



2023 Quality Program Evaluation

Executive Summary



Table of Contents

- Introduction to UCare.....3**
 - UCare Product Grid4
- Membership.....5**
- Population Health Strategy and Structure.....6**
- Health and Racial Equity.....7**
- Program Structure and Resources8**
 - 2023 Goals.....9
- Overall Effectiveness10**
- Summary.....16**
 - Overall Evaluation17
 - Effectiveness of Quality Program Structure17
 - Adequacy of Resources17
 - Data and Information Support17
 - Committee Structure.....18
 - Leadership Involvement19
 - QI Program Effectiveness19
- Appendix A - Definitions.....22**

Executive Summary

The UCare Quality Program provides a formal process to objectively and systematically monitor and evaluate the quality, appropriateness, efficiency, safety and effectiveness of care and service. A multidimensional approach with clinical, organizational and consumer components enables UCare to focus on opportunities for improving processes, as well as health outcomes and experience of members and providers. The Quality Program promotes the accountability of all employees and affiliated health personnel to be responsible for the quality of care and services provided to our members. The Quality Program ensures that health care and service needs of members are being met and that continuous improvement occurs with the quality of the care and services provided. UCare's Quality Program is made up of the following:

Quality Program Description: The annual Quality Program Description provides structure and governance to guide the formal processes for evaluating and improving the quality and appropriateness of health care services and the health status of the populations we serve. It describes the quality activities undertaken by UCare to promote and achieve excellence in all areas through continuous improvement.

Quality Program Work Plan: The annual Quality Program Work Plan documents and monitors quality improvement activities throughout the organization for the upcoming year. The work plan includes goals and objectives based on the strengths and opportunities for improvement identified in the previous year's quality program evaluation and in the analysis of quality metrics. The work plan is updated as needed throughout the year to assess the progress of initiatives.

Quality Program Evaluation: The annual Quality Program Evaluation includes both quality and utilization management projects and is an evaluation of the previous years' quality improvement and utilization activities. It provides a mechanism for determining the extent to which the activities documented in the work plan have contributed to improvements in the quality of care and services provided to UCare members. Through a structured review of the various clinical, service, administrative and educational initiatives and trends, the program evaluation serves to emphasize the accomplishments and effectiveness of UCare's Quality Program as well as identify barriers and opportunities for improvement.

The Quality Program activities outlined within this document are organized within UCare's population health management framework. Each activity follows a structured format including a description of the activity, quantitative analysis and trending of measures, evaluation of effectiveness, barrier analysis and identified opportunities for improvement. The Quality Program Evaluation provides a review of the applicable activities contained in the Quality Program Work Plan that supports the goals established in the Quality Program Description.

UCare also develops core sets of Utilization Management and Population Health Management documents to guide and evaluate the respective programs. These documents complement the Quality Program Description, Work Plan, and Evaluation and these programs work together to further UCare's mission of improving the health of our members through innovative services and partnerships across communities.

Utilization Management Program Description: The annual Utilization Management Program Description describes the structure and processes by which UCare conducts utilization management activities. It defines the program structure, scope, accountability, staff qualifications and responsibilities, and describes policies and procedures used to manage utilization review.

Utilization Management Program Evaluation: The annual Utilization Management Program Evaluation includes utilization management activities and initiatives and is an evaluation of the previous years' efforts. It provides a mechanism for determining the extent to which the UM activities have contributed to improvements in appropriate utilization of services. Through a structured review of the various initiatives and data trends, the program evaluation serves to emphasize the accomplishments and effectiveness of UCare's Utilization

Management Program as well as identify barriers and opportunities for improvement. For example, the Utilization Management Evaluation includes evaluations of readmissions, hospitalizations, emergency department utilization, over/under utilization, and prior authorizations.

Population Health Program Strategy: The annual Population Health Strategy provides structure to how UCare works to improve member health outcomes from a broader continuum of care perspective. It focuses on improving resources for vulnerable populations and acute care that drives transformation to address all level of healthcare delivery including prevention and care management. It describes the population health activities undertaken by UCare to promote and achieve excellence in all areas through continuous improvement.

Population Health Program Work Plan: The annual Population Health Work Plan documents and monitors population health programs throughout the organization for the upcoming year. The work plan includes goals and objectives based on the strengths and opportunities for improvement identified in the previous year's quality program evaluation and in the analysis of quality metrics. The work plan is updated as needed throughout the year to assess the progress of initiatives.

Population Health Program Evaluation: The annual Population Health Program Evaluation includes all programs that support members across the continuum of care and is an evaluation of the previous years' population health activities. It provides a mechanism for determining the extent to which the programs documented in the work plan have contributed to improvements in the quality of care and services provided to UCare members. Through a structured review of the various clinical, service, administrative and educational initiatives and trends, the program evaluation serves to emphasize the accomplishments and effectiveness of UCare's Population Health Program as well as identified barriers and opportunities for improvement. For example, the Population Health Management Program Impact Analysis includes evaluations of Disease Management programs, Care Management programs, Health Improvement Outreach, and Care Coordination.

Introduction to UCare

UCare (www.ucare.org) is an independent community-based nonprofit health plan providing health coverage and administrative services across Minnesota and in three western Wisconsin counties. The plan operates out of offices in Minneapolis and Duluth, MN.

UCare's chief purpose is to help people of all races, ages, and abilities access care. Since its founding in 1984, UCare has expanded its health care offerings, services and membership through strategic partnerships that improve the health of members and the community.

Over the years, UCare has evolved innovative plans and benefits in a changing health care marketplace. UCare is currently a market leader in Minnesota's Medicare, Medicaid, and Individual and Family (IFP) health plan markets. In 2023, UCare added a new national provider network for all of its Medicare plans to make care more accessible for members who travel or spend winters as snowbirds. It also introduced new Preferred Provider Organization (PPO) UCare Your Choice Medicare plans featuring prescription coverage, yearly allowances for dental/hearing/vision benefits, affordable copays, and low drug deductibles. UCare's Individual and Family health plans were enhanced with a telehealth benefit in its Silver plan that removes cost sharing for primary care visits, including mental health. It continues to diversify its portfolio of \$0 premium and low-cost Medicare Advantage plans and adds new supplemental benefits to its Medicaid and IFP plans. Plans are underway to expand UCare plan offerings to new geographies.

UCare's total enrollment stands at over 640,000 members, and its provider network includes 96% of providers across Minnesota. Most UCare plans are accredited by the National Committee for Quality Assurance (NCQA).

From its inception in 1984, UCare has seen how improving access to care can improve people's lives. To UCare, barriers to health care present opportunities. UCare pioneered interpreter and transportation services to better serve its diverse membership. It introduced health and wellness programs, including free car seats, fitness programs, healthy food savings, incentives for preventive care, a mobile dental clinic and Healthmobile, food insecurity programs, free community screenings, free vaccine and flu shot clinics, and opioid initiatives. Another first was UCare's health plans for people with disabilities.

In recent years UCare has increased its focus on supporting members' holistic mind/body health by providing more dedicated mental health and substance use disorder services. UCare also launched several initiatives to address members' social risk factors such as access to nutritious foods, education, housing, companionship, and other environmental supports.

UCare also engages in innovative partnerships to improve member health outcomes and further health equity. UCare partners with Lifespark, a leader in whole-person senior services, to help UCare's most vulnerable members manage their care, avoid hospitalizations, and improve their quality of life as they age.

The UCare Foundation and other community initiatives have long supported the social safety net and efforts to deliver quality health care to at-risk people in communities across Minnesota. Through grants and quality programs, UCare is increasingly focused on improving social risk factors, senior care, health, and racial equity, and combatting disparities among its members and their communities.

Quality matters at UCare. UCare Medicare consistently earns high scores on the CMS Medicare Consumer Assessment of Health care Providers and Systems (CAHPS) member satisfaction survey and CMS Medicare Star Ratings. The 2023 UCare Medicare plans achieved 4.5 out of 5 Medicare Stars, UCare's Connect + Medicare and EssentiaCare achieved 4 Stars, and UCare's Minnesota Senior Health Options (MSHO) and M Health Fairview & North Memorial achieved 3.5 Stars.

UCare has maintained NCQA-accredited health plans since 2014. NCQA sets the standard for health plan performance and UCare is proud to be one of the few organizations in Minnesota with Health Plan Accreditation across all lines of business. In 2023, UCare also achieved NCQA Health Equity Accreditation for its Medicaid products.

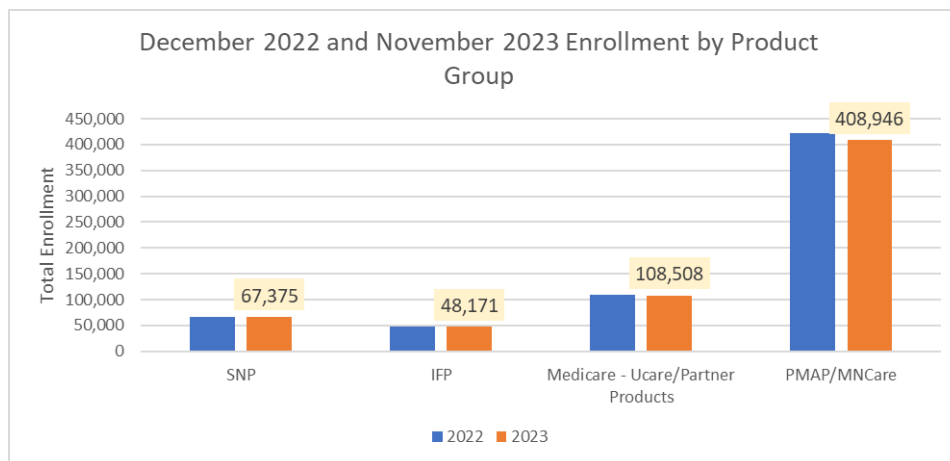
UCare is on a journey to be an anti-racist organization. As a people powered health plan, UCare celebrates workforce diversity and fosters a respectful, collaborative culture for employees. It has been recognized as a Star Tribune Top 200 Workplace since the rankings began in 2010. The plan also is in the top quartile nationally for employee engagement results on annual surveys. UCare's Equity and Inclusion Department leads internal and external initiatives that improve equity within the workplace and leadership, and among members and the community.

UCare Product Grid

UCare Products	
State Public Programs	Prepaid Medical Assistance Program (PMAP)
	Minnesota Senior Care Plus (MSC+)
	UCare Connect Special Needs BasicCare (Connect)
	MinnesotaCare (MnCare)
	UCare's Minnesota Senior Health Options (MSHO)
	UCare Connect + Medicare
Medicare	UCare Medicare Advantage
	Medicare Supplement Plans
	Institutional Special Needs Plans (I-SNPs)
Partner Products	EssentiaCare
	UCare Medicare with M Health Fairview & North Memorial Health
Marketplace	UCare Individual and Family Plans (IFP)
	UCare Individual and Family Plans with M Health Fairview

Membership

As of November 2023, UCare had about 634,918 fully insured members. Between December 2022 and November 2023, UCare’s enrollment decreased by about 12,903 members. A breakdown of enrollment by product group is as follows:



The majority of UCare's population comprises members within the PMAP/MnCare programs, which is about 64%. The PMAP/MnCare population is diverse, with about 59% of the population being non-White/Caucasian/No Race Listed. PMAP/MnCare members between 0 and 19 years old account for about 47% of the population, and 52% are adults from 20 to 85+ years old. About 72% of the population lives in the 7-metro county (Table 1).

UCare’s Medicare population (UCare Medicare, EssentiaCare, M Health Fairview North Memorial, UCare Medicare - PPO) is the next biggest, consisting of 17% of UCare members. UCare's Medicare population is predominantly White (95%) and 60% lives in the seven-county metro. In terms of gender, about 56% of members are female, and 44% are male. 48% of Medicare members are between 65 and 74 years old, and 49% of the population are between 75 and 85+ (Table 1).

Individual and Family Plans (IFP) saw a slight reduction in membership by the end of 2023, decreasing by about 386 members. IFP membership is predominantly White (87%), with 53% coming from the generally healthier 46-64-year-old age group. 51% of the IFP population lives in the seven-county metro.

Lastly, UCare's Special Needs Programs (SNP) plans (Connect, Connect + Medicare, MSHO, MCS+, UCare Medicare-ISNP) make up about 10% of UCare's membership. The SNP population is diverse (39% non-White).

Table 1: UCare Enrollment Demographics by Product Group

	SNP*	IFP	Medicare**	PMAP/MNCare
Age (years)				
0-1	-	437	-	17,067
2-5	-	1,175	-	40,145
6-12	-	2,537	-	71,836
13-19	614	3,077	-	64,827
20-26	3,655	3,079	13	46,671
27-45	13,854	11,806	196	108,346
46-64	21,514	25,818	2,348	57,124
65-74	17,605	224	53,468	1,984
75-84	6,808	11	41,532	778
85+	3,325	7	12,869	168

Sex				
Female	37,314	25,016	61,568	218,102
Male	30,061	23,155	48,858	190,844
Race				
Asian	6,959	2,092	1,575	50,512
Black or African/American	15,196	1,395	1,219	138,548
Native American (American Indian/ Alaskan Native)	2,314	280	1,482	11,487
No Race Listed	80	2,237	339	11,473
Pacific Islander	92	52	80	1,091
White/Caucasian	40,520	41,847	105,201	153,521
Ethnicity Hispanic				
No	65,161	47,903	109,896	366,632
Yes	2,214	268	530	42,314
Seven County Metro				
No	31,997	23,750	43,918	114,788
Yes	35,378	24,421	65,508	294,158

**Includes Connect, Connect + Medicare, MSHO, MSC+, and UCare Medicare-ISNP.*

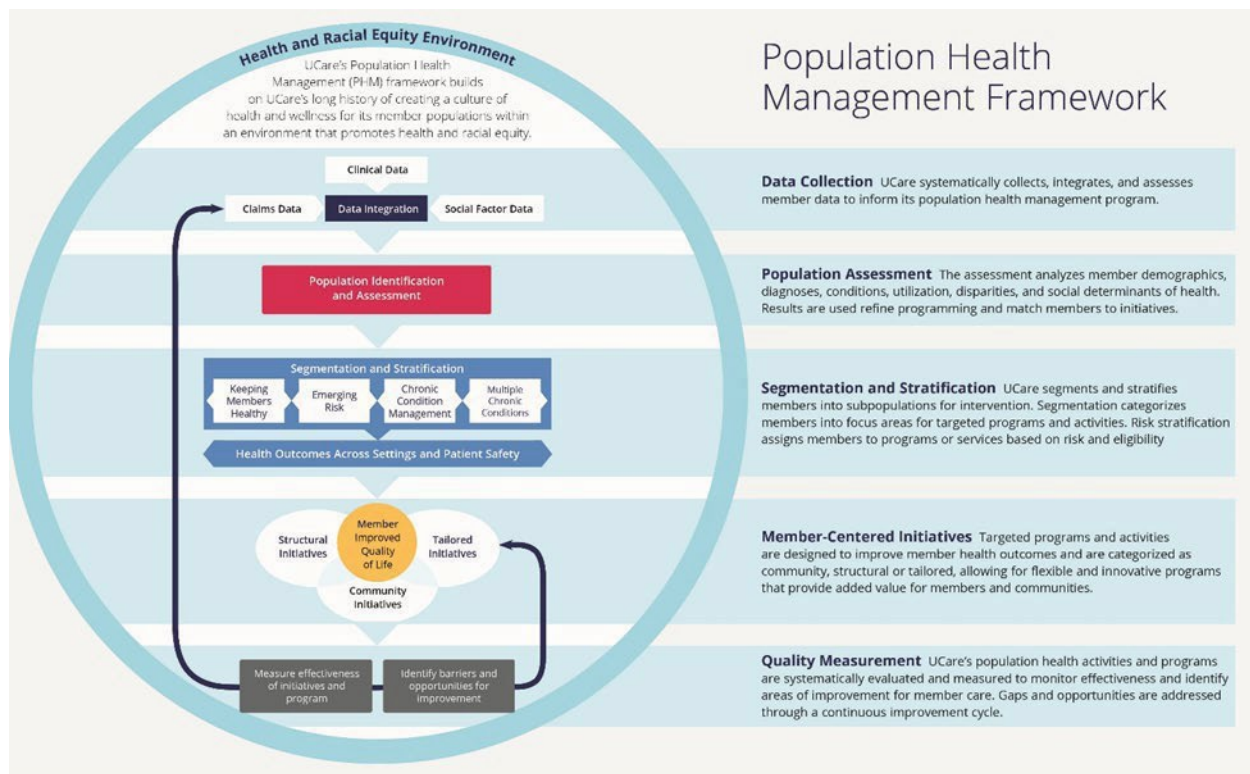
*** Includes UCare Medicare, EssentiaCare, UCare Medicare with M Health Fairview and North Memorial Health, and UCare Medicare PPO.*

Population Health Strategy and Structure

UCare’s Population Health Management (PHM) strategy seeks to improve the health and well-being of members, families, and the communities in which they live through a comprehensive population health approach. The PHM strategy is an action plan that describes our population health activities, designed to directly impact member health and well-being across the continuum of care, in the community and across all product lines. The PHM strategy also ensures the PHM program and activities align with UCare’s organizational priorities.

The foundation of the PHM strategy is a continuous improvement framework that guides the refinement of program activities. The framework supports collaboration and synchronization of PHM efforts across the organization, allowing for flexibility to respond to member needs, thus creating a culture of health and wellness for member populations. Elements of the framework include data collection, population identification and assessment, member segmentation and stratification, member-centered initiatives, and quality measurement of effectiveness, within an environment of health and racial equity.

The PHM program and activities are coordinated by a PHM team. Data and information flow between areas to achieve program objectives, with support from teams across the organization. UCare’s 2023 Quality Program Evaluation is organized within this framework, with quality improvement initiatives in the following categories: Structural Interventions, Community Resources, and Tailored Initiatives.



Health and Racial Equity

UCare looks at quality improvement through a health and racial equity lens to ensure alignment with the quintuple aim – patient experience, population health, reducing costs, care team well-being, and health equity. UCare is dedicated to implementing a multi-layered approach aimed at addressing social risk factors, promoting health and racial equity, and reducing health care disparities. These strategies encompass various key components:

- **Data Analytics:** UCare integrates multiple data sources to analyze our member population. This involves examining racial and ethnic demographics, sexual orientation, gender identity, rural versus urban access to care, and social determinants of health.
- **UniteUs Insights:** UCare leverages the repository of data available through UniteUs to identify social determinants of health that impact our members. UCare uses these insights to improve member engagement and health outcomes by prioritizing interventions and outreach based on underlying barriers to care.
- **Population Health Assessment:** UCare uses the population assessments to identify disparities that hinder the advancement of health and racial equity. This assessment is used to identify opportunities for collaboration across the organization to close gaps in care and improve health outcomes. UCare assesses our entire member population at least once each year. This assessment includes a multidimensional analysis of member demographic data including race, ethnicity, language, gender, age, geography, eligibility group, household size, and disability status, diagnoses and chronic conditions, attributed care systems, utilization patterns, and social risk factors.
- **Value-Based Contracting:** Using a value-based approach with our providers to close gaps in care, UCare partners with providers who serve a diverse UCare membership across the state of Minnesota to work on improving access and health outcomes.
- **Community Voices:** UCare actively seeks feedback from our member communities regarding identified health disparities through various channels such as community engagement events, surveys, and member advisory groups. This feedback is shared internally and serves as a foundation for designing

initiatives, planning community events, and improving products, services, and policies.

- Tailored Initiatives: UCare collaborates with community organizations and providers to implement a multi-pronged approach aimed at engaging members in preventive screenings to enhance their overall health and close gaps in care.

NCQA Health Equity Accreditation

In January 2023, UCare proudly achieved the NCQA Health Equity Accreditation. This accreditation offers a comprehensive framework designed to guide health care organizations in their efforts to promote health equity. The NCQA Health Equity Accreditation centers around several key pillars:

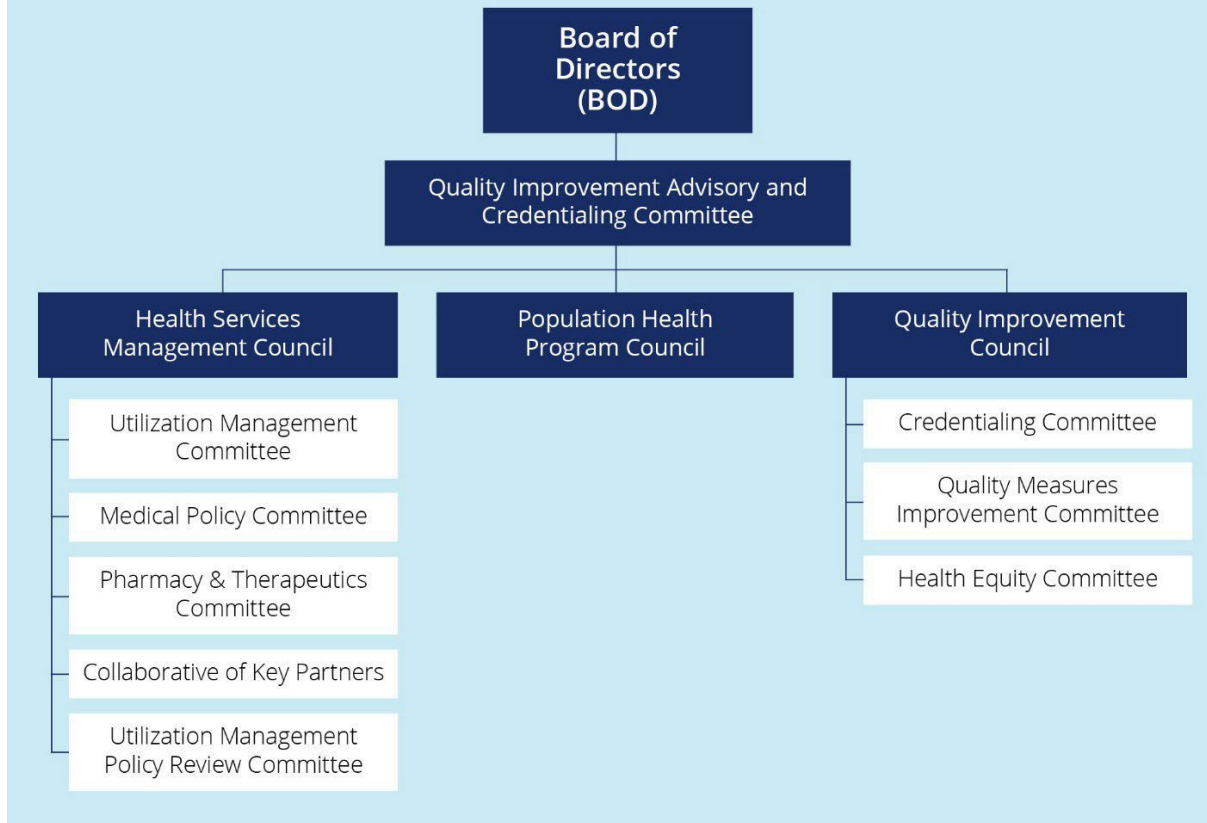
- Internal Culture: UCare focuses on fostering an internal culture that actively supports both internal and external health equity initiatives.
- Data Analysis: UCare prioritizes the collection and analysis of data to understand our member populations and their unique needs to identify and address disparities and effectively target population health programs.
- Provider Network: UCare aims to maintain a provider network that meets the cultural and linguistic needs and preferences of our members. UCare emphasizes the importance of providers being mindful of the cultural and linguistic requirements of their patients.
- Reducing Health Inequities: UCare's commitment extends to identifying and acting on opportunities to diminish health inequities and enhance care for all populations.

Our success in being awarded the NCQA Health Equity Accreditation demonstrates that UCare is committed to health and racial equity and is taking action to integrate health equity work across the organization.

Program Structure and Resources

The 2023 UCare Quality Program Committee structure is outlined below. These committees were responsible for the oversight of activities conducted in 2023 and described in this evaluation. Details of the Quality Program are included in the 2023 Quality Program Description.

2024 Quality Program Committee Structure



2023 Goals

The goals that guided the 2023 Quality Program were to:

Population Health Management:

- Continue to refine and develop a more robust population health management strategy to identify and address the needs of our members across the continuum of care to improve the overall health of the community.
- Foster partnerships among members, caregivers, providers, and communities, which allows UCare to promote effective health management, health education and disease prevention, as well as encourage the optimal use of health care and services by members and providers.
- Implement evidence-based health promotion, disease management, care coordination and care management programs to support members in achieving their best health and well-being.
- Develop Population Health impact analyses that assess the effectiveness of the Population Health Program on cost, utilization, member satisfaction, health and racial equity, and Health Related Quality of Life (HRQoL).
- Increase the number and types of opportunities for member and community input into population health initiatives and interventions to address disparities in care and outcomes.

Health and Racial Equity:

- Identify, implement, and measure evidence-based strategies and metrics to address social factors that influence health, health care and racial disparities and inequities to improve overall health outcomes of our members.
- Ensure UCare's organizational initiatives are data-driven, equity-centered, community-informed, and culturally appropriate and responsive to meet the needs of UCare members.
- Broaden and integrate perspective on the health and racial equity implications of business decisions at UCare.
- Reduce barriers to care by providing language services to members with limited English proficiency during encounters with UCare staff and during health care encounters. Achieve a goal of 85% of members reporting

satisfaction with language services provided by UCare.

- Identify and decrease health care disparities between the Caucasian and Black, Indigenous, and people of color (BIPOC) populations where disparities are present for key metrics for the organization, including but not limited to Child and Adolescent Well Visits and Follow-up after Hospitalization for Mental Illness for PMAP and MnCare products. Focus areas and populations below were identified through data analysis*.
 - Child & Adolescent Well Visits (WCV): Eliminate WCV disparity gap between Non-Hispanic White population (40.46%) and Native American/Native Alaskan population (36.84%). For all other populations, maintain no disparity gap compared to Non-Hispanic White population.
 - Follow-up after Hospitalization for Mental Illness (FUH) – 30 days: Reduce FUH disparity gap between Non-Hispanic White population (66.36%) and Black/African American (53.87%), Native American/Native Alaskan (47.59%), and Asian American/Pacific Islander (55.21%) populations by a net value of 50%. For all other populations, maintain no disparity gap compared to Non-Hispanic White population.

Access:

- Ensure adequate access and availability to medical, specialty, dental, pharmacy, mental health, and substance use disorder services to match member needs and preferences, including cultural, ethnic, racial, and linguistic needs and preferences. The goal is that 80% of CAHPS survey respondents respond that they Always or Usually received health care services in a language they can understand and that they felt health care staff were sensitive to their cultural needs.
- Monitor telehealth trends and demonstrate that UCare’s telehealth network is providing safe, equitable and coordinated care by credentialed providers.
- Expand use of virtual visits by identifying and addressing disparities, educating providers on consultative coding, and advocating both locally and nationally for continued virtual benefits.

Quality of Care:

- Define, demonstrate, and communicate the organization-wide commitment to improving the quality of care and patient safety.
- Coordinate quality improvement activities across all products to achieve efficiencies and reduce duplicative efforts.
- Continuously improve the quality, appropriateness, availability, accessibility, coordination, and continuity of health care services to members across the continuum of care.
- Ensure a high-quality network through credentialing, peer review and contracting processes.
- Continue to include quality metrics and integrate population health priorities into value-based provider agreements to move to outcome-based measures that demonstrate improved health.
- Collaborate with providers to share best practices and promising practices and implement coordinated strategies to improve care coordination and quality.
- Improve and manage member outcomes, experience, and safety.
- Improve member and provider experience and enhance UCare’s understanding of key factors contributing to satisfaction.
- Continue to focus on maintaining and improving member health through Medicare and Individual and Family Plan (IFP) Star Ratings and Medicaid measures through innovative initiatives.

Regulatory:

- Maintain National Committee for Quality Assurance (NCQA) Health Plan Accreditation for all products.
- Maintain NCQA Health Equity Accreditation for Medicaid products.
- Exceed compliance with local, state, and federal regulatory requirements, and accreditation standards.
- Provide oversight of delegated entities to ensure compliance with UCare standards as well as state and federal regulatory requirements and accreditation standards.

Overall Effectiveness

Overall, most activities planned in the 2023 Work Plan were achieved. The activities that were not completed will be considered for continuation in 2023.

Opportunities for improvement were identified and interventions were implemented. Throughout each area, UCare

implemented interventions that met the needs of our culturally and ethnically diverse membership. As a result of planned activities in 2023, improvements and achievements are noted in the below areas:

Structural Interventions

Accessibility of Primary Care, Mental Health and Substance Use Disorder, and Specialty Care Providers: The accessibility report is the annual analysis of primary, specialty and mental health and substance use disorder providers to ensure there is adequate coverage for UCare's membership by assessing access to appointments and care. In 2023, UCare met all goals for primary care appointment availability. UCare met most goals for specialty care availability except oncology, cardiology, and neurology. UCare did not meet the majority of UCare's appointment availability standards for mental health and substance use disorder providers. Many providers, particularly mental health and substance use disorder providers continue to experience full caseloads. Providers found to be outside of the established standard were addressed by UCare's Provider Relations and Contracting teams. The teams connected with the providers to understand systemic issues that may have hindered the ability of providers to meet contractual agreements. The standards were reinforced with the providers and an understanding and/or solution was developed. The comprehensive network is sufficient to meet the needs of enrolled members and the standards set by UCare's regulators.

Availability of Primary Care, Mental Health and Substance Use Disorder, and Specialty Care and Providers: The availability report is the annual analysis of primary, specialty and mental health and substance use disorder providers to ensure there is sufficient numbers and types of providers in the network to meet member needs. UCare is meeting its' goals in most of the county regions for primary care providers, high-volume and high-impact specialty care providers and mental health and substance use disorder providers. There are certain rural areas throughout the state that have limited access to the scarcer provider types. UCare has contracted with all major provider groups, yet areas with limited availability remain. The comprehensive network is sufficient to meet the needs of enrolled members and the standards set by UCare's regulators.

Enhancing Network Responsiveness: UCare assesses the cultural, ethnic, racial and linguistic needs of its members and providers to determine the availability of providers within its network to ensure that it is meeting the needs and preferences of the population. Currently, UCare's provider network is not meeting member experience goals for culturally and linguistically appropriate care. Contracting opportunities are limited because UCare has already included almost all providers available in and around our service area. To support workforce shortage issues, the UCare Foundation provides grants to community organizations, counties, tribes, medical facilities, dental facilities, and mental health and substance use disorder facilities to improve access and support workforce development related to training and staff expansion. UCare should focus on education of members and our providers to emphasize cultural congruence trainings offered by UCare, but also remind members and providers about translation services available to members. In addition, UCare will continue to collect data from providers on languages spoken by practitioners, practitioner race/ethnicity, and language services available at the practice to increase data completeness to support members in identifying providers that can meet their cultural and linguistic preferences.

Assessment of Network Adequacy: UCare monitors network access on a weekly, monthly, quarterly, and bi-annual basis. UCare assesses the provider network to ensure adequate access to needed health care services by analyzing the access-related metrics including appeals and grievances, accessibility and availability data, out-of-network requests and utilization, the Qualified Health Plan (QHP) Enrollee Survey, the Consumer Assessment and Health care Providers Systems (CAHPS) survey, and the Experience of Care and Health Outcomes (ECHO) survey. While most thresholds are met, one of the biggest areas of opportunity is access to mental health and substance use disorder providers. UCare has an open network for MH/SUD providers, and it is the most common type of provider that is added to the network every week. There are opportunities to provide additional member education to increase members' access to needed health care services. The comprehensive network is sufficient to meet the needs of enrolled members and the standards set by UCare's regulators.

Assessment of Provider Directory Accuracy: UCare assesses its provider directories on a monthly basis to determine the accuracy of the listings. The review focuses on a process to collect and evaluate data on the provider's directory information such as does the practitioner see patients at the location, the phone number, location address, status of accepting new patients, status of accepting UCare insurance and hospital affiliations. Primary care providers met all accuracy goals. Specialty and mental health and substance use disorder providers met all accuracy goals except office location and hospital affiliations. UCare is updating our online tools, database, and workflows to improve provider directory accuracy in 2024. We have also partnered with specific health systems to work on process improvements and

understand provider partner challenges in reporting accurate provider data.

Value-Based Contracting: Through the Path to Best Health Incentive Program, UCare continues to actively engage network providers in alternative payment arrangements across Medicare, State Public Programs and Integrated Products, Partner Products, and Exchange products. This program provides a range of provider incentives designed to reduce costs and improve clinical outcomes for UCare members. In total, UCare has over 150 non-traditional agreements in place with providers.

Delegated Business: In 2023, UCare ensured delegates and their activities were closely monitored and audited against federal, state, and National Committee for Quality Assurance (NCQA) requirements. Delegates include those who provide services to members for pharmacy, chiropractic care, hearing aid benefits, dental care, disease management, utilization management and credentialing.

Medical Records Standards and Advance Directives Audits: In 2023, UCare conducted the Medical Records Standards Audit (MRS) and the Advance Directive Audit (ADA). The purpose of completing accurate patient record documentation is to foster quality and continuity of care. UCare maintained high performance in most 2023 requirements for medical records.

Community Resources

Member Wellness and Safety Initiatives: UCare maintains various member wellness and safety initiatives including the Mobile Dental Clinic, tobacco and nicotine cessation, fitness programs, fall prevention, community education discounts, WW vouchers, healthy savings, food access outreach, Management of Maternity Services (MOMS) program, preventive incentives, wellness kits, prescription eyewear allowance, Member Assistance Program, community and wellness programs, and Seats, Education, and Travel Safety (SEATS) Program. UCare monitors member engagement for each of these programs.

Community Partnerships: UCare continues to strengthen and build community partnerships across the state to address member and community social risk factors, strengthen the primary care provider network, and support organizations, programs and research that benefit health care quality and delivery.

Social Services Referral Engine: UCare utilizes a social services referral engine, Unite Us to provide more holistic, whole-person care to individuals in our communities. Within this platform, UCare along with different community-based organizations (CBOs) are coordinating care and services to meet members where they are through closed loop referrals. The platform includes 12,881 resource directory programs and 638 on-platform programs with 70% of programs receiving closed loop referrals across the state of Minnesota. Currently, UCare has close to 50 platform users, spread across 13 teams in various departments.

Tailored Interventions

National Committee for Quality Assurance (NCQA): Maintained NCQA's Health Plan Accreditation for UCare's line of Medicare, Partner Products, Medicaid, and Marketplace products. In 2023, UCare also achieved NCQA Health Equity Accreditation for its Medicaid products.

Quality Metrics and Initiatives - HEDIS: Monitoring HEDIS measures and trends is an ongoing process, conducted monthly and annually. This allows UCare to pinpoint areas with lower performance and implement interventions to enhance rates across all products. Key interventions to support our members include member outreach, education, community partnerships, and provider support. UCare has identified specific percentages of measure elements that exceeded the national NCQA 75th percentile for each product:

- 60.4% of EssentiaCare
- 64.8% of UCare Medicare
- 75.0% of UCare Medicare ISNP
- 42.6% of MnCare
- 50.0% of Connect + Medicare
- 56.6% of M Health Fairview North Memorial
- 47.4% of MSHO
- 45.8% of Individual and Family Plans (Based on QRS)

- 40.4% of Connect
- 25.3% of PMAP

Reviewing UCare's HEDIS MY 2022 measure rates reveal a mix of results, with some areas showing improvement or stability, while others present opportunities for improvement. UCare remains committed to continually improving the health of its members and has identified key focus areas in 2024 to bolster quality measure performance across all products.

Quality Metrics and Initiatives - Medicare Star Ratings Program: Despite significant changes that made it challenging to achieve high ratings in this program, several of UCare's Medicare plans achieved at least 4.0 out of 5.0 Stars, which is considered above average in this program. UCare Medicare maintained its 4.5 out of 5.0 Stars, while EssentiaCare and MSHO increased to 4.5 and 4.0 out of 5 Stars respectively. Connect + Medicare did experience a 0.5 Star decrease for 2024, moving to a 3.5 out of 5.0 Stars from a 4.0 out of 5.0 Star Rating in 2023. UCare Medicare with M Health Fairview & North Memorial received its first individual Star Rating for 2024 and received a 3.5 out of 5 Stars. Areas of improvement for all products have been identified and improvement efforts have begun.

Quality Metrics and Initiatives - Quality Ratings System (QRS): UCare's Individual and Family Plan products maintained their above average rating of 4.0 out of 5.0 Stars for the 2024 plan year. Notably, measure scores that assess Enrollee Experience increased significantly, with an overall summary rating increase from 3.0 out of 5 Stars in 2022 to 5 out of 5 Stars in 2023. Areas of improvement have been identified and improvement efforts have begun.

Quality Metrics and Initiatives - Health Outcomes Survey (HOS): The Health Outcomes Survey (HOS) assesses a health plan's ability to maintain or improve the physical and mental health functioning of Medicare beneficiaries over a two-year period of time. In 2023, UCare conducted several quality improvement activities focusing on HOS measures, including member outreach, member education materials, provider education, and incentives. The targeted interventions for the HOS measures had a varying impact. UCare Medicare maintained the previous year's Star rating for 2 out of 3 measures. EssentiaCare maintained the same rates as the prior year for 2 measures and improved in 1 of the measures. MSHO had the highest performance, maintaining a 5 Star for "Risk of Falling," and receiving a 3 Star for "Improving Bladder Control" and "Monitoring Physical Activity." Connect + Medicare maintained fairly consistent performance compared to the prior year in "Monitoring Physical Activity" and "Improving Bladder Control," but experienced a decrease in rate for "Reducing the Risk of Falling." Opportunities for improvement and interventions for 2024 have been identified.

Quality Metrics and Initiatives - Prescription Medications - Medicare Medication Therapy Management Program: The Medicare Medication Therapy Management Program (MTMP) is a drug therapy management program to support complex members with multiple medications. A core component of the program determines if eligible members have received a Comprehensive Medication Review (CMR) from a pharmacist during the measurement year. In 2021, UCare successfully transitioned from utilizing a fully delegated vendor program to implementing a hybrid program, consisting of services provided by contracted Minnesota-based pharmacists and internal UCare pharmacists. UCare has made significant strides in expanding the internal team and growing external partnerships to meet goals, resulting in the increased rates reflected below. In the long term, UCare plans to continue this growth, improving CMR completion rates, member experience and outcomes, and provider experiences and partnerships.

Quality Metrics and Initiatives - Prescription Medications – Transitions of Care Program: The pharmacy transitions of care program aims to complete telephonic comprehensive medication reviews conducted by UCare pharmacists with recently discharged members. For 2021 and 2022, this program focused on MSHO and C+M members. Visits are submitted as a supplemental source for the Medication Reconciliation Post-Discharge portion of the Transitions of Care (TRC) Measure. They may also count for members who meet eligibility criteria for a CMR within the Medicare MTM Program. These efforts aim to improve hospital discharges and reduce readmission rates for these members. An analysis comparing the members seen in 2022 through this program vs. a control group showed that managed members had improved inpatient admission and readmission rates.

Member Experience: Member experience continues to be a key focus for health care at the national, state, and local level. UCare uses data from appeals and grievances, the Consumer Assessment of Health care Providers (CAHPS) survey, the Qualified Health Plan Enrollee Satisfaction Survey (QHP Enrollee Survey), and the Experience of Care and Health Outcomes (ECHO) Survey to assess member satisfaction levels and develop interventions. UCare met the majority of thresholds for Appeals and Grievances, with some thresholds not met for non-mental health and substance use disorder

services in the categories of Quality of Care, Access, Quality of Practitioner Office Site, Attitude/Service, and Billing/Financial. UCare also continues to perform well in CAHPS, QHP and ECHO surveys, with opportunities identified related to Rating of Health Plan, Care Coordination, Customer Service, Getting Appointments and Care Quickly, Getting Needed Care, Rating of Drug Plan, and Rating of Health Care Quality. In 2023, UCare implemented various quality improvement activities to improve member experience including upgraded transportation scheduling platform, improved support to member-facing departments, and member outreach and engagement. UCare has identified interventions to continue in 2024 and additional interventions to be piloted and evaluated.

Language Services Assessment: On an annual basis, UCare evaluates staff experience with language services for organizational functions, member experience with language services for organizational functions, member experience with language services during health care encounters, and utilization of language services. In 2023, the staff satisfaction survey analysis demonstrated that we exceeded all of our employee experience and member experience goals. Overall, UCare staff and members are satisfied with the CLI vendor, but there are opportunities for continued improvement. The qualitative data highlighted concerns with interpreters' translations, availability and/or level of professionalism, the holding time variability to connect with an interpreter and the frequent call drops. UCare will seek additional insight into these areas from focus group discussions, interviews, enhanced survey data collection and continued conversations with CLI to address these concerns.

Customer Service - Personalized Information: To ensure UCare members consistently receive accurate information, the Customer Service department evaluates the functionality of certain self-service processes available through the UCare member portal, as well as the quality and accuracy of the information members receive through the portal, telephone, and email. In 2023, UCare performed well in most measures and identified one area for improvement where the goal was not met. The area identified as an improvement opportunity is timeliness portal message responses. UCare has identified interventions for 2024 related to staff training, process improvement, and template review.

Customer Service - Quality and Accuracy of Pharmacy Information: UCare evaluates members' ability to access pharmacy benefit information through the portal and telephone and assesses the quality and accuracy of information provided. In 2023, UCare performed well in most measures and identified areas for improvement related to telephone calls to initiate the exceptions process and determining financial responsibility. UCare has identified interventions for 2024 related to training Customer Service staff.

Member Safety - Quality of Care: Quality of Care (QOC) concerns are situations where the quality of clinical care or quality of service did, or potentially could have, adversely affected a member's health or well-being. In 2023, seventeen QOC investigations were substantiated, and appropriate actions were taken.

Member Safety - Medication Adherence: UCare evaluates medication adherence through Part D Star measures, including the percentage of plan members with a prescription for a statin, non-insulin diabetes medication, and/or renin-angiotensin system (RAS)-antagonist medication, who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication(s). UCare medication adherence rate performance varied in comparison to the previous year with some improved, some maintained, and others falling slightly. Overall, UCare medication adherence rates sit equal to or above Medicare Advantage Part D averages with the exception of two measures for both Minnesota Senior Health Options (MSHO) and Connect+ Medicare (C+M). UCare made strides to improve internal and external networks targeting these rates in 2023 and will continue to explore new avenues of improvement in 2024.

Member Safety - Statin Use in Diabetes and Cardiovascular Disease Star Measures: UCare evaluates the statin use in persons with diabetes (SUPD) and statin therapy for patients with cardiovascular disease (SPC) measures. These measures analyze the percentage of beneficiaries with these diagnoses who also receive a statin medication fill during the calendar year. Plan performance for these measures varied by line of business compared to the previous year, but all plans are equal to or above the Advantage Part D (MAPD) average with the exception of SPC for EssentiaCare. UCare will continue to use and enhance initiatives such as member and provider education, partnerships with community pharmacies and health system partners, and vendor programs to help maintain and improve these results.

Focused Study - Continuity and Coordination of Care: With a continued national focus ensuring best practice coordination of care across clinical settings, between practitioners, and members, UCare uses member and practitioner information to facilitate continuity and coordination of medical care across delivery systems. UCare has focused

interventions on Transitions of Care (TRC) – Medication Reconciliation and Patient Engagement, Plan All-Cause Readmissions, Colorectal Cancer Screenings, and Veterans Affairs Medical Records. Interventions include direct telephone member outreach, interactive voice recording (IVR) reminders, new vendor collaboration, and implementation of processes and procedures. UCare will evaluate the effectiveness of these interventions on measure performance and member health outcomes.

Focused Study - Continuity and Coordination of Mental Health and Substance Use Disorder and Medical Care:

Coordination of care between medical and mental health and substance use disorder providers is essential to the well-being of our members. UCare uses a variety of sources to monitor continuity and coordination of care between mental health and substance use disorder (SUD) and medical care, including provider satisfaction survey, HEDIS measures, and other clinical measures. UCare analyzed Antidepressant Medication Management (AMM), Follow Up Care for Children Prescribed ADHD Medication (ADD), Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD), Follow-Up Mental Health Services for Members Discharged from Acute Care for a Cardiac Diagnosis within 45 days (MFC) and Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD). Interventions focused on member education, community partnerships, and direct member outreach. UCare will continue to evaluate the effectiveness of these interventions on measure performance and member health outcomes.

Focused Study - Cervical Cancer Screenings: The Quality Improvement Strategy (QIS) was implemented by the Centers for Medicare and Medicaid Services for issuers who have been in the Marketplace for two or more consecutive years and requires issuers to implement a strategy to reward quality through market-based incentives. UCare’s QIS goal focused on increasing cervical cancer screening rates due to the high rate of cervical cancer in members who did not receive necessary preventative care. UCare has improved 14.6 percentage points since baseline HEDIS (Health care Effectiveness Data Information Set) 2016 rates (51.58% HEDIS 2016 to 66.18% MY2022), meeting our improvement goal. In 2023, UCare continued to direct member outreach efforts, provide additional member education, and build community partnerships to continue to improve in cervical cancer screening rates as well as focus on closing the disparity gap between the Native American and White populations. UCare shifted the focus of the QIS to increasing well child visit rates and closing the disparity gap between Native American and White populations.

Focused Study - Improvement Activities for Addressing Dental Access: Dental health is an important component of overall health and disease prevention and UCare has a strong track record for improving access to dental services. However, there are significant barriers that may prevent members, especially Medicaid members, from seeking and receiving dental care. UCare is currently trending below the targeted goal set by Department of Human Services (DHS) for annual dental visits. Key interventions in 2023 included member outreach and unique partnerships with community dental providers. UCare will continue these interventions in 2024 and explore additional strategies to increase access to services including growing community partnerships, expanding dental provider network, and exploring other methods of member engagement.

Focused Study - Healthy Start for Mothers and Their Children Performance Improvement Project: UCare, along with other health plans, participate together in a three-year project that began in 2021 to promote a “Healthy Start” for Minnesota children in the PMAP and MnCare populations by focusing on and improving services provided to pregnant member and infants, particularly in populations exhibiting the most significant racial and ethnic disparities. UCare has established a goal aimed at improving prenatal care, postpartum care, well-child visits and Combo 10 immunization rates with the focus on reducing disparities relevant to UCare’s population. Interventions for this project focused on care team education, case management, community partnerships, member outreach and member education. UCare will continue to measure the effectiveness of these interventions and continue interventions to increase touchpoints in 2024 that include telephonic outreach, provider partnerships, interactive voice response calls, educational mailings, benefit review, community engagement, expansion of primary care partnerships.

Focused Study – Diabetes Performance Improvement Project: UCare, along with other health plans, participated in a three-year project improving diabetes care and services for Connect, Connect + Medicare, MSHO and MSC+. The project began in 2021 following the Comprehensive Diabetes Care (CDC) rates with a focus on reducing health disparities. UCare interventions continued in 2023 to include provider education, member resources, and community partnerships. UCare also focused on providing member outreach aligning with language/cultural background, member engagement in disease management programs, and sending in-home testing kits for kidney function and blood sugar levels. UCare will continue these interventions into 2024 and measure the effectiveness of these interventions in reaching the performance goals of this project. In 2024, a new project will begin focusing on improving health outcomes for members with co-occurring

depression and diabetes diagnoses.

Model of Care: I-SNP: UCare's Institutional Special Needs Plan (I-SNP) is a Medicare Advantage plan for members who for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), or an Assisted Living (AL). UCare's I-SNP Model of Care (MOC) is evaluated annually. UCare is meeting most Model of Care goals and is very close to target on those that were not met. Highlights include:

- UCare provided appropriate member access to primary and specialty care providers, exceeding the set goal.
- UCare provided quality integrated care coordination through timely provision of a health risk assessment, individualized care planning, and collaboration with the interdisciplinary care team.
- UCare improved the model of exploring how satisfied members are with their care coordinators and health care by instilling the use of a CAHPS-like survey and moving away from a less comprehensive Member Satisfaction Survey.
- UCare met all health outcome goals for Care of Older Adults for Advanced Care Planning, Pain Screening and Functional Status Assessment.
- UCare presented multiple training opportunities for providers according to our written MOC.

UCare has identified opportunities for improvement for 2024, including focusing on delegate training related to care transitions.

Model of Care: MSHO: UCare's Minnesota Senior Health Options (MSHO) Program is a Medicare Advantage Special Needs Plan (SNP) product and enrollees are dually eligible for Medicare and Medicaid and frequently have intensive medical and social service needs. UCare conducts an annual review and analysis of the MSHO Model of Care (MOC). UCare is meeting most of its Model of Care goals and highlights include:

- UCare provided appropriate member access to primary care, mental health professionals, and social service providers, exceeding the set goal.
- UCare provided quality integrated care coordination through the timely provision of individual care planning and assigning a care coordinator to every member.
- UCare met the health outcome goal for controlled diabetes care as reported by HgA1C<9.
- Member complaints about care coordination were extremely low in number, which indicates the care coordination services being provided are trending in a positive direction.
- UCare presented multiple training opportunities for providers and delegates.

UCare has identified opportunities for improvement for 2024, including initiatives to improve colorectal cancer screening rates and care transition management through continued outreach and training.

Model of Care: Connect + Medicare: UCare's Connect + Medicare Program is a Medicare Advantage Special Needs Plan (SNP) product and enrollees are dually eligible for Medicare and Medicaid and frequently have intensive medical and social service needs. UCare conducts an annual review and analysis of our Connect + Medicare Model of Care (MOC). UCare is meeting most of its Model of Care goals and highlights include:

- UCare improved upon its care coordination model and transitioned all members to being assigned a care coordinator by the end of 2023, meeting the goal at 100%.
- UCare met its goal surrounding members having a follow up with their mental health provider within 30 days of a mental health inpatient discharge.
- UCare improved our model of exploring how satisfied members are with their health plan by instilling the use of a CAHPS-like survey and moving away from a less comprehensive Member Satisfaction Survey.

UCare has identified opportunities for improvement for 2024, including focusing on training and care coordination efforts to improve preventative health care screenings.

Summary

The UCare quality improvement goals are integrated and communicated throughout the organization with structured

work plans, goals and objectives that are owned at the department level. Our organizational monitoring activities and reports are reviewed throughout the year to identify opportunities for needed changes and improvements. These activities, in addition to ongoing improvement projects, form the basis of the organization's work plan and support all products offered by UCare. The current health care landscape and key strengths and opportunities for improvement guided UCare's overall quality-related efforts in 2023.

Overall Evaluation

Overall, most activities planned in the 2023 Work Plan were achieved. Refer to the Overall Effectiveness section for a summary of activities in 2023.

Effectiveness of Quality Program Structure

Adequacy of Resources

In 2023, all work plan activities were completed and most of the work plan goals were attained. Quality resource needs are determined based on the percentage of key activities completed and associated goals attained. In 2023, there was a significant department reorganization during which the Health Services Quality and Operations Department (previously Quality Management and Population Health) gained new resources and teams to further UCare's strategic and Quality Program goals, streamline efforts, align resources, and ensure parity across services. Prior to this reorganization, the Clinical Services and Mental Health and Substance Use Disorder (MSS) Utilization Management (UM) teams were separate and in different departments. Both teams were moved under the Health Services Quality and Operations Department under the leadership of a Utilization Management Director. The Utilization Management team includes Utilization Review and Intake teams. As part of this reorganization, Operations Business Analysts were also moved under the Health Services Quality and Operations Department to support operational reporting and efficiency, and an Operations Business Analysts Manager position was added to oversee this team. In addition, a new Project Administration team was formed using existing staffing resources which will focus on training and development, health services project management, and vendor management.

In addition, in 2023 a GuidingCare Product Owner and support positions were added to the Clinical Informatics team to oversee and optimize UCare's clinical documentation system and support data and technology strategies. A Health Improvement Team Lead was added to support strategic initiatives from the Health Improvement Team and support collaboration with other member-facing teams across the organization. An Electronic Clinical Data Project Lead was also added to the HEDIS team to support UCare's growing strategic needs around the availability and use of electronic clinical data as it relates to quality measurement and reporting.

After evaluating the performance of the Quality Program and considering resource changes described above, UCare has determined there are adequate resources, including staffing, to meet the current program goals. As membership continues to increase, the Health Services Quality and Operations department reevaluates staffing levels to ensure there are enough resources to successfully complete the work. The Health Services Quality and Operations department is staffed sufficiently to support all current QI activities for all products and includes a highly educated (PhD, MPH, CHES) leader and trained staff. Funding is dedicated for QI activities performed by the committees contained in the QI Program Structure.

Data and Information Support

UCare evaluated our data and information staff, resources, and software to ensure our health information system collects, analyzes, and integrates data that is necessary to implement the QI Program. UCare determined current data and information support resources are adequate. UCare implemented a new platform in 2020, GuidingCare, which integrates all activities and functions required for optimal population health management and care coordination, and includes case management, disease management, mental health and substance use disorder, health promotions, utilization review and appeal and grievances cases. Implementation and optimization activities continued into 2023. This platform offers one place to see all the member's activities, thereby making care coordination more comprehensive and effective in meeting the needs of the members. In addition, this platform offers improved reporting and analytics capabilities which will improve our quality-related activities. Work to improve reporting capabilities and make data readily available to UCare staff continued into 2023.

In addition, UCare implemented a Unite Us module in 2020 which combines market, membership, and consumer data

with predictive analytics to support quality improvement efforts to improve the health and well-being of our members. Implementation activities continued into 2023. This module will further UCare's population health and quality efforts. UCare will continue to evaluate the impact of these new resources and continually evaluate additional technology needs and resources for the organization.

Committee Structure

After evaluating the Quality Program committee structure, UCare made a few changes to the committee and reporting structure. These changes will be evaluated for effectiveness throughout 2024. Committee charters are available in UCare's 2024 Quality Program Description.

Population Health Data and Initiatives Committees

In 2023, the Population Health Data Management and Initiative Committees were removed. These committees reported to the Population Health Program Council. The purpose of these committees was to oversee the data management strategy that supports population health management programs across UCare, as well as to oversee population health management initiatives and programs. This work is currently being completed across UCare through different workgroups, committees, and teams and as a result the decision was made to remove these committees to reduce duplication and optimize resources. The Population Health Program Council will continue to be responsible for UCare's Population Health Strategy, Impact Analysis, Work Plan, and Population Assessments.

Utilization Management Committee

In 2023, UCare combined the Clinical Services Utilization Management Committee and Mental Health and Substance Use Disorder Services Utilization Management Committee into a single Utilization Management Committee covering all service types. This committee is chaired by UCare's Utilization Management Director. This change was made to ensure parity across services, align with an organizational restructure which combined all Utilization Management under one team, and ensure a cohesive approach to utilization management. The purpose of this committee is to identify, monitor, and evaluate utilization metrics and trends that may have an impact on resources, services, and member outcomes related to physical health, mental health, substance use, and pharmacy services.

Utilization Management Policy Review Committee

In 2023, a Utilization Management Policy Review Committee was established and reports to Health Services Management Council. This new committee is responsible for annually reviewing utilization management policies and ensuring they are consistent with Medicare's current national and local coverage decisions and guidelines. Voting members of this committee are external practitioners in UCare's network. This committee has a more specific and narrow purpose compared to existing committees within the previous committee structure, and therefore it was determined to be appropriate and necessary to establish a new committee.

Practitioner Participation

UCare's partnership with network service practitioners encourages key practitioner and provider input regarding UCare's overall Quality Program. Practitioners and providers hold key positions and actively participate in UCare's overall Quality Program structure. Practitioners and providers serve on several committees which include Board of Directors (BOD), Quality Improvement Advisory and Credentialing Committee (QIACC), Credentialing Committee, Collaborative of Key Partners, Pharmacy and Therapeutics (P&T) Committee, and Utilization Management Policy Review Committee. External provider and practitioner membership on the committees may represent such disciplines as Psychiatry, Psychology, Substance Use Disorder, Family Medicine, Internal Medicine, Pediatrics, OB-GYN, Geriatrics, Pharmacy, Neurology, Endocrinology, Gastroenterology, Cardiology and Pulmonology.

In addition to serving on various committees, UCare enlists practitioner and provider input regarding peer review (where applicable) and key quality improvement initiatives. For example, UCare works directly with many provider groups through value-based contracting initiatives and encourages member outreach for key quality metrics. UCare continues to collaborate and engage with community dental providers to improve annual dental utilization and access and reduce dental-related emergency room visits. In addition, UCare continues to partner with community pharmacies on initiatives to improve medication adherence. UCare also solicits feedback from community providers through surveys and other feedback mechanisms. For example, annually UCare surveys providers related to satisfaction with exchange of information and satisfaction with UCare's utilization management process, and from that provider feedback UCare acts on opportunities for improvement. External and internal practitioner engagement continues to be high and attendance on committees is highly consistent. UCare values involvement from community practitioners and providers and

encourages participation in directing and evaluating our Quality Program and activities.

Leadership Involvement

UCare's leadership team fully supports and leads UCare's overall quality program. This is demonstrated by senior-level leadership's active participation on the following committees/councils: Quality Improvement Advisory and Credentialing Council (QIACC), Quality Improvement Council (QIC), Health Services Management Council (HSMC), Pharmacy and Therapeutics (P&T) Committee, Medical Policy Committee, Collaborative of Key Partners, Population Health Program Council (PHPC), Credentialing Committee, Health Equity Committee, and Utilization Management Policy Review Committee.

UCare's leadership evaluates the need for changes to the overall quality program structure throughout the year. UCare leadership involvement is adequate, and all leaders regularly attend and actively participate in QI committee meetings. UCare's commitment to quality is strong and shared across all levels of the organization.

QI Program Effectiveness

Based on the 2023 Quality Program Evaluation, successes, challenges and changing health care landscape, UCare has refined existing goals and developed new goals for the Quality Program in 2024. The goals emphasize health equity, population health, member experience, appropriate utilization, and care team well-being.

Improving Population Health:

- Continue to refine and develop a more robust population health management program to identify and address the needs of our members across the continuum of care to improve the overall health of the community.
- Foster partnerships among members, caregivers, providers, and communities, which allows UCare to promote effective health management, health education and disease prevention, as well as encourage the optimal use of health care and services by members and providers.
- Implement evidence-based health promotion, disease management, care coordination and care management programs to support members in achieving their best health and well-being.
- Refine Population Health impact analyses that assess the effectiveness of the Population Health Program on cost, utilization, quality, member satisfaction, health and racial equity, and Health Related Quality of Life (HRQoL).
- Increase the number and types of opportunities for member and community input into population health initiatives and interventions to address disparities in care and outcomes.
- Continue to include quality metrics and integrate population health priorities into value-based provider agreements to move to outcome-based measures that demonstrate improved health.
- Continue to focus on maintaining and improving member health through Medicare and Individual and Family Plan (IFP) Star Ratings and Medicaid measures through innovative initiatives. Achieve a 4.5 Star Rating for UCare Medicare and a 4 Star Rating for all other Medicare and Exchange products.

Advancing Health Equity:

- Identify, implement, and measure evidence-based strategies and metrics to address social factors that influence health, health care and racial disparities and inequities to improve overall health outcomes of our members.
- Ensure UCare's organizational initiatives are data-driven, equity-centered, community-informed, and culturally appropriate and responsive to meet the needs of UCare members.
- Broaden and integrate perspective on the health and racial equity implications of business decisions at UCare.
- Ensure there is parity in the administration of mental health and substance use disorders and medical/surgical benefits.
- Reduce barriers to care by providing language services to members with limited English proficiency during encounters with UCare staff and during health care encounters. Achieve a goal of 90% of members reporting satisfaction with language services provided by UCare.
- Ensure adequate access and availability to medical, specialty, dental, pharmacy, mental health, and substance use disorder services to match member needs and preferences, including cultural, ethnic, racial, and linguistic needs and preferences. The goal is that 80% of CAHPS survey respondents respond that they Always or Usually received health care services in a language they can understand and that they felt health care staff were sensitive to their cultural needs.
- Identify and decrease health care disparities between the Overall Average Rate and Black, Indigenous, and people of color (BIPOC) populations where disparities are present for key metrics for the organization, including

but not limited to Prenatal and Postpartum Care, and Follow-up after Hospitalization for Mental Illness for PMAP and MnCare populations.

- Postpartum Care – PPC: Reduce disparity gap between Overall Average Rate (56.75%) and Black/African American (54.29%) and Asian American/Pacific Islander (48.14%) populations by a net value of 50%.
- Timeliness of Prenatal Care – PPC: Reduce disparity gap between Overall Average Rate (64.43%) and Non-Hispanic White (58.67%), Native American/Native Alaskan (63.8%) and Asian American/Pacific Islander (63.12%) populations by a net value of 50%.
- Follow-up after Hospitalization for Mental Illness (FUH) – 30 days: Reduce disparity gap between Overall Average Rate (62.73%) and Black/African American (55.4%), Native American/Native Alaskan (48.43%), and Asian American/Pacific Islander (56.12%) populations by a net value of 50%.

Enhancing the Care Experience:

- Ensure a high-quality network through credentialing, peer review and contracting processes.
- Improve and manage member outcomes, experience, and safety.
- Monitor telehealth trends and demonstrate that UCare’s telehealth network is providing safe, equitable and coordinated care by credentialed providers.
- Continuously improve the quality, appropriateness, availability, accessibility, coordination, and continuity of health care services to members across the continuum of care.
- Define, demonstrate, and communicate organization-wide commitment to improving the quality of care and patient safety.

Reducing Costs:

- Ensure medical, mental health, and substance use disorder (MH & SUD) services are delivered at an appropriate and medically necessary level of care in a timely, effective, and efficient manner.
- Ensure decisions are made by qualified health care professionals using appropriate clinical information and guidelines based on evidence-based clinical criteria as evidenced by annual Interrater Reliability (IRR) testing.
- Establish over/under utilization monitoring criteria with quarterly reporting to Utilization Management Workgroups (UM WGs) and committees. Include reporting of approval and denial rates quarterly and benefit exception approval rates annually to the UM WGs and committees.
- Select key utilization categories for monitoring that may include inpatient, emergent care, pharmacy, for medical, mental health and substance use disorder services. Study high-risk, high-volume, and high-cost services, conduct a comprehensive analysis, and perform special studies as appropriate.
- Develop processes and tools for authorization and other utilization management functions to improve efficiency and continuity of care.
- Promote continuous improvement by refining processes to monitor data, implement interventions, and measure the results of the interventions.
- Expand use of virtual visits by identifying and addressing disparities, educating providers on consultative coding, and advocating both locally and nationally for continued virtual benefits.
- Coordinate quality improvement activities across all products to achieve efficiencies and reduce duplicative efforts.

Care Team Well-Being:

- Collaborate with providers to share best practices and implement coordinated strategies such as shared decision making to improve care coordination and quality.
- Improve provider experience and enhance UCare’s understanding of key factors contributing to satisfaction.
- Leverage population health programs and community partners to engage members, provide health education, and get them in for needed care, thereby reducing the outreach burden on providers.
- Function as part of the care team to provide health education, care coordination, and case management support to members.
- Identify opportunities to improve communication and coordination of care between primary care providers, specialty care providers, mental health/SUD providers, and other care settings.
- Streamline provider processes (i.e., utilization management, credentialing) to enhance efficiency and reduce time spent on administrative functions.

- Provide training and resources to providers to support them in understanding the diversity of their patients and how to provide culturally informed care.

Regulatory:

- Maintain National Committee for Quality Assurance (NCQA) Health Plan Accreditation for all products.
- Maintain NCQA Health Equity Accreditation for Medicaid products.
- Exceed compliance with local, state, and federal regulatory requirements, and accreditation standards.
- Provide oversight of delegated entities to ensure compliance with UCare standards as well as state and federal regulatory requirements and accreditation standards.

Appendix A - Definitions

Appeals and Grievances (A&G): Area that supports member needs related to dissatisfaction with UCare’s services or to review an action taken. An action is the denial or limited authorization of a service.

Board of Directors (BOD): UCare’s governing body.

Centers for Medicare & Medicaid Services (CMS): Federal entity that covers 100 million people through Medicare, Medicaid, the Children's Health Insurance Program and the Health Insurance Marketplace.

Chronic Care Improvement Project (CCIP): Medicare Advantage (MA) organizations must conduct a CCIP as part of their required Quality Improvement (QI) program under federal regulations. CCIPs are initiatives focused on clinical areas with the aim of improving health outcomes and beneficiary satisfaction, especially for those members with chronic conditions.

Consumer Assessment of Healthcare Providers and Systems (CAHPS): Survey that asks members (or in some cases their families) about their experiences with, and ratings of, their health care providers and plans, including hospitals, home health care agencies, doctors, and health and drug plans, among others.

EssentiaCare: A network-based Medicare Advantage plan in Minnesota.

Experience of Care and Health Outcomes (ECHO): The ECHO Survey asks about the experiences of adults and children who have received mental health or substance abuse services through a health plan in the previous 12 months.

Healthcare Effectiveness Data and Information Set (HEDIS): Health care quality performance measures obtained and reported annually by the National Committee for Quality Assurance (NCQA).

Health Outcomes Survey (HOS): Medicare HOS is a member-reported outcomes survey used in Medicare managed care. Managed care plans with Medicare Advantage (MA) contracts must participate.

Health Services Management Council (HSMC): Provides oversight and direction to ensure appropriate cost, utilization and efficacy of clinical services. Part of UCare Quality Program structure.

Individual and Family Plans (IFP): UCare Individual and Family Plans and UCare Individual and Family Plans with Fairview are the marketplace products on MNSure.

Medicare Advantage Prescription Drug (MA-PD): MA-PD is a type of Medicare insurance that is sold by private insurance companies. Some of these plans combine health insurance benefits and prescription drug coverage into one comprehensive package called a Medicare Advantage Prescription Drug (MA-PD) plan.

MinnesotaCare (MnCare): MnCare is a health care program that pays for medical services for adults and children in Minnesota who do not have affordable health insurance.

Minnesota Department of Human Services (DHS): DHS is a regulatory agency that oversees Minnesota Health Care Programs (MHCP, or Minnesota’s Medicaid agency) eligibility, benefit and payment policies; program development; member and provider relations and outreach; health care payment systems; research and evaluation; contract management; eligibility processing and determination; and oversight for the county and tribal administration of health care programs.

Minnesota Health Care Programs (MHCP): Includes Medical Assistance (MA), MnCare, Minnesota Family Planning Program, home and community-based waiver programs and Medicare Savings Programs.

Minnesota Senior Care Plus (MSC+): Health care program that pays for medical services for low-income people in Minnesota who are age 65 or older.

Minnesota Senior Health Options (MSHO): Product that combines the benefits and services of Medicare and Medicaid.

National Committee for Quality Assurance (NCQA): Non-profit organization dedicated to improving health care

quality.

Performance Improvement Projects (PIP): Minnesota health plans that offer publicly subsidized health care programs implement performance improvement projects to help improve the health of public program members and to reduce disparities for low-income Minnesotans. The projects cover a wide range of health topics identified as priorities for improvement, including preventive care, chronic illnesses management, and transitions in care.

Prepaid Medical Assistance Plan (PMAP): Health care program that pays for medical services for low-income adults, children, and pregnant women in Minnesota.

Population Health Program Council (PHPC): PHPC provides executive review and guidance for UCare's enterprise Population Health Program. Part of UCare Quality Program structure.

Quality Improvement Advisory and Credentialing Committee (QIACC): QIACC oversees and directs the Quality Improvement (QI) Program for the organization and promotes the provision of optimal, achievable patient care and service by providing guidance to UCare on the quality of care provided to its members. Part of UCare Quality Program structure.

Quality Improvement Council (QIC): QIC provides oversight and direction regarding the planning, design, implementation and review of improvement activities. Part of UCare Quality Program structure.

Quality Improvement Strategy (QIS): Requirement of qualified health plans offered through the Marketplace.

Quality Measures Improvement Committee (QMIC): QMIC identifies areas of opportunity for performance improvement, operational efficiency, and increased program integrity for all UCare products. Part of UCare Quality Program structure.

Quality Ratings System (QRS): Rating system based on a set of clinical and survey measures used to compare Marketplace plans.

Special Needs BasicCare (SNBC): Voluntary managed care program for people with disabilities who are 18-64 years old and have medical assistance.

State Public Programs (SPP): Medical assistance programs available from the State of Minnesota which include PMAP, MnCare, SNBC, MSHO and MSC+.

UCare Connect: UCare Connect is a Special Needs BasicCare (SNBC) plan and is an innovative health coverage plan for individuals with a certified physical disability, developmental disability and/or mental illness.

UCare Connect + Medicare: UCare Connect + Medicare is a Special Needs BasicCare (SNBC) plan combined with Medicare benefits and is an innovative health coverage plan for individuals with a certified physical disability, developmental disability, and/or mental illness.

UCare Medicare: A Part C Medicare Advantage plan and a Health Maintenance Organization Point of Service plan for Minnesota.

UCare Medicare with M Health Fairview and North Memorial Health: A network-based Medicare Advantage plan in Minnesota.