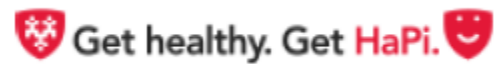




2020 Quality Improvement Work Plan



HPHC 2020 Quality Improvement Work Plan Summary

Area of Focus	Coordination and Continuity of Medical and Behavioral Healthcare			
Sub-Committee Name	Med Psych QI Workgroup			
Project Name	Behavioral Health Delegated Complex Care Management Measure Improvement			
Business Owner(s)	Siobhan Sherman			
Areas Impacted	Optum, Member Experience, Care Mgt.			
Work Plan Classification*	Member Satisfaction, NCQA Delegation Oversight			
Program Key Objectives and Scope	Improve Outcome Measure: Increase the number of Initial MARS assessments (Maryland Assessment of Recovery) completed by Optum Clinicians to 85% of people who enrolled in the program. Improve Member Experience: Increase the number of member satisfaction surveys completed by Optum Clinicians to >90% of enrolled members.			
Proposed Intervention(s)	Improve Outcome measures: Staff reminders and Quarterly Audit Process in ICUE (CCM platform) Member Experience: Develop monthly reporting, Retrain staff on consumer satisfaction workflow			
Project Details				
Metrics/Milestones:	Type of Data Used for Evaluation (i.e., Claims, Survey data, etc.)	Goal (include baseline if applicable):		Timeframe:
Increase the Number of Completed Assessments Maryland Assessment of Recovery in People with Serious Mental Illness (MARS-12) per member	ICUE internal Audit system	Goal: 85% (≥ 2 MARS Assessment administered)	2018 Baseline: 45.5% (44 >1 MARS Assessment; 20 ≥ 2 MARS Assessment)	Annual
Improve Member Experience Increase the number of member satisfaction surveys completed by Optum Clinicians to >20% of enrolled members.	Increase the number of member satisfaction surveys completed by Optum Clinicians	Goal: >20% of enrolled members.	2018 Baseline: (1.86%) 3 out of 161 enrolled members	Annual

*Key: Project necessary for the following business-critical initiatives: C=CAHPS; E=Employer-related; H=HEDIS; M=Marketplace; MC=Medicare; N=NCQA; R=Regulatory requirement.

HPHC 2020 Quality Improvement Work Plan Summary

Area of Focus	Well-being											
Sub-Committee Name	Clinical Programs Health Engagement Quality Subgroup											
Project Name	Health Engagement											
Business Owner(s)	Tami Ireland											
Areas Impacted*	Sales; Marketing;											
Work Plan Classification	Employer-related; NCQA; Marketplace											
Program Key Objectives and Scope	Provide scalable, innovative well-being services to enhance member health engagement and provide a catalyst for sales retention and growth.											
Proposed Intervention(s)	Engage members in well-being programs											
Project Details												
Metrics/Milestones:	Type of Data Used for Evaluation (i.e., Claims, Survey data, etc.)	Goal (include baseline if applicable):	Timeframe:									
Engage members in wellbeing program initiatives as outlined below:	New accounts generated	50% of members engaged with some aspect of our well-being program by Q4 of 2020 <table border="1"> <thead> <tr> <th colspan="3">Baseline Member Engagement</th> </tr> <tr> <th>Qtr 1 '19</th> <th>Qtr 2 '19</th> <th>Qtr 3 '19</th> </tr> </thead> <tbody> <tr> <td>32,637</td> <td>92,044</td> <td>160,503</td> </tr> </tbody> </table>	Baseline Member Engagement			Qtr 1 '19	Qtr 2 '19	Qtr 3 '19	32,637	92,044	160,503	Q4 2020
Baseline Member Engagement												
Qtr 1 '19	Qtr 2 '19	Qtr 3 '19										
32,637	92,044	160,503										
Offer engagement and social recognition platform to accounts and individuals.	New accounts generated	Implement wellbeing platform for MA merged market Q1 2020 Launch wellbeing platform for mid-level accounts with enhanced incentives Q1 2020. Add health literacy program components to the wellbeing platform for mid-level accounts. The goal is to implement a new wellbeing program for the mid-level market which includes health literacy “activities” or information and earning points by participating activities towards a \$120 incentive. We would measure this goal by completion.	Q1 2020									
Provide innovative onsite wellness programming to support members and employees at work.	New accounts generated	Develop scalable programming for the worksite (e.g. to go kits, webinars) to provide additional points of engagement	Q4 2020									
Enhance Member Discounts and Savings Program	New accounts generated	Add at least two new discounts and savings opportunities (no specific program name yet)	Q3 2020									

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HPHC 2020 Quality Improvement Work Plan Summary

Offer enhanced Fitness Reimbursement Program to individual/small accounts	Wellness accounts generated	Implement changes to fitness reimbursement program for individual/small accounts effective 1/1/2020 All 4 states in SG/IND will have \$150 fitness reimbursement for one family member and an additional \$150 reimbursement for a second family member. The per person benefit is new	Q1 2020
Evolve Fitness Reimbursement program to a more flexible fitness rewards platform.	Accounts applied and accepted for reimbursement	Continue to offer fitness rewards program to Harvard Pilgrim employees in 2020. Pilot fitness rewards program to Connecticut Large accounts in Q1 2020	2020
Evaluate additional Mindfulness program expansion opportunities in both delivery method and populations reached.	New accounts generated, onsite trainings offered	Implement new programming site on mindfulness' role in the management of chronic pain and recovery from chronic pain incidents. Phase 1 will be done Q4 2019, which is the go live of the site and talks in which to promote this. Phase 2 will be completed in early 2020 which will see additional materials added to the site, and then there will be a phase 3 (roughly Q2 2020) in which we begin offering live workshops that directly engage individuals with the materials available on the website.	Q3 2020
Innovations	TBD	Pilot 1-2 wellbeing programs	Q3 2020

Area of Focus	Continuity and Coordination of Care/Medication Adherence
Sub-Committee Name	Clinical Programs/Health Engagement
Project Name	Continuity and Coordination of Care/Medication Adherence
Business Owner(s)	Lydia Bernstein/Jennifer Rollo
Areas Impacted*	Clinical Programs/Health Engagement and Quality and Clinical Compliance Analysts
Work Plan Classification	NCQA
Program Key Objectives and Scope	The key objective is to coordinate care amongst multiple prescribers and to use the primary care practitioner (PCP) as the primary clinician to manage overall health. Through coordination of care the health plan aims to improve adherence, prevent/avoid duplications in drug therapy, reduce drug-drug reaction and adverse drug events. Monthly and annual mailings to PCPs focuses on adherence alerting providers of potential non-adherence or overuse using real-time pharmacy claims that PCPs otherwise may not have access too.
Proposed Intervention(s)	Through coordination of care the team proposes to: -Improve adherence to prescribed asthma controller medications and; -Decrease high dose opioid use from multiple prescribers.

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HPHC 2020 Quality Improvement Work Plan Summary

Performance goals will be measured by improved HEDIS rates.				
Project Details				
Metrics/Milestones:	Type of Data Used for Evaluation (i.e., Claims, Survey data, etc.)	Goal	Baseline	Timeframe
The percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed a controller medication that they remained on for at least 75% of their treatment period.	HEDIS	2020 Commercial Goal: 90 th Percentile TBD – HEDIS data not available yet until 2020	Baseline 2019 HEDIS (combined age rate) HPHC Inc. (MA, ME) HMO/POS- 59.5% HPHC-NE (NH) HMO/POS-58.6% HPHC Inc MA- PPO- 65.3% HPIC- PPO- 69.0% HPHC Inc. Marketplace MA-72.7% HPHC Inc. Marketplace ME-64.8% HPHC Inc. Marketplace NH-66.7%	Annual Measurement
The rate per 1,000 of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year (i.e., the rate per 1,000 of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates)	HEDIS	2020 Commercial Goal: 90 th Percentile TBD – HEDIS data not available yet until 2020	Baseline 2018 HEDIS HPHC Inc- HMO-1.80% HPHC Inc- PPO- 1.83% HPHC NE- HMO- 1.36% HPIC- PPO (CT)- 0.00% HPHC Inc. Marketplace MA- NA HPHC Inc. Marketplace ME-NA HPHC Inc. Marketplace NH-NA	Annual Measurement

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HPHC 2020 Quality Improvement Work Plan Summary

Area of Focus	Clinical Quality – Network Medical Management (NMM) Quality Programs			
Sub-Committee Name	Clinical Quality Improvement Committee			
Project Name	Network Quality Programs			
Business Owner(s)	Tina Whitney			
Areas Impacted	NMM			
Work Plan Classification*	Quality Improvement- Provider			
Program Key Objectives and Scope	Align efforts of HPHC’s network with its mission & quality agenda including Physician Group P4P (pay-for-performance), Physician Group Honor Roll, Quality Grants, Hospital P4P			
Proposed Intervention(s)	HEDIS GAPS in care, member quality & cost improvement. Annual refresh of the program elements to meet business needs of organization			
Project Details				
Metrics/Milestones:	Type of Data Used for Evaluation (i.e., Claims, Survey data, etc.)	Goal (include baseline if applicable):		Timeframe:
<u>Physician Group P4P (pay-for-performance)</u> : Through financial incentives, support LCU practices to deliver high quality care that is patient-centered, culturally competent, and cost-efficient.	Uses HEDIS data, Quality Compass data, Provider submission(s)	Prior years - <u>Physician Group P4P</u> Quality Advance/Rewards for Excellence (R4E): QAP <u>'13 '14 '15 '16 '17 '18</u> # Groups earning R4E 30 26 13 27 28 38 (66% of eligible groups in '16) (73% of eligible groups in '17) (78 % eligible groups in '18) 2019 data is pending. Will be available in Summer/Fall 2020	Goal to increase # groups meeting excellence in QAP 19 reported in 2020 - 80% eligible groups 8 groups did not meet in 2018 3 LCU’s in small program with very little membership Large ME group now engaged in program	Annual program
<u>Physician Group Honor Roll</u> : Evaluate all contracted physician groups using a set of nationally endorsed quality measures and create an annual Physician Group Honor Roll to be posted on the	Annual report developed from current year of HEDIS data based on performance compared to QC 90 th	Prior years- QC year <u>'14 '15 '16 '17 '18</u> # LCUs honored 63 53 66 61 78	Improvement – increase percent of LCU provider groups meeting honor roll status by 8% 61 groups met the physician honor roll for 2017- reported in 2018 (Jan)	Annual

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HPHC 2020 Quality Improvement Work Plan Summary

HPHC Web site (including icons in physician directories)		2019 data pending	78 groups made honor roll for the 2018 year reported in 2019 or 57% (note: due to recent mergers LCU numbers are changing year to year so year to year comparisons may not be possible)	
<u>Quality Grants:</u> Our Program this year 2019 is focused on supporting projects targeted at clinical practice transformation, cross-discipline integration, effective care transitions, appropriate use of inpatient stays, emergency room visits, and managing the opioid crisis.	Milestone reports 2,3 x during the grant year and a final report on progress on stated metrics in grant proposal	Fund and oversee the 2019 portfolio of network-managed QI projects and evaluate and communicate results of the 2018 projects As of November 2019, 84% of the dollars have been paid out. 2 grants are on an alternate “off cycle”	Disperse 100% of funds in accordance with Quality Grant submission timeline. Changed length of program to 18 months to allow more time to complete projects and submit metrics	Annual New cycle 18 months- May 2020- October 2021
<u>Hospital P4P:</u> Administer the 2020 hospital pay-for-performance program	Based on CMS data reported by the facilities. Use CMS July data	Forty-four hospitals participated in the 2019 Standard P4P program (earnable 2020)	Continue with current participation Increase overall number of hospitals participation in Hospital P4P.	Annual
<u>Medicare Stride:</u> Administer the pay for performance program specifically for the Medicare Stride participating providers	HEDIS/Star measures claims-based and attestation, outcomes collection	Prior years participation % records returned 2016- 51% 2017 – 78% Pending for 2018	Improve participation and record return rate. Improve HEDIS data returned over 80%.	Annual

Area of Focus	Improve Customer Experience
Sub-Committee Name	Clinical Quality Improvement Committee
Project Name	Improving call quality
Business Owner(s)	Chris DeCaro
Areas Impacted*	Member Experience/Services
Work Plan Classification	NCQA
Program Key Objectives and Scope	Improve Customer Service Experience
Proposed Intervention(s)	Speech analytics, coaching redesign implementation, survey review, secret shopper calls
Project Details	

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HPHC 2020 Quality Improvement Work Plan Summary

Metrics/Milestones:	Type of Data Used for Evaluation (i.e., Claims, Survey data, etc.)	Goal (include baseline if applicable):		Timeframe:
Utilize Clarabridge speech analytics application	Clarabridge reporting-dashboard	Analyze survey results to inform targeted training/coaching interventions and communications	Baseline N/A – new capability for 2020 Goal: We plan to leverage the speech analytics to expand our QA process and target elements that we identify that need additional analysis and intervention. We have not gone live yet and have not used the dashboard that they are building for us. Once we do go live (date: TBD) we will be able to add more details. For 2020, the 90% metric will be the goal.	Quarterly measure
Continue initiatives to maintain positive call metrics and enhance customer experience	QA evaluation form	Implement redesign of Performance Improvement Specialists coaching program to maintain quality and representative performance	2018 overall score: 94.15% 2019 YTD overall score: 93.25% Goal: 90%	Monthly measure
Review daily email surveys	Survey data	Analyze survey results to inform targeted training interventions and communications	2018 overall score: 91.82% 2019 YTD overall score: 91.83% Goal: 90%	Quarterly measure
Improve Secret Shopper results for pharmacy questions regarding drug interactions and side effects	Mock call	90% tested correctly: offer transfer to Pharmacy Services	2018 overall score: 30% 2019 YTD overall score: 77% Goal: 90%	Quarterly measure

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HPHC 2020 Quality Improvement Work Plan Summary

Area of Focus	Member Experience			
Sub-Committee Name	Member Experience Committee			
Project Name	Member Experience Improvements			
Business Owner(s)	Amy Zoldowski			
Areas Impacted*	Marketing, Digital, Member Services, Operations, Health Services, IT			
Work Plan Classification	Quality Improvement-Member			
Program Key Objectives and Scope	Focus on the key areas for our members to create an overall better member experience by leveraging insights, data and collaboration across teams. Key areas of focus include helping our members understand their plan specifics, how to use their plan, remove barriers and hurdles to appropriate care, and help them resolve issues in a more timely and satisfactory manner.			
Proposed Intervention(s)	Do studies and journey mapping work, identify ways to improve experience (most impactful and efficient); implemented by digital strategy team, health services team, marketing team or mix; hope that issue doesn't go to call center; change behavior upstream to make sure plan product and information is understood by member, cost-sharing, how to use plan and benefits, etc.			
Project Details				
Metrics/Milestones:	Type of Data Used for Evaluation (i.e., Claims, Survey data, etc.)	Goal (include baseline if applicable):		Timeframe:
Implement Clarabridge call center analytics	Commercial and Med Adv Call center recordings; EDW	Provide more insightful information and analysis of our member calls to feed decision makers with more robust insights.	NA	Daily
Full New Member welcome guide implementation	Google Analytics (GA)	To help new members get set up and started on their new HPHC Plan; Pilot baseline: 40% completion	% completion of guide % completion of each step % confirmation of PCP % nurse engagement	Daily, starting November 2019
Consistent CX Governance team meetings – Executive and Steering levels	Varies	Regularly review and discuss customer experience priorities and initiatives	TBD	Bi-Monthly
Launch SmartStart	Enrollment,	Multi step journey to provide assistance for members selecting a plan	# Calls to SmartStart 800#	Daily
Consistently update and share NPS Dashboard	NPS, Operational	As part of internal engagement and awareness building, socialize status of	TBD	Quarterly

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HPHC 2020 Quality Improvement Work Plan Summary

		customers' NPS rating and initiatives to improve		
Kick off Digital Member Benefit Project*	Call Center, GA	Milestones TBD	TBD	Frequency TBD
Implement Digital Roadmap initiatives (TBD)*	Call Center, GA	Milestones TBD	TBD	December 31, 2020
Multiple member website enhancements*	Call Center, GA	Milestones TBD	TBD	December 31, 2020
Implement Regional Marketing Plan (TBD)*	Call Center, VoC, CAHPs	Milestones TBD	TBD	Daily
*Please note – In process of being determined. Will re-evaluate during 2020.				

Area of Focus	Clinical Quality – Member Outcomes			
Sub-Committee Name	Clinical Quality Improvement Committee			
Project Name	Reducing Hospital Readmissions			
Business Owner(s)	Sarah Doherty			
Areas Impacted*	Care Management			
Work Plan Classification	NCQA			
Program Key Objectives and Scope	Decrease hospital readmissions after discharge; lower risk of readmission through Care Management			
Proposed Intervention(s)	Transitions in Care Program			
Project Details				
Metrics/Milestones:	Type of Data Used for Evaluation (i.e., Claims, Survey data, etc.)	Goal (include baseline if applicable):		Timeframe:
Engage more members in Care Management after Discharge	Jiva, MicroStrategy	Engage 55% of identified cases in Care Management after Discharge	Baseline: 51% of identified cases were engaged in 2019 YTD.	Quarterly
Contribute to decrease in readmission rate through engagement in care management	Jiva, MicroStrategy	Decrease readmission rate by .8% to 11%	Baseline: 11.8% Readmission rate YTD	Quarterly

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