2023 Quality Assessment and Performance Improvement Program

Overview
Health Alliance Plan (HAP) is a subsidiary of Henry Ford Health, one of the nation's leading health care systems. HAP provides coverage to individuals, companies, and organizations of all sizes, partnering with doctors, employers, and community groups to improve the overall health of every community we serve. HAP's mission is to enhance the health and well-being of the lives we touch.

Company highlights:

- Founded in 1960
- Based in Detroit, Michigan
- 430,000 members
- 1,100 employees
- 50,000 health care provider partners

Chief executive: Michael Genord, MD, MBA
President and CEO, Health Alliance Plan
President and CEO, HAP Empowered Health Plan
Executive Vice President, Henry Ford Health

Governance
HAP is governed by a diverse volunteer board of directors representing a variety of industries that include health care, automotive/manufacturing, financial services, education, professional services, consumer services and community planning.

Subsidiaries and business partnerships
Alliance Health and Life Insurance Company®– Alliance offers fully insured and experience-rated PPO and EPO products, as well as administrative services only (ASO) and self-funded products.

ASR Health Benefits–ASR Health Benefits is a full-service, third-party administrator based in Grand Rapids, Mich., offering competitive options for employers seeking to self-fund their health benefit costs and a statewide provider network.

HAP Empowered Health Plan–HAP Empowered is a licensed HMO that offers two types of plans – Medicaid and MI Health Link (for members who are eligible for both Medicaid and Medicare). Medicaid programs include MIChild, Children's Special Health Care Services, the Healthy Michigan Plan and health care coverage for people impacted by the Flint Water Crisis.

Network
HAP's vast network includes more than 50,000 health care providers representing the leading doctors, hospitals and health systems in Michigan. Statewide and national provider networks are available through strategic partnerships with Physicians Care Network in Michigan and Aetna Signature Administrators™ program, offering access to Aetna's national PPO network outside of Michigan and northwest Ohio. Nationally recognized for quality and customer satisfaction.

CQMC: 4/25/2023

Effective Oct. 1, 2022, McLaren Greater Lansing Hospital and its 125 providers joined the HAP network. This means that all McLaren facilities and providers in Michigan are now in-network for members of HAP's Medicare Advantage HMO and PPO, commercial (employer group and individual) HMO and PPO, and Medicaid plans.

Scheurer Health facilities and providers, which were already in-network for HAP's commercial and Medicare plans, are now in-network for HAP Empowered Medicaid plans. Scheurer Health has two health clinics, five rural clinics and 29 providers in the thumb region, which are now in-network for members of HAP's Medicare Advantage HMO and PPO, commercial (employer group and individual) HMO and PPO, and Medicaid plans.

Products
HAP is a full-service health insurance company with distinct product lines:

- **Employer group plans** –HMO, PPO, EPO, Choice Network and consumer-driven health plans. Employer groups have access to fast, accurate and friendly service from knowledgeable local experts. Timesaving online tools make it easy to enroll and disenroll employees, access invoices and check rosters.

- **Individual plans**–HAP has HMO, PPO and health savings account plans available for individuals and families not covered through an employer health plan.

- **Medicare**–HAP offers HMO and PPO Medicare Advantage plans, prescription drug plans and Medicare Supplement (Medigap) plans for individuals and employer-sponsored employees and retirees.

- **Medicaid** – HAP Empowered Health Plan is an HMO offering coverage for those eligible for both Medicare and Medicaid, as well as traditional Medicaid. Programs include MIChild, Children's Special Health Care Services, and the Healthy Michigan Plan. MI Health Link is for members who are eligible for both Medicaid and Medicare.

- **Self-funded**–Through ASR Health Benefits and Alliance Health and Life (AHL), HAP offers options for employers and health and welfare funds that are seeking to self-fund their health benefit costs.

HAP Empowered is a separate, wholly owned subsidiary of HAP that serves approximately 37,559 Medicaid enrollees. HAP Empowered Health Plan is invested in giving high-quality, low-cost care to Michigan residents. HAP Empowered consists of the following products:

- HAP Empowered Medicaid
    - Children's Special Health Care Services (CSHCS)
- HAP Empowered Healthy Michigan Plan
- HAP Empowered MI Health Link (for members dually enrolled in Medicare & Medicaid)
- HAP Medicare Complete Duals (HMO D-SNP)

Mission
The HAP Empowered Quality Assessment and Performance Improvement (QAPI) program aims to ensure that safe, effective, patient centered, timely, efficient, and equitable clinical care and services are provided to Medicaid members. HAP Empowered also seeks to demonstrate value and improve quality through the elimination of over, under, and misuse of services. It is designed to monitor and evaluate the

appropriateness of clinical and non-clinical member care and services objectively and systematically. Through the continuous process of monitoring and evaluation, HAP Empowered examines the components of its managed care service and delivery system, identifies opportunities for improvement, and recommends changes to affect those improvements to act to correct problems revealed in quality improvement activities. After recommendations are implemented, a re-examination of affected components enables the plan to validate improvements by measuring service and delivery system enhancements.

The QAPI is approved by the HAP Empowered Board of Directors and is updated as necessary and reviewed annually at a minimum. The review includes a description of completed and ongoing Quality Improvement (QI) activities that address the quality and safety of clinical care and the quality of services, the trending of measures to assess performance, an analysis of whether there have been improvements in the quality of clinical care, the quality of service to members, and an evaluation of the overall effectiveness of the QI Program.

Practicing providers participate in the Clinical Quality Management Committee (CQMC) as well as the associated subcommittees. Members and providers who wish to learn more about the QI program can request information on a description of the QI program and a report on progress towards meeting QI goals. This information is also found on the website at https://www.hap.org/hap-empowered/medicaid

The HAP Empowered QAPI program includes:

- Performance improvement projects designed to achieve significant and sustained improvement in health outcome and enrollee satisfaction
- Collection and submission of performance measurement data
- Mechanisms to detect under and overutilization
- Mechanisms to assess quality and appropriateness of care for beneficiaries with special health needs

The QAPI focuses on coordinating activities for continuous quality improvement of clinical care and safety, and for services across the delivery system by improving the health status of the members in the following ways:

- Identifying and reducing healthcare disparities
- Identifying organizational opportunities for performance improvement
- Identifying over and underutilization of services
    - Monitoring includes provider performance reports such as provider and member specific details on underutilization and overutilization of services, as well as provider profiles consisting of HEDIS® gaps in care reports, utilization, and financial data.
- Implementing interventions to improve the safety, quality, availability, accessibility of, and member satisfaction with, care and services
- Promoting members' health through health promotion, disease prevention, and condition management through targeted interventions
- Partnering with physician practices to host health fairs
- Encouraging the development of informed members engaged in healthy behaviors and active self-management
- Measuring, assessing, and coordinating the following:
    - evidence-based clinical quality

- patient safety
- practitioner availability and accessibility, including dental care
- member and practitioner satisfaction

The Quality Management (QM) Department works collaboratively with other departments and stakeholders to support and help achieve administrative, clinical, and service quality improvements, to assure appropriate utilization, and to enhance continuity of care for HAP Empowered members.

The program description defines the following:

- QI Program Structure
  - Reporting relationships of QI Department staff, QI Committee and any subcommittee
  - Resources and analytical support
  - Delegated QI activities, if the organization delegates QI activities
  - Collaborative QI activities
  - How the QI and population health management (PHM) programs are related in terms of operations and oversight
- Behavioral healthcare aspects of the program
- Involvement of a designated physician in the QI program
- Involvement of a behavioral healthcare practitioner in the behavioral aspects of the program
- Oversight of QI functions of the organization by the QI Committee

NCQA

HAP's commitment to public accountability for the quality program has been demonstrated through involvement with the National Committee for Quality Assurance's (NCQA) accreditation and HEDIS® programs. HAP's HMO was awarded its initial NCQA Accreditation in 1993. HAP currently has accreditation for the Commercial HMO and Medicare, Alliance Health & Life PPO, and HAP Empowered for Medicaid and MI Health Link. In addition, HAP Empowered earned Deeming Status for the Medicaid Module and Long Term Services and Supports (LTSS) Distinction status (MI Health Link).

Scope

The QAPI applies to members enrolled through Medicaid products in HAP Empowered. HAP Empowered has a long-standing commitment to quality improvement initiatives that encompass the full spectrum of care and services provided by HAP Empowered. The QAPI is dedicated to fulfilling that commitment by collaborating with the physician and provider community to establish evidence-based clinical guidelines and service standards. The guidelines and measures are used to develop tools to provide feedback to physicians to encourage improvement. The CQMC approves the program's annual goals and objectives from which health plan staff develops the Annual Quality Program Work Plan.

Specific clinical quality initiatives within the Quality Program and Annual Work Plan are categorized by quality of clinical care and service, safety of clinical care, and member experience. The following groups are responsible for quality management, but participation varies based on the intensity and scope of the efforts in that area. Priorities may be subject to change during the year based on new information, changing regulatory or accreditation requirements, or member needs:

- *Behavioral Health Care:* CBHM engages a population health perspective which focuses on whole person care to improve the member clinical heath outcomes and engagement by addressing the members strengths and challenges that are present in everyday life. In addition to this perspective, we also employ a continuum of care approach for HAP Empowered members as they move across multiple caregivers, procedures, care facilities, and treatments. The CBHM team is comprised of Clerical staff and Clinical staff who provide their support, empathy, coaching and clinical skills in various workflows including Call Center, Care Management, HEDIS® Measures, Quality & Utilization Improvement Committee Activities, Provider & Member Appeals, and Annual Member & provider Satisfaction Surveys.

- *Quality Improvement*: Quality improvement is a systematic approach to measurement, analysis and intervention that defines a distinct area of opportunity, seeks to identify the causes of suboptimal performance or outcomes, and targets interventions to address the identified causes. Quality improvement programs include community collaborations, population health, health equity, performance improvement projects, practitioner accessibility and member education related to prevention, targeted member reminders, physician and member incentives, and guideline implementation activities.

- *Population Health Management, Health Promotion and Preventive Care*: Health promotion programs include guideline implementation activities and general or targeted practitioner and/or member education such as, member outreach initiatives, health events, and educational mailings. Initiatives for 2023 include provider incentives and access to care outreach. The Population Health & Performance Improvement teams support the QAPI by providing educational programs and materials for tobacco cessation, high-risk and routine pregnancy, and to promote preventive care including well child visits and immunizations. Reminders are also sent to members for mammograms, pap smears, lead screening, immunizations, annual physicals, and well child/adolescent visits. The Population Health Management Department, in conjunction with Quality, is responsible for submitting an annual report to MDHHS on health promotion and disease prevention programs, and outreach, referral, and follow-up activities related to member participation rates.

- *Evidence-Based Medicine*: Practice guideline implementation programs include clinical practice and preventive service guidelines, regular monitoring for practitioner performance, and member education such as information available on the web and in newsletters.

- *Hospital Quality/Patient Safety*: Focus on hospital quality initiatives that seek to improve, support, and promote quality of care, outcomes, and safe patient care for HAP Empowered members through member, provider, and physician education, collaboration, quality contracting, and recognition. The initiatives may incorporate hospital performance metrics, analysis, and research findings to align with corporate strategies. The Hospital Quality and Safety Committee collaborates with applicable internal customers to provide data, research findings, and support in meeting strategic objectives. The committee facilitates the monitoring, analysis and reporting of certain preventable medical errors that occur during hospitalizations as regulated by Centers for Medicaid and Medicare Services (CMS). The preventable medical errors include, but are not limited to, catheter associated urinary tract infections, vascular catheter-associated infections, falls and trauma, and manifestations of poor glycemic control that are not present upon admission. Through contributing HAP Empowered departments, these conditions are identified from claims and payment data that may identify these issues that contribute to poor patient safety.

- *Collection and submission of performance measurement data*: The Healthcare and Effectiveness Data and Information Set (HEDIS®) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. This information is reported annually to the National Committee for Quality Assurance (NCQA) and is used to compare health plans on a local and national scale. HAP Empowered continually reviews these results to focus its efforts on improving care for its members. Contributing to these efforts is a series of initiatives driven by three basic strategies designed to promote and support performance improvement. These strategies are:
    - Outreach initiatives to improve member engagement and self-management of chronic conditions
    - Provider group collaboration and outreach initiatives to improve practice-site delivery of health care to members
    - Data quality initiatives to improve the timeliness, accuracy, and completeness of data used to measure performance and to provide prospective alerts to members and physicians regarding preventive and chronic care needs

- *Support Processes*: Many processes assist in the development and implementation of the goals set forth in the QAPI. Member services support occurs through the monitoring of customer calls and member transfers. All member inquiries, complaints and appeals are tracked and followed up on. To ensure the equitable distribution of health care services to the entire population including members of racial/ethnic minorities, those whose primary language is not English, those in rural areas, and those with disabilities the availability of practitioners and accessibility of services for all members are addressed through the network analysis, after-hours and wait time studies conducted with HAP contracted PCP providers. In addition, member newsletters are mailed to members throughout the year. The QAPI supports and addresses findings of compliance reviews (annual, onsite, and ad hoc) by MDHHS, external quality reviews, and statewide focus studies. Additional support processes include utilization management activities. These activities are recorded and reported on a continual basis. These monitoring activities include the monitoring of lengths of stays, number and types of services, and types of births and deliveries, under and over-utilization, and pharmacy issues. The utilization management program, evaluation, and other related activities are reported to the CQMC.

- The Population Health team supports the QAPI by providing educational programs and materials for tobacco cessation, high-risk and routine pregnancy and to promote preventive care including well child visits and immunizations. Reminders are also sent to members for mammograms, pap smears, lead screening, immunizations, annual physicals, and well child/adolescent visits.

- HAP Empowered completes a network analysis and a provider satisfaction survey annually. HAP Empowered also utilizes the provider newsroom communications, provider education, and office staff education to engage providers. These activities are also integral processes that support the Quality Management Program. Access to the Provider Administrative Manuals, directories, and newsletters are available on the HAP Empowered website. These activities are reported to the CQMC annually.

Objectives

The objectives of the HAP Empowered Medicaid QAPI are:

A. To assure and continually improve the value (member and practitioner satisfaction), quality, safety, availability, accessibility, appropriateness, and effectiveness of behavioral, oral care (dental), and medical health care services.
B. To enhance health and well-being using appropriate data collection, sampling, validation, and analysis techniques to identify opportunities for improvement.
C. To establish areas of clinical priority, establish and update related preventive service and clinical practice guidelines in consultation with the Michigan Quality Improvement Consortium (MQIC) and affiliated practitioners, disseminate the guidelines, and promote and assure compliance with the guidelines. Worksheet requirement
D. To develop data-driven disease and condition management strategies to improve provider compliance with clinical guidelines and standards, thus enhancing members' health. To engage in health promotion and education for providers and members in areas of clinical priority to enhance members' health and encourage active self-management.
E. To engage in health promotion and education for practitioners, providers, and members in areas of clinical priority to enhance members' health and encourage active self-management.
F. To regularly evaluate provider qualifications and competence through credentialing and re-credentialing programs, peer review activities, performance monitoring and investigation, targeted site visits, and quality improvement activities.
G. To participate in national and local initiatives to support transparency initiatives in the areas of quality, safety, utilization, access, and satisfaction.
H. To actively seek out and participate in national and local collaboratives and recognition programs to improve performance and achieve recognition as a quality leader.
I. To implement programs to enhance member and provider use of online tools.
J. To identify and implement strategies to meet the needs of members with complex health needs including members with physical and mental disabilities, multiple chronic conditions, and serious and persistent mental illness.
K. To implement programs that identify disparities in health and that address social determinants of health as well as cultural and linguistic needs of the members.

Reporting Relationships

Structure

The Quality Improvement Program supports the application of the principles of Continuous Quality Improvement (CQI) to all aspects of HAP's service delivery system. The HAP Empowered QI Program includes measurable goals related to health outcomes. Goals are specific for improving access and affordability for the health care needs of the members. Goals are monitored to evaluate the improvement of care coordination and delivery of services for members.

HAP Empowered Board of Directors (Governing Body)

The HAP Empowered Board of Directors is responsible for the quality of health services delivered to HAP Empowered members. The Clinical Quality Management Committee (CQMC) reports directly to the Board. The Board meets four times annually. The Board of Directors, at each of its regular meetings, receives and addresses reports regarding the status of the ongoing QAPI, member complaints and grievances, credentialing information, policies and procedures, results of audits and surveys, and utilization management reports.

Physician Leadership & Involvement

The Chief Medical Officer is responsible for oversight of the Quality Program and the Clinical Quality

Management Committee. He/she is accountable to the HAP Empowered Board of Directors for the Quality Program and reports regularly to the Board and/or their Quality Committee on activities, progress, and outcomes of the Quality Program. The Vice President, Clinical Operations and Strategy is designated to work closely with the Director and Manager of Quality Management in the implementation of the Quality Program. Duties of the Vice President, Clinical Operations and Strategy include but are not limited to Chair of the Clinical Quality Management Committee, participation on the Peer Review Committee, the Credentialing Committee, the Credentialing Oversight Committee, and ongoing consultative support for all Quality Program activities. Physician involvement in appropriate population health management and preventive health improvement programs is provided by designated Medical Directors assigned to individual project teams. The Vice President, Clinical Operations and Strategy leads the review of alignment of the program interventions with evidence-based guidelines and provides ongoing consultative support for all Population Health Management preventive health programs.

The Medical Director for Behavioral Medicine participates in all behavioral health aspects of the Quality Program. Duties of the Medical Director for Behavioral Medicine include but are not limited to participation on the following committees:

- CQMC
- Credentialing Committee
- Pharmacy and Therapeutics Committee
- Coordinated Behavioral Health Management (CBHM)
- Quality and Utilization Improvement Committee
- Clinical Quality Management Committee

The Medical Director also serves as clinical expert for the behavioral health Population Health Management project team. The Medical Director for Behavioral Medicine provides ongoing consultative support for all behavioral health quality activities, population health management, preventive health programs, and utilization management.

HAP Clinical Quality Management Committee (CQMC) and Other Committees

The Vice President, Clinical Operations and Strategy chairs the CQMC. The CQMC is comprised of Henry Ford Health physicians, HAP network physicians, HAP and HAP Empowered Board members, HAP Medical Directors, and representatives from Quality, Case Management, Utilization Management, Population Health Management, Network Management, Credentialing, Pharmacy, Appeals & Grievance, Coordinated Behavioral Health Management (CBHM), and the Medicare division. The CQMC analyzes, evaluates, and approves the Quality Program and Work Plan, annual evaluation, and monitors progress toward meeting program goals and objectives, identifies needed actions and ensures follow up as needed. The CQMC oversees patient safety, clinical, administrative, and service quality improvement throughout the plan, recommends policy decisions, and is accountable to the Board through its Quality Committee. Executive Summaries of CQMC outcomes are presented during the Board meetings. The committee meets a minimum of five times per year.

Resources

Significant staff resources are dedicated to quality management activities. Approximately 11 full-time equivalents reside in the quality management department (Appendix A). Several organizational committees or subcommittees are charged with activities to support the QAPI. These committees and subcommittees provide reports to the CQMC as applicable, at least once a year and upon request.

CQMC Subcommittees:

Peer Review Committee (PRC)

Objective: To evaluate and maintain oversight of the clinical and/or technical performance concerns of HAP Empowered affiliated providers. In accordance with HAP policies and accreditation standards, provider concerns may be identified through performance monitoring, potential or actual quality of care reports, or patient safety reported events.

Membership:

- Vice President, Clinical Operations & Strategy
- Senior and Associate Medical Directors
- Registered Nurses (Quality Management Department)
- Quality Management
- HAP-Affiliated physician(s)

Chairperson: Vice President, Clinical Operations & Strategy/designated Medical Director

Meeting Frequency: Meets at least four (4) times per year and up to twelve times per year if necessary

Credentialing Oversight Committee

Objective: The Credentialing Committee reviews and evaluates the qualifications of each applicant for initial credentialing and reappointment and makes recommendation for affiliation with HAP Empowered.

Membership:

- Vice President, Provider Network Management
- Chair of the Credentialing Committee
- Senior Medical Directors
- Credentialing Department
- Quality Management
- Provider Contracting
- Community physicians

Chairperson: Vice President, Clinical Operations & Strategy/designated Medical Director

Meeting Frequency: Meets at least 22 times per year

Member Connections Committee (MCC)

Objective: Member engagement and input is critical to fulfilling the mission and vision of HAP Empowered. The purpose of the Member Connections Committee is to augment the skills and input of the Executive team and provide a forum for engaged discourse and projects to help guide and drive the operational excellence of the enterprise through validated review. The MCC provides oversight of Member retention and benefit activities within HAP, its third-party vendors, including providers and physicians.

Membership

- Marketing
- Transformation Office
- Consumer Operations
- Digital Engagement
- Population Health Management
- Appeals & Grievance
- Quality Management

- Performance Improvement
- Market Strategy & Consumer Analytics
- Compliance
- Pharmacy
- Community Outreach
- Other departments as applicable

Chairperson: Vice President, Consumer Experience & Marketing
Meeting Frequency: Meets at least 10 times per year

Hospital Quality/Patient Safety Committee (HQ/PSC)

Objective: To monitor, evaluate, educate, and report patient safety performance data and identify centers of excellence that support patient safety improvement efforts across the delivery system. The Committee goal is to promote the best outcomes and safest conditions for HAP Empowered beneficiaries while preventing extra payment for increased health care costs attributable to a hospital acquired condition (HAC) or serious reportable adverse event (SRAE).

Membership:

- Senior Medical Director(s)
- Finance/Claims
- Quality Management
- Information Technology

Chairperson: Vice President, Clinical Operations & Strategy/designated Medical Director
Meeting Frequency: Meets at least six (6) times per year

Health Care Management Compliance Oversight Committee (HCM COC)

Objective: The Health Care Management Compliance Oversight Committee (HCM COC) monitors compliance with National Committee for Quality Assurance (NCQA) and Medicare standards and, when applicable, with federal and state regulatory requirements. This is done for Health Alliance Plan and its Subsidiaries (excluding ASR) and All Product Lines. It oversees compliance in Utilization Management, Coordinated Behavioral Health Management, Pharmacy, Case Management, and all Delegated Entities. The Chair (Senior Medical Director) or designee presents the HCM Program document to HAP's Clinical Quality Management Committee for review and approval annually.

HCM COC responsibilities include:

- To assure compliance with NCQA, CMS and other regulatory standards
- To approve pre-delegation assessments once they have been evaluated.
- To annually evaluate, update, and approve the Health Care Management Program and policies and procedures for HAP and its delegates.
- To initiate corrective action plans when applicable for internal and delegated Health Care Management issues.
- To annually review and evaluate Health Care Management policies.
- To review quarterly activity reports submitted by the delegates.
- To ensure that clinical criteria is annually reviewed.
- To review Health Care Management audits for timeliness and appropriateness of approvals and denials.
- To ensure that an annual inter-rater review is performed, and the results are evaluated and

addressed.
- To ensure that HAP Empowered uses licensed health care professionals.

Membership:
A minimum of one Medical Director from Health Care Management
A minimum of one Medical Director from Behavioral Health
Representation from:

- Referral Management
- Admission & Transfer Team
- Pharmacy
- Behavioral Health
- Inpatient Rehabilitation and Skilled Services
- Case Management
- Compliance & Shared Services
- Vendor Relationship Manager and project coordinators for delegated medical management entities, NCQA, and CMS
- Guests (when their special expertise would prove beneficial to the decision-making process)
- Project Coordinators for:
    - Behavioral Health
    - Delegated medical management entities
    - NCQA
    - CMS
- A representative from the delegated utilization management entity being reviewed (as needed)

Chairperson: Senior Medical Director and Director Coordinated Behavioral Health Management

Meeting Frequency: Meets at least 6 times per year

Ambulatory Pharmacy and Therapeutics (P&T) Committee

Objective: Optimizing the quality of drug therapy for HAP members while controlling drug costs through the approval and availability of efficacious, safe, and cost-effective medications.
Additional Responsibilities:

- Approves the HAP Oncology P&T Subcommittee formulary decisions
- Approve P&T related policies and procedures
- Works cooperatively with other system committees to identify opportunities to enhance ambulatory drug therapy and integrate formulary and drug use evaluation with condition management and wellness programs
    - Oversees the administration of the Michigan Medicaid Common Formulary, including products on the Single Preferred Drug List
    - Adopts updates to the formulary and utilization management criteria, as established by the State's Medicaid P&T Committee and the Common Formulary Workgroup
    - Provides feedback on drug utilization review (DUR) activities conducted internally and in conjunction with the pharmacy benefit manager (PBM)

Membership

- Physician representatives from HAP & HAP Empowered contracted networks
- HAP Medical Directors
- Geriatric Physician
- Geriatric Pharmacist

Chairperson: HFHS Physician with P&T experience
Meeting Frequency: Bi-monthly

Executive Quality and Compliance Committee (EQCC)

Objective: Beginning January 1, 2022, the Corporate Compliance Committee (CCC) was retired and replaced by the Executive Quality and Compliance Committee (EQCC). The governance committee is supported by newly formed subcommittees that will report through the EQCC. The HAP Executive Quality and Compliance Committee is established to foster a culture of compliance by providing leadership, oversight and guidance for the development, implementation and monitoring of HAP's compliance and ethics programs and HAP's compliance policies and procedures. HAP is committed to conducting its business with honesty and integrity consistent with the highest standards of good business and professional ethics following all applicable laws, regulations, professional organization requirements and HAP policies and procedures. The EQCC serves to ensure appropriate oversight of internal and delegated operations in line with applicable laws, regulations, federal/state contract obligations, as well as supports and protects the rights of HAP members, providers, and other stakeholders through appropriate and timely resolution of escalated articles.

Additional Responsibilities:

- Reviews and approves reports from other Compliance and Quality sub-committees
- Proactively provides executive oversight and support to the compliance and Quality programs as well as oversight of annual audit and quality improvement plans.
- Creates a culture of compliance and ethics by, among other activities, ensuring appropriate resources for the Compliance and Quality programs at HAP
- Serves to prevent violations of applicable laws, regulations, federal/state contract obligations, and professional organization requirements as well as supports and protects the rights of HAP Empowered members and other stakeholders.
- Proactively audits and monitors to identify violations of laws, regulations, and applicable professional organization requirements and provides appropriate response, mitigation, and remediation to any such misconduct as soon as it is suspected or discovered.
- Encourages individuals to promptly report any conduct, ethics, or compliance concerns that they reasonably believe violates HAP's Code of Conduct, applicable laws and regulations, professional organization requirements, or HAP policy or procedure.
- Appropriately disciplines individuals who fail to follow the standards of the Code of Conduct or other legal requirements, who engage in unethical practices, or any individual who fails to take reasonable steps to identify, prevent, or report such failures to follow the Code of Conduct or other legal requirements, or engagement in unethical practices.
- Develops, implements, monitors, and evaluates the sufficiency of appropriate corrective actions to ensure that non-compliance or unethical practices will not be repeated.

Membership

HAP's Government Programs Compliance Officer is appointed by the Chief Compliance Office to chair the

Committee. HAP's Chief Compliance Officer position as well as the Compliance Committee will not be subcontracted or delegated to a first tier or downstream entity.

HAP's Executive Quality and Compliance Committee is made up of vice presidents from different functional and operational areas representing diverse responsibilities.

Guests may attend Committee meetings on an as-needed basis. Individually, Executive Quality and Compliance Committee members are responsible to bring ethics and compliance issues to the Committee as appropriate and to promote a culture that encourages ethical conduct and a commitment to compliance with the law and HAP's Code of Conduct.

Chairperson: HAP's Chief Compliance Officer
Meeting Frequency: No less than four (4) times per year or as necessary

Confidentiality of Committee Information
HAP Empowered is responsible for implementing mechanisms to protect the confidentiality of all information obtained or generated during committee meetings. This includes results of record reviews and other information HAP obtains from facilities and providers on the services received by covered members. The confidentiality of members, providers and practitioners, and HAP business information is of utmost concern in conducting activities of the Quality Program. HAP maintains all relevant information in accordance with established HIPAA, regulatory, and accreditation standards. This includes storage, access, disposal and disclosure of the information.

Additional forums utilized to exchange ideas and obtain input for the HAP Empowered QAPI include the Henry Ford Health Corporate Quality Committee, CLF and the Network Assessment Committee.

- Henry Ford Health, HAP's parent company, provides ongoing support for HAP Empowered's QAPI. The Henry Ford Health System Quality Committee consists of senior administrative, nursing, and physician leaders from the Henry Ford Medical Group, Henry Ford Hospital, Health Alliance Plan, Henry Ford Macomb Hospital, Henry Ford Macomb Hospital, Henry Ford Wyandotte Hospital, Henry Ford Behavioral Health Services, and Community Care Services. Additional representatives include the Henry Ford Health Chief Quality Officer and other quality professionals supporting the system improvement teams. The Quality committee is responsible for identifying improvement opportunities, integrating improvement efforts across departments and business units, and tracking progress on system goals. Chaired by the Henry Ford Health System President and CEO, the Quality Forum reports its progress to the Henry Ford Health System Board of Trustees Quality Committee.
- The Collaborative Leadership Forum (CLF), comprised of HAP leaders AVP and above, meets quarterly to discuss high-level corporate strategy. In addition, monthly Leadership Huddles are held for all HAP leaders. These meetings are designed to share updates on ongoing and emerging initiatives and issues. There is an expectation that information shared at the Leadership Huddles will be cascaded to HAP Empowered staff with the outcome that front-line staff would receive key information regarding HAP Empowered at the appropriate time and level. To complement these meetings, a monthly internal e-blast called HAP Informed is emailed to all leaders that gives updates on HAP goals and strategies.
- The purpose of the Network Assessment Committee is to drive provider engagement and ensure an adequate network, through growth and expansion activities in order to support the HAP mission and fulfill obligations of EQCC.

Quality Management (QM), Case Management (CM), Population Health Management (PHM), Coordinated Behavioral Health Management (CBHM) and Medical Configuration & Reporting are responsible for developing, supporting, and/or implementing the HAP Empowered Quality Program and work plans. Responsibilities include but are not limited to:

- Staffing the CQMC and many of its subcommittees
- Performing quality assessment, measurement, evaluation, and improvement activities
- Supporting other HAP departments in clinical, service, and operational/administrative quality improvement activities
- Providing consultation and expertise regarding quality improvement, process improvement, and measurement techniques
- Providing guidance on and information to support identification of priority areas for improvement
- Partnering with Credentialing staff to provide oversight of delegated credentialing functions and performance monitoring activities

Directing accreditation activities and providing support to other areas to meet automated systems are used to assist with the quality improvement processes. QM, CM, PHM, and CBHM rely upon data sources including member complaint reports, survey results, medical records, CareRadius, utilization statistical reports, HEDIS® results, benefit manual, and Facets.

Internal Collaboration

To support quality management across the delivery system, the QM staff collaborate with individuals and departments involved in research, patient safety, clinical assessment and quality improvement throughout Henry Ford Health. Within HAP, QM also works cooperatively with all departments to evaluate member and provider satisfaction; access to care and availability of practitioners; and to promote quality improvement, process improvement, patient safety, member education and provider education. A few examples are listed below:

- Provider Network helps to align HAP delivery system in support of selected quality improvement efforts through negotiation of contracts and incentive programs incorporating quality goals and requiring cooperation with HAP initiatives. Also, aligning cultural, racial, linguistic and ethnic needs of membership with the network's capabilities.
- Medical Configuration and Reporting provides data analytic support to identify and address medical management opportunities including overuse and misuse of services. HAP Empowered also utilizes provider profiles, routine utilization statistics, program evaluations and other reports to support decision-making.
- Establishing and managing relationships with non-profit organizations that support community health and well-being is an integral part of the mission and vision of HAP's community outreach department.
- Pharmacy Care Management participates on Population Health Management teams and other workgroups to provide expertise and assure alignment of clinical and pharmacy initiatives.
- Credentialing ensures that affiliated practitioners and providers meet HAP credentialing standards through initial and recredentialing activities in alignment with regulatory and accreditation standards. Credentialing maintains accurate provider and practitioner data, and databases. Credentialing collaborates in local and national credentialing initiatives such as statewide credentialing applications to standardize processes.
- Quality and Utilization Improvement Committee (QUIC): Quarterly and Ad Hoc meetings are held with CBHM Administration, Medical Director, Project Manager, representatives of the CBHM Managed Care Specialist Staff, Behavioral Medicine Specialist, Primary Care Physician, and the Director/Designee of the Quality Management Department to review both quality and utilization management initiatives and improvement activities. Standing agenda items include review of

quality initiatives (including HEDIS®), utilization management statistics, telephone access statistics, and case management response time to member requests for service. The committee regularly reviews all complaints, performance monitors, and quality indicator data. Complaints and performance monitors are investigated when specific thresholds are met.

- Customer Operations/Customer Service Workforce management and customer service work together to monitor metrics (number calls received, average speed to answer and abandonment rate). The workforce management uses historical data to predict future staffing needs. The workforce management team creates schedules that best fit the forecasted model to make sure that we have enough staff for the predicted calls. Forecasting is anticipating call volume based on historical trends, current trends, and business insights. Reports are also created to view historical trends across a variety of key indicators. The team monitors and tracks queue level performance which includes tracking agents' activities in real time. Real time management is the process of monitoring call center Key Performance Indicators (KPI's) and agents in real time statuses so that adjustments can be made to meet the departments service level goals in addition to monitoring and forecast trends both teams meet regularly to discuss the forecast and real-time data to make updates as needed. The workforce management and customer service are in constant contact with each other to make sure that we are aligned with how to handle operations day-to-day.

External Collaboration

HAP Empowered strongly believes in a collaborative approach to quality improvement and health promotion in the community. Through collaboration we can learn from each other and apply best practices and develop a common message and set of priorities for physicians and the community. HAP staff actively participates in several external groups to support common efforts to improve the health of our members and community. These include Weight Watchers®, Greater Flint Health Coalition, Save Lives Save Dollars initiative, Michigan Quality Improvement Consortium, Michigan Association of Health Plans and their Foundation, Region 6 and 10 perinatal collaborative, Michigan Department of Health and Human Services, American Cancer Society Colorectal Awareness Network (CRAN), Alliance of Community Health Plans, Alliance for Immunizations in Michigan and topic-specific groups such as the Detroit Asthma Coalition, the Kidney Foundation, the Michigan Cancer Consortium, and the American Diabetes Association.

Data collection, integration, analysis and ensuring accuracy and completeness

Data integration allows for member identification as well as assisting with the determination and supporting of identified members' ongoing care needs. HAP Empowered may evaluate several integrated data sources to determine the appropriate risk stratification of members including those that offer predictive modeling to ensure that me members receive the appropriate support and interventions in the right setting at the right time including:

- **Facets**: Claims processing system
- **Pega**: Customer Service Call Center Software
- **Care Connect 360**: MDHHS website
- **EPIC**: Henry Ford Health Electronic Health Record (EHR)
    - Data is accessed by team members from the following teams via secure read only access:
        - Case Management
        - Utilization Management
        - Quality Management
        - Program Development
- **MiHIN (**Michigan Health Information Network): An ADT feed that HAP receives from the State of Michigan of HAP members who have had an admission or discharge from any hospital in Michigan. This feed also:
    - Sends immediate notification of all member utilization to HAP

    - Contains admissions and discharges from the following facilities:
        - Inpatient Hospitals
        - Skilled Nursing Facilities (SNFS)
        - Emergency Room Departments
- **Careport**: Software that interprets and cleanses MiHIN data directly from facility data. Provides an online tool that tracks member history through the continuum of care.
- **Laboratory Results**: Laboratory results are available for HAP via CarePort's HAP's ADT feed. This information is available in the patient summary and is shared with Case Management, as well as PCPs for post hospitalized members. The labs are included in the member summary/transitions of care record.
- **ACG Tool**: Tool developed by Johns Hopkins Healthcare combining the expertise of Johns Hopkins Hospital and Johns Hopkins University that is utilized to stratify HAP's population. The ACG tool transforms data from CareRadius (HAP's care management platform), Medical/Behavioral Claims, Pharmacy Claims, Laboratory results, Health Appraisal Results and Health services programs within the organization into analytics and reporting for use across the Population Health Management areas of focus.
- **Member Pharmacy Fills**: These are uploaded to CareRadius from the pharmacy claims processor (ExpressScripts [ESI]). This pharmacy information is then reviewed by case management, pharmacy, medical directors and utilization management staff. The pharmacy information is used to educate members on their medication changes and increase medication adherence. A comprehensive medication review is completed for members who are on high-risk medications, are prescribed 15 or more medications, and/or if medication reviews requested by members.
- **Health Risk Assessments**: Health Risk Assessments are completed for MMP, DSNP, and Medicaid Healthy Michigan Plan Members upon enrollment.

Below are additional systems/tools utilized to implement and support the QAPI:

- **CareRadius**: An important part of each care management program is the ability to share information electronically. CareRadius functions as both a care coordination platform and a communication mechanism that enables staff to see all the programs and services a member receives. CareRadius is designed with a member centric approach that allows each discipline to review other disciplines' documentation and updates. Tasking and other forms of communication within the platform complement face to face and email communication between staff members.
- **HEDIS®**: The information from the data warehouse is used to populate the HEDIS® software used to produce the annual HEDIS® reports. An annual audit is conducted to ensure HAP is capturing all data required to produce accurate HEDIS® reports. HAP Empowered uses the HEDIS® tool each year as one of the ways to help make sure that our members are getting the preventive screening and services needed with the intent of keeping members healthy and/or assist in the identification of potential health problems early. The results of HEDIS® are discussed at the Clinical Quality Management Committee annually. The committee then reviews the information and makes recommendations on actions to improve care.

Annual review and actions

All components of the QAPI are data driven. Utilizing the reports from the systems outlined above, feedback from members and providers, plan level and provider level HEDIS® results, care management and utilization management activities and network analysis, HAP Empowered conducts an internal review to evaluate the effectiveness of the QAPI. Measures of performance before and after interventions are reviewed and compared to benchmarks. Action plans are developed for selected HEDIS® reported measures. These action plans identify the tasks associated with correcting any deficiencies and improving

care and outcomes. The QAPI and annual evaluation are made available to members and providers upon request and are also found on the website.

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

Approval
The annual revisions to the QAPI description and the QI Work Plan are approved by the Clinical Quality Management Committee and Board of Directors.

Internal Quality Improvement Activities
The HAP Empowered Quality Improvement Program supports the application of the principles of Continuous Quality Improvement (CQI) to all aspects of HAP Empowered MI Health Link's service delivery system. HAP engages in performance measurement and quality improvement projects designed to achieve significant improvements in clinical care and non-clinical care.

Each year HAP Empowered sets goals to improve our services to members. We submit annual HEDIS® measures for quality reporting. HAP uses HEDIS® results to track quality performance from year to year and to identify opportunities for improvement. Additionally, HAP annually measures member satisfaction using the Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey results for the Medicaid population. The survey evaluates key satisfaction drivers including health plan performance and the members' experience with providers and access to care. The results are collected and analyzed annually and used to improve satisfaction among members.

Functional Areas:

Complex Case Management
The HAP Empowered Medicaid complex case management (CCM) program provides coordination of care and services to members who have experienced a critical event or diagnosis that requires the extensive use of resources, and who need help navigating the system to facilitate appropriate delivery of care and services.

The goal of complex case management is to help members regain optimum health or improved functional capability, in the right setting and in a cost-effective manner. It involves comprehensive assessment of the member's condition, determination of available benefits and resources, and development and implementation of a case management plan with personalized goals, monitoring and follow-up. The member is at the center of the care planning process, which identifies their own choices, preferences, and priorities. Through person-centered care planning, the member takes ownership of their care and becomes the active driver of their care. Once determined that a member has complex care needs and would benefit from case management services, the member receives a comprehensive evaluation of their physical and psychosocial function and well-being. Furthermore, all barriers that prevent participation and adherence are identified and addressed.

The types of members who are managed in this program have the following general characteristics:

- The degree and complexity of their illness or condition is typically severe.
- Multiple chronic illnesses
- Chronic illnesses that result in high utilization
- The level of case management and care coordination necessary is typically intensive and/or the

number of resources required for member to regain optimal health or improved functionality is typically extensive

Population Health Management

HAP recognizes that population health management is built on a detailed understanding of the distribution of social, economic, familial, cultural, and physical environment factors which impact health outcomes among different geographic locations and groups (such as socioeconomic, racial/ethnic, or age), and the distribution of health conditions, health-related behaviors and outcomes including but not limited to physical, dental, behavioral, and social needs among different geographic locations and groups (such as socioeconomic, racial/ethnic, or age).

HAP utilizes various data sources to identify target populations for interventions. These sources include but are not limited to HEDIS®, HRAs, claims, lab, pharmacy, risk stratification software, and enrollment files. Member data can then be stratified by subpopulations often including gender, age, geographic regions, race and ethnicity however can differ based on Line of Business and available detail. The use of claims data, pharmacy and laboratory results also provide the plan with further data to identify health disparities. HAP also uses UM data and health risk assessment results to monitor and track health disparities.

HAP stratifies membership data monthly via the following databases:

- HRA forms for HMP population
- Claims/lab/pharmacy
- Post-ED Follow up calls screening for SDoH
- Referrals to Complex Case Management
- Medicaid Enrollment files
- HEDIS®
- Care Connect 360 for HAP Empowered Members

HAP stratifies new members monthly and re-stratifies the entire population on a quarterly basis using the enrollment files to identify subpopulations. Stratifying at these intervals will ensure members with increased risk and social needs are identified and interventions can be implemented.

HAP utilizes information such as medical and dental claims data, pharmacy data and laboratory results, supplemented by UM data, HRA results and eligibility status, such as children in foster care, persons receiving Medicaid for the blind or disabled and CSHCS, to address health disparities, improve community collaboration, and enhance care coordination, care management, targeted interventions, and complex care management services for targeted populations, including:

- Demographics: Race, ethnicity, gender, age, language, deaf/hard of hearing, geographic location and income level (percent of federal poverty level [FPL])
- Members who are eligible for Medicaid based on an eligibility designation of disability, children eligible for CSHCS, people with Special Health Care Needs (PSHCN), and foster children
- Subpopulations demonstrating disparate levels of poor health outcomes or access issues based on factors such a race, ethnicity, gender, age, primary language, deaf and hard of hearing, geographic location, or income level
- Subpopulations experiencing a disparate level of social needs: transportation, housing, food access, unemployment or education level
- Women with high-risk pregnancies
- Members with high prevalence of chronic conditions, such as diabetes, obesity, cardiovascular disease and oral health disease.
- Members in need of Complex Case Management, including high risk members with behavioral, medical, and/or oral health diagnoses who are high utilizers of services

- Other populations with unique needs as identified by MDHHS, such as foster children or homeless members

Children's Special Health Care Services (CSHCS) Care Coordination
The HAP Empowered Medicaid CSHCS Case Management Program is designed to assist members to reach their optimum level of wellness, self-management, and functional capability at the appropriate level of care while maintaining cost-effectiveness, quality, and continuity of care.

HAP Empowered's CSHCS and PSHCN care management programs:

- Provides care management services for CSHCS & PSHCN members to assist members/caregivers with adherence to the plan of care prescribed by their physician.
- Assesses members to identify any special conditions or health care concerns that may require care management services.
- Provides designated case managers with knowledge, experience, and training needed to accommodate the special needs of CSHCS & PSHCN members and provides direct contact information to ensure accessibility to their assigned case manager.
- Provides targeted outreach and education to CSHCS &PSHCN members, including information on navigating the managed care system, education on CSHCS specific benefits and services, such as Health Care Transition prior to age 14 and continuing through young adulthood, explanation of covered medical services, and direction in obtaining non-medical community resources.
- Ensures members have access to the most appropriate primary care and specialty providers appropriate for the member's condition and identified needs.
- Assist members in reaching their optimum level of wellness, self- management, and functional capability at the appropriate level of care while maintaining cost- effectiveness, quality, and continuity of care.
- Collaborates with and coordinates care between HAP Empowered, its contracted practitioners, hospitals, MDHHS, Local health Departments (LHD), Children's Multidisciplinary Specialty Clinics, and members/caregivers to ensure timely, effective, and medically realistic goals.
- Maintains documentation that demonstrates the outcome of the assessment and services provided based on the special conditions of the member in the care management platform system.

Transitional Case Management
The Transitions of Care (TOC) Case Management Program is telephonic. The focus of this program is to assist members who need short-term help, generally 30 days or less, with identifying and accessing health care services that are appropriate for their care needs. HAP's TOC team supports discharge planning and prevents readmissions by ensuring members have resources needed upon discharge from inpatient facilities, including hospitals, skilled nursing facilities, and inpatient rehabilitation facilities. Program characteristics include:

- The goal is a safe discharge
- The resources required vary with the inpatient event
- Telephonic TOC programs utilize the Boost 8P Assessment to identify the member's needs post discharge.

P*rogram Support*
Programs to support case management initiatives include, but are not limited to:

- Digital Strategy to enhance health coaching in the management of diabetes, heart failure, respiratory disease, and behavioral health.

- Progeny (Medically complex newborn and Maternity Management)
- Aspire (Comfort & Palliative Care)
- Mom's Meals
- Livongo (Diabetes Management)
- CarePort (Realtime admission and discharge notifications)
- Smoking Cessation Program
- WedMD

Utilization Management
HAP performs utilization management services for all products, the services vary based on covered services, benefit designs, and product authorization requirements. HAP's goal is to promote and monitor the delivery of appropriate, quality health care to its members, maximizing favorable practice patterns and health outcomes, and minimizing potential harm to members and unfavorable, inappropriate use of resources.

HAP performs medical management services, including hospital and ambulatory care review; care management of complex medical cases and chronic diseases; hospitalizations and transfers; outpatient referral and durable medical equipment management; and pharmacy review and management.

The HAP Utilization Management Program promotes fair and consistent utilization management decision making and ensures that members have access to care. In conjunction with its Quality Management department, HAP develops and implements quality improvement initiatives with the goal of improving services; improving the satisfaction among members and providers; and promoting integration of utilization management with care management and pharmacy management.

UM Program's Role in the QI Program
The Population Health and Clinical Operations and Strategy departments at HAP support the HAP Quality Improvement Programs by:

- Annually reviewing clinical criteria to ensure accuracy
- Ensuring appropriate health care professionals are responsible for the UM decision-making process
- Seeking advice from board-certified consultants
- Ensuring medical decisions are made timely and accurately
- Evaluating new technology
- Assessing member and provider experience with the UM process
- Providing access to urgent and emergent care
- Ensuring the use of evidence-based medical and pharmacy policies
- Monitoring the activity of all delegates and ensuring adequate delegate staffing as member counts change (formalized in the Pre-Delegation Assessment and Delegation Agreement).
- UM activities generate data that provide necessary information for QM activities such as:
    - Improving timeliness of healthcare services
    - Improving health outcomes
    - Encouraging the appropriate use of resources
    - Ensuring access to care

Quality issues that are identified during UM activities are referred to HAP's Quality Management department and forwarded, when indicated, to the Peer Review Committee and/or Credentialing Committee for investigation and possible implementation of a corrective action plan.

The scope of the Utilization Management Program includes:

- The evaluation of data available through the utilization process to improve the quality of services provided to members
- Providing authorization and oversight of care rendered across the entire health care continuum
- Medical necessity determinations for Children's Special Health Care Services (CSHCS) members.
- Medical directors may consult with the Office of Medical Affairs when making consultations to determine appropriate subspecialists, hospitals, and ancillary providers available to render services. Medical directors may also follow this process when determining appropriate durable medical equipment for CSHCS members.
- Information sources used to make determinations of medical appropriateness.
- The evaluation of multiple resources to determine members who would benefit from case management services.
- Ensure that care given is consistent with accepted practice guidelines.

HAP Empowered does not compensate practitioners, physicians, or other individuals for conducting utilization review for denial of coverage. UM decisions are based on appropriateness of care and services.

Patient Safety

HAP Empowered fosters a supportive environment to help providers improve the safety of their practice. HAP also informs members of what they can do to help ensure they receive safe clinical care. These are accomplished through:

- Oversight of regulatory guidelines from the Center for Medicare and Medicaid Services (CMS) and to apply updates to HAP processes for compliance with monitoring health care acquired conditions.
- Maintaining an ongoing process to monitor and investigate hospital-acquired conditions (HACs) and provider preventable conditions (PPCs).
- Collaborating with HAP's Building Operations to promote awareness of corporate safety responses to emergencies including pandemics, fire and weather disasters, and workplace violence.
- Review, investigation, and monitoring concerns regarding affiliated providers or practitioners who have the potential to negatively affect the quality, safety, or integrity of services rendered to HAP members and to determine appropriate follow-up as necessary.
- Maintaining ongoing oversight of provider and practitioner performance via the Power BI tracking reports and, through the same Power BI system, track all performance and corrective action plans implemented.
- Maintaining a liaison relationship with HFH for alignment of patient and member safety goals
- Participating 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.
- 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

Community Stewardship and Outreach

HAP is known for community giving and volunteerism. HAP employees volunteer for many community events each year. HAP's charitable giving and community outreach focuses on wellness, youth, education, diversity, community development and arts and culture. The HAP community outreach and strategic

partnership team leverages relationships to build brand awareness and membership for all lines of business, while helping to improve the lives we touch.

Key Initiatives:

- Establish and manage relationships with human service agencies and non-profit organizations that support community health and well-being.
- Develop and present member engagement activities to aid in retention for all lines of business.
- Partner with HFH, other contracted providers and enrolled employer groups to present community events and member engagement activities.
- Coordinate Medicaid and MMP Consumer Advisory Councils to gather member feedback and meet contractual obligations.
- Collaborate with HAP HCM and Quality teams to produce and execute "Clinic Days" to close gaps in care for HAP Empowered members.
- Identify, promote, and coordinate HAP employee volunteer opportunities.
- Manage high-profile corporate initiatives such as the AHA Heart Walk, the HAP Crim Festival of Races and "Game on Cancer".

Wellness & Prevention

Self-Management Tools are available to all members through the member portal and support the "Keeping Members Heathy" area of focus. The self-management tools provide support in, at a minimum, the following areas:

- Healthy weight (BMI) Maintenance
- Smoking and tobacco use cessation
- Encouraging physical activity
- Healthy eating
- Managing stress
- Avoiding at-risk drinking
- Identifying depressive symptoms

Clinical Practice Guidelines

HAP Empowered adopts and supports clinical practice or care guidelines for the treatment of a variety of medical and behavioral conditions. Care Guidelines help caregivers provide the right care at the right time using the most current evidence to result in the best outcomes. HAP's clinical and medical policy team continue to evaluate scientific data, published evidence, and directives from trustworthy health care organizations to promote and establish clinical guidelines. HAP Empowered partners with the Michigan Quality Improvement Consortium (MQIC) to research, develop and approve the guidelines. HAP Empowered is a key member of this group which is focused on the health of Michiganders. This group is led by doctors and other clinicians from different health plans. They look at current scientific information to write guidelines. This is done to help primary care doctors in Michigan give most up to date care to their patients. MQIC reviews and updates published guidelines every two years. These guidelines are available on the HAP Empowered web site: https://www.hap.org/providers/provider-resources/guidelines Upon request, HAP Empowered MI Health Link will disseminate a listing to MDHHS and a description of all clinical guidelines adopted, endorsed and utilized on behalf of HAP.

Communication of Clinical Practice Guidelines

- Clinical Practice Guidelines are available statewide to MI physicians
- HAP Empowered maintains posting of all guidelines on HAP website(s) (updated MQIC guidelines, new and modified on *www.hap.org* with link to *www.mqic.org*)

- Notifies physicians of the HAP posting via Provider News Bulletin and Provider Manual
- Notifies applicable internal customers of guideline updates and new approved guidelines
- Solicits and shares, guideline activity feedback between HAP and MQIC
- Member communications (member and provider website, member newsletter, member handbook as applicable, etc.)

Pharmacy programs

HAP pharmacists ensure members have access to the highest quality medications at affordable rates while maintaining an evidence-based drug formulary and managing specialty drugs. As part of its medication therapy management program, HAP pharmacists counsel those with chronic conditions and their doctors to make taking multiple medications less confusing, safer, and more affordable.

Care Management

The Care Management programs provide care coordination across all settings, including acute outpatient and inpatient. Members identified as at risk for safety and symptom management related to medication are referred to HAP's Pharmacy department for a medication management evaluation.
The focus and objectives of the HAP Case Management programs are as follows:

- Provide case management services to all eligible members who opt into the Case Management Program
- Increase access to PCP's and follow-up care with PCP's
- Increase use of community resources based on identified needs
- Achieve and maintain a high level of satisfaction with CCM and TCM services as measured by the percentage of members in the CCM and TCM programs who rated their overall experience with their case manager as Very Satisfied or Satisfied, achieving 90% or higher
- Decrease preventable emergency department use
- Decrease readmissions to hospitals
- Improve access to medical care, mental health, and social services
- Improve coordination of care
- Improve transitions of care across healthcare settings and providers
- Promote preventative health care services
- Assure appropriate utilization of services
- Member health outcomes improvement

Network Analysis

Contracted HAP Empowered PCPs have a 24-hour per day, seven days per week responsibility and accountability to their assigned HAP Empowered members. Members will be assigned to contracted PCP providers of their choice within 30 miles or 30 minutes of their home residence for routine medical care and specialty referrals. HAP Empowered will provide reasonable availability and accessibility for primary care, specialty services, hospitalization, home care, DME, mental health, pharmacy services and other ancillary services by ensuring that it's Provider Network has providers available who are within 30 minutes or 30 miles of the member's residence. If there is not a provider in the member's county of residence, or within 30 minutes or 30 miles of the member's home residence, HAP Empowered will authorize the member to see an out of network provider.

The HAP Empowered provider network will have at least one PCP for every 500 members per servicing county. The HAP Empowered provider network will have at least one of each type of high-volume SCP for every 4,000 members per servicing county. In the event there are no available contracted practitioners that meet the standards, HAP Empowered will allow open access for that specialty until the requirement can be fulfilled.

HAP Empowered will evaluate their network at least every year to ensure adequate availability and accessibility for its members. The evaluation may occur more frequently if deemed necessary (i.e., large increase in membership or large decrease in providers or practitioners).

Provider Satisfaction

An annual provider satisfaction survey is conducted to determine the level of satisfaction providers have with HAP Empowered, including behavioral health and LTSS providers. This survey is done to assess the strength of the relationship with providers in the plan and to identify areas of improvement. The survey assesses the provider's satisfaction with getting reports from specialists, hospitals, and other providers. It also assesses their satisfaction with the case management programs, quality improvement, utilization management, pharmacy services, behavioral health, billing/ease of payment, referral and prior authorization processes, care coordination and ICT/IICSP development, overall satisfaction with the plan and the Provider and Customer Service departments. The results of this survey are presented at the CQMC and shared with MDHHS and CMS as needed**.**

Provider Survey Methodology

- A mixed mode methodology survey including online, mail and telephone follow-up is used
- Where available providers receive an email invitation to complete the survey. Those that don't respond or complete online receive a four-page survey accompanied by a one-page cover letter as well as a business reply envelope for returning the surveys
- A reminder call will be made to all non-respondents
- Surveys are conducted each year in the fall
- Survey results are analyzed and reported to the Member Connections committee annually
- HAP Empowered examines the Key Driver Analysis to determine the high priority areas for improvement and primary recommendations
- HAP Member Connections Committee works with all departments to create action plans for improvement.
- If there are areas that need improvement, barriers and opportunities are identified and action plans are developed and presented to the Member Connections committee

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

On an annual basis, HAP Empowered contracts with an NCQA certified CAHPS® vendor to administer the member satisfaction survey. An annual CAHPS survey and supplemental questions as determined by MDHHS are submitted using the approved NCQA certified CAHPS vendor. HAP Empowered provides the NCQA summary and member level data to MDHHS annually in electronic or hard copy format. The results are utilized in designing QI initiatives. HAP Empowered utilizes the mail and telephone protocol for the survey. The protocol includes the following:

Pre-notification postcard mailed (optional)

- Questionnaire with cover letter and business reply envelope (BRE) mailed
- 1st reminder postcard mailed
- Replacement questionnaire with cover letter and BRE to all non-responders
- Telephone interviews conducted with non-responders (minimum of 3 and maximum of 5 attempts to contact member)

Member Survey Methodology

HAP Empowered utilizes a NCQA certified CAHPS® vendor. The survey methodology is below:

- All members, whether the primary subscriber or dependent, are sent to the survey vendor
- Vendor creates all mail materials for final approval for HAP Empowered
- Vendor reviews the sample for accuracy

- Surveys are mailed to members, and a toll-free telephone number is made available for questions regarding the survey
- Reminder postcards are sent after first mailing
- After second mailing, up to 5 telephone calls are made to non-responders
- Vendor sends member level data to NCQA, who creates summary files and returns them to the vendor and HAP Empowered
- HAP Empowered reviews results and sends signed attestation to NCQA
- Vendor produces and sends NCQA Accredited Plan reports, including data tabulations, to HAP Empowered
- The results of the survey are analyzed, evaluated and reported to Member Connections Committee
- HAP Empowered examines the Key Driver Analysis to determine the high priority areas for improvement and primary recommendations
- HAP Member Connections Committee works with departments to create action plans for improvement
- Barriers and opportunities are identified, and action plans are developed and presented to Member Connections Committee

Confidentiality

The confidentiality of member, provider and practitioner, and HAP Empowered business information is of utmost concern in conducting activities of the Quality Program. HAP Empowered maintains all relevant information in accordance with established HIPAA, regulatory, and accreditation standards. This includes storage, access, disposal, and disclosure of the information.

HIPAA and Privacy

HAP Empowered staff work with data related to the development, review, and implementation of all aspects of the QAPI. HAP Empowered incorporates a systematic data collection and performance monitoring approach into all activities and complies with accrediting and regulatory requirements. The data collection follows the parameters set forth in the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Regulations, state mental health and substance abuse regulations, and NCQA regulations to ensure that the data collected meets the minimum standards for disclosure of Protected Health Information (PHI), Individually Identifiable Health Information (IIHI), and Individually Identifiable Financial Information (IIFI). PHI may be accessed by HAP staff according to minimum necessary standards for the purposes of treatment, payment, and health care operations without obtaining the member or member representative's consent or authorization.

The privacy of member information is maintained by providing secure work sites, ensuring that computers and data submissions are password protected, and locking desks or cabinets that are used to store member PHI. PHI is monitored by the HAP Empowered Compliance Department to ensure that only employees with a need to know have access to the information and that the staff has access to the minimum of information needed to complete the task. Any violations of the HIPAA requirements for improper release of member PHI are managed by HAP Empowered's Human Resources Department in accordance with HAP Empowered's Compliance Program. The actions taken can include a verbal warning, education, suspension, management oversight for a period, or termination. This protection applies to all members, both living and deceased.

Protection of member PHI includes all activities performed by HAP Empowered. Unless a signed HIPAA consent form is on file with HAP Empowered, all member data will be de-identified prior to release to any entity where there is not a business need to have access to it.

Exceptions to the HIPAA regulations are detailed in the HAP Empowered Corporate Compliance Policy which states that uses and disclosures of PHI for which member consent, authorization, or opportunity to agree or object is not required include the following:

- Purposes of public health activities, including preventing or controlling disease, public health investigations or interrogations, reports to the Food and Drug Administration (FDA) for adverse events or post-marketing surveillance.
- Concerning victims of abuse, neglect, or domestic violence, as required by law.
- Health oversight activities authorized by law, regulatory programs, or requirements, within the scope and authority of the regulations.
- For judicial and administrative purposes (including response to subpoena, discovery request, warrant, or other lawful process) to the legal body issuing the subpoena, or court order.
- Purposes of law enforcement or specialized government functions, including national security and intelligence activities.

Employees are required to complete annual HIPAA training and take post training tests to determine their level of knowledge of HIPAA and fraud and abuse. Documentation of the training is monitored through the Henry Ford Health University online training system. Reports can be generated as needed for oversight of the training requirement. Oversight entities such as CMS and MDHHS may review documents related to the compliance program and policies and procedures at any time.

Improving Services to HAP Empowered Medicaid Members

Each year HAP Empowered sets goals to improve services to members. HAP Empowered submits annual Healthcare Effectiveness Data and Information Set (HEDIS®) measures for quality reporting. HAP Empowered uses HEDIS® results to track quality performance from year to year and to identify opportunities for improvement. Additionally, HAP Empowered annually measures member satisfaction using the Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey results for the Medicaid population. The survey evaluates key satisfaction drivers including health plan performance and the members' experience with providers and access to care. The results are collected and analyzed annually and used to improve satisfaction among Medicaid members. Additional programs designed to improve the health and well-being of the members include HAP Empowered Case and Population Health Management programs and provider quality improvement education.

Population Health and Health Equity

The Population Health Management (PHM) Strategy outlines HAP Empowered's comprehensive and integrated programs that address population health management. HAP's approach to managing population health ensures that members' needs are being met across the continuum of care to ensure that they have access to high-quality, cost-effective health care. The strategy is a framework that defines how health services are offered and delivered to meet the needs of HAP's members across the four focus areas of population health, including:

- Keeping Members Healthy
- Managing Members with Emerging Risk
- Patient Safety or Outcomes across Settings
- Managing Multiple Chronic Illness

Annually, HAP Empowered reviews member population data through a combination of reports on characteristics, including demographics of HAP Empowered membership. This analysis of data includes a review of:

- Characteristics and needs, including social determinants of health
- Relevant subpopulations and subpopulation needs, examples:

    - Multiple chronic conditions
    - At-risk ethnic, language and/or ethnic groups
- The needs of children and adolescents
- The needs of individuals with disabilities
- The needs of individuals with serious and persistent mental illness

A regional and statewide population review is also performed to determine health disparities and other potential population issues that may need to be addressed for the HAP Empowered membership. Following this analysis, findings are used to:

- Identify changes to business rules which will better identify individuals for PHM programs, including but not limited to, the number of events (hospitalizations and ER visits) used to flag potential PHM program candidates; the cost threshold levels; which diagnosis or procedure codes are used to target members; and the risk score ranges or other new methods to consider when identifying potential PHM candidates
- Review and identify changes to PHM processes to best address member needs. The business drivers for these changes include but are not limited to, compliance with mandatory regulations, reduction of redundant member outreach; continuous improvements including clinical effectiveness, outcomes and quality, and increased coordination across programs
- Review PHM resources and modify them, if necessary, to address member needs

Annually, a comprehensive analysis inclusive of clinical, cost/utilization and experience measures is completed to evaluate the effectiveness of the PHM programs and the overall impact of the PHM strategy. The *Population Health Management Impact Measure* report is reviewed and approved by the CQMC annually.

Population Health Management and Social Determinants of Health (SDoH)

An individual's health is shaped profoundly by life circumstances that fall outside the traditional purview of the health care system. Housing, nutrition, education, transportation and other dynamics are referred to as "social determinants of health" (SDoH). SDoH are cited as factors that collectively have the most significant influence on health outcomes. To address the social determinants of health impacting Michigan Medicaid beneficiaries, HAP Empowered develops and implements a multi-year plan, policies, procedures and interventions to address members' health outcomes.

HAP Empowered submits SDoH screening and referral data on an annual basis to MDHHS. In addition, a narrative template is submitted to document opportunities and challenges around data collection and program implementation.

Transitions of Care

HAP Empowered assists with a member's transition to other care when members are receiving approved services and benefit coverage will end while the member still needs the medically necessary care. This includes members at the time of enrollment who:

- Have serious health care needs or complex medical conditions.
- Are receiving ongoing services such as dialysis, home health, chemotherapy and/or radiation therapy.
- If Children's Special Health Care Services transition requirements conflict with these transition of care requirements, the MDHHS CSHCS transition contract requirements will apply first.

In addition, the HAP Empowered transition of care program for prescription drugs ensures continued access to services during a transition from fee-for service (FFS) or another managed care entity when an enrollee, in the absence of continued services, would suffer serious detriment to their health or be at risk of hospitalization or institutionalization.

The Transition to Other Care Policy is available on HAP Empowered's website for public access. Instructions for members on how to access continued services upon transition are also included in the member handbook.

Addressing Health Disparities

HAP Empowered's Quality Assessment and Performance Improvement (QAPI) program leads the effort to address health disparities and other obstacles that can impact health. Members are stratified by age, geography, race, gender, and ethnicity. This is followed by implementation of actions to decrease or eliminate barriers to care.

HAP Empowered accesses historical data from a variety of sources that include Care Connect 360, CMS historical data, pharmacy data, HEDIS®, HRAs, and encounter, claims and lab data. Information is updated on a continual basis as data enters the data warehouse. Building clinical profiles from administrative data improves and targets case management efforts for high-risk populations.

HAP utilizes race and ethnicity data contained in Medicaid enrollment files to track and monitor health disparities. This allows the plan to identify health disparities and develop targeted interventions linked to race, ethnicity, and gender. HAP Empowered also identifies subpopulations that have needs such as housing, food, or transportation. HAP Empowered also collaborates with community-based groups such as faith-based organizations, community action agencies, to improve health equity of the members.

Healthy Michigan Plan Health Risk Assessment

HAP Empowered implements and operates healthy behavior incentives and assessments in accordance with the MDHHS Contract and the CMS approved Operational Protocol for Healthy Behaviors. Medical & dental needs are assessed on the Health Risk Assessment (HRA). HAP Empowered educates members on the HRA completion process and conducts outreach to encourage Healthy Michigan Plan (HMP) members to schedule an appointment within 60 days and complete the HRA with their provider. They also assist with transportation information. HAP Empowered care management team provides outreach and follow up based on member's responses to the healthy behavior section of the HRA.

Community Health Workers

HAP Empowered provides integrated community care through the initiation of the CHW program in collaboration with the clinical team to ensure a seamless incorporation of CHW as well as advocating on behalf of the member through the following measures: facilitating regularly scheduled communication and feedback; providing ongoing support and oversight; and troubleshooting CHW issues as needed.

- HAP Empowered maintains its obligation to the communities it serves by completely integrating its outreach initiatives into strategic planning, goal setting, budgeting and performance metrics of the managed care population.
- The plan provides targeted goals to identify and support opportunities to improve health disparities by providing a non-clinical paraprofessional advocating for members in a community-based healthcare setting. The plan has an internal team to implement the Community Health Worker (CHW) program. The CHW program was initiated to close gaps between medical and social services, providing members with information and resources necessary to promote best health practices, self-management, and health maintenance. The program also encourages wellness and injury prevention programs.

- The CHW develops a trusting relationship with the member, enabling them to serve as a liaison/link/intermediary between health and social services and the community to facilitate access to services.

Quality Improvement
The CHW program is a quality improvement initiative with value added components to impact targeted populations, adherence to care management and improve health disparities in high risk under-served populations. The CHW shares health information with members so that members understand their conditions and utilize the health services available to them. The CHW engages members to self-manage health conditions by providing direction through the health care organization to influence positive health outcomes.

Program Effectiveness
HAP Empowered utilizes various measures to identify community health needs and improve health equity within the population. Progress against plan is measured and interventions are updated annually. HAP Empowered participates in ongoing community collaboration with other groups, coalitions, and task forces that address health care disparities. The CHW program is one of these collaborations.

Oral Health
HAP Empowered has an Oral Health Quality Assessment and Performance Improvement Program (QAPI) that aims to assure that safe, effective, patient centered, timely, efficient, and equitable oral health care services are provided to members. HAP Empowered ensures the equitable distribution of physical and oral health care services to their entire population, including members of racial/ethnic minorities, those whose primary language is not English, those in Rural areas, and those with disabilities. HAP Empowered will utilize various measures to identify community health disparities to meet the needs and improve health equity within our population. HAP utilizes information such as demographics, claims data, dental encounters, pharmacy data, laboratory results, UM data, health risk assessment results, and eligibility and measure status to monitor and stratify for health disparities. The analysis of data helps to determine oral health workplan goals and interventions and to develop targeted initiatives to reduce racial disparities and to improve dental care outcomes. In addition, HAP utilizes race and ethnicity data contained in Medicaid enrollment files to assist in the identification of cultural disparities and development of targeted interventions linked to race, ethnicity, age and gender, including identification of members with social determinants of health needs.

Maternity Management Program
HAP Empowered's Maternity Management program powered by ProgenyHealth ensures members have a healthy pregnancy by:

- Connecting members with an OB or OB/GYN
- Providing reminders for prenatal and postpartum visits, and assisting with scheduling if needed
- Conducting maternity-specific assessments to ensure members are receiving the care they need
- Educating on benefits available while pregnant, including dental services
- Connecting members to nurses or behavioral health services if needed
- Referring members to a Maternal Infant Health Program (MIHP). MIHPs offer in-home visits by qualified nurses or social workers to provide education and support
- Checking in with members after delivery to make sure everyone is doing well
- Ongoing education and support through the Ovia Health™ mobile app

Maternal Infant Health Program (MIHP)
The Maternal Infant Health Program (MIHP) is a home-visiting program for Medicaid-eligible women and

infants to promote healthy pregnancies, positive birth outcomes, identify risk, deliver interventions, measure outcomes, and promote healthy infant growth and development. Health plans are required to have a signed care coordination agreement and contract with each MIHP provider in their service areas. The purpose of the care coordination agreement and contract is to define the responsibilities and relationship between the MIHP provider and HAP Empowered.

HAP Empowered continues to refer all pregnant members and infants to MIHP. MIHP services include prenatal teaching, childbirth education classes, nutritional support and education, newborn baby assessments, referrals to community resources, help in finding baby cribs, car seats, and clothing, help with transportation to pregnancy related appointments, and support to stop smoking.

Quality Improvement Projects/Performance Improvement Projects

The HAP Empowered Quality Improvement (QI) program is monitored throughout the calendar year to ensure its members are receiving the highest quality of care. HAP conducts internal monitoring, assesses its QI program through annual program evaluations and makes recommendations concerning the level of care members receive as well. HAP continually evaluates its internal structures and processes and makes changes based on the results of these evaluations. The results that are also monitored include surveys, audits, and feedback from HAP's network of providers, office staff and members. HAP Empowered conducts performance improvement projects (PIP) that focus on clinical and non-clinical areas.

HAP Empowered has a QIP workgroup consisting of representatives from the Quality Management, Performance Improvement/ HEDIS®, Outreach, and Care Management departments. This workgroup meets bimonthly to discuss ongoing barriers, interventions, and strategies to improve member outcomes. The interventions are tracked for effectiveness and reported during the next remeasurement period cycle. The workgroup's main activities include:

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

HAP Empowered will conduct the performance improvement projects (PIP) listed below that focus on clinical and non-clinical areas.

Addressing Disparities in Timeliness of Prenatal Care

In 2023, HAP Empowered will continue the PIP topic of I*mproving the Timeliness of Prenatal Care in the Black/African American Population.* The 2023 submission will be the Remeasurement 1 period and results will be compared to baseline rates. In addition to statistically significant improvement, the new protocols allow for clinically and programmatically significant improvement.

2023 high level objectives include:

- Engagement of members in the ProgenyHealth Maternity management program which includes a personalized care journey and resources for pregnant women. This includes guidance and navigation through pregnancy and 8 months post-delivery support such as office visits, maternity leave and return to work planning, parenting and postpartum support, and technology enabled health services via the OVIA app that includes care plans, focused medical records, and digital engagement.
- Increase engagement of pregnant women in prenatal care programs and resources to help

facilitate a healthy birth outcome.
- Incentive for attending prenatal care appointments has been increased.
- The Performance Improvement team holds a monthly meeting to monitor performance against benchmarks and track members who are eligible for the incentive.

Low Birth Weight

MDHHS utilizes a quantitative measure to monitor performance of LBW. The CMS Child Core Set Measure "Live Births Weighing Less Than 2,500 Grams," based on MDHHS administrative data, will be utilized in the FY22 performance bonus incentive program. Below are the objectives for LBW:

- Maintain regional collaboration efforts
- MDHHS will incentivize reductions in LBW racial disparities for African Americans and minority populations

HAP Empowered continues to implement collaborative interventions with the Region 6 and Region 10 health plans. Monthly workgroup meetings with plans were established to review action plans and discuss ongoing low birth weight improvement strategies.

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ+) Care Quality Improvement Project

The purpose of the LGBTQ+ Care Quality Improvement project is to gain further understanding of the clinical and care management landscape in terms of care coordination and provider competency to address health disparities particular to the LGBTQ+ population. HAP will continue to identify specific quality improvement metrics and activities to continually improve care for LGBTQ+ population. Below is a summary of focus areas for the project:

- Non-Discrimination Policies
- Increasing access to Gender-Affirming Services
- Improving screening, prescribing, and utilization rates for Pre-Exposure Prophylaxis (PrEP)
- Sexual Health Care Management

In addition, HAP Empowered has performance improvement projects focused on access to care for children and adults and Improving Prenatal and Postpartum Care measures.

Pediatric Sickle Cell Quality Collaborative

MDHHS established a pediatric sickle cell quality improvement project to improve care by preventing serious infections, stroke, and pain crises among children with sickle cell anemia. The quality collaborative combines the collective knowledge and lived experiences of parents and individuals with sickle cell disease, in partnership with the University of Michigan, the state of Michigan, and Medicaid health plans in Region 10 to implement a Pediatric Sickle Cell Improvement Program in Southeast Michigan.

The program goal is to achieve improvement in preventive care delivery for this high-risk and vulnerable population through the development of an innovative quality collaborative that will have Medicaid health plans working together as one team to improve the care of all children with sickle cell in the region, not just those enrolled in their individual plans. This initiative includes a robust platform for interaction to share ideas and provide support as the health plans work together to improve the performance rates of antibiotic prophylaxis, transcranial Doppler screening, and hydroxyurea use.

The following quality measures are utilized as performance measures and have been endorsed by the National Quality Forum.

- Daily Antibiotics Dispensed: Increase the percentage of children ages 3 months to 5 years who are dispensed appropriate antibiotic prophylaxis for at least 300 of 365 days per year.
- Annual Transcranial Doppler Ultrasonography (TCD) Screening: Increase the percentage of

children ages 2 through 15 years old who receive at least one TCD screening per year.
- Daily Hydroxyurea Dispensed: Increase the percentage of children ages 1 to 18 years who are dispensed hydroxyurea for at least 300 of 365 days per year.

We Treat Hepatitis C Initiative

HAP Empowered partners with the MDHHS public health campaign called *We Treat Hep C*, aimed at eliminating Hepatitis C Virus (HCV) in Michigan. The initiative involves increasing the number of people who are tested for HCV, increasing the number of providers who treat HCV, and expanding access to HCV curative treatments. Below are the care coordination activities focused on HCV that will continue to be enhanced during 2023.

- A workgroup meets monthly to review the internal workplan, implement interventions from the *We Treat Hep C* Care Coordination Memo and discuss any barriers. The workgroup is comprised of stakeholders from Care Coordination, Quality Management, Pharmacy, and Provider Network Management teams.
- ***Member Outreach***
    - HCV letter template and fact sheet sent to all members ages 18 and older with quarterly mailings scheduled for new members.
    - Utilizing CHWs, Community Based Organizations and homeless shelters to conduct outreach to beneficiaries that are transient or difficult to reach, including those who are homeless, disabled or those living with substance use disorders.
    - Developed a report of members with an HCV diagnosis and without a record of treatment to conduct ongoing outreach.
    - Follow-up with members who have a positive HCV test as well as their providers to initiate treatment with Mavyret, the direct acting antiviral (DAA) medication that is available to Medicaid members without a prior authorization.
    - Utilizing the Daily Carve-Out Utilization File (5165), regarding members who are receiving Mavyret or another DAA to conduct outreach to members receiving treatment and provide education on medication adherence.
- ***Provider Outreach***
    - A Hepatitis C provider resource page was added to the HAP Empowered website
        - Education materials to network providers on the CDC's new universal testing guidelines
        - Promoting the resources listed on Michigan.gov/WeTreatHepC.
    - Work with providers to incorporate orders for HCV tests in routine primary care for all members.
    - Ensure that CDC HCV testing algorithms are followed (running an HCV virus detection test or PCR for any person who tests positive for HCV antibody).
    - Conduct targeted outreach and support to network providers in areas where HCV is prevalent as well as to network providers who treat opioid use disorder.
    - Promote medication adherence to network providers and pharmacies to ensure that Mavyret is dispensed in an 8-week supply (or 12-week supply when appropriate).
    - Encourage providers to enroll patients receiving treatment in the Mavyret Nurse Ambassador program.
- ***Pharmacy Outreach***
    - Provide ongoing education to network pharmacies s including the removal of prior authorization requirement for Mavyret.

Lead Monitoring Activities

The HAP Empowered Medicaid Elevated Blood Level Outreach Program provides education, support and

care coordination to pediatric members who have a reported blood lead level greater than 3.5 micrograms per deciliter. HAP Empowered requires its providers to follow all clinical, EPSDT, State, and Medicaid guidelines and recommendations for childhood lead testing and exposure to lead.

The goal of the Elevated Blood Lead Level Outreach Program is to ensure members are receiving the appropriate medical care and follow-up to decrease blood lead levels and improve the member's overall health and well-being. Community Health Workers collaborate with the members and families to remove barriers to care and provide education on sources of lead and preventive measures for exposure to lead. When appropriate, a referral is made to the RN Case Manager to address clinical issues, concerns, and questions. Members and families are provided resources and contact information for the local health department for additional programs and support focused on decreasing lead levels and lead exposure. In addition, an assessment of social determinants of health is completed. Based on the identified needs or concerns, the Community Health Worker assists the member with community-based resources, referrals, and ongoing support to help the member and family overcome any barriers.

Integration of Behavioral Health and Physical Health Services

To ensure collaboration and integration between health plans and Prepaid Inpatient Health Plans (PIHPs), HAP Empowered, in conjunction with the PIHPs, creates policies and procedures to engage in integration and collaboration of these services. It is the policy of HAP Empowered, as a Medicaid Health Plan responsible for services to individuals enrolled in Medicaid, to coordinate care provided to individuals with the PIHP that is also managing services for those individuals. It is further the policy of HAP to work cooperatively with other PIHPs to jointly identify priority need populations for purposes of care coordination. Ongoing activities are noted below:

- At least monthly, identify which members are assigned to an MHP and have sought services through the PIHP
- Quarterly, demonstrate that joint care plans exist for members with appropriate severity risk that have been identified as receiving services from both HAP Empowered and the PIHP
- Participate in the MHP-PIHP Workgroup. Activities include:
    - Enhancements to CC360 to streamline member search and risk stratification
    - Added homeless indicator and homeless vulnerability score to CC360
    - Worked to develop at least two standard of care protocols for care coordination as identified collaboratively with MDHHS
- Participate in MiHIN (Michigan Health Information Network)
- Establish and implement joint care plan management standards and processes to ensure appropriate communication exists and enough efforts are being made to support success in integration. The joint care plans foster an environment of collaboration between HAP Empowered and the PIHPs for the ongoing coordination and integration of services.

HEDIS® Collection and reporting

Healthcare Effectiveness Data and Information Set (HEDIS®) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA®) to objectively measure, report, and compare quality across health plans. NCQA develops HEDIS® measures through a committee represented by purchasers, consumers, health plans, health care providers, and policy makers. As state and federal governments move toward a quality-driven healthcare industry, HEDIS® scores are becoming more important for both health plans and individual providers.

HEDIS® measures are collected, reported, and analyzed to determine the quality of care delivered by HAP Empowered. HAP MI Health Link uses the HEDIS® tool each year as one of the ways to help make sure that the members are getting the preventive screening and services needed with the intent of

keeping our members healthy and/or assist in the identification of potential health problems early. The HEDIS® results are reported annually to NCQA, MDHHS and CMS. The oversight and auditing by an NCQA accredited third party vendor follows the HEDIS® Technical Specifications. HAP utilizes NCQA certified HEDIS® software to prepare and submit HEDIS® annually. HEDIS® results are reviewed at the CQMC annually. The results are compared to NCQA benchmarks as well as internal goals. The CQMC reviews the results and recommends methods and projects to improve the outcomes. These results are also shared with the network PCPs. Potential barriers to receiving recommended services are also analyzed

Pay for Performance Reporting
The HAP Empowered Incentive Program rewards participating providers and provider organization (PO) groups for performance based on selected HEDIS®, PCMH, SDoH and Care Management measures.

HAP's Pay for Performance and value-based payment arrangements support contracted provider practices by instructing them how to be successful in achieving patient goals in the following areas:

- Monitoring quality
- Tracking patient care outcomes
- Active involvement in all aspects of coordinating care for their patients

These goals can be achieved by:

- Monitoring HEDIS® gaps in care
- Tracking patient discharges and ER visits
- Coordinating all patient care by:
    - Utilizing patient care reports and tools in monitoring performance in shared savings or
    - Risk-based contracts

If providers participate in these activities and utilize the tools provided to them, they are able to transform their practices into highly efficient, quality, patient centric homes for their patient's health care needs.

HEDIS® Gaps in Care Reporting
Detailed HEDIS® gaps in care reporting is distributed to contracted providers monthly for the HAP Empowered Medicaid and MMP products. These reports contain a roster of patients specific to the provider that may benefit from population health activities along with their gap closure rates in comparison to their peers. These reports identify HAP Empowered members who are HEDIS® eligible and have not received indicated services and/or have not had a visit with their primary care provider within the calendar year. This allows providers to proactively outreach their patients regarding needed services. Providers also have access to this information on the provider portal.

Work Plan
The QI Work Plan is documented and executed annually and reflects ongoing activities throughout the year and addresses:

- Yearly planned QI activities and objectives
- Time frame for each activity's completion
- Staff members responsible for each activity
- Monitoring of previously identified issues
- Evaluation of the QI program

The Work Plan is not a static document; it is updated quarterly to reflect ongoing progress on QI activities throughout the year.

Program Evaluation Review

The Medicaid program description is reviewed and evaluated annually by the CQMC and the Board of Directors and revised or updated as necessary. The annual written evaluation of the QI program includes:

- A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service.
- Trending of measures of performance in the quality and safety of clinical care and quality of service.
- Evaluation of the overall effectiveness of the QI program and of its progress toward influencing networkwide safe clinical practices.

Communication on Quality Improvement Program with Stakeholders

HAP Empowered's QAPI is administered by the multidisciplinary Clinical Quality Management Committee (CQMC), which includes administrative staff, physicians, and other clinical and quality personnel. The individual components of the QAPI are the responsibility of the HAP Quality Improvement (QI) personnel. An annual evaluation of the effectiveness of the QAPI is conducted by internal QI staff and the members of the CQMC. The CQMC meets every other month and reviews reports and results of studies. Examples may include PCP satisfaction surveys, HEDIS® results, Medication Therapy Management Program (MTMP), documents and evaluations, and network analysis. The CQMC then makes recommendations for any necessary changes. The activities of the CQMC are reported to the Board of Directors. HAP Empowered also obtains feedback from the Advisory Council. In addition to the committee and board members, HAP Empowered facilitates the participation of providers and the interdisciplinary care team in the Quality Improvement Program in the following ways:

- Provider educational articles
- PCP access to a web-based portal that identifies gaps in care for their members
- PCPs receive an annual satisfaction survey regarding satisfaction with the QI program, population health programs, Case Management and Utilization Review processes
- The Quality Improvement Program, Work Plan and Annual Evaluation of the QIP are on the HAP Empowered website

HAP Empowered facilitates the participation of the members and caregivers in the QI program through:

- Representation on the Consumer Advisory Council
- Member Satisfaction Survey
- The Quality Improvement Program, Work Plan and annual evaluation of the QAPI are available on the HAP Empowered website

2023 Initiatives

- Quality Program Performance*:*
    - Achieve band 2 status for Medicaid Auto Assignment
    - Attain the Michigan state average for the Medicaid Consumer Guide
- Through the Member Connections Committee, coordinate CAHPS member satisfaction improvement initiatives to achieve corporate member satisfaction goals
- 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 Performance Improvement Projects (PIPs)
- 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
- Address Purchaser, Accreditation and Regulatory requirements as evidenced by achieving NCQA Health Plan accreditation
    - Maintain Health Plan Accreditation
    - 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
- Continue efforts toward maintaining regulatory, State, and CMS compliance
- Continue to identify health disparities and implement interventions to reduce racial/ethnic disparities in care
- Monitor and track performance monitoring standards for the following measures:
    - Healthy Michigan Plan (HMP) Measures
    - MDHHS Dental Measures
    - CMS Core Set Measures / HEDIS / Managed Care Quality Measures
- Continue collaboration on the following quality improvement projects:
    - Low Birth Weight
    - Pediatric Sickle Cell
    - LGBTQ+
    - Hepatitis C
    - Population Health Management: SDOH
    - Integration of Behavioral Health
- Promote Coordination of Medical and Behavioral Health care
    - Collaborate between pre-paid Inpatient Health Plans (PIHPs) and HAP Empowered teams.
    - Continue to access data on joint members, develop joint care management standards and processes, and implement joint care managements processes.
    - Continue monthly meetings to review high risk members
    - Continue bi-monthly meetings with the PIHPs; MHPs; and MDHHS for the purpose of improving coordination processes

Appendix A

Quality Resources	
Position	Percentage FTE allocated to MCO QI
Chief Medical Officer	.50
Vice President Clinical Operations & Strategy	1
Medical Director - HCM	.5
Medical Director of Behavioral Medicine	.5
Director, Quality Management	1
Manager, Quality Management	1
Senior Project Coordinator	2
Clinical Quality Coordinator	1
RN Quality Management	1
Quality Coordinator	1
Quality Analysis Associate	1
Senior Management Engineer	1