling annual wellness visits
- Enhanced SMS outreach to add new care gap messages including annual wellness visits, dental care reminders, and flu vaccine reminders
- MI Health Link Quality workgroup participation continued monthly to review measures, identify barriers and to implement interventions.
- Improvements in Quality Performance
 - Adults' Access to Preventive and Ambulatory Health 45-64 years old improved from 87.28% to 98.30% in MY 2022
 - The Breast Cancer Screening rate continues to improve every year: MY 2020 57.11% to MY 2022 58.23%

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- The Controlling Blood Pressure rate increased by over two percent from the prior year: 43.58%-45.44%
 - Diabetes Care Eye Exam performance has increased by over six percent from the prior year: 52.36%-55.97%
 - Annual Flu vaccine measure score improved from 60.3%-66.7%
 - Annual Dental Visit Measure score of 25.5% improved by over 5% from Q2 to Q3 2022
 - The Follow-Up After Hospitalization for Mental Illness (FUH) 30 days rate of 46.67% has improved by over 8% through Sept. 2022 from the prior year
- HAP Empowered presented at the Resources for Integrated Care Event: Promising Practices for Promoting Equitable and Culturally Competent Vaccinations for Dually Eligible Beneficiaries Webinar- September 15, 2022
 - The HAP Team sponsored a National Good Neighbors Day Event at 920 On the Park. Over 250 seniors attended from both 920 On the Park and Oakland Towers.
 - One of our MI Health Link Advisory Council members received the Hannan House award for 2022.

2022 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. Below is a high-level summary of the 2022 MI Health Link Goals:

- Improve HEDIS performance measures outcomes to meet and/or exceed the state averages for the MI Health Link population
- Consumer experience to meet or exceed 50th percentile for MMP National Standard (SPH)
- Maintain 75-100 percent of the MI Health Link Quality Withhold (QW) for the active Demonstration Year
- Improve the overall Passive Assignment Algorithm performance outcome to achieve a Tier 2 or higher Band placement for MI Health Link passive enrollment waves.
- Chronic Care Improvement Program (CCIP): CCIPs must promote effective management of chronic disease, improve care and health outcomes for enrollees with chronic conditions, and be conducted over a three-year period.
- Quality Improvement Program (QIP): QIPs must improve health outcomes and/or enrollee satisfaction, address one or more of the CMS Quality Strategy Goals, and be conducted over a three-year period.
- Improve coordination of Medical and Behavioral Health care services among the MI Health Link (MMP) member population.
- Improve follow up outcomes on implementation of LTSS services within 15 days
- Improve collaboration efforts with Long-Term Services and Supports (LTSS) providers to reduce administrative burden for LTSS providers in support of the MDHHS LTSS PI initiative

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- Address Purchaser, Accreditation and Regulatory Expectations as evidenced by, obtaining Excellent NCQA accreditation status (Commercial/Medicare, Medicaid, MMP), NCQA accreditation, and credentialing timelines.
- Enhance Performance Monitoring/Reporting
- Centers for Medicare and Medicaid: Expansion of Transparency, Hospital Reporting, and Patient Safety as evidenced by continued oversight of CMS Never Events programs
- Evaluation of the Quality Program Activities as evidenced by completion of the annual evaluation of the Quality Program, Work Plan, and Quantitative Assessment

Quality Improvement Projects

HAP Empowered MI Health Link identified the following quality improvement projects for 2022:

- Increase rate of diabetic eye exams. *Explore racial disparity and decrease disparity if one exists.*
- Reduce Controlling High Blood Pressure (CBP) Disparity between Black/African American and White/Caucasian Members

Quality Program Evaluation

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

The Quality Program annual evaluation provides 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 Work Plan evaluation tool is a quarterly review 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 QI Workplan evaluation is shared with MDHHS on an annual basis.

- 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

HAP Empowered's Quality Program encompasses strategies to design programs that are population based and provide for identification of high-risk members with chronic conditions for enrollment into health coaching and case management programs; 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 CQMC and Board of Directors.

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Quality Improvement Project (QIP)

In alignment with the goals within the MDHHS Comprehensive Quality Strategy, MDHHS has elected to concentrate the 2022 QIP topic on racial and ethnic disparities with a focus on reducing existing disparities in access to healthcare or health outcomes. MDHHS did not mandate a statewide topic for this focus but rather allowed the ICOs to identify existing racial or ethnic disparities within the region(s) and populations served and determined its plan-specific topic and performance indicator(s).

The QIP topic was selected based on an analysis of disparity comparison for several HEDIS® measures: *Controlling High Blood Pressure, Comprehensive Diabetes Care: HbA1c Control (<8%), Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mmHg), Comprehensive Diabetes Care: Eye Exam, and Kidney Health Evaluation*. *Controlling High Blood Pressure* had the largest disparity between the White/Caucasian population and the Black/African American population (disparate population). Furthermore, through the Chi-Square Test it was concluded that the disparity existed in both 2020 – 2021. HAP Empowered will report the hybrid rates for baseline and remeasurement periods.

The QIP AIM statement is: Do focused interventions improve the rate of members with controlled blood pressure, and reduce the disparity between the White/Caucasian and Black/African American populations without a decline in performance for the White/Caucasian population? 2022 was the baseline submission for this QIP.

Results and Findings:

HAP Empowered has a QIP workgroup consisting of representatives from the Quality Management, Performance Improvement/HEDIS, Pharmacy, and Care Management departments. This workgroup meets monthly to discuss ongoing barriers, interventions, and strategies to improve the CBP measure. To identify initial barriers, the workgroup created a fishbone diagram as a QI tool. This helped to document barriers and initiate discussions for improvement. Furthermore, workplans are maintained to track progress. Sessions were also held to brainstorm and prioritize barriers. Barriers were prioritized into focus areas. The workgroup completed the following activities throughout 2022:

- Reviewed HEDIS® performance data
- Identified key drivers and areas in need of improvement utilizing the fishbone diagram
- Identified interventions to implement
- Developed action and work plans

The Baseline period was Measurement Year (MY) 2021 HEDIS® rate. The MY2021 final hybrid CBP rate for Caucasians was 74.24% compared to the Black/African American rate of 51.50%. The P value was calculated and found to be 3.3350, therefore, a statistically significant disparity exists between these two populations. HAP Empowered continues to identify opportunities for improvement and collaborate on plan interventions.

Interventions:

- HAP Empowered designed an incentive program to reward primary care providers for high quality, cost-effective primary care services. This program was available to MI Health Link providers, and CBP was a part of this program.
- HAP Empowered focused efforts in improving the data collection around this measure to help improve the measure's accuracy. The improvement in data collection efforts includes building

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the ability for providers to document blood pressure readings (and supportive medical records) into the HAP Empowered Provider Portal. Additionally, HAP Empowered modified supplemental data HEDIS extracts to include at-home and telehealth visit blood pressure readings.

- HAP Empowered’s Pharmacy Department created an adherence report to ensure that providers are monitoring members who have uncontrolled blood pressure readings. Members were encouraged to have follow-up visits with the provider for regular monitoring. The Pharmacy Department also received monthly Controlling Blood Pressure reports that show which members have had their blood pressure read and the reading, if available. An analysis of contacts in this intervention revealed that members were less likely to be out of control with their blood pressure; rather, they were not returning to their physician office to have a blood pressure check. Therefore, decision was made to expand the focus to a more general access to care approach, with outreaches being made to members who need to schedule a physician visit. Outreaches have not yet been started for this phase of the intervention.
 - Additionally, members who require supportive education on hypertension can have a scheduled appointment with the pharmacist to review medications and measures to help get their blood pressure under control.
- Specific goals will be added, in partnership with the member, to the Individual Integrated Care and Support Plan (IICSP) if it is determined that a member has uncontrolled blood pressure.
- A new report for providers that focuses on gaps in care for their members is being prepared. This report will contain Controlling High Blood Pressure information along with other measures and will be piloted with a provider network to determine effectiveness.
- HAP Empowered is updating its internal Customer Service Resource (CSR) tool which shows member-facing staff which HEDIS measures the members need. Controlling Blood Pressure is one of the measures that is in the tool, which is also having its scripting updated. Once the tool is updated appropriately, Case Management and Customer Service personnel will be trained on the tool.
- In addition to the measures taken above, HAP Empowered’s pharmacy benefits manager (PBM), Express Scripts, Inc. (ESI) has a medication adherence program. In the second half of 2021, 597 members were targeted for outreach. A total of 441 members were reached, and of that total, 309 members increased their adherence.

QIP Summary:

HAP Empowered uses HEDIS® results for scoring purposes and utilizes HEDIS® methodology for determining the population denominators for its initiatives. HEDIS® rates are compared to established benchmarks on an annual basis. Intervention success is evaluated by improvement in annual rates, as well as feedback from providers, members, and internal staff. Interventions not deemed to be effective are terminated. HAP Empowered continues to identify opportunities for improvement and collaborate on plan interventions.

Chronic Care Improvement Program (CCIP)

Overview

CCIPs must promote effective management of chronic disease, improve care and health outcomes for enrollees with chronic conditions, and be conducted over a three-year period. Effective management of chronic disease is expected to slow disease progression, prevent complications and development of

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comorbidities, reduce preventable emergency room (ER) encounters and inpatient stays, improve quality of life, and save costs for the MAO and for the enrollee. The goals of the CCIP are to:

- Support the CMS Quality Strategy
- Include interventions that are above and beyond MAOs' inherent care coordination role and overall management of enrollees
- Engage enrollees as partners in their care
- Increase disease management and preventive services utilization
- Improve health outcomes

2022 Baseline Goal (Year one)

- Increase rate of diabetic eye exams. *Explore racial disparity and decrease disparity if one exists.*

Results and Findings

HAP Empowered has a CCIP workgroup consisting of representatives from the Quality Management, Performance Improvement/HEDIS, Pharmacy, and Care Management departments. This workgroup meets monthly to discuss ongoing barriers, interventions, and strategies to improve clinical measures. Furthermore, workplans are maintained to track progress. Sessions were also held to brainstorm and prioritize barriers. Barriers were prioritized into focus areas. The workgroup completed the following activities throughout 2022:

- Reviewed HEDIS® performance data
- Identified key drivers and areas in need of improvement
- Identified interventions to implement
- Developed action and work plans

Baseline Period: Measurement Year 2021

Measure	MY2021 Result H9712
Comprehensive Diabetes Care: Eye Exams - Total	60.34%

Interventions

- Member incentive for diabetic eye exams
- Provider Best Practice Incentive Program
- In home retinal eye exams

CCIP Summary

HAP Empowered uses HEDIS® results for scoring purposes and utilizes HEDIS® methodology for determining the population denominators for its initiatives. HAP Empowered reviews and evaluates annual rates in comparison to NCQA benchmarks. Intervention success is evaluated by improvement in annual rates, as well as feedback from providers, members, and internal staff. Interventions not deemed to be effective are terminated. HAP Empowered continues to identify opportunities for improvement and collaborate on plan interventions.

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HEDIS® Performance Outcomes Measures Results

Introduction

HAP Empowered MI Health Link (MMP) recognizes the importance of assisting the Medicaid and Medicare population in obtaining preventive care which improves health outcomes and can prevent diseases. HAP Empowered MMP has utilized the Health Effectiveness Data and Information Set (HEDIS®) in conjunction with breakdowns in member's demographics and social determinants of health to identify members in need of preventive services, their barriers, and opportunities for improvement to create programs and interventions that aim to encourage members to complete those needed preventive services.

The intent of this information is to provide a brief, high-level summary of HAP Empowered MMP's MY 2021 HEDIS® performance compared to its goals and to highlight any rate improvements made over the past year. This analysis includes information related to a three-year trend of measures and compares the final HEDIS® MY 2021 rates against the MY 2021 Michigan statewide average.

For MY 2021, HAP Empowered MMP met or exceeded the MY 2021 statewide average for the following 17 measures:

- Breast Cancer Screening
- Colorectal Cancer Screening
- Care for Older Adults – Advance Care Planning
- Care for Older Adults – Functional Status Assessment
- Care for Older Adults – Pain Assessment
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- Controlling High Blood Pressure
- Comprehensive Diabetes Care – Poor HbA1c Control (<9%)
- Comprehensive Diabetes Care – Blood Pressure Control (<140/90)
- Comprehensive Diabetes Care – Eye Exams (Total)
- Osteoporosis Management in Women Who Had a Fracture
- Antidepressant Medication Management - Effective Acute Phase Treatment
- Antidepressant Medication Management - Effective Continuation Phase Treatment
- Transitions of Care - Medication Reconciliation Post-Discharge (Total)
- Adults' Access to Preventive/Ambulatory Health Services (20-44)
- Adults' Access to Preventive/Ambulatory Health Services (45-64)
- Adults' Access to Preventive/Ambulatory Health Services (Total)

The following analyzes HEDIS® measures for member access, prevention, and diabetes care. In addition, a summary of HAP Empowered MMP's efforts to improve HEDIS® measures is included.

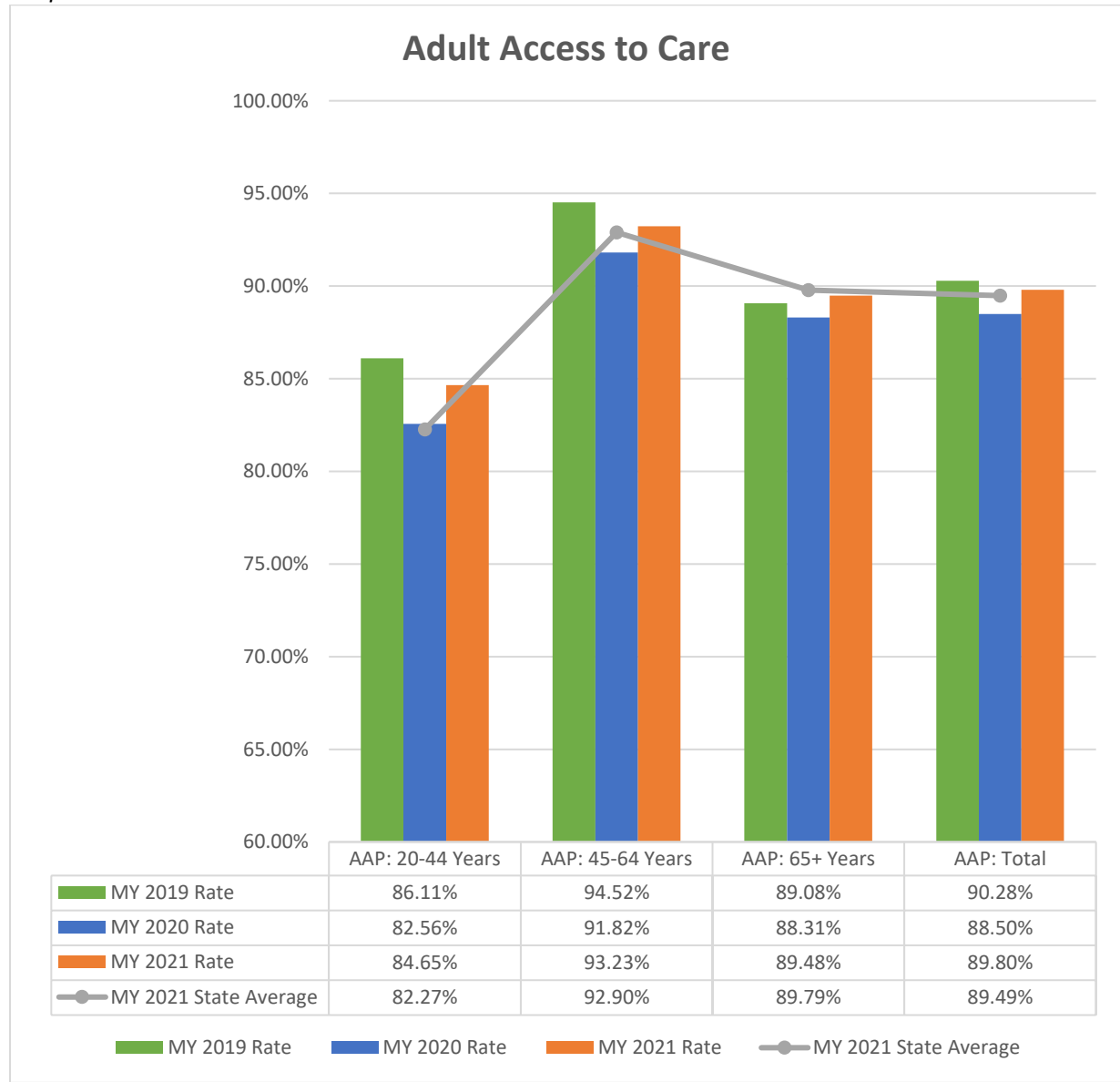
Adult Access to Care

It is important for adults ages 20 years and older to see their provider at least once a year. These annual visits allow the members to have their vitals checked, discuss topics and concerns such as preventive care needs (examples include cervical cancer screenings) and to manage those chronic conditions. HAP Empowered MMP has been focused on improving performance for Adults' Access to

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Preventive/Ambulatory Services (AAP) as members get more comfortable obtaining preventive care services after the pandemic.

Graph 1



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HAP Empowered MMP met the MY 2021 state average for the majority of the Adult Access to Care measures including AAP: 20-44 Years, AAP: 45-64 Years, and AAP: Total. HAP Empowered MMP did not meet the MY 2021 State Average for AAP: 65+ Years and did not have a significant change in the denominator size or have statistically significant improvement. However, HAP Empowered MMP increased AAP: 65+ Years performance from MY 2020 to MY 2021 and performed higher than HAP Empowered MMP's pre-pandemic rate. Additionally, HAP Empowered MMP was seven (7) numerator hits away from meeting the AAP: 65+ Years MY 2021 state average.

HAP Empowered continued to improve in AAP: 20-44 Years, AAP: 45-64 Years, and AAP: Total. By using the Chi-Square Calculation, it was determined that these measures did not have statistically significant improvement.

Several interventions were implemented in MY 2021 that were aimed at improving Adults' Access to Care. HAP Empowered conducted a mass mailing in Q3 2021 where over 800 HAP Empowered MMP members were mailed a care gap reminder letter. These members were all due for Adult's Access to Care. These letters included information to help motivate members to close their gaps such as information on how to obtain free transportation.

Barriers

- In MY 2021, HAP Empowered MMP continued to experience some member disengagement with healthcare due to the COVID-19 pandemic.
- Additional factors affecting the preventive care and access rates include member transportation issues and missing, incorrect, or incomplete contact information that results in unsuccessful member contact.
- Additional barriers include racial and ethnic disparities, and social determinants of health – housing and food insecurity, income, type of employment, poverty, and education.

Opportunities for Improvement

HAP Empowered MMP will revisit implementation of previous initiatives and has implemented new strategies to address the above barriers, including:

- Develop a high touch gap in care outreach campaign that includes texting, telephonic outreach, email, and mail to remind members about the preventive services that they are due to complete.
- Update the provider incentive program to include Adult Access to Care.
- Identify racial and ethnic disparities through data analysis and focus efforts (programs, initiatives) to address the disparities.
- Provide gaps in care information to providers to assist them in performing outreach to their members and implementing member gaps in care via the provider portal.
- Continue routine meetings with provider groups for review of member panel gaps in care and potential initiatives.
- Continue to employ Alternative Payment Models and Value Based Payments.
- Partner with Case Management in providing gap in care reminders to members.

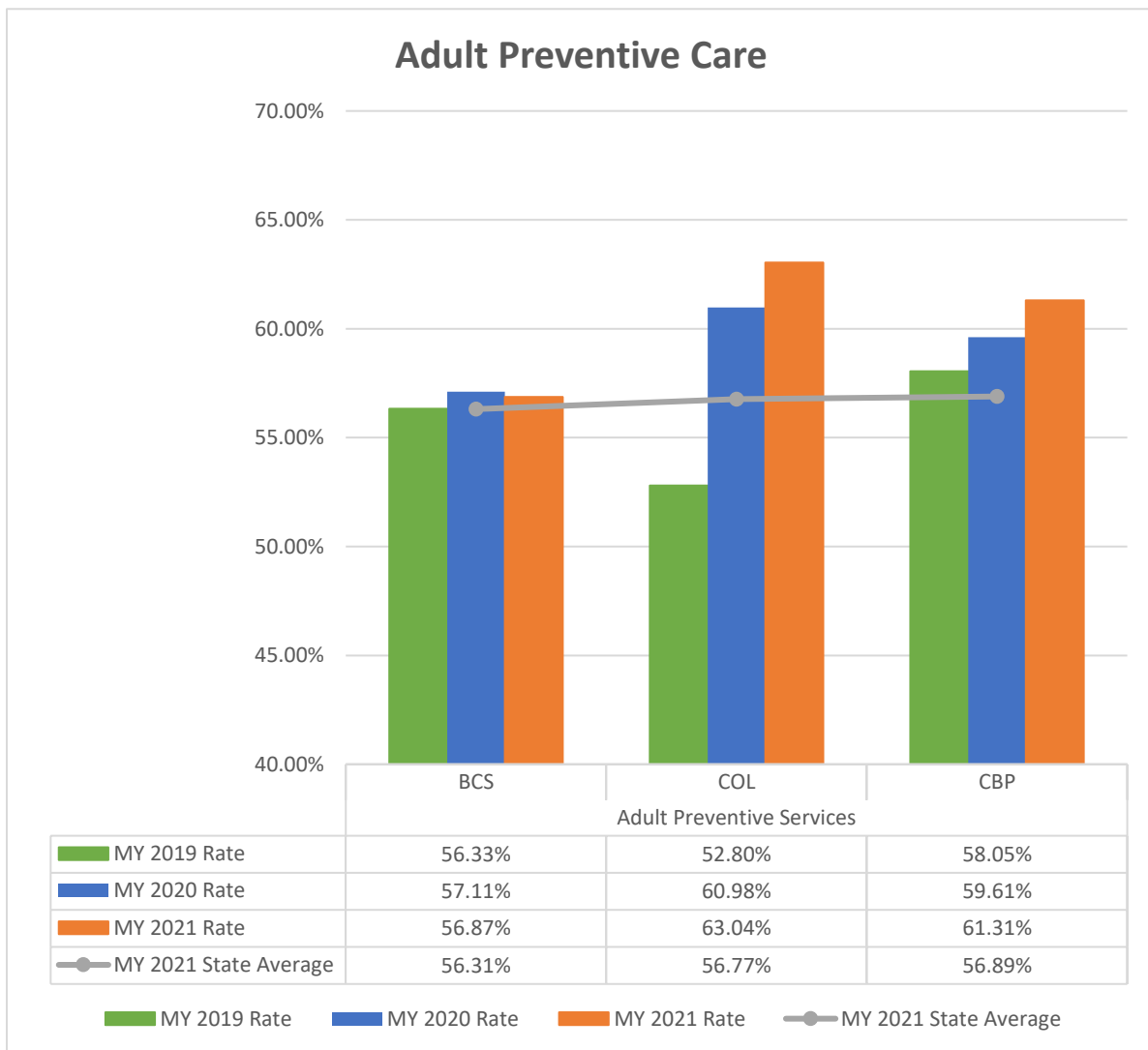
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- Continue to promote and use the HEDIS member outreach tool which is used by Customer Service to help remind members about the gaps in care that they are due to complete.

Adult Preventive Care

It is important for adults to complete preventive services such as Breast Cancer Screening (BCS), Colorectal Cancer Screening (COL), and Controlling High Blood Pressure (CBP). These preventive services allow members to detect changes in the body that may lead to a disease and may improve health outcomes. HAP Empowered MMP has been focused on improving performance for adult preventive care as members get more comfortable obtaining preventive care services after the pandemic.

Graph 2



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Qualitative Analysis

HAP Empowered MMP met the MY 2021 state average for adult preventive care measures including BCS, COL, and CBP. Although there was not statistically significant improvement for COL and CBP, HAP Empowered MMP continues to improve COL and CBP performance from MY 2019 to MY 2021. Furthermore, COL's MY 2021 rate of 63.04% exceeded the 2021 CMS Quality Withhold benchmark which was 62.00%.

Additionally, BCS had a slight decline in performance from MY 2020 to MY 2021 with a decrease of 0.24 percentage points, however, still maintained a higher rate than MY 2019. This could be contributed to the COVID-19 pandemic, as the HAP Empowered MMP population may still be hesitant to go into the doctor office for preventive care as they are a higher risk population. Additionally, BCS has a look-back of three (3) years, therefore more members became non-compliant in MY 2021 as there was a hold on preventive screenings in MY 2020 due to the pandemic.

In July of 2021, HAP Empowered MMP implemented a member rewards program for the MMP population. Here, MMP members could earn a \$15 gift voucher for completing their mammogram. All members were mailed a flyer informing them of the new program and information was available on HAP Empowered MMP's website. HAP Empowered MMP also conducted a mass mailing campaign in Q3 2021 where over 1,000 members who were identified as due for either COL or BCS were mailed a care gap reminder letter. These letters included information to help motivate members to close their gaps such as information on the new member rewards program and how to obtain free transportation. Lastly, HAP Empowered MMP partnered with Home Access to mail out home testing kits to MMP members who were non-compliant for COL. These kits could be mailed back and were free to the member. All results were shared with the member's doctor.

Barriers

- In MY 2021, HAP Empowered MMP continued to experience some member disengagement with healthcare due to the COVID-19 pandemic.
- Services such as BCS need to be completed at a doctor's office and cannot be done telephonically or at home, reducing access to high-risk members during a pandemic.
- Additional factors affecting the preventive care and access rates include member transportation issues and missing, incorrect, or incomplete contact information that results in unsuccessful member contact.
- Additional barriers include racial and ethnic disparities, and social determinants of health – housing and food insecurity, income, type of employment, poverty, and education.
- Determined that members are not aware of the member rewards program.

Opportunities for Improvement

HAP Empowered MMP will revisit implementation of previous initiatives and has implemented new strategies to address the above barriers, including:

- Enhance the MMP member reward program so that it is less burdensome to the member as the program currently requires the member to submit a form.

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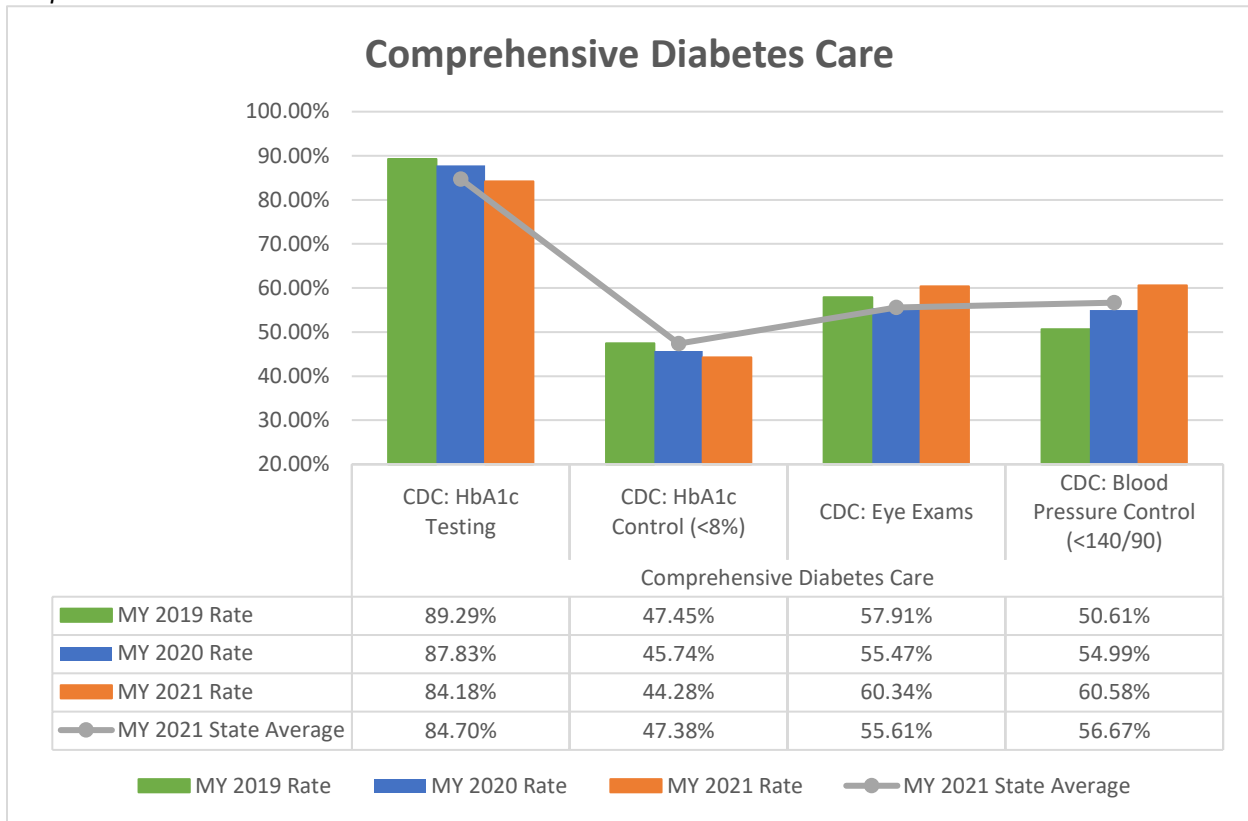
- Develop high touch gaps in care outreach campaign that includes texting, telephonic outreach, email, and mail to remind members about the preventive services that they are due to complete.
- Identify racial and ethnic disparity through data analysis and focus efforts (programs, initiatives) to address the disparities.
- Provide gaps in care information to providers to assist them in performing outreach to their members and implementing member gaps in care via the provider portal.
- Continue routine meetings with provider groups for review of member panel gaps in care and potential initiatives.
- Continue to employ Alternative Payment Models and Value Based Payments.
- Partner with Case Management in providing gap in care reminders to members.
- Partner with Pharmacy who can work with members who continuously have an uncontrolled blood pressure reading to ensure they are taking their hypertension medications.
- Continue to promote and use the HEDIS member outreach tool which is used by Customer Service to help remind members about the gaps in care that they are due to complete.

Comprehensive Diabetes Care

It is important for members who have been diagnosed with diabetes to complete several additional services that help the member and their provider manage the member's condition. These services allow members to track their diabetes and may improve health outcomes such as controlling high blood pressure and HbA1c control. HAP Empowered MMP has been focused on improving performance for comprehensive diabetes care as members get more comfortable obtaining preventive care services after the pandemic.

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Graph 3



Qualitative Analysis

HAP Empowered MMP met the MY 2021 state averages for Comprehensive Diabetes Care (CDC): Blood Pressure Control (<140/90) and CDC: Eye Exams. Additionally, HAP Empowered MMP continues to increase CDC: Blood Pressure Control (<140/90) and CDC: Eye Exams performance from MY 2020 and MY 2021. This increase can be contributed to interventions that HAP Empowered implemented. HAP Empowered has partnered with Matrix in providing in-home CDC: Eye Exams to members who were non-compliant. While it was not a new intervention in 2021, HAP Empowered MMP worked with Matrix to ensure that this population was targeted more thoroughly. Additionally, HAP Empowered MMP’s Pharmacy department has been working with members who have hypertension that continuously struggle to control their blood pressure. There is a large overlap between that population and the diabetic population, meaning that this is impacting the CDC: Blood Pressure Control measure. Lastly, HAP Empowered MMP implemented a new member rewards program where MMP members could earn a \$15 gift voucher for completing their CDC: Eye Exam. All members were mailed a flyer informing them of the new program and information was available on HAP Empowered MMP’s website.

Unfortunately, HAP Empowered MMP did not reach the MY 2021 state average for CDC: HbA1c Control (<8%) or CDC: HbA1c Testing. While CDC: HbA1c Testing did not meet the MY 2021 State Average, HAP Empowered MMP was only three (3) numerator hits away from meeting the MY 2021 State average. Additionally, HAP Empowered MMP did not meet the MY 2021 State Average for CDC: Poor HbA1c

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Control which is not included in the graph since it is reported as an inverse measure. For MY 2021, CDC: Poor HbA1c Control rate was 50.36% while the 50th percentile benchmark is 44.54% and a lower rate indicates a better performance for this measure. HAP Empowered MMP partnered with both Matrix and Home Access to provide members who were due for an HbA1c Test an in-home HbA1c testing kit. These kits were free to the members and results were shared with their doctor.

Barriers

- In MY 2021, HAP Empowered MMP continued to experience member disengagement. For example, members may not seek preventive care services to avoid or reduce complications of diabetes.
- Additional factors affecting the comprehensive diabetes care rates include member transportation issues and missing, incorrect, or incomplete contact information that results in unsuccessful member contact.
- Additional barriers include racial and ethnic disparities, and social determinants of Health – housing and food insecurity, income, type of employment, poverty, and education.

Opportunities for Improvement

HAP Empowered MMP will revisit implementation of previous initiatives and has implemented new strategies to address the above barriers, including:

- Enhance the Matrix in-home kit program as a number of kits that are mailed out are not returned.
- Enhance the HAP Empowered MMP member reward program so that it is less burdensome to the member as the program currently requires the member to submit a form and spread more awareness about the program.
- Develop high touch gaps in care outreach campaign that includes texting, telephonic outreach, email, and mail to remind members about the preventive services that they are due to complete.
- Continue to identify racial and ethnic disparities through data analysis and focus efforts (programs, initiatives) to address the disparities and identify hot spots for targeted interventions.
- Continue to promote and use the HEDIS Member Outreach Tool which is used by Customer Service to help remind members about the gaps in care that they are due to complete.
- Partner with Case Management in providing gap in care reminders to members.

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HAP Empowered MI Health Link (MMP) HEDIS Table – Measurement Years 2019 – 2021

Measure/Data Element	HAP MMP's Rates			Michigan Statewide Average - Based on April 2022 EQRO HEDIS MY 2020 Report
	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	
Prevention and Screening				
Controlling High Blood Pressure (CBP)	58.05%	59.61%	61.31%	56.89%
Breast Cancer Screening (BCS) - Total	56.33%	57.11%	56.87%	56.31%
Colorectal Cancer Screening (COL) - Total	52.80%	60.98%	63.04%	56.77%
Care for Older Adults (COA) - Advance Care Planning	25.06%	25.06%	55.28%	42.46%
Care for Older Adults (COA) - Medication Review	61.31%	61.31%	59.21%	66.63%
Care for Older Adults (COA) - Functional Status Assessment	45.26%	45.26%	63.88%	53.52%
Care for Older Adults (COA) - Pain Assessment	55.23%	55.23%	75.18%	67.04%
Comprehensive Diabetes Care (CDC)				
Comprehensive Diabetes Care - HbA1c Testing	89.29%	87.83%	84.18%	84.70
Comprehensive Diabetes Care - Poor HbA1c Control	45.26%	47.45%	50.36%	44.54%
Comprehensive Diabetes Care - HbA1c Control (<8%)	47.45%	45.74%	44.28%	47.38%
Comprehensive Diabetes Care - Blood Pressure Control (<140/90)	50.61%	54.99%	60.58%	56.67%
Comprehensive Diabetes Care - Eye Exams - Total	57.91%	55.47%	60.34%	55.61%
Access to Care				
Adults' Access to Preventive/Ambulatory Health Services (AAP): 20-44 Years	86.11%	82.56%	84.65%	82.27%
Adults' Access to Preventive/Ambulatory Health Services (AAP): 45-64 Years	94.52%	91.82%	93.23%	92.90
Adults' Access to Preventive/Ambulatory Health Services (AAP): 65+ Years	89.08%	88.31%	89.48%	89.79%
Adults' Access to Preventive/Ambulatory Health Services (AAP): Total	90.28%	88.5%	89.80%	89.49%
Musculoskeletal Conditions				
Osteoporosis Management in Women Who Had a Fracture (OMW)	14.29%	NA (small denominator)	14.29%	6.97%
Behavioral Health				
Antidepressant Medication Management (AMM) - Effective Acute Phase Treatment	52.04%	71.2%	70.54%	70.43%
Antidepressant Medication Management (AMM) - Effective Continuation Phase Treatment	41.84%	48.8%	56.25%	55.06%
Follow-Up After Hospitalization for Mental Illness (FUH) - 30 days (Total)	38.24%	37.7%	37.50%	57.00
Follow-Up After Hospitalization for Mental Illness (FUH) - 7 days (Total)	19.12%	14.75%	16.25%	29.65%
Effectiveness of Care: Medication				

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Measure/Data Element	HAP MMP's Rates			Michigan Statewide Average - Based on April 2022 EQRO HEDIS MY 2020 Report
	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	
Transitions of Care - Medication Reconciliation Post-Discharge (TRC): (Total)	32.60%	35.04%	39.17%	30.96%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)				
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	32.29%	25.22%	25.26%	24.27%
Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)				
Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (Total)	53.28%	57.57%	60.72%	NA (no rate provided)

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Consumer Assessment of Healthcare Providers and Systems (CAHPS*) Member Survey Results

SPH Analytics (SPH), a Centers for Medicare and Medicaid Services (CMS) certified Survey Vendor, was selected by HAP Empowered MI Health Link (H9712) to conduct its 2022 Medicare CAHPS* Survey.

Survey Objective

The overall objective of the Medicare CAHPS* study is to capture accurate information about consumer-reported experiences with health care. The Centers for Medicare and Medicaid Services (CMS) uses this information to assign Star Ratings to health plans.

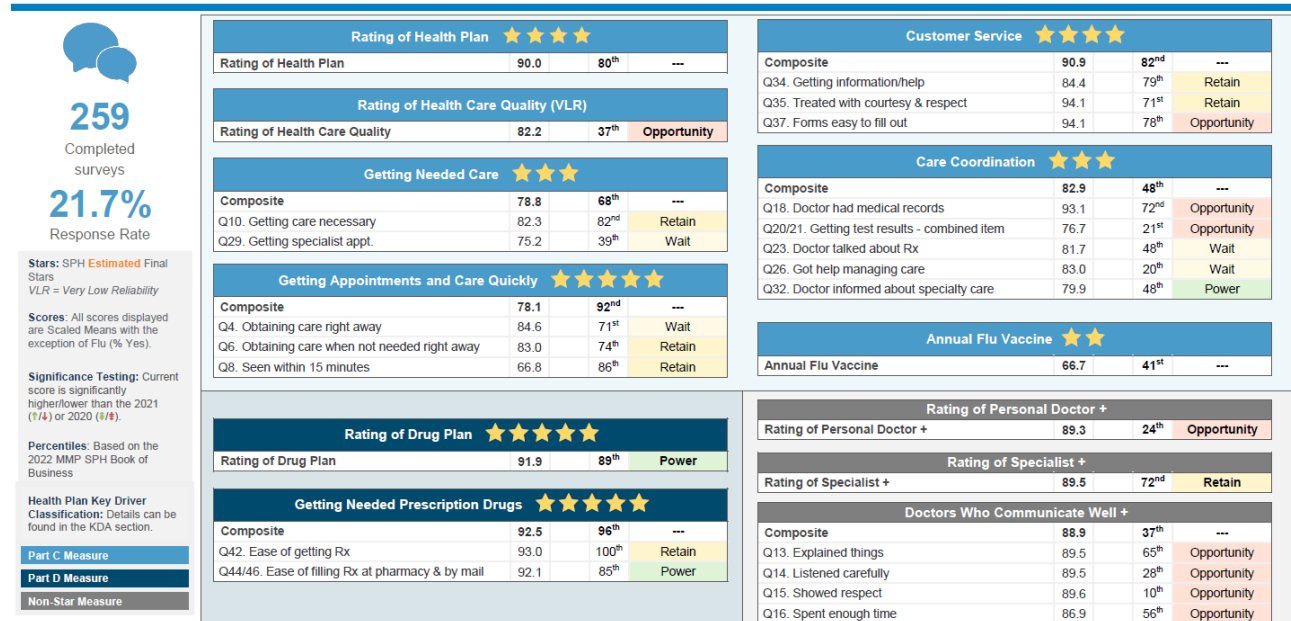
The 2022 MAPD version of the Medicare CAHPS survey was administered via a mail and phone methodology and there were no updates to the content of the survey tool. Qualified respondents were beneficiaries who were 18 years and older, enrolled in the contract continuously for six months or longer (at the time of the sample draw), living in the United States and were not institutionalized.

Because the 2020 survey administration took place during extraordinary circumstances, please use caution when comparing and interpreting trend results. CMS did not collect 2020 results and therefore did not distribute a 2020 national benchmark. As a result, 2019 was the last benchmark released by CMS prior to 2022. Please note that CMS does not formally release scores or star ratings for MMP plans. The data shown is from HAP's CAHPS vendor SPH, who estimates case mix adjusted scores as well as star ratings. The benchmark used is comprised of SPH's book of business scores for MMP clients in 2022.

Overall Summary

HAP Empowered MI Health Link (H9712)

2022 DASHBOARD



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HAP Empowered MI Health Link (H9712)

	ALIGNMENT <i>Are your key drivers typical of the industry?</i>	KEY DRIVER RANK		ATTRIBUTE	SCALED MEAN SCORE		SPH BoB PERCENTILE	CLASSIFICATION		
		YOUR CONTRACT	INDUSTRY		YOUR CONTRACT	INDUSTRY				
TOP 10 KEY DRIVERS										
YOUR CONTRACT	These items have a relatively large impact on the Rating of Health Plan. Leverage these questions since they are important to your members and the Rating of Health Plan score for this plan. They are listed in descending order of importance for your plan.	✓	1	1	Q38	Health Plan Overall	90.0	87.9	82 nd	
		✓	2	2	Q9	Rating of Health Care Quality	82.2	86.4	10 th	Opportunity
		✓	3	10	Q14	Listened carefully	89.5	91.8	16 th	Opportunity
			4	14	Q13	Explained things	89.5	91.2	26 th	Opportunity
			5	11	Q15	Showed respect	89.6	93.5	5 th	Opportunity
		✓	6	6	Q17	Rating of Personal Doctor +	89.3	91.5	12 th	Opportunity
INDUSTRY	SPH Book of Business regression analysis has identified Key Drivers of Rating of Health Plan. The numbers represent the ranked importance across the entire Book of Business.		7	19	Q32	Doctor informed about specialty care	79.9	80.1	50 th	Power
			8	15	Q16	Spent enough time	86.9	89.9	16 th	Opportunity
		✓	9	5	Q44_Q46	Ease of filling Rx at pharmacy & by mail	92.1	91.2	72 nd	Power
			10	23	Q37	Forms easy to fill out	94.1	94.6	37 th	Opportunity
			13	4	Q42	Ease of getting Rx	93.0	90.0	94 th	Retain
	16	9	Q4	Obtaining care right away	84.6	85.2	47 th	Wait		
	17	8	Q34	Getting information/help	84.4	83.0	69 th	Retain		
	19	7	Q35	Treated with courtesy & respect	94.1	93.8	58 th	Retain		
	21	3	Q31	Rating of Specialist +	89.5	89.6	51 st	Retain		

All Industry scores & rankings are calculated based on the 2022 MAPD SPH Book of Business. Any items below the dotted line are Top 10 industry key drivers that are not identified as key drivers for your plan.

HAP Empowered MI Health Link (H9712)

MEASURE SUMMARY

TOP THREE Performing Measures

Your contract's percentile rankings for these measures were the highest compared to the 2022 SPH Book of Business.

MEASURE	2022 Valid n	PLAN SCALED MEAN SCORE			2021 CMS MMP NATIONAL DATA		2022 SPH MMP BoB		
		2021	2022	CHANGE	SCORE	GAP	SCORE	GAP	PERCENTILE
Getting Needed Prescription Drugs	242	91.9	92.5	0.6	90.4	2.1	88.9	▲ 3.6	96 th
Getting Appointments and Care Quickly	232	76.7	78.1	1.4	76.7	1.4	73.7	▲ 4.4	92 nd
Rating of Drug Plan	246	92.7	91.9	-0.8	87.6	▲ 4.3	89.5	▲ 2.4	89 th

BOTTOM THREE Performing Measures

Your contract's percentile rankings for these measures were the lowest compared to the 2022 SPH Book of Business.

MEASURE	2022 Valid n	PLAN SCALED MEAN SCORE			2021 CMS MMP NATIONAL DATA		2022 SPH MMP BoB		
		2021	2022	CHANGE	SCORE	GAP	SCORE	GAP	PERCENTILE
Rating of Health Care Quality	250	85.5	82.2	-3.3	86.9	-4.7	83.6	-1.4	37 th
Doctors Who Communicate Well +	203	91.3	88.9	-2.4	90.6	-1.7	89.2	-0.3	37 th
Rating of Personal Doctor +	200	91.1	89.3	-1.8	91.0	-1.7	90.1	-0.8	24 th

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Improvement Strategies

Rating of Health Care Quality:

- Communicate and educate all areas of the Plan on CAHPS, sharing findings, initiatives and outcomes. Seek input and observations. Engage relevant contributors into QI design/activities.

Doctors Who Communicate Well:

- Cultivate a patient-centered care philosophy and programs across the provider network.
- Support, communicate and educate providers about the vital medical importance of effective doctor-patient communication (i.e., reduced hospitalizations & ER visits , improved adherence).

Rating of Personal Doctor:

- Communicate and educate all areas of the Plan on CAHPS.
- Engage relevant contributors into QI design/activities

CAHPS® Summary

- HAP Empowered Drug Plan rating continues to remain strong at near 92%, which is significantly better overall compared to local MMP programs and national CMS MMP data.
- HAP Empowered remains high in ease of getting prescription (93%), ease of filling by pharmacy/mail (92%), and ease of getting filled at pharmacy (94%). HAP has acquired excellent clinical pharmacy leadership to promote medication adherence, and direct education of members on medications. Our plan continues to look for simplifying the mail order process.
- HAP Empowered has continued to leverage feedback from our consumer advisory council to improve member communication of benefits including expansion of our over-the-counter benefits.

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

Objectives

This annual research effort seeks to obtain an understanding of overall satisfaction among provider practices within the network, with the following objectives:

- Assess and monitor provider practice satisfaction
- Identify opportunities for HAP to improve services to provider partners
- Provide data to support and develop internal stakeholder initiatives

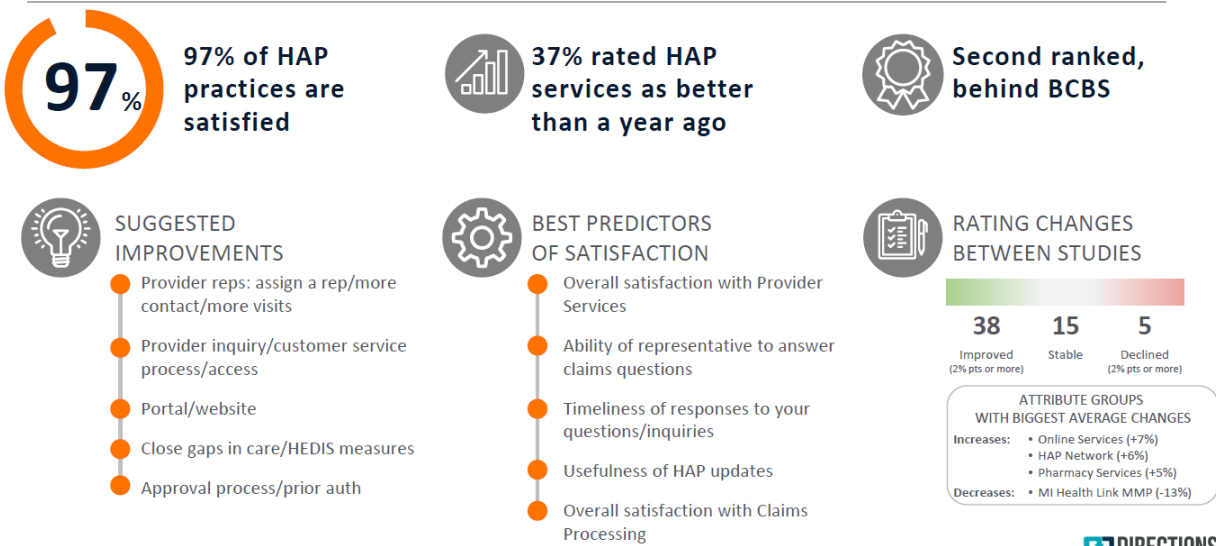
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Methodology

- The 2022 methodology focused on emailed survey invitations. HAP provided email addresses for some practices, and Directions Inc. appended emails for additional practices based on calling results from previous research conducted on HAP’s behalf in 2021. Two thirds of practices (66%; 814 of 1239 practices) had an initial email associated with the practice. Those practices were sent an email invitation to participate in the survey by web.
- Initial telephone calls were placed concurrently with email invitations to encourage participation. During the course of telephone contacts, additional email addresses were collected, and survey invitations were emailed. In total, 907 practices (73%) were emailed survey invitations, some at multiple addresses.
- All practices who did not respond to the email inquiries were mailed a packet in mid-October including a survey, cover letter, and return envelope. Instructions were given on how to complete surveys by mail, web, or phone. To bolster participation, 250 practices were sent a second mailing in mid-November.
- The mailing included a unique six-digit identification number that was used to track participating practices.
- Follow-up telephone calls were placed concurrently with email and mail invitations to encourage participation by mail or web. Fax surveys were not offered in 2022. Up to five phone calls were placed to each practice to encourage participation.
- Survey results were collected between September 7 and December 7, 2022.
- The results in this report reflect only those from the 244 HAP Empowered practices. Practices were not designated as HAP Empowered in years prior to 2022, and therefore previous data was recoded such that any practice that was either designated as MMP or Medicaid was presumed to be HAP Empowered.

2022 Provider Satisfaction Survey Results

Key Takeaways



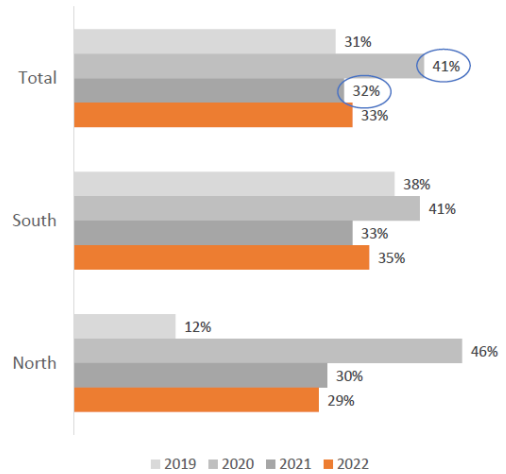
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Top Findings

Overall Measures

- A vast majority of practices (97%) report being satisfied with their overall relationship with HAP. As in previous studies, South region practices have a higher overall satisfaction level than North region practices. Satisfaction is highest for practices that have more than 30% of their practice volume represented by HAP.
- Satisfaction is stable between studies.
- More than a third rate HAP's services as being better than a year ago. Few (1%) thought HAP services are worse than a year ago.
- The primary suggestions from practices are to increase contact with provider reps and to improve the provider inquiry/customer service process.

Top Box Satisfaction Over Time

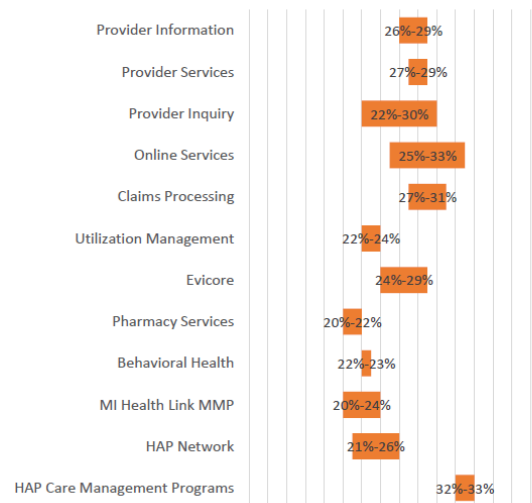


Top Findings

Detailed Attribute Ratings

- Respondents were asked to rate their satisfaction with 58 attributes. These satisfaction ratings are grouped into 12 topical areas.
- Few practices were able to rate the MI Health Link MMP items, but those who did gave relatively low ratings (20%-24% top box ratings). Of the remaining attributes, the items with the highest top-box ratings are:
 - Q18. Overall satisfaction with HAP's online provider portal (33%)
 - Q67. Overall satisfaction with the HAP Care Management programs (33%)
 - Q68. Helpfulness of HAP's Care Management clinical staff (33%)
 - Q69. HAP's coordination of care for patients with multiple or complex conditions (32%)
 - Q25. Ease of submitting claims (31%)
 - Q20. HCC Process (30%)
 - Q14. Ease of using the automated phone system to verify benefits and member eligibility (30%)
- The attributes with the lowest ratings are Pharmacy and HAP Network related items:
 - Q63. Timeliness and completeness of feedback from hospitals or ER facilities (21%)
 - Q45. Ease of determining if a medical drug requires prior authorization (21%)
 - Q64. Timeliness and completeness of feedback from Skilled Nursing or Rehab facilities (21%)
 - Q44. Ease of submitting a request for prior authorization for prescription drugs (21%)
 - Q46. Ease of submitting a request for prior authorization for medical drugs (online through CareAffiliate) (20%)
 - Q43. Ease of determining if a prescription drug requires prior authorization (20%)

Range of Top Box Ratings By Topic Area



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Ratings Over Time

Total HAP Empowered

	Total HAP Empowered			Change
	2020 (n=183)	2021 (n=162)	2022 (n=244)	
Overall Satisfaction				
Q1. Your overall relationship with HAP	41%	32%	33%	+1%
Provider Information				
Q4. Overall satisfaction with the Provider Information you receive from HAP	33%	25%	26%	+1%
Q5. Usefulness of HAP updates	35%	28%	28%	0%
Q6. Usefulness of online provider information	35%	26%	29%	+3%
Provider Services				
Q8. Overall satisfaction with Provider Services	33%	27%	29%	+2%
Q9. Accessibility of Provider Services representatives	29%	26%	27%	+1%
Q10. Timeliness of responses from representatives	30%	27%	27%	0%
Q11. Ability to address your question or concern	27%	25%	27%	+2%
Q12. Ease of providing updated practice information to HAP	31%	28%	27%	-1%
Provider Inquiry				
Q13. Overall satisfaction with Provider Inquiry service	32%	26%	29%	+3%
Q14. Ease of using the automated phone system to verify benefits and member eligibility	36%	24%	30%	+6%
Q15. Length of phone wait time to speak with a representative	26%	19%	22%	+3%
Q16. Ability of representative to answer claims questions	30%	24%	27%	+3%
Q17. Timeliness of responses to your questions/inquiries	30%	24%	28%	+4%

Total HAP Empowered

	Total HAP Empowered			Change
	2020 (n=183)	2021 (n=162)	2022 (n=244)	
MI Health Link MMP				
Q55. Participation in Integrated Care Team (ICT) meetings	38%	33%	20%	-13%
Q56. Participation in Individual Integrated Care and Supports Plan (IICSP) development	37%	34%	20%	-14%
Q57. The PCP referral process to Specialists	37%	28%	22%	-6%
Q58. The PCP referral process to Long Term Services and Supports (LTSS) providers	38%	39%	24%	-15%
Q59. The PCP referral process to Prepaid Inpatient Health Plan (PIHP) providers	42%	41%	23%	-18%
HAP Network				
Q60. The number of specialists in HAP's provider network	24%	18%	26%	+8% ↑
Q61. Level of collaboration from specialists for shared patients	22%	17%	25%	+8% ↑
Q62. Timeliness and completeness of feedback from specialists	23%	16%	23%	+7%
Q63. Timeliness and completeness of feedback from hospitals or ER facilities	25%	17%	21%	+4%
Q64. Timeliness and completeness of feedback from Skilled Nursing or Rehab facilities	24%	17%	21%	+4%
Q65. Timeliness and completeness of feedback from external hospital laboratories		19%	22%	+3%
HAP Care Management Programs				
Q67. Overall satisfaction with the HAP Care Management programs	36%	33%	33%	0%
Q68. Helpfulness of HAP's Care Management clinical staff	38%	32%	33%	+1%
Q69. HAP's coordination of care for patients with multiple or complex conditions	43%	32%	32%	0%

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Patient Safety/Quality of Care

HAP Empowered MI Health Link addressed patient safety during 2022 in a variety of areas, including:

- Maintained oversight of regulatory guidelines from the Centers for Medicare and Medicaid Services (CMS) and to apply updates to HAP processes for compliance with monitoring health care acquired conditions.
- Maintain an ongoing process to monitor and investigate hospital-acquired conditions (HACs) and provider preventable conditions (PPCs).
- Promoted increased awareness and safe working conditions by collaborating with the Building Operations team.
- Identified HACs and PPCs through DRG-based audits conducted by HAP's vendor, Change Healthcare, Power BI claims data associated with HACs, and quality referrals from the provider appeals, inpatient admissions, case management, and high-cost review teams where access to clinical notes allows identification of potential issues.
- Continued to monitor and track HACs and PPCs to identify trends of potential quality concerns at HAP-contracted health systems and associated hospitals. The Peer Review Committee (PRC) reviews all cases flagged with claims associated with HAC 01 (Foreign Object Retained After Surgery) and reports its findings to the Quality and Safety Committee (Q&S Committee) for disposition.
- The Peer Review Committee reviewed and discussed all cases involving members who had claims associated with HACs to determine whether withholding monies for services rendered was warranted for reporting to the U.S. Office of Inspector General (OIG) Annual Integrity Report and referred those cases to the Q&S Committee for disposition.
- Continued strong collaborative association with HFH Director of Performance Excellence and Quality regarding process improvements to decrease quality concerns.
- Participated in the ongoing community Michigan Health and Hospital Association, Quality Improvement Directors' meetings, and other forums to address and support quality and safety improvement initiatives locally and statewide.
- Continued participation in the Michigan Quality Improvement Consortium (MQIC) to promulgate evidence-based medicine, preventive services, health promotion, disease management programs, and clinical practice guidelines to practitioners in Southeast Michigan and for use by HAP.

Critical Incidents

HAP MI Health Link Care Management team identifies, investigates, resolves, and reports 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.

Critical Incidents are included in the quality management workplan to enable oversight of the critical incidents reporting process. The workplan is updated quarterly and reviewed at the CQMC. There were eleven (11) critical incidents reported in the MDHHS database for 2022. There was a range of physical abuse, provider no shows, verbal abuse, and medication errors. Care Coordinators continue to be

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reminded to report critical incidents regularly and they continue to provide education on abuse, neglect, and exploitation to members, families, and caregivers on an annual basis. Some members had critical incidents in more than one category as one situation could involve more than one critical incident type, an identified barrier for critical incidents in general is the inability to prevent them as the CM team is not responsible for the member's direct care and situations can arise in all settings of the members' lives. Internally HAP meets quarterly to discuss cases and look for trends to identify additional opportunities to proactively prevent critical incidents.

Quality Evaluation Summary

Overall, HAP Empowered MI Health Link has made progress in improving the quality of care, safety, and service to our members. Throughout 2022, there have been continuous enhancements in the structure for the MMP improvement efforts including:

- Quality performance meetings continue including the monthly MMP/Medicaid workgroup and the HCM and HEDIS Medicare MMP Quality Withhold workgroup. The Quality Withhold workgroup includes subgroups for HEDIS measures including CBP, PCR, COL, FUH, AMM and TRC.
- Monitoring monthly HEDIS rates progress toward goals through the MMP dashboard and revising the MMP Initiative Work Plan focused on improving HEDIS and CAHPS rates
- Launched the MMP member reward program in May of 2022 with rewards backdated to January 2022. Approximately \$81k in rewards were distributed to MMP members. Continued to process MMP rewards weekly through partners, WebMD and InComm Incentives. The MMP member reward program will be updated for 2023. Most of the rewarded measures remain the same, with the exception of the Annual Medication Review. This reward will be increased from \$15 to \$25.

Additional, quality measures improvement efforts in 2022 were:

- Beginning in Q4 2022, the HEDIS and Member Mastering and Consumer Insights (MMCI) teams began creating "care gaps" to automate portions of the member outreach process. The automation will allow HAP Empowered to quickly and proactively identify members who are overdue for screenings. This process is starting with the annual wellness visit (AWV) care gap.
 - Additionally, the AWV texting campaign planned in Q3 became an email campaign in Q4. A breakout specifically for MMP is not available, but overall, 9,940 emails were sent to members to remind them to complete an AWV and MMP members missing an AWV were included in this email campaign. Overall, 47% of these emails were opened.
- HAP Empowered Customer Service representative and Case Managers can discuss preventive and routine screenings (including Breast Cancer and Colon Cancer) with members on the phone. The HAP Empowered Representative can document the member's response and help coordinate a PCP visit for the member on behalf of the member.
 - Additional HEDIS measures were added to the CSR tool in Q2 2022: Adult Immunization Status, Lead Screening in Children (for Medicaid only), Annual Dental Visit, and an office visit indicator
- "Strategy for Success" meetings started in mid-March with PNM. Goal is to discuss key performance by groups, data needs, and other provider focused topics to improve HEDIS rates.
- As part of 2023 planning, HAP identified key provider organization (PO) groups to partner with for MI Health Link HEDIS rate improvement: Henry Ford Medical Group (HFMG), United

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Outstanding Physicians (UOP), The Wellness Plan (an FQHC), and Health Centers Detroit (an FQHC). Goal is to begin meetings in Q1 of 2023.

- The Member Connections Committee (MCC) was implemented in March and will review all member issues, including MMP, and support subcommittee structure to address repetitive issues.
- Dental measure: 2022 Dental Text Campaign (oral Health focus) implemented to target Dental service outcomes. Also, in Q4 2022, targeted dental gap outreach campaign implemented to enhance member outreach/engagement.
- Provider Network Management meets with key provider groups on a quarterly basis in Joint Operating Committee meetings. These meetings focus on performance improvement and include reporting that details utilization and financial performance for each group, HAP Empowered averages, and benchmark data on various metrics.
 - As needed, additional drilldown is available to identify specific performance improvement opportunities for these groups to focus. These opportunities identify the drivers of the performance for specific metrics and providers.

2023 Initiatives

- Quality Program Performance:
 - Improve HEDIS performance measures outcomes to meet and/or exceed the state averages for the MI Health Link population
 - Maintain 75-100 percent of the MI Health Link Quality Withhold (QW) for the active Demonstration Year
 - Improve the overall Passive Assignment Algorithm performance outcome to achieve a Tier 2 or higher Band placement for MI Health Link passive enrollment waves.
- Through the Member Connections Committee, coordinate CAHPS member satisfaction improvement initiatives to achieve corporate member satisfaction goals
 - Consumer experience to meet or exceed 50th percentile for MMP National Standard (SPH)
- Address social determinants of health, and initiate efforts to reduce racial and ethnic disparities with a focus on existing disparities in access to healthcare and health outcomes through ongoing interventions in support of Quality Improvement Projects (QIP) and Chronic Care Improvement Program (CCIP)
 - *Chronic Care Improvement Program (CCIP)*: Increase rate of diabetic eye exams. Explore racial disparity and decrease disparity if one exists
 - *Quality Improvement Project (QIP)*: Reduce Controlling High Blood Pressure (CBP) Disparity between Black/African American and White/Caucasian Members.
- Maintain a Population Health approach in providing integrated, interdisciplinary care coordination at HAP across all clinical settings and members' circumstances optimizing the use of community resources
 - Improve coordination of Medical and Behavioral Health care services among the MI Health Link (MMP) member population
 - Improve follow up outcomes on implementation of LTSS services within 15 days
- Address Purchaser, Accreditation and Regulatory requirements as evidenced by achieving NCQA Health Plan accreditation
 - Maintain Health Plan Accreditation

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- Maintain LTSS Distinction
- Maintain MED Module Accreditation
- HAP Provider Network Performance is optimized to support members based on value driven care, clinically appropriate utilization, and high-quality population outcomes
 - Monitor over and underutilization of services
 - Provide monthly HEDIS reports to participating POs
 - Alternative Payment Model
- Review, investigate, and monitor concerns regarding affiliated providers which have the potential to negatively affect the quality, safety or integrity of services rendered to members and to determine appropriate follow-up as necessary.
- Evaluation of the Quality Program Activities as evidenced by completion of the annual evaluation of the Quality Program, Work Plan, and Quantitative Assessment.