Continuous Quality Improvement Program

MI Health Link Medicare Medicaid Program (MMP)

Annual Evaluation

2021

HAP MHP
Continuous Quality Improvement Program
MI Health Link Medicare Medicaid Program (MMP)
2021 Annual Evaluation

INTRODUCTION

HAP Empowered Health Plan's Quality Program is supported by the Quality Management Department, the Clinical Quality Management Committee (CQMC) and its subcommittees, the HAP Empowered Board of Directors and HAP staff at large. During the calendar year 2021, HAP Empowered MI Health Link continued to work on making improvements in quality care for the well-being and safety of members.

HAP Empowered began the first year of the MMP demonstration project in May 2015 and continues to serve the needs of the dual eligible population in Wayne and Macomb counties. As of December 2021, MMP membership was 4,512. This Program Evaluation is applicable to MMP unless otherwise noted.

Highlights of the 2021 MMP Quality Assessment and Performance Improvement Program All-Product (QAPI) includes the following achievements and organizational accomplishments:

- HAP ranked #1 in Member Satisfaction Among Commercial Health Plans in Michigan, according to the J.D. Power 2021 U.S. Member Health Plan Study, an honor HAP has earned two of the past three years.

- HAP's Medicare HMO and Medicare PPO both earned a 4.5 star rating out of five from the Centers for Medicare and Medicaid Services (CMS). HAP is the only Michigan-based insurer to achieve a 4.5-star rating for its Medicare HMO the last two years in a row and achieve 4 stars or higher for both HMO and PPO each of the past three years.

- HAP was named a "Best Insurance Company for Medicare Advantage Plans" by *U.S. News & World Report*, one of only three insurers in Michigan to earn this prestigious recognition.

- HAP announced a partnership with MSU Health Care, which will greatly expand HAP's Medicare reach. This announcement is one of the early results of Henry Ford's historic 30-year partnership with MSU. Thanks to its new partnership with MSU Health Care and the new growth initiatives with Henry Ford, HAP has already begun marketing its 2022 Medicare products to more than 150,000 new prospects.

- HAP was the only insurer to win two Pinnacle Awards from the Michigan Association of Health Plans in 2021. HAP took top honors in the Chronic Disease Management – Medicare category for its work with Osteoporosis Management in Women, and won in the immunizations category for its work on COVID-19 vaccinations.

- HAP and Aetna finalized an agreement that will allow Aetna to serve as HAP's national network partner effective Jan. 1, 2022. HAP and ASR will access the Aetna PPO network through the Aetna Signature Administrators™ program, which has more than 1.4 million providers that include more than 6,100 hospitals and thousands of MinuteClinic® locations around the country.

- HAP responded to COVID-19 by making treatment more accessible and coverage more affordable for our members – including businesses and their employees – as they continued to face economic disruption due to the pandemic. This included:

  - Waiving member cost sharing for the **treatment** of COVID-19 through the first three quarters of 2021.
  - Continuing to waive member cost sharing for the diagnostic **testing** of COVID-19 for the duration of the public health emergency.
  - Targeted vaccination education outreach to vulnerable populations (particularly Medicare and Medicaid members) that included text and telephone reminders of the Ford Field mass vaccination clinic, as well as a partnership with Henry Ford's Global Health Initiative mobile vaccination clinic to take the vaccine to underserved zip codes (including some area McDonald's restaurants).

- HAP partnered with Henry Ford Health System to transform HAP Troy into a top-performing mass vaccination site, with more than 80,000 doses of COVID-19 vaccine administered by HFHS clinicians in 2021.

- In December 2021, HAP Troy became the site of a monoclonal antibody treatment clinic, a partnership between Henry Ford Health System, Ascension and Medstar (southeast Michigan's largest EMS and mobile health provider). The monoclonal antibody treatment (mAb) administered is a single-dose infusion available to patients who have mild to moderate COVID-19 and is an important part of the fight against the pandemic.

- As a result of HAP's outreach efforts throughout the year, more than 204,000 HAP members have received at least one dose of the COVID vaccine. This represents nearly 65% of HAP's membership (ages 5 and older). Nearly 40% of HAP's Medicare Advantage members have received a booster, and nearly 20% of HAP's overall membership have received a booster.

- HAP added five key industry leaders to its board of directors in 2021. These industry influencers are strategic additions to help HAP achieve its digital transformation goals and help us address the critical issues of health inequities, social disparities, and rising health care costs.

- HAP added several executive leadership team members in 2021:
  - Nike Otuyelu, Chief Compliance Officer
  - Marc Ahlquist, VP, Human Resources
  - Gordon Salm, Interim Chief Financial Officer
  - Archana Rajendra, Deputy General Counsel

- Through its community outreach efforts, HAP touched a total of nearly 978,000 lives in 2021. This included:
  - o Administering and managing 181 grants, charitable donations, and corporate sponsorships with non-profit and community partners, directly touching more than 933,000 lives.
  - o Partnering with Henry Ford Health System, Federally Qualified Health Centers, and municipal health departments at more than 200 community COVID-19 vaccination events, helping to deliver nearly 44,000 doses of vaccine, including many in underserved communities.
  - o Coordinating more than 80 Medicare member engagement events, attended by more than 800 members.
  - o Enhancing HAP's Medicaid new member orientation sessions, which saw quadrupled attendance compared to 2020, thanks in large part to new texting outreach capabilities.

2021 GOALS AND OBJECTIVES

Each year HAP Empowered MI Health Link sets goals and objectives for its Quality Improvement (QI) activities designed to improve the level of care and service provided to its members. Annually, HAP Empowered MI Health Link reviews the QI Program to evaluate the value and effectiveness of activities implemented throughout the year and to determine if goals and objectives are met. Program revisions are dependent on clinical outcomes, effectiveness of interventions, contractual agreements, accreditation standards requirements, budget, and overall satisfaction with meeting goals of the Program.

HAP Empowered MI Health Link identified the following quality improvement activities for 2021 :
- Follow Up After Hospitalization for Mental Illness
- Diabetes A1c Control: To improve the care and treatment outcomes for members with the diagnoses of Diabetes, using targeted interventions and partnership with the Livongo care team.
- 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

Quality Program Evaluation

The Quality Program was developed to ensure alignment with the HAP Unifying Concept strategies, stakeholder/purchaser and regulatory requirements, and accreditation standards. The program document is enhanced annually and as necessary to capture the increased focus on patient safety and behavioral health initiatives. We will continue to evaluate plan-wide achievement of organizational goals on a quarterly basis. The quarterly review ensures adherence to the organizational vision, goals, strategies, and the opportunity to evaluate effectiveness of the interventions in a timely manner.

The Quality Program Annual Report provide both qualitative and quantitative evaluations of plan-wide performance. HAP Empowered provides information on the effectiveness of the Quality Program annually to network providers. Evaluations are posted to the plan website annually; providers are notified of the availability of program documents.

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The Quality Program Work Plan evaluation tool is a quarterly review of the plan's ability to accomplish organizational goals and objectives as well as an evaluation of the accomplishments, limitations, and recommendations for future goals and objectives.

- QI activities and objectives for improving the quality & safety of clinical care, quality of service and members' experience
- Time frame for each activity's completion
- Staff members responsible for each activity
- Monitoring of previously identified issues

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

Quality Improvement Program (QIP)

Focus: The Michigan Department of Health and Human Services (MDHHS) required that the Medicare/Medicaid (MMP) plans conduct a Quality Improvement Project (QIP). The focus of the QIP starting in 2018 was the *Follow-Up After Hospitalization for Mental Illness (FUH)* 30-day measure. Baseline data was as follows: There were 80 members who had a hospitalization for a behavioral health (BH) condition. 43 members, or 53.8%, had a qualifying follow up with a provider. The Quality Withhold benchmark of 56% was chosen as the benchmark for this measure. This QIP normally has a three-year cycle. However, given the disruption caused by Covid and related difficulty with obtaining an appointment in a clinic, this QIP ran for a fourth year, 2021. This is the final year for this focus of the QIP.

Goal for 2021: Meet or exceed the gap closure target of 39.5%.

Results and Findings:
HAP Empowered MI Health Link's workgroup continues to meet to find ways to improve low-performing HEDIS measures. This workgroup is comprised of Health Care Management, Customer Service, HEDIS, Quality, and Provider Network Services.

The workgroup completed the following activities throughout 2021:

- Reviewing HEDIS performance data
- Identifying key drivers and areas in need of improvement
- Identifying evidence-based interventions/change concepts to implement

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

The Quality Improvement team utilized the fishbone diagram to identify barriers to member follow up with a clinician after hospitalization. While several of the barriers remained the same as in previous years, some barriers changed:

- System level barriers
    - Small FUH population (Remains a barrier)
    - Inconsistent reports from PIHPs (Remains a barrier; improving)
- Member level barriers
    - Incorrect contact information (Remains a barrier)
    - Members don't recognize need for follow up (Remains a barrier)
- Business level barriers
    - Leadership changes (No longer a barrier)
    - Lack of consistent care transitions process for this population (Remains a barrier)
    - Time-consuming data validation process (Remains a barrier)
- Care coordination barriers
    - Difficulty in contacting BH entities r/t privacy laws (Remains a barrier)
    - Contact information for members is not correct (Remains a barrier)

New barriers include:

System level barrier: Clinic restrictions caused by Covid pandemic, making it more difficult to schedule follow up visits

Business level barrier: Manual process for tracking and following up with members

Recommendations that arose out of the barrier analysis included:
- Meet regularly with PIHPs to discuss details needed for following up with hospitalized members, such as
    - Current contact information
    - Hospitalization and follow up dates
- Continue to work toward contacting the hospital while members are still inpatient.
- Coordinate with PIHPs so members don't get repeated calls for the same follow up appointment from different entities.
- Consider automating at least some of the BH hospital notification processes such as including a "task" in the case management software to alert the care coordinator that member has been hospitalized for a BH condition.

In Q3 2021, an analysis was completed on hospitals that most frequently saw MI Health Link members, as well as the members who most frequently were admitted for BH conditions. This analysis will be utilized for targeted interventions in those hospitals and with those members. Familiarizing the hospitals with the services that HAP Empowered can provide can potentially lead to a more seamless discharge process, as well as an increase the number of members following up with a clinician after their discharge.

Summary:

- MY2021 Preliminary rate through December (administrative data only): 35.06%; For 2021, the gap closure target is 39.5%. At this time, HAP Empowered is 4.44 percentage points away from meeting this gap closure. HAP Empowered continues to identify opportunities for improvement and collaborate on plan interventions.
- HAP Empowered MI Health Link continues to meet with the PIHPs for care coordination of members and sharing of contact information. HAP Empowered MI Health Link is also exploring other ways to obtain accurate contact information on members for more effective and timely follow up for care coordinators. Project-end totals, barriers, opportunities, and lessons learned for this project will be available in Q1 2022.
- While 2021 was the final year in this specific project, this metric will continue to be followed, and improvements investigated, in 2022 and going forward as part of the CMS Quality Withhold workgroup.

Chronic Care Improvement Program (CCIP)

Focus: The focus of the 2021 interventions was the diagnosis of diabetes. HAP continued to enroll members in the Livongo program. However, given the low percentage of members who were involved in the project, in 2021, it was decided to focus on all members who had a diagnosis of diabetes.

Goals:
- Improve HEDIS scores from MY 2020
- Provide real-time care management and education for diabetic HAP members enrolled in program
- Reduce overall medical spend including admissions, ED and related diabetic events
- Increased adherence of members who use diabetic strips to manage condition
- Improved health of diabetic members
- Align the CCIP with other benchmarks such as STARS

Incentives: The following incentives and services were made available for diabetic members.

H2322, H2354

MA Measure	MA - Home Testing Kits Sent (Home Access)	MA - Matrix (1/1 - 10/28)
A1c Testing	2,411 members	73 kits processed
Eye Exams	N/A	118 tests performed
Medical Attention for Nephropathy	748 members	12 kits completed
Kidney Health Evaluation	N/A	N/A

MA Measure	Number of Rewards Distributed for Services Completed through 10/28/2021
A1c Testing	2,735
Eye Exams	1,417
Medical Attention for Nephropathy	2,818

H9712

Measure	Home Testing Kits Sent (Home Access)	Matrix (1/1 – 10/28)
A1c Testing	393 members	70 kits sent
Eye Exams	N/A	73 tests performed
Medical Attention for Nephropathy	97 members	7 kits completed
Kidney Health Evaluation	N/A	N/A

Outcomes: Information available for Livongo enrollment from October 31, 2021. Enrollment data is based on December enrollment figures:

Total Medicare Advantage Livongo Enrollment:
- Enrolled as of end of October: 2,954
- Program Engagement:
  - 95% of members utilized the blood glucose meter supplied by Livongo.
  - 68% utilized self-guided activities such as emails, web and mobile logins, and sharing of Health Summary Reports.
  - 61% had interactions with the Diabetes Response Specialists.
  - 79% blood glucose checks in normal range for the 90-day period prior to this October report
  - 70% of members had controlled HbA1c (defined as HbA1c <7) after 6 months of enrollment

H2322 PPO
- Total membership as of December: 8,536
- Diabetes Denominator: 1,236
- Enrolled as of December (estimate based on total membership): 410
- Percent of all diabetic members for this plan: 33.17%

H2354 HMO
- Total membership as of December: 61,336
- Diabetes Denominator: 11,514
- Enrolled as of December (estimate based on total membership): 2,544
- Percent of all diabetic members for this plan: 22.09%

H9712 MMP
- Total membership as of December: 4,512
- Diabetes Denominator: 953
- Enrolled as of October: 196
- Percent of all diabetic members for this plan: 20.57%

- Program Engagement:
    - 84% of members utilized the blood glucose meter supplied by Livongo.
    - 54% utilized the Livongo self-guided activities such as emails, log-ins, food logs, and Health Summary report sharing.
    - 44% had interactions with the digital coaching.
    - 8% received expert coaching from the Diabetes Response Specialists.
    - 69% of blood glucose checks were in normal range for the 90-day period prior to October report
    - 53% of members enrolled for over 6 months had a controlled HbA1c (<7)

Summary: While the Livongo program proved effective for those members who enrolled, they represented only a small number of the total membership, so it was decided to track all members with diabetes instead of only those in the Livongo program for 2021. A workgroup was formed to more closely align the CCIP with internal and external benchmarks, and to determine other ways to improve the metrics for the diabetic population. This workgroup met bimonthly to assess opportunities for improvement. 2021 was the last year of the project cycle for this CCIP. Project-end totals, barriers, opportunities, and lessons learned will be available in Q1

HEDIS® Performance Outcomes Measures Results

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*.

HAP MiHealth Link uses the Healthcare Effectiveness Data and Information Set (HEDIS**®**) tool each year as one of the ways to help us make sure that our 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.

Purpose:
The intent of this information is to provide a brief, high-level summary of HAP's MMP MY 2020 HEDIS**®** measures and to highlight any rate improvements made over the past year.

HEDIS® Analysis

The following pages analyze HEDIS® measures for member access, prevention, and several other significant measures. Also, included is a summary of HAP MiHealth Link efforts to improve HEDIS® measures.

Three Year Trending Analysis HEDIS®

The analysis includes information related to three-year trending of measures and compares the final HEDIS® MY 2020 rates against the currently available State Averages from 2019. **Please reference the HEDIS® table for further information.**

The following Statewide Average benchmarks were achieved for the measure identified in the HEDIS® table
- 11 - Measures Met or Exceeded the Statewide Average
    - Colorectal Cancer Screening
    - Pharmacotherapy Management of COPD Exacerbation – Bronchodilator
    - Persistence of Beta-Blocker Treatment After a Heart Attack
    - Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy (Total)
    - Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80% (Total)
    - Statin Therapy for Patients with Diabetes - Received Statin Therapy
    - Statin Therapy for Patients with Diabetes - Statin Adherence 80%
    - Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
    - Antidepressant Medication Management - Effective Acute Phase Treatment
    - Antidepressant Medication Management – Continuation Phase Treatment
    - Follow-Up After Emergency Department Visit for Mental Illness - 7 days (Total)

Prevention

HAP Mi Health Link provides a spectrum of primary and preventive care and uses the principles of population health management to prevent chronic disease and coordinates care along the continuum of health and wellbeing. Use of these principles will assist in maintaining or improving the physical and psychosocial wellbeing of individuals through cost-effective and tailored health solutions, incorporating all risk levels along the continuum.

Adult Preventive Care

Preventive Services and Access to Care Measures

	Breast Cancer Screening	Colorectal Screening	Adults' Access to Preventive/ Ambulatory Health Services (20-44)	Adults' Access to Preventive/ Ambulatory Health Services (45-64)	Adults' Access to Preventive/ Ambulatory Health Services (65+)	Adults' Access to Preventive/ Ambulatory Health Services (Total)
MY 2018	55.53%	48.40%	82.00%	93.24%	87.73%	88.44%
MY 2019	56.33%	52.80%	86%	94.52%	89.08%	90.28%
MY 2020	57.11%	60.98%	82.56%	91.82%	88.31%	88.50%
MY 2020 State Average	58.79%	50.88%	85.00%	94.39%	91.46%	91.25%

Legend: MY 2018, MY 2019, MY 2020, MY 2020 State Average
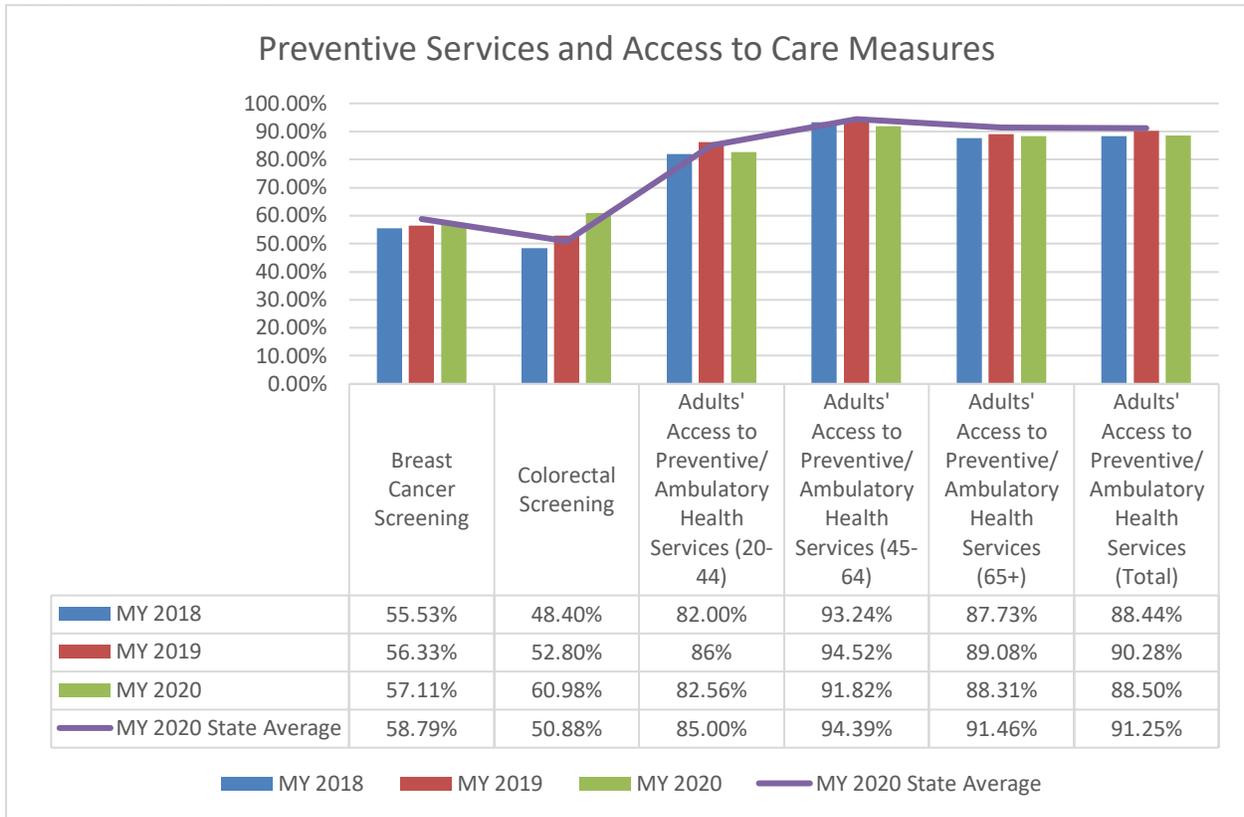
Summary of Findings

HAP MMP did not meet the State Average for the breast cancer screening measure however colorectal screening far exceeded the State Average. HAP MMP did not meet benchmarks for the Adult Access to Care.

Barriers

In 2020 members experienced disengagement with healthcare due to COVID-19 pandemic. Provider offices were closed during part of the year and members were reluctant to physically visit provider offices for fear of contracting the disease.

Additional factors affecting the preventive care and access rates include COVID 19, ineffective outreach from physicians and the Plan, missing, incorrect, or incomplete contact information that results in unsuccessful member contact, members having transportation issues, members needing childcare for their children, member/provider knowledge deficit regarding incentives, and member knowledge deficit regarding the importance of preventive screening and/or the existence of transportation assistance. Additional barriers include racial and ethnic disparities, and Social Determinants of Health – housing and, food insecurity, income, type of employment, poverty, and education.
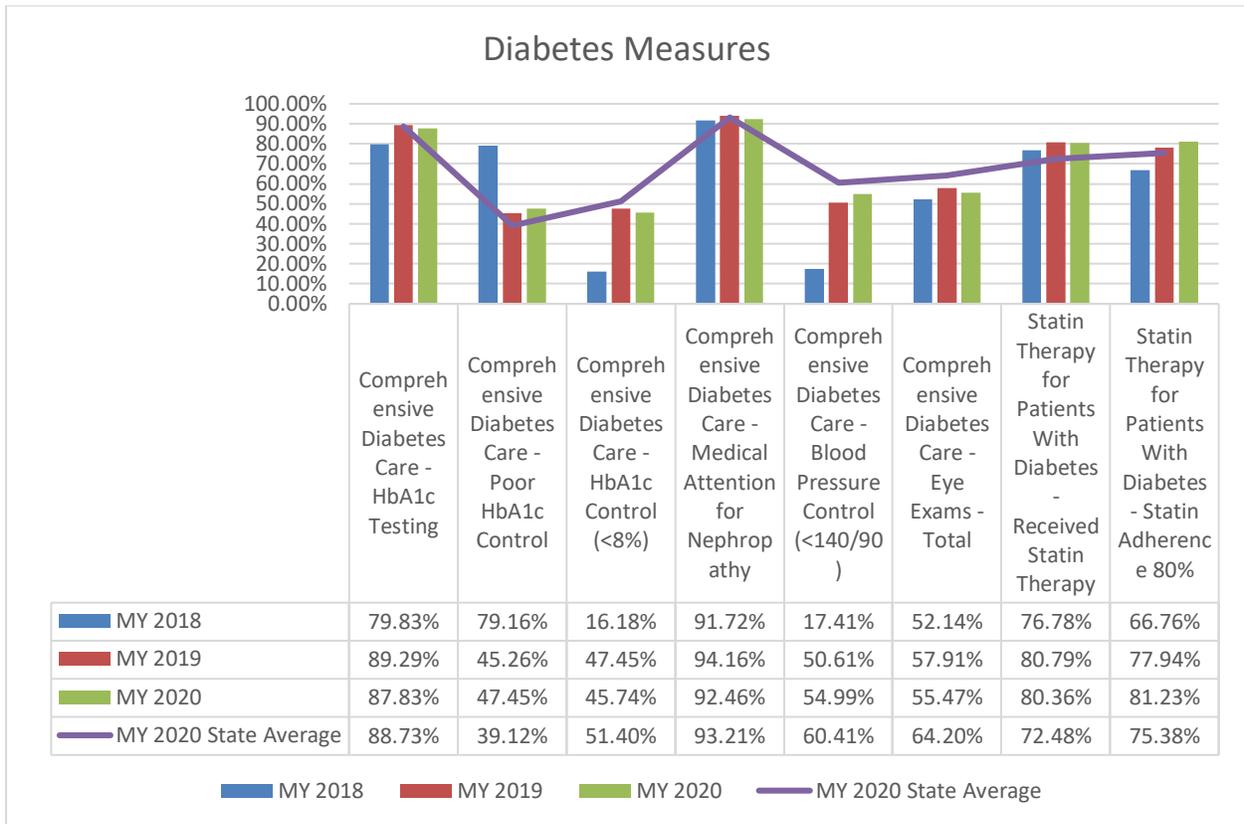
Improvement Activities

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

- Continue incentivizing members and providers for annual Primary Care Provider Visits and additional screenings.
- Continue focused member telephonic outreach, text messaging and email reminders.
- Continue Women's Events focused on providing needed screenings.
- Identify racial and ethnic disparity through data analysis and focus efforts (programs, initiatives) to address the disparities.
- Providing gaps in care information to providers to assist them in performing outreach to their members and implementing member gaps in care via the provider portal
- Continue routine meetings with provider groups for review of member panel gaps in care and potential initiatives
- Continue to employ Alternative Payment Models and Value Based Payments.

Diabetes Care Measures – Chronic Condition
In 2020 HAP Empowered continued to improve care and services to members with chronic conditions through case management and HEDIS® interventions. The HEDIS® MY 2020 rates for the diabetes measures are displayed in the graphs below.

Diabetes Measures

	Comprehensive Diabetes Care - HbA1c Testing	Comprehensive Diabetes Care - Poor HbA1c Control	Comprehensive Diabetes Care - HbA1c Control (<8%)	Comprehensive Diabetes Care - Medical Attention for Nephropathy	Comprehensive Diabetes Care - Blood Pressure Control (<140/90)	Comprehensive Diabetes Care - Eye Exams - Total	Statin Therapy for Patients With Diabetes - Received Statin Therapy	Statin Therapy for Patients With Diabetes - Statin Adherence 80%
MY 2018	79.83%	79.16%	16.18%	91.72%	17.41%	52.14%	76.78%	66.76%
MY 2019	89.29%	45.26%	47.45%	94.16%	50.61%	57.91%	80.79%	77.94%
MY 2020	87.83%	47.45%	45.74%	92.46%	54.99%	55.47%	80.36%	81.23%
MY 2020 State Average	88.73%	39.12%	51.40%	93.21%	60.41%	64.20%	72.48%	75.38%

Legend: MY 2018, MY 2019, MY 2020, MY 2020 State Average

Summary of Findings
HAP MMP scores for diabetes exceeded the State Average for 'received a statin' and '80% adherence to a statin.' The remaining measures in the graph are opportunities for improvement.

Barriers
There are multiple barriers that may have contributed to low HEDIS® rates. These barriers include:
- Missing, incorrect, or incomplete contact information that result in unsuccessful member contact.
- Members may not seek preventive care services to avoid or reduce complications of diabetes
- Members unaware of the importance of having preventive services completed
- Additional barriers include racial and ethnic disparities, and Social Determinants of Health – housing and, food insecurity, income, type of employment, poverty, and education.

Improvement Activities
Multiple interventions were implemented for the population including member and provider incentives, care coordinator interventions, pharmacist outreach, mailings, and additional telephonic outreach. Additionally, HAP MiHealth Link used a vendor, Matrix Medical Network to complete face-to-face visits with members needing a diabetic eye exam. While in the home the nurse will complete the eye exam and if needed a HbA1c test. For some members who do not need a diabetic eye exam, the vendor Home Access will send the member a HbA1c kit.

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MiHealth Link (MMP) HEDIS Table – Measurement Years 2018 - 2020

Measure/Data Element	MY 2018 Rate	MY 2019 Rate	MY 2020 Rate	Michigan Statewide Average - Based on April 2021 EQRO HEDIS 2019 Report
Breast Cancer Screening (BCS)				
Breast Cancer Screening - Total	55.53%	56.33%	57.11%	58.79%
Colorectal Cancer Screening (COL)				
Colorectal Cancer Screening - Total	48.40%	52.80%	**60.98%**	50.88%
Care for Older Adults (COA)				
Care for Older Adults - Advance Care Planning	10.95%	25.06%	25.06%	47.24%
Care for Older Adults - Medication Review	52.07%	61.31%	61.31%	73.75%
Care for Older Adults - Functional Status Assessment	17.03%	45.26%	45.26%	64.24%
Care for Older Adults - Pain Assessment	27.25%	55.23%	55.23%	73.71%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)				
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	40%	32.29%	25.22%	26.46%
Pharmacotherapy Management of COPD Exacerbation (PCE)				
Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	59.48%	68.33%	69.74%	70.19%
Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	87.93%	92.50%	**94.74%**	88.90%
Controlling High Blood Pressure (CBP)				
Controlling High Blood Pressure	-	58.05%	59.61%	63.90%
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)				
Persistence of Beta-Blocker Treatment After a Heart Attack	91.30%	92.86%	**92.86%**	92.35%
Statin Therapy for Patients With Cardiovascular Disease (SPC)				
Statin Therapy for Patients With Cardiovascular Disease - Received Statin Therapy (Total)	78.48%	82.78%	**84.41%**	78.14%
Statin Therapy for Patients With Cardiovascular Disease - Statin Adherence 80% (Total)	68.82%	79.19%	**76.43%**	74.77%
Comprehensive Diabetes Care (CDC)				
Comprehensive Diabetes Care - HbA1c Testing	79.83%	89.29%	87.83%	88.73%
Comprehensive Diabetes Care - Poor HbA1c Control	79.16%	45.26%	47.45%	39.12%
Comprehensive Diabetes Care - HbA1c Control (<8%)	16.18%	47.45%	45.74%	51.40%

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Measure/Data Element	MY 2018 Rate	MY 2019 Rate	MY 2020 Rate	Michigan Statewide Average - Based on April 2021 EQRO HEDIS 2019 Report
Comprehensive Diabetes Care - Medical Attention for Nephropathy	91.72%	94.16%	92.46%	93.21%
Comprehensive Diabetes Care - Blood Pressure Control (<140/90)	17.41%	50.61%	54.99%	60.41%
Comprehensive Diabetes Care - Eye Exams - Total	52.14%	57.91%	55.47%	64.20%
Statin Therapy for Patients With Diabetes (SPD)				
Statin Therapy for Patients With Diabetes - Received Statin Therapy	76.78%	80.79%	**80.36%**	72.48%
Statin Therapy for Patients With Diabetes - Statin Adherence 80%	66.76%	77.94%	**81.23%**	75.38%
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)				
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	64.44%	68.89%	**72.97%**	70.19%
Osteoporosis Management in Women Who Had a Fracture (OMW)				
Osteoporosis Management in Women Who Had a Fracture	-	14.29%	NA (small denominator)	14.94%
Osteoporosis Screening in Older Women (OSW)				
Osteoporosis Screening in Older Women	-	-	39.41%	NA (no rate provided)
Antidepressant Medication Management (AMM)				
Antidepressant Medication Management - Effective Acute Phase Treatment	51.43%	52.04%	**71.2%**	61.55%
Antidepressant Medication Management - Effective Continuation Phase Treatment	32.38%	41.84%	**48.8%**	46.28%
Follow-up After Hospitalization for Mental Illness (FUH)				
Follow-Up After Hospitalization For Mental Illness - 30 days (Total)	57.30%	38.24%	37.7%	48.69%
Follow-Up After Hospitalization For Mental Illness - 7 days (Total)	20.22%	19.12%	14.75%	24.42%
Follow-Up After Emergency Department Visit for Mental Illness (FUM)				
Follow-Up After Emergency Department Visit for Mental Illness - 30 days (Total)	-	53.33%	38.03%	41.36%
Follow-Up After Emergency Department Visit for Mental Illness - 7 days (Total)	-	21.67%	**21.13%**	21.02%
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)				
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - 30 days (Total)	-	4.76%	10.53%	NA (no rate provided)

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Measure/Data Element	MY 2018 Rate	MY 2019 Rate	MY 2020 Rate	Michigan Statewide Average - Based on April 2021 EQRO HEDIS 2019 Report
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - 7 days (Total)	-	4.76%	10.53%	NA (no rate provided)
Transitions of Care (TRC)				
Transitions of Care - Notification of Inpatient Admission (Total)	-	5.11%	12.17%	NA (no rate provided)
Transitions of Care - Receipt of Discharge Information (Total)	-	0.00%	8.76%	NA (no rate provided)
Transitions of Care - Patient Engagement After Inpatient Discharge (Total)	-	73.97%	73.48%	NA (no rate provided)
Transitions of Care - Medication Reconciliation Post-Discharge (Total)	-	32.60%	35.04%	NA (no rate provided)
Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC)				
Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (Total)	-	53.28%	57.57%	NA (no rate provided)
Appropriate Treatment for Upper Respiratory Infection (URI)				
Appropriate Treatment for Upper Respiratory Infection (Total)	-	61.97%	78.89%	NA (no rate provided)
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)				
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (Total)	-	36.73%	32.22%	NA (no rate provided)
Potentially Harmful Drug-Disease Interactions in Older Adults (DDE)				
Potentially Harmful Drug-Disease Interactions in Older Adults - Total	-	33.67%	28.47%	NA (no rate provided)
Adults' Access to Preventive/Ambulatory Health Services (AAP)				
Adults' Access to Preventive/Ambulatory Health Services (20-44)	82.00%	86.11%	82.56%	85.00%
Adults' Access to Preventive/Ambulatory Health Services (45-64)	93.24%	94.52%	91.82%	94.39%
Adults' Access to Preventive/Ambulatory Health Services (65+)	87.73%	89.08%	88.31%	91.46%
Adults' Access to Preventive/Ambulatory Health Services (Total)	88.44%	90.28%	88.5%	91.25%
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)				
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - Initiation of AOD - Alcohol Abuse or Dependence (Total)	26.43%	42.39%	27.71%	33.75%

Measure/Data Element	MY 2018 Rate	MY 2019 Rate	MY 2020 Rate	Michigan Statewide Average - Based on April 2021 EQRO HEDIS 2019 Report
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - Engagement of AOD - Alcohol Abuse or Dependence (Total)	2.64%	4.35%	2.41%	4.26%
Potentially Harmful Drug-Disease Interactions in Older Adults (DDE)				
Potentially Harmful Drug-Disease Interactions in Older Adults - Total	37.68%	33.67%	28.47%	42.87%

COVID Outreach

Member information from the Region 10 and Region 6 Population Assessment were reviewed to address the disparities and health risks identified by the Centers for Disease Control and Prevention and the high rates of COVID in Michigan. The focus of the data analyses was to identify high risk members identified by the CDC for telephonic outreach. HAP Empowered identified members with diabetes, high blood pressure, Children Special Health Care Services, and pregnancy as high risk. Additionally, members in the counties with the highest rates of COVID were included. Of note is that the counties/cities with the highest rates of COVID were also those with the some of greatest disparity and health risks. The following is an overview of member identification.

The Community Outreach team works closely with the Health Care Management team on the initiatives below:

- COVID-19 Outreach Calls to "at-risk" members to:
- Confirm basic needs were met
- Connect members with resources
- Review COVID-19 safety measures
- Promote telehealth/mail order Rx
- Help close gaps in care for members:
- Communicate the importance of preventive care
- Assist member in making doctor appointments
- Arrange free transportation
- Creating community events and "clinic days"

CAHPS® Member Survey Results

SPH Analytics (SPH), a Centers for Medicare and Medicaid Services (CMS) certified Survey Vendor, was selected by HAP Empowered MI Health Link (H9712) to conduct its 2021 Medicare CAHPS* Survey.

SURVEY OBJECTIVE:

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

HAP MHP
Continuous Quality Improvement Program
MI Health Link Medicare Medicaid Program (MMP)
2021 Annual Evaluation

The 2021 MAPD version of the Medicare CAHPS survey was administered via a mail and phone methodology. Qualified respondents were beneficiaries who were 18 years and older, enrolled in the contract continuously for six months or longer (at the time of the sample draw), living in the United States and were not institutionalized.

Because the 2020 survey administration took place during extraordinary circumstances, please use caution when comparing and interpreting trend results. Please note that CMS does not formally release scores or star ratings for MMP plans. The data shown is from HAP's CAHPS vendor SPH, who estimates case mix adjusted scores as well as star ratings. The benchmark used is comprised of SPH's book of business scores for MMP clients in 2021.

HAP Empowered MI Health Link (H9712

Dashboard – 2021 Key Findings

TRENDING
Key measures that had significantly higher or lower scores compared to last year

MEASURE NAME	Trending
No key measures changed significantly.	

267 / 22.3%
Completed surveys / Response Rate

MEASURE NAME	ESTIMATED CASE-MIX ADJUSTED SCORE*	ESTIMATED 2022 FINAL STAR RATING
C26 Rating of Health Plan	89	★★★★
C25 Rating of Health Care Quality	88	VLR
C22 Getting Needed Care	84	★★★★
C23 Getting Appointments and Care Quickly	80	★★★★
C24 Customer Service	93	★★★★
C27 Care Coordination	86	VLR
D07 Rating of Drug Plan	90	★★★★★
D08 Getting Needed Prescription Drugs	93	★★★★
C03 Annual Flu Vaccine^	60	★

*Scaled Mean Score ^Annual Flu Vaccine is not case-mix adjusted
Star Rating measure numbers are from the 2021 Star Ratings and are subject to change annually.
Note: VLR = Very Low Reliability

SatisAction™ KEY DRIVER STATISTICAL MODEL
Key Drivers Of The Rating Of The Health Plan

POWER
Promote and Leverage Strengths

Q31	Specialist overall
Q42	Ease of getting prescribed Rx
Q47	Drug plan overall
Q44_Q46	Ease of filling Rx
Q10	Got care/tests/treatment
Q32	Dr. informed about care

OPPORTUNITIES
Focus Resources on Improving Processes That Underlie These Items

Q9	Health care overall
Q78	Help received to coordinate care
Q23	Dr. discussed Rx medicines
Q4	Got urgent care
Q17	Personal doctor overall
Q8	Seen within 15 minutes of appt.

Please refer to slide 11 for details.

Results in SPH reporting are unofficial and do not represent official results provided by CMS.

2021 MMP CAHPS Report 7

Overall Rating of Health Plan
Contract and Industry Key Drivers

HAP Empowered MI Health Link (H9712

YOUR CONTRACT TOP 10 KEY DRIVERS These items have a relatively large impact on the Rating of Health Plan. **Leverage** these questions since they are important to your members and the Rating of Health Plan score for this plan. They are listed in descending order of importance for your plan.

INDUSTRY KEY DRIVERS SPH Book of Business regression analysis has identified **Key Drivers** of Rating of Health Plan. The numbers represent the ranked importance across the entire Book of Business.

RATING OF HEALTH PLAN

89.6

Your plan scored in the **76th percentile** when compared to the SPH Book of Business benchmark

Aligns with top 10 industry drivers

Differs from top 10 industry drivers

ALIGNMENT Are your key drivers typical of the industry?		ATTRIBUTE		YOUR CONTRACT SCALED MEAN SCORE	INDUSTRY KEY DRIVER RANK	SPH MAPD BoB SCALED MEAN SCORE	SPH MAPD BoB PERCENTILE	CLASSIFICATION
✓	Q31	Specialist overall		90.2	3	90.1	53rd	POWER
✓	Q9	Health care overall		85.5	1	87.1	37th	OPPORTUNITY
✓	Q42	Ease of getting prescribed Rx		91.4	5	90.5	72nd	POWER
✓	Q47	Drug plan overall		92.7	2	87.5	96th	POWER
⊕	Q78	Help received to coordinate care		85.1	---	---	---	OPPORTUNITY
⊕	Q23	Dr. discussed Rx medicines		81.5	17	82.0	40th	OPPORTUNITY
✓	Q44_Q46	Ease of filling Rx		92.4	6	92.0	64th	POWER
⊕	Q10	Got care/tests/treatment		83.5	12	83.4	51st	POWER
✓	Q4	Got urgent care		84.6	10	86.6	34th	OPPORTUNITY
✓	Q17	Personal doctor overall		91.1	4	91.8	39th	OPPORTUNITY
	Q14	Dr. listened carefully		91.8	9	91.8	51st	RETAIN
	Q34	CS gave info./help needed		86.0	8	83.8	78th	RETAIN
	Q35	CS courtesy/respect		93.6	7	94.3	40th	WAIT

Note: All SPH BoB scores & rankings are calculated based on the 2021 SPH Book of Business. Any items below the dotted line are industry key drivers but are not identified as key drivers for your plan.

Results in SPH reporting are unofficial and do not represent official results provided by CMS.

2021 MMP CAHPS Report 13

HAP Empowered MI Health Link (H9712

Measure Summary

Top Three Performing Measures
Your contract's percentile rankings for these measures were the highest compared to the 2021 SPH MMP Book of Business.

MEASURE	2021 Valid n	SCALED MEAN SCORE		CHANGE	2019 CMS MMP NATIONAL DATA	GAP	2021 SPH MMP BoB SCALED MEAN SCORE	GAP	SPH MMP BoB PERCENTILE RANKING
		2020	2021						
Customer Service	260	90.1	91.5	1.4	90.2	1.3	88.7	2.8	89th
How Well Doctors Communicate	200	89.2	91.3	2.1	91.0	0.3	88.9	2.4	89th
Rating of Drug Plan	256	89.4	92.7	3.3	87.0 ▲	5.7	90.4	2.3	88th

Bottom Three Performing Measures
Your contract's percentile rankings for these measures were the lowest compared to the 2021 SPH MMP Book of Business.

MEASURE	2021 Valid n	SCALED MEAN SCORE		CHANGE	2019 CMS MMP NATIONAL DATA	GAP	2021 SPH MMP BoB SCALED MEAN SCORE	GAP	SPH MMP BoB PERCENTILE RANKING
		2020	2021						
Rating of Personal Doctor	201	88.9	91.1	2.2	90.4	0.7	90.7	0.4	63rd
Coordination of Care	212	82.7	84.0	1.3	84.8	-0.8	83.6	0.4	63rd
Rating of Health Plan	256	88.9	89.6	0.7	87.1	2.5	89.1	0.5	60th

Results in SPH reporting are unofficial and do not represent official results provided by CMS.

2021 MMP CAHPS Report 19

IMPROVEMENT STRATEGIES
Rating of Personal Doctor:
- Review QI recommendations for related CAHPS composite measures How Well Doctors Communicate, Getting Care Quickly, Getting Needed Care and Coordination of Care.
- Share report and discuss relative CAHPS healthcare performance and feedback at the health system and/or within network level.

Coordination of Care:
- Inform, support, remind and faciitate providers about coordination of care expectations, timely notification requirements, and standards of care for post visit follow up to all PCPs.
- Support & facilitate a patient centered care management approach within and across provider networks.

Rating of Health Plan:
- Communicaate and educate all areas of the Plan on CAHPS.
- Engage relevant contributors into QI design/activities

PROVIDER SATISFACTION
HAP Empowered MI Health Link annually conducts a Provider Satisfaction Survey to assess the strength of their relationship with providers in the plan and to identify areas of improvement. Providers in HAP Empowered's network are surveyed for satisfaction in the following areas:
- Provider Relations
- Network
- Utilization Management
- Quality Improvement
- Finance Issues
- Pay for Performance bonus programs
- Pharmacy and Drug Benefits

Methodology:
- The 2021 methodology focused on emailed survey invitations. HAP provided email addresses for some practices, and RAI appended additional emails for additional practices based on calling results from previous research conducted on HAP's behalf in 2020. More than two-fifths of practices (45%; 1149 of 2526 practices) had an initial email associated with the practice. Those practices were sent an email invitation to participate in the survey by web.
- Initial telephone calls were placed concurrently with email invitations to encourage participation. During the course of telephone contacts, additional email addresses were collected, and survey invitations were emailed. In total, 1411 practices (56%) were emailed survey invitations, some at multiple addresses.
- All practices who did not respond to the email inquiries were mailed a packet in mid-September including a survey, cover letter, and return envelope. Instructions were given on how to complete surveys by mail, web, or phone. As in 2020, only a single mailing was made to practices.
- The mailing included a unique six-digit identification number that was used to track participating practices.
- Follow-up telephone calls were placed concurrently with email and mail invitations to encourage participation by mail or web. Fax surveys were not offered in 2021. Up to five phone calls were placed to each practice to encourage participation.
- Survey results were collected between August 17, 2021, and November 16, 2021.

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- The results in this report reflect only those from the 87 MMP practices.

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Top Findings

Changes Since 2020

- Comparisons over time were available for 57 of the 58 attributes. Small changes (from +1% to 2%) were found for 8 of the 57 items while declines of at least 10 percentage points were found for 12 attributes. The attributes with the largest declines from the previous study were:
  - Q25. Ease of submitting claims (-18%)
  - Q40. EviCore for Cardiac Implantables (-13%)
  - Q39. EviCore for High Tech Imaging (-18%)
  - Q28. Ease of checking claims status using the automated phone system (-15%)

Predictors of Satisfaction

- The top predictors of overall satisfaction with HAP were timeliness of responses from provider services and accessibility of provider services representatives.

Competitive Positioning

- When asked to rate satisfaction with several plans, HAP was rated in the second-place position, behind Blue Cross Blue Shield of Michigan. Meridian/WellCare and Humana had the highest levels of dissatisfaction.
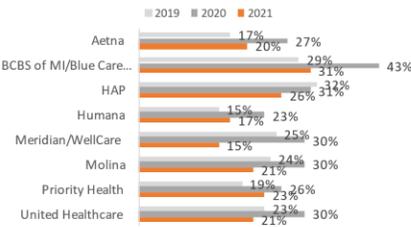
Top Attribute Correlations to Satisfaction:

- Q10. Provider Services: Timeliness of responses
- Q9. Provider Services: Accessibility of reps
- Q4. Provider Info: Overall satisfaction
- Q11. Provider Services: Ability to address question
- Q6. Provider Info: Usefulness of online provider info

■ 2019 ■ 2020 ■ 2021

	2019	2020	2021
Aetna	17%	20%	27%
BCBS of MI/Blue Care…	29%	31%	43%
HAP	32%	26%	31%
Humana	15%	17%	23%
Meridian/WellCare	25%	15%	30%
Molina	24%	21%	30%
Priority Health	19%	26%	23%
United Healthcare	23%	21%	30%

DIRECTIONS RESEARCH

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hap

The primary suggestions from practices were to improve provider inquiry services and the approval process. No significant changes were found over time, though an increasing proportion suggest improvements in the approval process and closing gaps in care.

Suggested Improvements

■ 2019 (n=48) ■ 2020 (n=44) ■ 2021 (n=16)
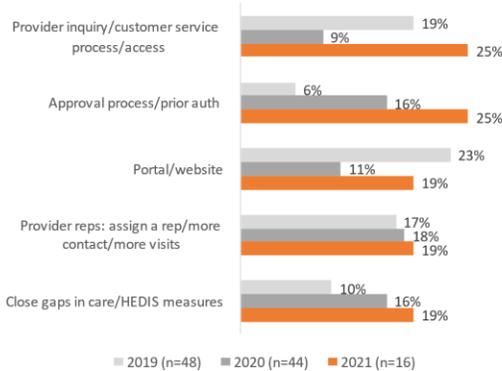
Note: excludes missing data/don't know; multiple responses allowed
Note: indicates significant difference from previous study (90% Confidence Level)
Q2. What can HAP do to improve its overall service to your practice?

	2019 (n=48)	2020 (n=44)	2021 (n=16)
Provider inquiry/customer service process/access	19%	9%	25%
Approval process/prior auth	6%	16%	25%
Portal/website	23%	11%	19%
Provider reps: assign a rep/more contact/more visits	17%	18%	19%
Close gaps in care/HEDIS measures	10%	16%	19%
Claims processing system	2%	9%	13%
Communication: explanations/handbook	2%	5%	13%
More patients/grow HAP membership	0%	11%	13%
Reimbursement/payments/payout	2%	2%	6%
Educate patients: coverage/bill/EOB	13%	7%	6%
Training/knowledge of reps	2%	0%	6%
Coverage improved/cover in -office tests	4%	2%	6%
Credentialing/PCP assignment	0%	9%	6%
Specialist network/Tier 1	4%	2%	6%
Responsiveness/return calls	4%	0%	0%
Referral process	4%	5%	0%
Pharmacy coverage/formulary	4%	0%	0%
Communication (non-specific/other)	0%	7%	0%
Communication: consistency of answers	0%	0%	0%
Simplify processes	0%	0%	0%
Other	10%	9%	0%

Note: indicates significant difference from previous study (90% Confidence Level)
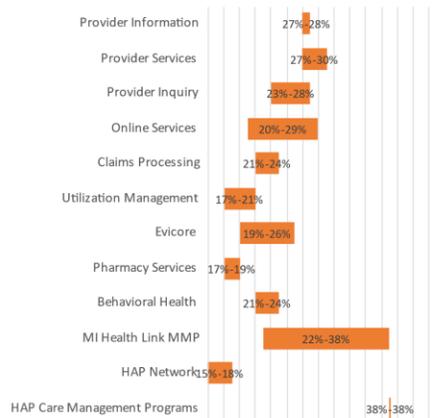
DIRECTIONS RESEARCH

Top Findings

Detailed Attribute Ratings

- Respondents were asked to rate their satisfaction with 58 attributes. These satisfaction ratings were grouped into 12 topical areas.

- Few practices were able to rate the MI Health Link MMP items, but those who did gave very positive ratings (22%-38% top box ratings). Of the remaining attributes, the items with the highest top-box ratings were:
  - Q67. Overall satisfaction with the HAP Care Management programs (38%)
  - Q68. Helpfulness of HAP's Care Management clinical staff (38%)
  - Q69. HAP's coordination of care for patients with multiple or complex conditions (38%)

- Most of the items with the lowest top-box ratings were related to the HAP Network.
  - Q43. Ease of determining if a prescription drug requires prior authorization (17%)
  - Q34. Timeliness of UM decisions on pre-authorization requests (17%)
  - Q64. Timeliness and completeness of feedback from Skilled Nursing or Rehab facilities (16%)
  - Q61. Level of collaboration from specialists for shared patients (16%)
  - Q62. Timeliness and completeness of feedback from specialists (16%)
  - Q63. Timeliness and completeness of feedback from hospitals or ER facilities (15%)
  - Q60. The number of specialists in HAP's provider network (15%)

Range of Top Box Ratings By Topic Area

Topic Area	Range
Provider Information	27%-28%
Provider Services	27%-30%
Provider Inquiry	23%-28%
Online Services	20%-29%
Claims Processing	21%-24%
Utilization Management	17%-21%
Evicore	19%-26%
Pharmacy Services	17%-19%
Behavioral Health	21%-24%
MI Health Link MMP	22%-38%
HAP Network	15%-18%
HAP Care Management Programs	38%-38%

DIRECTIONS RESEARCH

Ratings Over Time:

MMP Practices

	Total MMP			
	2019 (n=124)	2020 (n=100)	2021 (n=87)	Change
Overall Satisfaction				
Q1. Overall satisfaction	38%	39%	37%	-2%
Provider Information				
Q4. Overall satisfaction with the Provider Information you receive from HAP	36%	36%	27%	-9%
Q5. Usefulness of HAP updates	36%	33%	28%	-5%
Q6. Usefulness of online provider information	37%	35%	28%	-7%
Provider Services				
Q8. Overall satisfaction with Provider Services	36%	31%	29%	-2%
Q9. Accessibility of Provider Services representatives	39%	29%	29%	0%
Q10. Timeliness of responses from representatives	36%	29%	29%	0%
Q11. Ability to address your question or concern	38%	29%	27%	-2%
Q12. Ease of providing updated practice information to HAP	-	29%	30%	+1%
Provider Inquiry				
Q13. Overall satisfaction with Provider Inquiry service	35%	34%	28%	-6%
Q14. Ease of using the automated phone system to verify benefits and member eligibility	31%	38%	27%	-11%
Q15. Length of phone wait time to speak with a representative	26%	27%	23%	-4%
Q16. Ability of representative to answer claims questions	30%	31%	26%	-5%
Q17. Timeliness of responses to your questions/inquiries	29%	29%	26%	-3%

↓ Significantly lower than previous study
↑ Significantly higher than previous study
(90% Confidence Level)

DIRECTIONS RESEARCH

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HAP MHP
Continuous Quality Improvement Program
MI Health Link Medicare Medicaid Program (MMP)
2021 Annual Evaluation

MMP Practices

	Total MMP			
	2019 (n=124)	2020 (n=100)	2021 (n=87)	Change
EviCore Referrals and Authorizations				
Q39. EviCore for High Tech Imaging	31%	32%	19%	-13% ↓
Q40. EviCore for Cardiac Implantables	37%	39%	26%	-13%
Q41. EviCore for Pain Management	31%	32%	24%	-8%
Q42. EviCore (formerly MedSolutions) for sleep studies	32%	31%	23%	-8%
Pharmacy Services				
Q43. Ease of determining if a prescription drug requires prior authorization	24%	24%	17%	-7%
Q44. Ease of submitting a request for prior authorization for prescription drugs	24%	24%	18%	-6%
Q45. Ease of determining if a medical drug requires prior authorization	26%	25%	18%	-7%
Q46. Ease of submitting a request for prior authorization for medical drugs (online through CareAffiliate)	25%	27%	19%	-8%
Q47. Resolution of appeals for medications	27%	24%	18%	-6%
Behavioral Health				
Q48. Overall satisfaction with HAP's Coordinated Behavioral Health Management (CBHM) staff	33%	30%	24%	-6%
Q49. Timeliness of feedback from Behavioral Health providers	31%	29%	21%	-8%
Q50. Referrals to behavioral health providers using CareAffiliates	34%	26%	22%	-4%

↓ Significantly lower than previous study
↑ Significantly higher than previous study
(90% Confidence Level)

DIRECTIONS RESEARCH

MMP Practices

	Total MMP			
	2019 (n=124)	2020 (n=100)	2021 (n=87)	Change
MI Health Link MMP				
Q55. Participation in Integrated Care Team (ICT) meetings	40%	38%	33%	-5%
Q56. Participation in Individual Integrated Care and Supports Plan (IICSP) development	41%	36%	32%	-4%
Q57. The PCP referral process to Specialists	38%	34%	22%	-12%
Q58. The PCP referral process to Long Term Services and Supports (LTSS) providers	41%	38%	35%	-3%
Q59. The PCP referral process to Prepaid Inpatient Health Plan (PIHP) providers	39%	43%	38%	-5%
HAP Network				
Q60. The number of specialists in HAP's provider network	27%	25%	15%	-10%
Q61. Level of collaboration from specialists for shared patients	28%	18%	16%	-2%
Q62. Timeliness and completeness of feedback from specialists	27%	22%	16%	-6%
Q63. Timeliness and completeness of feedback from hospitals or ER facilit	27%	23%	15%	-8%
Q64. Timeliness and completeness of feedback from Skilled Nursing or Rel facilities	29%	23%	16%	-7%
Q65. Timeliness and completeness of feedback from external hospital laboratories	-	-	18%	
HAP Care Management Programs				
Q67. Overall satisfaction with the HAP Care Management programs	51%	39%	38%	-1%
Q68. Helpfulness of HAP's Care Management clinical staff	51%	39%	38%	-1%
Q69. HAP's coordination of care for patients with multiple or complex conditions	51%	45%	38%	-7%

↓ Significantly lower than previous study
↑ Significantly higher than previous study
(90% Confidence Level)

DIRECTIONS RESEARCH

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MMP Practices

	Total MMP			
	2019 (n=124)	2020 (n=100)	2021 (n=87)	Change
Online Services				
Q18. Overall satisfaction with HAP's online provider portal	33%	33%	29%	-4%
Q19. Claims appeal application	31%	33%	21%	-12%
Q20. HCC Process	32%	30%	21%	-9%
Q21. Managing user IDs and passwords	30%	32%	20%	-12% ↓
Q22. Access to patient records and gaps in care	29%	30%	21%	-9%
Claims Processing				
Q24. Overall satisfaction with Claims Processing	32%	28%	24%	-4%
Q25. Ease of submitting claims	35%	35%	22%	-13% ↓
Q26. Clarity of HAP claims remittance advice (RA)	35%	31%	21%	-10%
Q27. Ease of checking claims status using the provider portal	35%	32%	24%	-8%
Q28. Ease of checking claims status using the automated phone system	35%	38%	23%	-15% ↓
Q29. Timeliness of claims processing	33%	33%	22%	-11%
Q30. Timeliness of reimbursement payments	35%	33%	22%	-11%
Utilization Management				
Q31. Overall satisfaction with the utilization management process	30%	26%	21%	-5%
Q32. Length of phone wait time to speak with a UM representative	27%	24%	18%	-6%
Q33. Knowledgeable UM staff	28%	26%	18%	-8%
Q34. Timeliness of UM decisions on preauthorization requests	28%	23%	17%	-6%
Q35. The in-network outpatient referral management process	26%	24%	19%	-5%
Q36. The out-of-network outpatient referral management process	27%	26%	21%	-5%
Q37. HAP's efforts to reduce or eliminate hassle factor of getting patients the services they need	26%	24%	19%	-5%

↓ Significantly lower than previous study
↑ Significantly higher than previous study
(90% Confidence Level)

PATIENT SAFETY

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

- Maintained 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.
- Maintained an ongoing process to monitor and investigate hospital-acquired conditions (HACs) and provider preventable conditions (PPCs).
- Promoted increased awareness and safe working conditions by collaborating with the Director of Support Services for Building Operations in response to the COVID pandemic.
- Collaborated with HAP's Director of Support Services for Building Operations to promote awareness of corporate safety responses to emergencies including pandemics, fire and weather disasters, and workplace violence.
- Maintained liaison relationship with HFHS for alignment of patient and member safety goals through participation on the HFHS Resuscitation Advisory Council (RAC) and communicated pertinent discussions to the Quality & Safety Committee.
- Participated in the ongoing community Michigan Health and Hospital Association, Quality Improvement Directors' meetings, and other forums to address and support quality and safety improvement initiatives locally and statewide.
- Continued participation in the Michigan Quality Improvement Consortium (MQIC) to promulgate evidence-based medicine, preventive services, health promotion, disease management programs, and clinical practice guidelines to practitioners in Southeast Michigan and for use by HAP.

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

Critical Incidents are included in the quality management workplan to enable oversight of the critical incidents reporting process. The workplan is updated quarterly and reviewed at the Clinical Quality Management Committee (CQMC).   There were thirteen(13) Critical Incidents reported January 1 to December 31, 2021. Eleven (11) cases were received for investigation by CM; two (2) cases were received as Quality-of-Care Grievances and referred for additional investigation & state reporting. There were several critical incidents reported with the same category but unique to each member's situation. Members and guardians (DPOAs) are educated on how to report abuse, neglect, exploitation, etc. on an annual basis at minimum. Some identified barriers would be the member not wanting to involve law enforcement and/or the appropriate authorities when they are not in immediate danger.

<u>**EVALUATION SUMMARY**</u>
Overall, HAP Empowered MI Health Link has made progress in improving the quality of care, safety, and service to our members. Throughout 2021, there have been continuous enhancement in the structure for the MMP improvement efforts including:
- Holding bi-weekly interdepartmental team focus on MMP initiatives aimed at improving HEDIS/CAHPS measures
- Monitoring monthly HEDIS rates progress toward goals through the MMP dashboard
- Maintaining and revising the MMP Initiative Work Plan focused on improving HEDIS and CAHPS rates

Additional, quality measures improvement efforts in 2021 were:
- Working with Provider Network to identify quality measures for the Provider Best Practice Program (P4P)
- Providing gaps in care information to providers to assist them in performing outreach to their members and implementing member gaps in care via the provider portal

<u>**2022 INITIATIVES**</u>
- Improve HEDIS performance measures to meet/exceed state averages
- Continue coordination of Member Connections Committee
- Obtain LTSS Distinction and MED Module NCQA Accreditation
- Maintain NCQA Health Plan rankings
- Continue efforts toward maintaining regulatory & CMS compliance
- Continue coordination of Quality Withhold and Passive Algorithm Workgroups
- Participate in Health Equity initiatives to monitor and improve ethnic disparities
- Providing gaps in care information to providers to assist them in performing outreach to their members and implementing member gaps in care via the provider portal