



**Hennepin Health**  
300 South Sixth Street, MC 604  
Minneapolis, Minnesota 55487-0604

# 2021 Quality Management Program Evaluation

## Executive Summary

### Executive Summary

The Quality Management (QM) program mission is to improve the health of Hennepin County residents through innovative collaboration with health care providers, Hennepin County services, community organizations and Hennepin Health members. Hennepin Health places disparity reduction at the heart of the vision to “change how we build healthy, equitable communities”, infusing it throughout the QM program initiatives. The QM program fulfills the Hennepin Health mission through ongoing collaboration with health care providers, Hennepin County services, community organizations and Hennepin Health members.

Hennepin Health furthers our mission by helping people improve their health through integrated, coordinated, person-centered care, addressing medical and behavioral health needs and social determinants while advancing health equity and overall population health. The QM Program is supported by three documents: QM Program Description, QM Program Work Plan, and the QM Program Evaluation.

The QM Program Description provides structure to guide the processes for evaluating and improving the quality and appropriateness of the health care and health of members. The QM Program Description describes the activities, goals, and objectives to promote the quality and safety of medical and behavioral health care and services provided to members and promoting health equity through continuous improvement efforts.

The annual QM Program Work Plan supports the goals established in the QM Program Description. It documents and monitors the QM and utilization management (UM) initiatives to be addressed in the upcoming year. The work plan includes goals, objectives, timelines, and the staff responsible for the activities. The work plan is updated quarterly, documenting progress and barriers to implementing initiatives.

The annual QM and Performance Improvement Program Evaluation is a retrospective review of the QM program. The 2021 QM and Performance Improvement Program Evaluation report addresses QM activities, many cross between two or more departments and/or the Accountable Health Model partners of Hennepin Healthcare Hennepin County Health and Human Services, and NorthPoint Health and Wellness Center.

The QM Program Evaluation analyzes to what extent Hennepin Health met its performance goals and objectives for improving the quality and safety of clinical care and services for members. Goals are stated within the QM Program Description and QM Work Plan. The QM Program Evaluation measures performance in the quality and safety of clinical care and service through the assessment of QM measures over time against performance objectives. The goal of this evaluation is to provide a broad

# 2021 Quality Management Program Evaluation

## Executive Summary

overview of the Hennepin Health QM activities, as well as to conduct an objective review of each project/activity to determine if there is sufficient support to change a problem, to discontinue a program, or to continue a program in 2022.

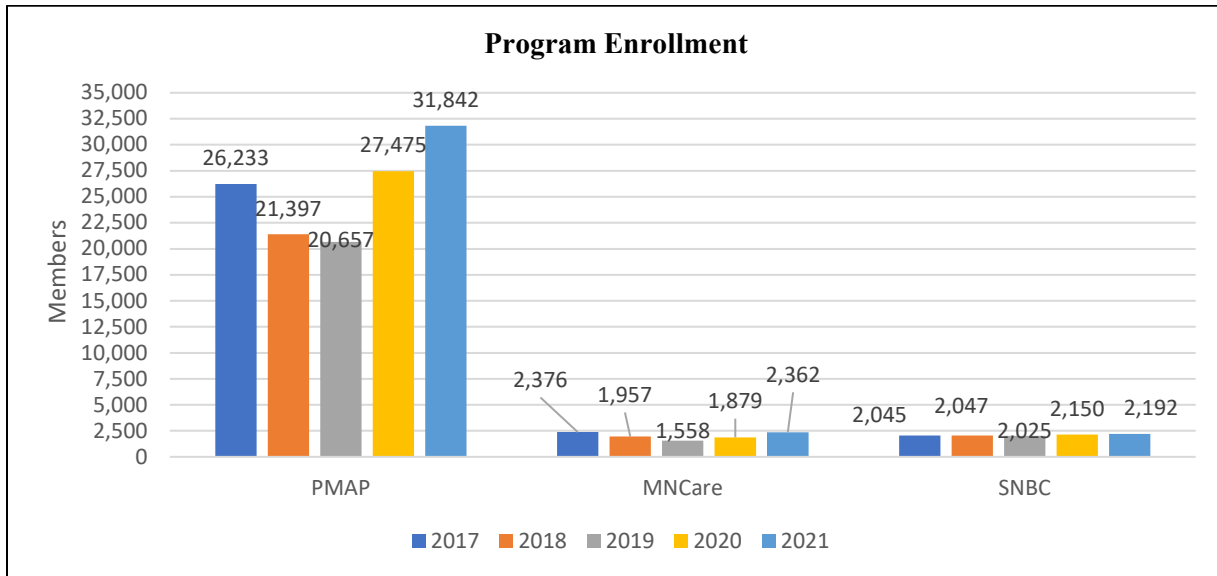
### Introduction to Hennepin Health

Minnesota Department of Human Services (DHS) to provide health care coverage to Hennepin County residents who are enrolled in three Minnesota Health Care Programs: Prepaid Medical Assistance (PMAP), MinnesotaCare (MNCare) and Special Needs BasicCare (SNBC). The Hennepin Health SNBC program is a non-dual program.

Hennepin Health, Hennepin Healthcare System, Hennepin County Public Health and Human Services, and NorthPoint Health and Wellness Center formed an Accountable Health Model partnership, allowing each organization to leverage individual strengths and resources to collaboratively address and coordinate member dental, physical, and behavioral/mental health services while addressing individual social determinants of health. This delivery approach promotes service accessibility, continuity of care, comprehensive and coordinated service delivery, culturally appropriate care with attention to individual needs, and fiscal and professional accountability. Shared governance of Accountable Health Model partnership includes staff from each organization. The Hennepin Health Chief Medical Officer (CMO) chairs the Clinical Strategy Committee which provides direction for collaborative clinical initiatives which may be a part of the Hennepin Health QM program. Using Epic®, the electronic health medical record, the organizations have joint access to member health records. This access provides insights into the biopsychosocial nature of the individual member and population the plan serves including the social determinants, demographics, health care behaviors, utilization, and self-reported perceptions of member health and needs. Through the Accountable Health Model partnership, Hennepin Health and its partners combine the resources of provider organizations, a payer and county public health and social service organizations.

# 2021 Quality Management Program Evaluation Executive Summary

## Hennepin Health Enrollment

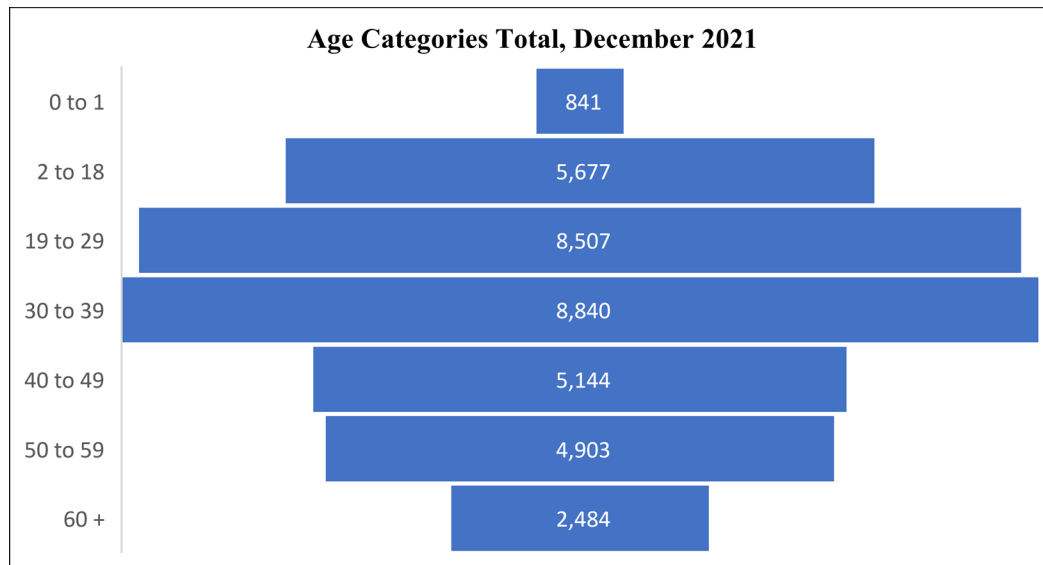
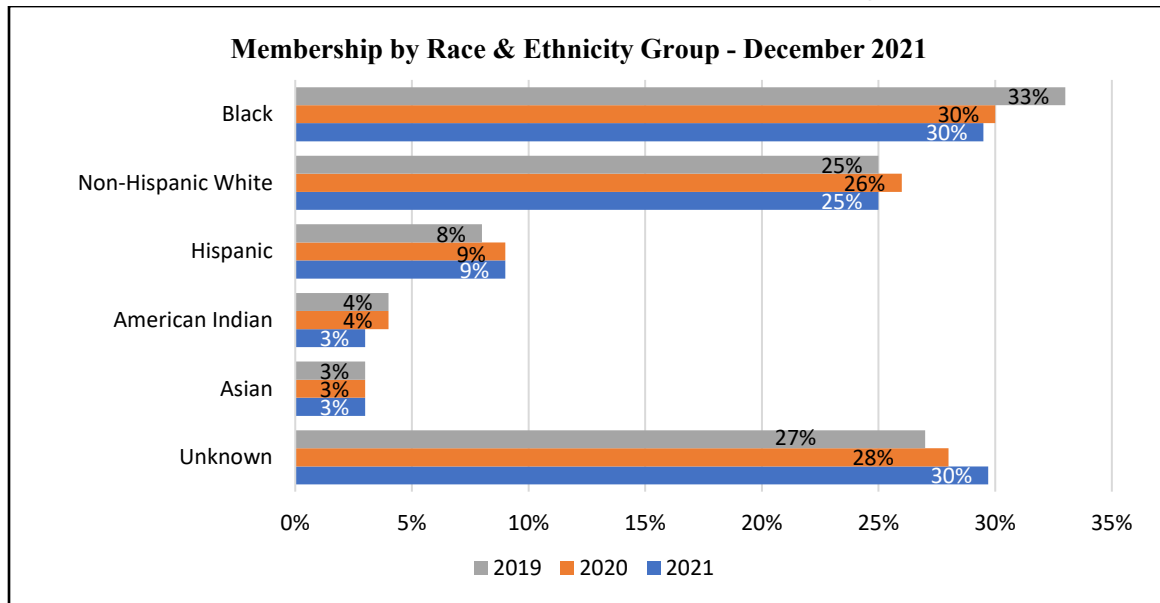


As of December 2021, Hennepin Health had 36,396 MHCP members compared to a December 2020 membership of 31,504. The 2021 breakdown by program was:

- Hennepin Health PMAP – 31,842
- Hennepin Health MinnesotaCare – 2,362
- Hennepin Health SNBC members – 2,192

In 2021, the Hennepin Health PMAP program represented about 87% of the total membership with approximately 66% of the membership being Medicaid Expansion members. Between December 2020 and December 2021, enrollment increased by 4,892 members with the majority increase seen in the PMAP program. Both MinnesotaCare and SNBC saw a slight increase in membership. Hennepin Health's membership has increase in the past 2 years as the result of the national and state peacetime emergency declared due to COVID-19 pandemic. During the peacetime emergency, DHS suspended the requirement to renew Medicaid coverage to ensure MHCP members would lose coverage during the pandemic unless the member requested their coverage end or moved out of Minnesota. In addition, many individuals became eligible for MHCP due to loss of employment as businesses were closed or were providing reduced services during the pandemic.

# 2021 Quality Management Program Evaluation Executive Summary



Hennepin Health serves a diverse population. In 2021, the Hennepin Health PMAP program represented about 87% of the total membership with approximately 66% representing Medicaid Expansion members, single adults without children, ages 18-64. Black individuals represent 30% of our membership. Non-Hispanic whites comprise about 25% of our membership. Latinx, American Indians and Asians each represent less than 10 percent of the members, although Latinx and American Indian members are disproportionately represented in the Hennepin Health member population, as compared to the population of Hennepin County as a whole. Behavioral health conditions, substance use disorders, or a dual behavioral health and substance use disorders are prevalent diagnosis categories. Social determinants of health such as

# 2021 Quality Management Program Evaluation

## Executive Summary

housing instability, homelessness, food insecurity, criminal justice involvement, and lack of stable employment are prevalent among Hennepin Health members, significantly influencing a member's overall health status. In addition, many members have had significant and/or several traumatic events in their lives, disrupting health development, adversely affecting relationships, and contributing to mental health issues including substance abuse, domestic violence, and child maltreatment. Team members who work directly with members receive trauma-informed training. This training helps Hennepin Health staff have more effective and therapeutic interactions with members.

Social determinants and racism have a major impact on health outcomes and are significant contributing factors to health inequities. Many Hennepin Health members are people of color, meaning that population health and reducing disparities are inextricably linked for Hennepin Health. Hennepin Health is committed to reducing disparities and making a long-term impact by focusing on outcomes in the seven domains: education, employment, health, housing, income, justice, and transportation. As a department of Hennepin County, the Hennepin Health team actively participates in Hennepin County's disparity reduction program's goals:

- Increasing capacity for advancing racial equity by normalizing and operationalizing conversations about race
- Implementing and operationalizing inclusive and equitable policies and practices
- Generating community-driven results

For Hennepin Health, the work of advancing health equity begins "at home". Hennepin Health attracts and retains a diverse workforce that reflects the diversity of our community. The COVID-19 pandemic and the civil unrest in the past two years gave new urgency to advancing health equity for the members who serve. Team members receive cultural competence training and have access to Hennepin County resources and discussions on race, ethnicity, and equity.

Care coordination has been a core part of the Hennepin Health Accountable Health Model since its inception in 2012. To address the complex needs of members, the Accountable Health Model partners have created several unique services. The Hennepin Health social service navigators are social workers who are employed by the county and have access to, and in-depth knowledge related to county and community social services such as housing, food, and employment. The social workers work closely with complex case managers and Hennepin County Public Health and Human Service staff to assist the members and address their specific needs. Prior to the pandemic, the teams met members at homeless shelters, in their homes, on the street, in health care facilities or in their respective offices. During 2021, the teams are slowly returning to meeting members in the community settings.

# 2021 Quality Management Program Evaluation

## Executive Summary

Another unique service is the Hennepin Health Access Clinic, a clinic within the Hennepin Healthcare system which provides walk-in medical, behavioral, and dental care, in addition to coordinated medical and social services for Hennepin Health members with unstable housing. The care team includes physicians, psychologists, licensed drug counselors, social workers, and community health workers (CHWs). The social worker is available to work with members on social concerns, such as food and housing.

The COVID-19 pandemic public health emergency, declared in March 2020, changed the ways Hennepin Health interacted with members. The Hennepin Health Walk-In Service Center (WISC) has been temporarily closed since March 2020. The WISC was staffed with CHWs who assisted members by providing the necessary referrals for support services. Information was available encouraging members to seek preventive medical or dental services. Computers were also available for member use, allowing access to appropriate websites. It will re-open sometime in 2022. In 2021, the majority of the Hennepin Health staff continued to work remotely from home. Face-to-face interactions with members changed to telephonic or video conferencing. County services had to change practices to provide services safely. Medical, behavioral health, substance use disorder treatment, dental, and ophthalmology clinics are delivering care differently to protect the staff and patients. Telehealth visits remained an alternative to in-person care. Hennepin County, including Hennepin Health, worked with residents and members to find ways for them to gain access to telehealth services and computers.

### [Hennepin Health Quality Management Program](#)

The quality management (QM) program mission is to improve the health of Hennepin County residents through innovative collaboration with health care providers, Hennepin County services, community organizations and Hennepin Health members. Hennepin Health places disparity reduction at the heart of the vision to “change how we build healthy, equitable communities”, infusing it throughout the QM program initiatives. The QM program fulfills the Hennepin Health mission through ongoing collaboration with health care providers, Hennepin County services, community organizations and Hennepin Health members.

Building on strengths and identifying opportunities for improvement ensures that members are receiving high quality care, with the goal of improving the overall health of the communities served by Hennepin Health. Hennepin Health furthers this mission by helping people improve their health through integrated, coordinated, person-centered care, addressing medical and behavioral health needs and social determinants while advancing health equity and overall population health. The population characteristics of Hennepin Health members provide the underlying basis on which the QM program is

# 2021 Quality Management Program Evaluation

## Executive Summary

built. The QM Program is supported by three documents: QM Program Description, QM Program Work Plan, and the QM Program Evaluation.

The QM Program Description provides structure and governance to guide the formal processes for evaluating and improving the quality and appropriateness of the health care and health status of members. The QM Program Description describes the activities, goals, and objectives to promote the quality and safety of medical and behavioral health care and services provided to members and promoting health equity through continuous improvement efforts.

The annual QM Program Work Plan, a fluid document, supports the goals established in the QM Program Description. It documents and monitors the QM and utilization management (UM) initiatives to be addressed in the upcoming year. The work plan includes goals, objectives, timelines, and the staff responsible for the activities. The work plan is updated quarterly, documenting progress and barriers to implementing initiatives.

The annual QM and Performance Improvement Program Evaluation is a retrospective review of the QM program. The 2021 QM and Performance Improvement Program Evaluation report addresses QM activities, many cross between two or more departments and/or the Accountable Health Model partners. The report is divided into seven primary sections: Program Administration, Access to Care, Member Experience, Population Health Management, Care Coordination, Utilization Management, and Regulatory and Contractual Management.

The QM Program Evaluation analyzes to what extent Hennepin Health met its performance goals and objectives for improving the quality and safety of clinical care and services for members. Performance goals are specified within the QM Program Description and QM Work Plan. The QM Program Evaluation measures performance in the quality and safety of clinical care and service through the assessment of QM measures over time against performance objectives. The goal of this evaluation is to provide a broad overview of the Hennepin Health QM activities, as well as to conduct an objective review of each project/activity to determine if there is sufficient support to justify a programmatic change, to discontinue an initiative, or to continue an initiative in 2022.

Overall Effectiveness of the Hennepin Health QM Program

### *Hennepin Health Leadership*

Several leadership positions changed this year. The Associated Medical Director and the Director of Clinical Innovation departed Hennepin Health in May and September, respectively. The Chief Medical Officer (CMO) transitioned to a part-time position in June 2021. The CMO continued to provide oversight of the QM program until October



# 2021 Quality Management Program Evaluation

## Executive Summary

2021 when the new CMO started. At that time, the past CMO transitioned to the Associate Medical Director position. The new CMO is a board-certified physician in Emergency Medicine and Internal Medicine and has a Master's in Healthcare Administration. The CMO is employed by Hennepin Healthcare and continues to practice part-time at the Hennepin Healthcare Emergency department.

The Executive Leadership team is actively involved and committed to QM Program activities and initiatives. The leadership team is involved in the following committees: QMC, P&T Committee, Credentialing Committee, and the Compliance Committee. The Leadership team meets frequently with the Accountable Health Model partners to promote QM activities and discuss strategic interventions to meet the needs of the members. The Leadership team actively promotes Hennepin County educational opportunities and initiatives, such as the reduction of racial disparities. The Leadership team evaluates the need for changes to the QM Program initiatives and structure through the year.

### *QM Department Staff*

The Hennepin Health QM department team is a diverse team that reflects the diversity of the community Hennepin Health serves and includes six staff appropriately licensed and educated staff as outlined below.

- The QM Manager is a Registered Nurse (RN) with several years of health care and health plan experience in quality management, utilization management, care coordination, case management, project management and compliance and regulatory oversight. The QM Manager is responsible for the design and strategic implementation of the QM program as well as the day-to-day management of the department.
- The Healthcare Effectiveness Data Information Set (HEDIS®) Supervisor has a Bachelor of Arts degree in sociology and has several years' experience in data analytics and quality measurement as well as HEDIS®. The HEDIS® Supervisor has the overall responsibility for HEDIS®, including supervision of the medical record abstractors.
- The Senior Quality Improvement Specialist has a Bachelor of Arts degree in American Indian Studies and a Master of Public Health degree in Community Health Education. This individual has many years of experience as a health plan program manager, business and data analyst, and a performance improvement project coordinator. Responsibilities include oversight of the performance improvement projects (PIPs), focus studies, and other quality initiatives.
- The Quality Improvement Specialist is a Licensed Practical Nurse (LPN) who has experience in health care settings and in health plan member outreach, care coordination and utilization management. Responsibilities include conducting

# 2021 Quality Management Program Evaluation

## Executive Summary

targeted member outreach, medical record reviews, and HEDIS® medical record abstraction.

- The New Enrollee Survey Coordinator is employed through Robert Half, Inc. as a temporary staff member who is responsible for the coordination of PMAP/MinnesotaCare New Enrollee Survey. This team member has a Bachelor of Arts degree in psychology and is currently pursuing a master's degree in psychology.
- The Quality Improvement Specialist position is a shared role that is embedded at Hennepin Healthcare in the Population Health department. This team member started in June 2021 and provides oversight of the Hennepin Health PIPs and outreach to members to close care gaps, in addition to other responsibilities at Hennepin Healthcare. This individual has many years of experience as a Performance Improvement Specialist at Hennepin Healthcare, working to improve rates in clinical services.

### *Adequacy of Resources*

Hennepin Health evaluates resources for the QM Program at least annually, during the budgetary cycle, and when membership increases. Like many organizations, Hennepin Health experienced front-line and leadership staff turn-over starting in mid-year. As a result, some QM work plan activities were re-prioritized or not completed. In addition to staff transitions, there were other competing priorities such as the Centers for Medicare and Medicaid Services (CMS) interoperability program implementation. These challenges impeded Hennepin Health's ability to complete some QM activities, although most QM Program goals were met in 2021. QM staffing was sufficient to support the priority QM activities.

### *Data and Information Resources*

In the past seven years, Hennepin Health made significant investments in data analytics by restructuring the relationship between the Data Analytics department, Hennepin Health Information Technology (IT), Electronic Data Interchange (EDI) teams and Hennepin County IT and strengthening data collaboration with the Accountable Health Model partners. QM department team members access a strong analytics platform through internal and Accountable Health Model partner data departments.

The Information Technology (IT) Department provides operational and strategic IT guidance based upon Medicaid business requirements. To increase efficiencies within Hennepin County, IT is a shared resource with Health and Human Services. IT collaborates with Hennepin County IT on technology infrastructure and enterprise software initiatives required for Hennepin Health.

The Data Analytics department is responsible for accurate data collection from internal and external sources. The Data Analytics department, in collaboration with the

# 2021 Quality Management Program Evaluation

## Executive Summary

delegated entities, collects and manages provider data, program enrollment data, and claims data to guide programs for improving the delivery of health care services and wellness of members. Data is used to support clinical practice guidelines. Data, such as HEDIS® measures, is analyzed to establish baselines, benchmarks, and goals; data is segmented and stratified for specific populations.

Hennepin Health evaluated the data and information, staff, resources, and software to ensure that the information system collects, analyzes, and distributes data necessary to support QM Program activities. The Data Analytics department supports data activities and provide data analytics. The Data Analytics department has been instrumental in the development and implementation of the population health management strategy.

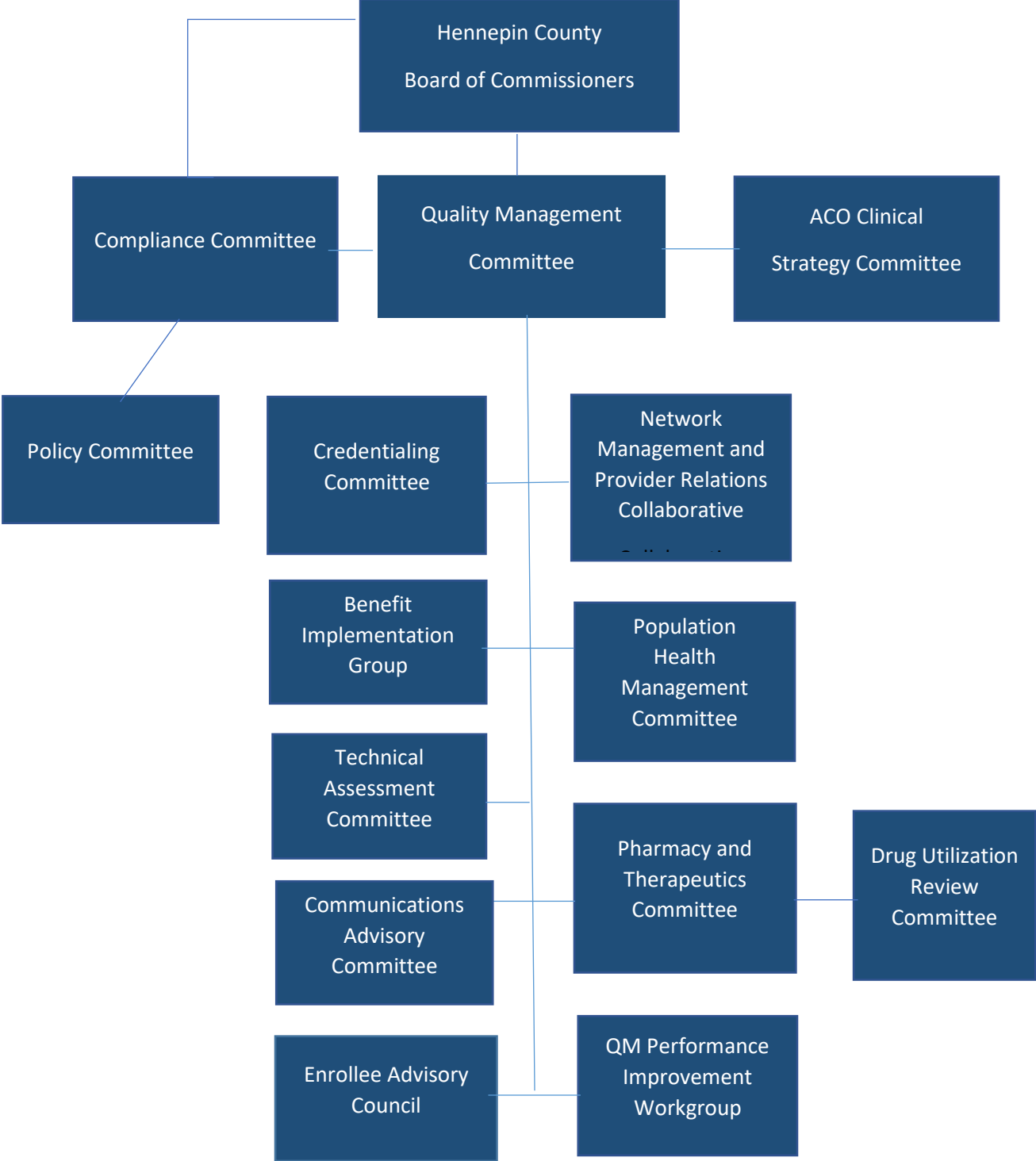
### *Committee Structure*

The QM Program committee structure meets the needs of QM Program. The Clinical Strategy Committee is part of the Accountable Health Model partnership governance and includes key clinical staff from the partners. The Clinical Strategy Committee, in collaboration with the Quality Management Committee (QMC), provides strategic direction and assists in identification of clinical priorities which support the Hennepin Health and Accountable Health Model partners' QM activities. Joint interventions may be implemented to support QM activities.

Other committees that support the QM Program, include, but are not limited to the following: Credentialing Committee, Benefit Implementation Group (BIG), Technology Assessment Committee (TAC), Pharmacy and Therapeutics (P&T) Committee, Compliance Committee, and the Network Management and Provider Relations Collaborative.

# 2021 Quality Management Program Evaluation Executive Summary

## 2021 Quality Management Program Committee Structure



# 2021 Quality Management Program Evaluation

## Executive Summary

### *Practitioner Participation*

Hennepin Health evaluates practitioner participation with Hennepin Health QM program throughout the year. With the Accountable Health Model partners participation, adequate practitioner input regarding the Hennepin Health QM Program and activities is received. Practitioners actively participate in QMC, the Clinical Strategy Committee, Credentialing Committee, and P&T Committee. The QMC practitioner participation changed in 2021 as the consulting board-certified psychiatrist responsible for oversight of the Hennepin Health behavioral health program left Hennepin Healthcare. A board-certified psychologist from NorthPoint joined QMC and assumed responsibility for the Hennepin Health behavioral health program in November 2021.

Hennepin Health also solicits practitioner input regarding peer review activities (when appropriate) and key initiatives. Hennepin Health has access to an adequate number of practitioners who are involved and available to consult to meet QM Program goals and objectives. Hennepin Health encourages practitioners to work with and provide additional support for QM activities.

### *Population Health Management*

Efforts to improve and manage the health of populations require a combination of member, health system and community level approaches. Hennepin Health is dedicated to increasing the quality and value of its members' health care by improving preventative care, chronic disease care and care coordination for the most complex medical and social needs.

Hennepin Health has recognized the importance of leveraging primary care clinics to promote and educate members about routine care. In order to reduce gaps in care in a member-centric socially focused manner, our work has focused on engaging people in their own space. Through our programs we work to accomplish the following:

- Keep members healthy through wellness and prevention initiatives.
- Manage at-risk (emergent) populations.
- Manage outcomes across settings.
- Manage chronic disease and multiple chronic conditions.

In order to accomplish these goals, Hennepin Health utilizes a data-driven process to select programs and services that aim to improve the health of our members. Members are informed about our programs through various communications. The information provided pertains to eligibility for programs and services, how to use the services and when appropriate, how to opt out.

Written information about programs is provided to members in new enrollee packets, member newsletters emailed and posted on the Hennepin Health website, and Facebook. Our most recent Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey showed that more than 80% of our members use our

# 2021 Quality Management Program Evaluation

## Executive Summary

website. The 2020 Fall Member Survey results revealed the members preferred communication method was (50%) with text messaging (37%) the second most preferred method. The preferred method for member communication about Hennepin Health benefits and services was through online newsletters (68%). Information is also provided via the telephone when members call customer service, both while they wait for a representative through a pre-recorded hold message and when they are speaking to our representatives. Members also are informed of programs and services when they visit our Walk-In Service Center (walk-in service center closed during- changed to March 2020, with plans to reopen in early 2022), either through information displays, written materials, or discussions with Hennepin Health staff.

Hennepin Health focused on the following population health initiatives in 2020. For the population health management results for 2020, please see the Hennepin Health website – quality management section, population health management impact analysis.

Goals	Population
At least 50% of children and adolescents will receive at least one dental visit per year.	Children and adolescents ages 1-20 years old
At least 50% of adults will receive at least one dental visit per year.	Adults ages 21-64, Special Needs Basic Care Plan (SNBC)
<p>Improve American Indian and African American people's reported experiences with prenatal care, birth, and postpartum care.</p> <p>Increase participation and engagement in prenatal care and postpartum care.</p>	<p>African American pregnant people</p> <p>Native American pregnant people</p>
Reduce the number of opioid naïve members who receive more than a 7-day supply of opioid pain medication.	Opioid naïve members who receive a new prescription for opioids
Reduce the total number of opioid prescriptions filled by members.	Members using opioids
<p>Hennepin Health care coordination team will engage 100% of all targeted members while inpatient.</p> <p>Readmissions among the targeted and engaged population will be reduced by 10%.</p>	Hennepin Health PMAP and MNCare members admitted to target/select inpatient units at Hennepin Healthcare (HCMC) either experiencing homelessness and/or have substance use disorder.
Members identified with multiple chronic conditions, co-occurring behavioral health disorders, substance use, and chronic medical	Members identified via the New Enrollee Screening, Annual Health Risk Assessment, Special Health Care Needs reporting,

# 2021 Quality Management Program Evaluation

## Executive Summary

Goals	Population
conditions will be evaluated for complex care management and managed as appropriate.	inpatient patient care coordination, social service navigation, or provider referrals with multiple chronic conditions such as SUD, behavioral health disorder, diabetes, heart disease.

In 2021, the population health initiatives were as described below.

Goals	Population
<p>Increase COVID-19 vaccination rate to 60% for the following age groups:</p> <ul style="list-style-type: none"> <li>• 12-17 years of age</li> <li>• 18-21 years of age</li> <li>• 22-39 years of age</li> <li>• 40-64 years of age</li> <li>• 65+ years of age</li> </ul> <p>Reduce racial and ethnic disparity gap for groups (Asian/Pacific Islander, Black, Hispanic, Native American) when compared to the White population.</p>	<p>PMAP, MNCare and SNBC members age 12+.</p>
<p>Improve HEDIS infant's COMBO 10 immunizations by 5% over CY2019 data, or to a minimum of the 50<sup>th</sup> percentile, whichever is higher, for eligible members.</p> <p>Improve HEDIS adolescent immunizations by 5% over CY2019 data, or to a minimum of the 50<sup>th</sup> percentile, whichever is higher, for eligible members.</p> <p>Reduce racial and ethnic disparity gap for groups (Asian/Pacific Islander, Black, Hispanic, Native American) when compared to the White population.</p>	<p>PMAP/MNCare Children with COMBO 10 immunization gap. PMAP/MNCare Adolescents with immunization gap.</p>
<p>Improve HEDIS diabetes HA1c testing by 4% over CY2019 data for eligible members.</p> <p>Improve HEDIS diabetes eye exam by 5% for eligible members.</p>	<p>SNBC members living with diabetes mellitus</p>

# 2021 Quality Management Program Evaluation Executive Summary

Goals	Population
Reduce racial and ethnic disparity gap for groups (Asian/Pacific Islander, Black, Hispanic, Native American) when compared to the White population.	
<p>Improve HEDIS first prenatal care visit by 5% over CY2019 data for eligible members.</p> <p>Improve HEDIS postpartum visit by 5% over CY2019 data for eligible members.</p> <p>Reduce racial and ethnic disparity gap for groups (Asian/Pacific Islander, Black, Hispanic, Native American) when compared to the White population.</p>	Pregnant people with delivery of live births
<p>Hennepin Health care coordination team will engage 100% of all targeted members while inpatient.</p> <p>Readmissions among the targeted and engaged population will be reduced by 10%.</p>	Hennepin Health PMAP and MNCare members admitted to target/select inpatient units at Hennepin Healthcare (HCMC) either experiencing homelessness and/or have substance use disorder.
Members identified with multiple chronic conditions, co-occurring behavioral health disorders, substance use, and chronic medical conditions will be evaluated for complex care management and managed as appropriate.	Members identified via the New Enrollee Screening, Annual Health Risk Assessment, Special Health Care Needs reporting, inpatient patient care coordination, social service navigation, or provider referrals with multiple chronic conditions such as SUD, behavioral health disorder, diabetes, heart disease.



# 2021 Quality Management Program Evaluation

## Executive Summary

The PHM program analysis will be completed in 2022 for the year 2021 as stated in 2021 DHS contracts' requirement. The comprehensive analysis of the impact of the PHM strategy will include, at a minimum, the factors identified above. The report will be submitted to DHS by July 31, 2022. The PHM program strategy may be adjusted for 2023 based on the program analysis.

### *QM Program Accomplishments*

QM activities are integrated throughout Hennepin Health with structured work plans, goals and objectives managed and owned by the individual departments. Throughout the year, Hennepin Health monitors reports, activities, and progress toward meeting the goals. As appropriate, when opportunities are identified or interventions are not effective to achieve the identified goal, the interventions are revised, and monitoring continues.

The past year was a successful, yet challenging year for QM Program, given the ongoing COVID-19 pandemic. Advancing health equity for Hennepin Health's member population continued to be a priority. Through the Vaccine Equity Partnership with DHS, the Minnesota Department of Health (MDH), and other MCOs, that started in April 2021, Hennepin Health and Hennepin County resources were tapped to encourage members to receive the COVID vaccinations. In addition, two Hennepin Health CHWs worked with NorthPoint, conducting outreach to the Hispanic and Somali communities. Overall vaccination rates for adults, ages 18-64, increased from 25% to 61.5% by end of 2021.

Other initiatives undertaken to combat the pandemic included the following.

- Hennepin Health collaborated with Hennepin County to create the first Pan-African Community Initiative (PACI) engagement team. PACI identified media outlets in the African immigrant community to promote resources to the community and obtain feedback to inform the COVID-19 response.
- Hennepin Health led mask distribution in the African immigrant community and implemented means for community organizations to receive masks, a high priority for Hennepin County Public Health. Outreach methods included telephone contact, email communication and in person delivery of masks.
- Hennepin Health was a key contributor to the countywide Take Care Campaign. This -multifaceted public health campaign aimed to slow community spread of COVID-19 through promotion of public health information highlighting precautions and preventative behaviors such as wearing masks and social distancing. The campaign included ground efforts with community trusted messenger partnerships and a multifaceted mass media approach utilizing broadcast, streaming/digital and print advertising.
- Hennepin Health Community Outreach and Hennepin County produced a new video in Somali to promote healthy behaviors for COVID-19, including the need to social distance and wear a mask, and what to do if sick. The team also created

# 2021 Quality Management Program Evaluation

## Executive Summary

additional COVID-19 resources such as new flyers and lists of translators and interpreters readily available for contract work.

Hennepin Health, in collaboration with Hennepin County Health and Human Services, conducted intensive telephonic outreach to increase well-child visits and adult and children dental rates. Through this effort, child and teen check-ups, age 3 -21, rates increased by 13.55% and 11.47% for the PMAP and MinnesotaCare programs, respectively.

The QM department successfully implemented two new Performance Improvement Projects in 2021 - "*Healthy Start for Mothers and Their Children*" for PMAP/MNCCare population and "*Comprehensive Diabetes Care*" for the SNBC population. Both PIPs will cover the three-year period of 2021, 2022, and 2023. Hennepin Health conducted two focus studies in 2021 – COVID-19 Racial and Ethnic Vaccination Disparities Study and Colorectal Cancer Screening. For information on these initiatives, please see the Hennepin Health website – quality management section.

Hennepin Health started a new mailing this year for pregnant people and continued the new mom packet mailing. These packets included information on what to expect during pregnancy, postpartum care for the new mom and infant care. The pregnancy, postpartum, and well-child visit gift card reward vouchers were included in these mailing. As a result, the PMAP well-child visits for infants within the first 15 months of life increased by 5%.

The QM department, in collaboration with Hennepin Health Leadership and other departments, contributed to the PMAP/MinnesotaCare request for proposal which was submitted in early 2021. Hennepin Health was awarded a DHS PMAP/MinnesotaCare contract to provide services for Hennepin County residents who participate in PMAP/MinnesotaCare programs.

Most activities listed in the 2021 work plan were achieved. The activities that were not completed will be considered for continuation in the 2022 QM Work Plan. Opportunities for improvement and intervention strategies were identified. Throughout each activity, Hennepin Health implemented interventions to meet the needs of its culturally and ethnically diverse population. Improvements were seen, but not limited to, the areas listed below.

For more information on the Hennepin Health quality initiatives, member surveys and HEDIS results, please see the documents on the Hennepin Health quality management website.

# 2021 Quality Management Program Evaluation

## Executive Summary

### *Access and Availability*

Hennepin Health maintained compliance with federal and state laws, as well as with DHS contract requirements covering the provision of services to its members. These standards are reviewed annually by the Network Management department to ensure that any updates are incorporated to maintain compliance with requirements.

The provider contracting focus in 2021 continued the efforts to increase the number of behavioral health providers within Hennepin Health provider network. A major component of the behavioral health initiative was to increase health equity and reduce disparities in the care members receive. Nineteen new behavioral health provider entities were added during 2021.

The Allina Health network was added to the PMAP and MinnesotaCare products to the exiting SNBC Allina contract beginning in 2022. The new access for over 30,000 PMAP and MinnesotaCare members to the largest care system in Minnesota will provide new opportunities for care and choice to Hennepin Health members.

### *Delegates*

Hennepin Health contracts with delegates to provide the following services to members and providers: claims processing and payment, credentialing, dental, 24-hour nurse line, pharmacy, and care guide/care coordination agencies for the SNBC and PMAP/MinnesotaCare programs. Oversight of delegated activities was provided, including monitoring and auditing for federal, state, DHS contractual requirements and National Committee of Quality Assurance (NCQA). Corrective action plans were developed and monitored for any deficiencies identified.

Hennepin Health engaged MVNA, a business unit of Hennepin Healthcare, to provide care coordination services to the medically complex SNBC members, effective January 1, 2022.

### *Grievances and Appeals*

The Appeal and Grievance (A&G) Coordinator manages the grievances and appeals related to member dissatisfaction with Hennepin Health and provider services. Hennepin Health received 186 grievances in 2021 compared to 238 grievances in 2020. Hennepin Health received 219 appeals in 2021 compared to 189 appeals in 2020 compared to 172 appeals in 2019. Although the actual number of appeals increased in 2021, the 2021 appeal rate was consistent with 2020 due to the increased membership in Hennepin Health.

### *Credentialing*

The Credentialing team focused efforts on improving the provider and practitioner experience through automation and streamlining of processes, efficiency of processing,

# 2021 Quality Management Program Evaluation

## Executive Summary

and enhanced reporting. The turnaround time for initial credentialing remained at the industry standard of less than 60 days through November 2021. By December, initial credentialing turnaround time was successfully reduced and maintained to under 30 days in compliance with Minnesota Statutes §62Q.097. Re-credentialing applications continue to be processed at or before the month they were due. The Credentialing Committee met regularly and reviewed and approved the Credentialing Program.

### *HEDIS®*

Hennepin Health was above the Minnesota average in the following measures.

- Hennepin Health – PMAP: *Childhood Immunizations – Combo 10, Chlamydia Screening in Women, Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder Medication, Antidepressant Medication Management – Acute Phase, Use of Opioids at High Dosage. and Initiation and Engagement of Alcohol and Other Drug Dependence Treatment– Initiation Phase).*
- Hennepin Health – MinnesotaCare: *Chlamydia Screening in Women, Asthma Medication Ratio, Persistence of Beta Blocker Treatment After Heart Attack, Comprehensive Diabetes Care (blood pressure), Use of Opioids from Multiple Providers, Initiation and Engagement of Alcohol and Other Drug Dependence Treatment, and Prenatal and Postpartum Care – Postpartum care.*
- Hennepin Health - SNBC: *Breast Cancer Screenings, Cervical Cancer Screening, Pharmacotherapy Management of COPD Exacerbation, Controlling High Blood Pressure, Comprehensive Diabetes Care (blood pressure and eye exams), and Use of Opioids at High Dosage.*

### *Utilization Management*

In 2021, the UM team processed a combined total of 8,497 inpatient notifications and referral authorization requests; 3,694 medical and behavioral health service reviews were completed. Hennepin Health also processed a total of 3,087 housing stabilization service authorizations, representing services for a total of 1,015 members. Approximately 3,977 pharmacy requests were processed by the Pharmacy department. Of those, 1,633 pharmacy requests were denied.

### *Member Experience*

#### *Customer Service Post-Call Experience*

Hennepin Health continues to use a member and provider post-call survey for immediate collection of feedback from members and providers. The rating scale is 1 to 5, with 1 being “poor” and 5 being “very good”. The feedback is an initial step in addressing the CAHPS survey findings. Survey questions include:

- Q1: How satisfied are you with the overall service you received today?
- Q2: Was the agent you spoke to today knowledgeable about your inquiry?

# 2021 Quality Management Program Evaluation

## Executive Summary

- Q3: Was the agent you spoke with today courteous and professional?

In 2021, a total of 709 post-call survey responses were received. In 2019 and 2020, 620 and 176 responses were received respectively. The number of respondents in 2020 was significantly lower than 2019 and 2021, so caution should be used when comparing the results. The COVID-19 pandemic continues to be a relevant factor impacting the number of respondents, and results. Some variances experienced from 2019 to 2021 related to the pandemic included, the closure of medical and dental care provider clinics, lock downs, limited resources and access, such as the bus, light rail, and taxi rides. Providing practical data is significant in understanding member impact. The number of responses increased from 2020 to 2021, as more medical and dental provider clinics re-opened, overall service utilization increased, awareness and use of telehealth services increased, and Personal Protective Equipment (PPE) was more widely available as was COVID -19 tests and masks.

Results of question 1: “How satisfied are you with the overall service you received today” are as follows. The percentage of members rating the service received as a “4” or a “2” was consistent from 2020 to 2021. The “5” rating percentage increased by 1.9%. The “3” rating decreased by 3.5% in 2021 when compared to 2020. The overall “1” rating in 2021 is consistent with the 2019 rating.

The results for question 2: “Was the agent you spoke to today knowledgeable about your inquiry?” showed that the “5” rating score decreased by approximately 3% in 2021 from 2020. The rating scores of “4” and “3” were fairly consistent between 2020 and 2021. The rating scores of “2” and “1” increased from 2021 to 2020 but is consistent with the 2019 rates.

The rating scores for question 3: “Was the agent you spoke to today courteous and professional” revealed the following. The “5” rating score decreased by approximately 4% in 2021 from 2020. The rating scores of “4” and “3” were relatively consistent between 2020 and 2021. The rating scores of “2” and “1” increased from 2021 to 2020 but is consistent with the 2019 rates.

### [CAHPS Survey](#)

Health Services Advisory Group (HSAG), on behalf of DHS, administers the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey to the Minnesota Medicaid Health Care Programs (MHCP) members.

### [Global Ratings](#)

Survey respondents were asked to rate the health care received from their health plan and health care providers, using a scale of 0 to 10, where 0 = worse possible and 10 =

# 2021 Quality Management Program Evaluation

## Executive Summary

best possible. The satisfaction scores represent the percentage of members who responded most positively (a score of 9 or 10) on the following four survey questions:

- Rating of All Health Care
- Rating of Personal Doctor
- Rating of Specialist Seen Most Often
- Rating of Health Plan

The Hennepin Health – PMAP rates are comparable to the other health plans and program average in the following area: *Rating of All Health Care and Rating of Personal Doctor*. For *Rating of Health Plan*, Hennepin Health – PMAP rate is significantly lower than the program average (10% difference). The *Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often* rates from 2019 – 2021 have been comparable with other health plans that offer PMAP.

The Hennepin Health – SNBC rates are higher than the program average for *Rating of Personal Doctor*. The *Rating of All Health Care* is slightly below the program average. Hennepin Health - SNBC's rates are lower than the program average for the other ratings, but comparable with < 4% difference. The Hennepin Health – SNBC overall global ratings have been comparable with other health plans that provide the SNBC program from 2016 on.

The Hennepin Health – MinnesotaCare results are combined with the MinnesotaCare programs of IMCare, PrimeWest and South Country Health Alliance results to provide a reportable rate. The collaborative rates for Hennepin Health – MinnesotaCare are comparable to the program average for all ratings. When the rates are lower than the program average, it is less than 2% difference.

### *Composite Measure*

The CAHPS composite measures assesses various topics. Members had the option to respond 'never', 'sometimes', 'usually', or 'always' to the survey questions. The score is a composite of members who responded most favorably (always) to the questions in that area. Questions in each area are as follows.

#### *Getting Needed Care*

- Found it easy to get appointments with specialists
- Received care, tests, or treatment they thought they needed

#### *Getting Care without Long Waits*

- Got treated as soon as they wanted when sick or injured
- Received an appointment as soon as they wanted for regular or routine care

# 2021 Quality Management Program Evaluation

## Executive Summary

### *How Well Doctors Communicate / How Often Doctors or Other Health Providers*

- Listened carefully
- Explained things in an understandable way
- Showed respect for what they had to say
- Spent enough time with them

### *Health Plan Customer Service*

- Their health plan's customer service gave needed information or help
- They were treated with courtesy and respect by their health plan's customer service

The scores for Hennepin Health – PMAP are higher than the program average for *Getting Needed Care*, *How Well Doctors Communicate*, and *Customer Service*. Hennepin Health – PMAP *Getting Care Quickly* is about 4% lower below the program average. Hennepin Health – PMAP's composite measures rates have been comparable with the other health plans over the past four years. The Hennepin Health – SNBC scores are slightly below the program average for all measures in 2021; respectively < 4% for all measures. The Hennepin Health – MinnesotaCare collaborative scores are higher than the program average for all composite measures in 2021.

### *Next Steps*

The QM department will continue to monitor the 2022 goals and quality initiatives. For 2022, the following priorities have been identified for the QM Program.

### *Health and Racial Equity*

- Identify disparities through analytics and implement programs and initiatives which address social determinants of health, known health care disparities, and disability discrimination in health in collaboration with our partners, network providers and delegated entities.
- Use the Racial Equity Improvement Tool (REIT) to identify and address structural racism and the impact of Hennepin Health's procedures, policies, and activities on the populations we serve and to ensure the procedures, policies, and activities are data-driven, equity-centered, community-based, and culturally appropriate.
- Improve cultural and linguistic sensitivity and inclusiveness in materials and communications.
- Evaluate health care disparities through measurement of utilization of targeted services by different groups.
- Implement evidence-based interventions when opportunities are identified for specific improvements.

# 2021 Quality Management Program Evaluation

## Executive Summary

- Provide educational opportunities for staff, partners, network providers, and delegated entities on advancing health equity, reducing implicit, explicit, and institutional bias and stigma and disability discrimination.

### Member Experience

- Implement programs that address cultural and linguistic needs of our members.
- Improve cultural and linguistic sensitivity and inclusiveness in materials and communications.
- Conduct root cause analysis of member grievances and appeals and address processes and/or issues identified.
- Analyze member satisfaction surveys, including CAHPS® and other DHS-initiated surveys to identify trends and implement actions to address the issues.
- Implement strategies to gain understanding of the member experience and how to improve it in a culturally congruent manner.
- Establish metrics to evaluate the member's perception of care and quality of life.

### Population Health

- Continue development and implementation of a population health management strategy across the continuum of care to improve members' health and the overall health of the community.
- Continue evidenced-based health promotion activities, complex case management and care coordination programs that support members' needs and increase independence and community integration.
- Collaborate with Hennepin County Health and Human Services, Hennepin Healthcare, NorthPoint, other providers, and community-based organizations to discuss and implement strategies addressing social risk factors.
- Improve the members' health and functional outcomes over time and address social determinants of health through access to community-based support services such as housing referrals, homeless shelters, food shelves, cell phones, and clothing.
- Engage in health promotion and education with practitioners, providers, and members in areas of clinical priority to enhance members' health and encourage active self-management.



# 2021 Quality Management Program Evaluation

## Executive Summary

### Quality Member-Centered Care

- 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.
- Collaborate with Hennepin Healthcare, NorthPoint, other providers, and health care networks to develop and implement strategies that meets the community standards of quality, safety, appropriateness, and effectiveness of dental, vision, behavioral, substance use, and medical health care services across the continuum of care to improve the member's health and functional outcomes.
- Ensure that Hennepin Health and provider and practitioner contracts foster open communication and cooperation with QM activities.
- Evaluate Hennepin Health's primary care providers, specialty care providers, dental providers, mental health providers, and addiction providers, at a minimum, annually to determine if community standards and Hennepin Health's standards for accessibility and access are met, including accessibility requirements for special need members.
- Review and address member grievances received by Hennepin Health and providers in accordance with Hennepin Health's policies and applicable state and federal regulations.
- Maintain a high-quality provider network through the credentialing, peer review, delegation oversight, and contracting processes.
- Monitor and promote efficient and appropriate utilization of services for age and gender-targeted groups, decreasing unnecessary variation of health care services, with implementation of interventions as needed.
- Assess medical, specialty, dental, pharmacy, mental health, substance use, and transportation services to match the member geographic location, needs, and preferences, including cultural, racial, racial, and language preferences.
- Assess and improve culturally and linguistically competent services and care, including promoting telehealth services and interpreter services.
- Explore coverage of non-covered health care resources, services, and care settings.
- Collaborate with Hennepin Healthcare, NorthPoint, other providers, health care networks, and community services to promote the development of integrated dental, primary care, specialty care, mental health care, and/or substance use care, including community-based behavioral health services, substance use care, and community paramedics.
- Review health care clinics' medical record practices to ensure Hennepin Health's medical record documentation standards are met.

# 2021 Quality Management Program Evaluation

## Executive Summary

- Monitor Hennepin Health's and subcontractor's credentialing and recredentialing processes to ensure quality and safety issues are identified and, when appropriate, acted on in a timely manner.

### Regulatory

- Maintain and exceed compliance with:
  - Minnesota Department of Health (MDH) Statutory and Rules Regulations.
  - Center for Medicaid and Medicare Services (CMS) Managed Care Regulations.
  - Minnesota DHS Contract, including the identified NCQA Standards.
  - State of Minnesota Public Health goals.
- Explore National Committee for Quality Assurance (NCQA) Health Plan accreditation.
- Conduct delegation oversight of delegated entities to confirm compliance with state and federal regulatory requirements and Hennepin Health requirements.

Hennepin Health is committed to providing and supporting person-centered care for members. Hennepin Health team members are expected to treat everyone with dignity, compassion, and respect. Hennepin Health recognizes that each person is unique, and that people need care and services tailored to their unique situations. Hennepin Health knows that every member is in charge of their own life and health. Hennepin Health team members respect each member's right to make their own health decisions. Hennepin Health partner providers share this person-centered care value.

The Hennepin Health QM program demonstrates Hennepin Health's commitment to improve the health of members through innovative collaboration with health care providers, Hennepin County services, community organizations and Hennepin Health members. The QM program initiatives focus on addressing social determinants by coordinating health care with county services and reducing disparities in alignment with the county priorities to "change how we build healthy, equitable communities."

# 2021 Quality Management Program Evaluation

## Executive Summary

### Appendix A - Definitions

Acronyms/ Definitions	
Acronym	Definition
<b>CAHPS</b>	Consumer Assessment of Healthcare Provider Systems Survey: survey completed by members evaluating their health plan and providers.
<b>CAP</b>	Corrective Action Plan: set of actions to correct an issue, problem, or non-compliance to improve performance and/or reduce risk.
<b>CMS</b>	Centers for Medicare and Medicaid Services: federal agency overseeing the Medicare and Medicaid benefits.
<b>DHS</b>	Minnesota Department of Human Services: the state's Medicaid agency.
<b>HEDIS®</b>	Healthcare Effectiveness Data and Information Set: a measurement tool designed by NCQA to assess the effectiveness of health plans in improving and maintaining members' health.
<b>HMO</b>	Health Maintenance Organization: an organization that provides health insurance coverage for a monthly or annual fee.
<b>MCO</b>	Managed Care Organization: Federal term for a health plan company such as Hennepin Health.
<b>MDH</b>	Minnesota Department of Health: the state regulatory body for managed care organizations.
<b>MNCare</b>	MinnesotaCare: a public health program offered by DHS for a person under the age of sixty-five (65) who meets MinnesotaCare eligibility requirements and has paid the required premium.
<b>MHCP</b>	Minnesota Health Care Programs: a term applied to encompass all Minnesota Medicaid Programs.
<b>NCQA</b>	National Committee for Quality Assurance: an organization focused on assessing quality of health care provided by managed care organizations.
<b>P&amp;T</b>	Pharmacy and Therapeutics Committee: a committee of physicians and pharmacists that advises a health plan on matters related to medications and reviews and approves the health plan formulary.
<b>PMAP</b>	Prepaid Medical Assistance Program: a Minnesota public health program offered by DHS for persons eligible for Medical Assistance under the age of 65.
<b>SNBC</b>	Special Needs BasicCare: a Minnesota prepaid managed care program offered by DHS that provides Medicaid services and/or integrated Medicare and Medicaid services to Medicaid eligible people with disabilities who are ages 18 through 64. SNBC is a SNP product.
<b>TAC</b>	Technology Assessment Committee: a committee in a health plan that assesses new medical technologies and services and makes recommendations to the plan about the appropriateness of these technologies for the plan benefit set.



300 South Sixth Street, MC 604  
Minneapolis, Minnesota 55487-0604

[hennepinhealth.org](http://hennepinhealth.org)