



2023 Quality Program Work Plan

03/14/2023: Approved by the Quality Improvement Council

03/16/2023: Approved by the Quality Improvement Advisory and Credentialing Committee

03/29/2023: Approved by the Board of Directors

UCare Products	
Minnesota Health Care Programs	Prepaid Medical Assistance Program (PMAP)
	Minnesota Senior Care Plus (MSC+)
	UCare Connect Special Needs Basic Care (Connect)
	MinnesotaCare (MnCare)
Medicaid + Medicare	UCare's Minnesota Senior Health Options (MSHO)
	UCare Connect + Medicare
Medicare	UCare Medicare Advantage
	EssentiaCare
	UCare Medicare with M Health Fairview and North Memorial Health
	UCare Your Choice
	UCare Medicare Group Plans
	Institutional Special Needs Plans (I-SNPs)
Exchange	UCare Individual and Family Plans (IFP)
	UCare Individual & Family Plans with M Health Fairview

Committees/Work Groups	
Quality Improvement Advisory and Credentialing Committee (QIACC)	
Health Services Management Committee (HSMC)	QMIC Workgroups
Mental Health and Substance Use Disorder Services (MSS) Utilization Management (UM) Committee	Appeals and Grievances
Clinical Services (CLS) Utilization Management (UM) Committee	Call Center
	Emerging Risk
	Enrollee Experience
Medical Policy Committee	Hospitalizations
Pharmacy and Therapeutics Committee (P&T)	Mental Health
Population Health Program Council (PHPC)	Prevention
Population Health Data Management Committee	Provider Quality
Population Health Initiatives Committee	Special Needs Plans (SNP)
Quality Improvement Council (QIC)	Other
Credentialing Committee	Maximizing Provider Network Workgroup
Quality Improvement Measures Committee (QMIC)	
Health Equity Committee	

UCare Focus Area	
Admin	Administrative
MemX	Member Experience
QCC	Quality of Clinical Care
QS	Quality of Service
SCC	Safety of Clinical Care

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other
Admin	2022 Quality Program Evaluation (on 2022 QI Activities)	All Products	Evaluate the overall effectiveness of the Quality Program and evaluate performance in quality and safety of clinical care and quality of services.	Complete annual Quality Program Evaluation. Annual submission to DHS.	NCQA QI 1C, CLAS 9, 10, 15, 42 CFR §422.152, Minn. Rules 4685.1110, sub 8, Minn. Rules 4685.1115, Minn. Rules 4685.1120	Quality Program Evaluation	VP, Quality and Population Health Management			Mar	Mar	Board of Directors - Mar
Admin	2023 Quality Program Work Plan	All Products	Define quality related planning and monitoring of activities as well as clinical and operational improvement for the coming year.	Complete annual Quality Work Plan for all products based on regulatory requirements and findings from previous QI Program Evaluation. Integrate CLAS and health equity key activities. Annual submission to DHS.	NCQA QI 1B, HE 5A, CLAS 9, 10, 15, 42 CFR §422.152, Minn. Rule 4685.1115, Minn. Rules 4685.1130, Minn. Rules 4685.1125, sub 2	Quality Program Work Plan	VP, Quality and Population Health Management			Mar	Mar	Board of Directors - Mar
Admin	2023 Quality Program Description	All Products	Annual review of Quality Program and structure.	Complete annual Quality Program Description. Program structure changes made as indicated. Integrate CLAS and health equity program content. Annual submission to MDH.	NCQA QI 1A, HE 5A, CLAS 9, 10, 15, 42 CFR §422.152, Minn. Rules 4685.1110, sub 1-13, Minn. Rules 4685.1115, Minn. Rules 4685.1130, sub 1	Quality Program Description	VP, Quality and Population Health Management			Mar	Mar	Board of Directors - Mar

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other
SCC	Adverse Events Bi-Annual Report	All Products	Ongoing monitoring of adverse events between recertification cycles and take appropriate action against practitioners when occurrences of poor quality are identified.	Identify and, when appropriate, act on quality and safety issues in a timely manner during the interval between formal credentialing. Monitor practitioner-specific adverse events. Report findings semi-annually.	NCQA CR 5 A	Adverse Events Report	VP, Quality and Population Health Management					Credentialing Committee - Feb/Aug
QS	Appeals and Grievances (A&G) Trend Report	All Products	Support members by resolving issues of dissatisfaction with UCare. Standard for meeting timelines: 98%. External report requirements are met 100% of the time.	Track appeals and complaints, assess trends, and establish that corrective action is implemented and effective in improving the identified problems. Serve as member advocates by processing concerns in a timely manner. Provide internal training on appeal and grievances trends. Track and trend grievance data by race and language to analyze disparities and identify opportunities for improvement.	NCQA ME 7C-F, CLAS 14, Minn. Rules 4685.1110, sub 9	A&G Trend Report	VP, Quality and Population Health Management			Mar May Sep Nov		QMIC Workgroups - Appeals and Grievances
QS	Assessment of Network Adequacy	All Products	Ensure providers are meeting regulatory and UCare access standards. Ensure network is adequate to meet members' needs. Monitor access to health care services and take action to improve it when opportunities are identified.* Inform members of the criteria used to select hospitals and practitioners for participation in plan networks and monitor member experience with plan services. 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 trends in member appeals and grievances, out-of-network requests, and member experience survey results (CAHPS, QHP, ECHO). Seek additional Primary Care, Dental, Specialty, and Mental Health and Substance Use Disorder provider contract opportunities. Provide member education on mental health and SUD resources (access and triage line), use of in-network providers, pharmacy benefits, and formulary changes. Provide members information to assist in selecting a plan and monitor member experience to identify opportunities for improving plan offerings. Annually analyze capacity of network to meet the linguistic and cultural needs of members. Develop and act on plan to address gaps identified.	NCQA NET1-3, ME 7C-F, HE 3B, CLAS 3, 42 CFR §§ 438.206 and 438.207 MN Statutes Sections 62 D.124 and 62 Q.55 Minn. Rules 4685.1010	Assessment of Network Adequacy Report Accessibility Report Availability Report Enhancing Network Responsiveness Report	VP, Provider Relations and Contracting			Jan Mar Sep		Maximizing Provider Network Workgroup - Feb/Sep Health Equity Committee - Sep
QS	Assessment of Provider Directory and Accuracy	All Products	Evaluate and identify opportunities to improve the accuracy and take action to improve the accuracy of the information in the physician directories.*	Collect and display key provider information on directories. Conduct data validation to determine accuracy of the physician directory. Identify and act on opportunities for improvement. Monitor the online solution (DXT) where providers can login securely to review and update the practitioner and site records. Conduct calls to verify accuracy of provider information.	NCQA NET 5C-D, CLAS 5, HE 4A, 42 CFR §§ 438.206 and 438.207, MN Statutes Sections 62 D.124 and 62 Q.55, Minn. Rules 4685.1010	Provider Directory Accuracy Report	VP, Provider Relations and Contracting			Mar Sep		Maximizing Provider Network Workgroup - Mar/Sep Health Equity Committee - Sep

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other
QCC	Chronic Care Improvement Program (CCIP)	UCare Medicare, MSHO, Connect + Medicare, EssentiaCare, UCare Medicare with M Health Fairview & North Memorial Health	Reduce inpatient admissions per 1000 rates by 1% each year.* Reduce emergency department visits per 1000 rates by 1% each year.*	Quarterly mailing to members with 2-6 chronic conditions. Each mailing includes a quarterly health focus area, health education, tips and resources. Quarterly focus topics include preventive services, medication adherence, stress management and hypertension/obesity.	42 CFR §§ 422.152	CCIP Report	VP, Quality and Population Health Management	Mar				
QCC	Care Management (CM) Evaluation	All Products	Help members regain optimum health or improve functional capability, in the right setting and in a cost-effective manner. Coordinate services for the highest risk members with complex conditions and help them access needed resources. Address the needs of members with co-occurring behavioral and physical health conditions. Evaluate effectiveness of the program and identify opportunities for improvement.	Identify and inform eligible members. Educate members on conditions and risks. Evaluate Complex Case Management (CCM) experience through member feedback to improve the CCM program.	NCQA PHM 1A, 6	CM Program Evaluation	VP, Clinical Services VP, Mental Health and Substance Use Disorder Services	May				
MemX	Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Enrollee Satisfaction Survey (ESS) Report	All Products	Achieve a rating of 4.5 Stars or higher for all products. <u>Focus Areas:</u> UCare Medicare <ul style="list-style-type: none"> - Rating of Drug Plan 86%* MSHO <ul style="list-style-type: none"> - Rating of Health Plan 86%* - Rating of Health Care Quality 86% - Rating of Drug Plan 85% - Getting Needed Prescription Drugs 91% Connect + Medicare <ul style="list-style-type: none"> - Rating of Health Plan 87%* - Rating of Health Care Quality 85% - Customer Service 91% - Annual Flu Vaccine 69%* EssentiaCare <ul style="list-style-type: none"> - Rating of Health Plan 86%* - Rating of Drug Plan 85%* IFP <ul style="list-style-type: none"> - Rating of Health Plan 62.4%* - Access to Information 46%* 	Measure satisfaction of services with CAHPS questions in comparison with other MCO plans. Analyze the results against benchmarks. Analyze results by race/ethnicity and language. Identify opportunities for improvement based off comparison to 2022 national average scores and identified health disparities. Continue interventions in the following areas: <ul style="list-style-type: none"> - Customer Service training and improvement. - Member education materials. - Provider education (i.e., primary care providers, Adult Day Centers, Joint Medicare plan network). - Off-cycle CAHPS survey. - Part D change calls. - Improved data collection and analytics (i.e., monthly Qualtrix survey, HDD, UniteUs). - Annual flu vaccines pop-up clinics and member outreach. 	NCQA ME 7C-F, NET 3, 42 CFR §§ 422.152 and 422.516	CAHPS and ESS Survey Results	VP, Quality and Population Health Management					QMIC - Feb/Nov QMIC Workgroups - Enrollee Experience

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	Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Enrollee Satisfaction Survey (ESS) Report Continued		PMAP <ul style="list-style-type: none"> – Getting Needed Care 76% – Getting Care Quickly 81%* – Customer Service 89% MnCare <ul style="list-style-type: none"> – Getting Needed Care 79% – Getting Care Quickly 81%* – Customer Service 87% – Coordination of Care 79% MSC+ <ul style="list-style-type: none"> – Rating of Health Plan 91%* – Getting Needed Care 83%* – Coordination of Care 88% Connect <ul style="list-style-type: none"> – Rating of Health Plan 57% – Coordination of Care 85% 									
QCC	Continuity and Coordination Between Mental Health and Substance Use Disorder and Medical Care	All Products	Collaborate with mental health and substance use disorder practitioners to monitor and improve coordination between medical care and mental health and substance use disorder services. Focus areas: <ul style="list-style-type: none"> – Exchange of Information Provider Satisfaction – Antidepressant Medication Management (AMM)* – Follow-Up Care for Children Prescribed ADHD Medication (ADD) – Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC) – Members who, having been discharged from acute care for a cardiac diagnosis, received follow-up mental health services within 45 days – Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)* 	Collect and analyze data to identify opportunities for improvement of coordination between behavioral and medical care. Evaluate performance metrics and determine future focus areas. Implement and evaluate the effectiveness of the following interventions: <ul style="list-style-type: none"> – Member educational mailings – Partner with provider groups to close gaps in care, including Certified Community Behavioral Health Clinics (CCBHCs)/Behavioral Health Homes (BHH) – Targeted medication reviews 	NCQA QI 4, CLAS 1, 42 CFR §§ 438.208	Continuity and Coordination Between Mental Health and Substance Use Disorder and Medical Care Report	VP, Mental Health and Substance Use Disorder Services			Mar	Mar Dec	Key Partners Collaborative - Apr/Dec QMIC Workgroups - Mental Health

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other
QCC	Continuity and Coordination of Medical Care	All Products	Monitor and take action as necessary to improve continuity and coordination of care across the health care network. Collecting and analyzing data on member movement between practitioners and across settings and acting on 3 areas. Focus Areas: <ul style="list-style-type: none"> Transitions of Care* Follow-Up After Emergency Department Visits* Comprehensive Diabetes Care Eye Exams* Plan All Cause Readmissions 	Collect and analyze data to identify opportunities for improvement of coordination of medical care. Implement and evaluate the effectiveness of the following interventions: <ul style="list-style-type: none"> Post-discharge member engagement calls by nursing staff and pharmacy staff. IVR phone calls directed to members to receive annual eye exam, with call back option to assist with scheduling or ask questions. CHW/Nurse/Care Manager outreach to members after an Emergency Department visit to assist in scheduling follow-up appointments and educate on appropriate use of care. 	NCQA QI 3 42 CFR §§ 438.208	Continuity and Coordination of Medical Care Report	VP, Quality and Population Health Management			Mar	Mar Dec	QMIC - Oct QMIC Workgroups - Hospitalizations and Emerging Risk - Aug/Sep
Admin	Credentialing Plan	All Products	Annual review of the Credentialing Plan, which applies to all providers defined by UCare subject to credentialing.	Review and approve annually. Make the document available on UCare’s website for providers and share with UCare delegates.	NCQA CR 1, 2, 5, 6	Credentialing Plan	VP, Quality and Population Health Management					Credentialing Committee - Apr
Admin	2022 Culturally and Linguistically Appropriate Services (CLAS) Program Evaluation	All Products	Evaluate the effectiveness of the CLAS activities to include monitoring activities and clinical, operational, and experience initiatives.	Complete CLAS Program Evaluation.	NCQA HE 5 B, CLAS 9, 10	CLAS Program Evaluation	VP, Equity and Inclusion			Mar	Mar	
Admin	Delegation Oversight (Regulatory)	All Products	Perform oversight of delegated facilities and responsibilities in accordance with regulatory and contractual delegation agreements. Determine and follow up on opportunities for improvement.*	Annual audit of delegated entities. Annual schedule submitted to the state identifying delegated functions. Develop Corrective Action Plans (CAPs) based on audit findings. Provide member and clinical data, as applicable.	NCQA CR 8/ PHM 7/UM 13/ NET 6/ME 8	Delegation Audit Findings	VP, Compliance			Nov		Credentialing Committee - Jan/July
QCC	Dental Benchmark Access	PMap, MnCare, MSHO, MSC+, Connect, Connect +	Achieve 55% for all product lines to improve dental utilization (2022-2024 performance benchmark).*	Participate with the MN Council of Health Plans on the dental project. Analyze provider access to serve the Medicaid population. Dental interventions to improve utilization including provider and community partnerships, telephonic outreach, gap in care reminders, and Mobile Dental Clinic.	DHS Contract, CLAS 1	Dental Report	VP, Quality and Population Health Management VP, Provider Relations and Contracting			Jul		QMIC - May QMIC Workgroups - Provider Quality and Prevention

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other
QCC	DHS Withholds	PMP, MnCare	Monitor data, identify opportunities for improvement, and implement interventions in the following focus areas: <ul style="list-style-type: none"> – Childhood Immunization Status (Combo 10) - Improve Disparity Gap* – Well Child Visits in the First 30 months of life - Improve Disparity Gap* – Child and Adolescent Well-Care Visits - Improve Disparity Gap* - eliminate disparity gap between Non-Hispanic White population (40.46%) and Native American/Native Alaskan population (36.84%) – Prenatal and Postpartum Care - Improve Disparity Gap* – Initiation and Engagement of Alcohol and Drug dependency Treatment - Improve Disparity Gap* – Follow-up After Hospitalization for Mental Illness (7 and 30-day) - Improve Disparity Gap* - reduce 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% – Emergency Department Utilization Rate - 10% reduction* – Hospital Admission Rate - 5% reduction* – 30-Day Readmission Percentage - 5% reduction* – No Repeat Deficiencies on the MDH QA Examination for MHCP 	Conduct interventions to improve key metrics including: <ul style="list-style-type: none"> – Value-based contracts. – Culturally congruent telephonic outreach. – Provide education to members who have had a non-traumatic ED visit. – Attend regional stakeholder meetings as scheduled. – Conduct provider education (tool kit, Webinars, and resources). – Conduct member education (IVR calls, mailings). – Provider and community partnerships to help provide health education & close gaps in care. 	DHS Contract, CLAS 1, NCQA HE 6B/D	Committee Updates	VP, Quality and Population Health Management			Sep		QMIC - Sep QMIC Workgroups - Hospitalizations, Prevention, Mental Health, Provider Quality
QCC	DHS Withholds	MSC+, MSHO	Monitor data, identify opportunities for improvement, and implement interventions in the following focus areas: <ul style="list-style-type: none"> – No Repeat Deficiencies on the MDH QA Examination for MHCP* – Completion of and submission to State of Care Plan Audit* – Initial Health Risk Screening or Assessment Completed on 90% of new enrollees* – Stakeholder Group reporting* – Annual Dental Visit, Age 65+* 	Conduct interventions to improve key metrics including: <ul style="list-style-type: none"> – Culturally congruent telephonic outreach. – Partner with Delta Dental on providing additional outreach services to members. – Attend regional stakeholder meetings as scheduled. – Conduct provider education (tool kit, Webinars, and resources). – Continue Mobile Dental Clinic. – Provider and community partnerships to close gaps in care. 	DHS Contract, CLAS 1	Committee Updates	VP, Quality and Population Health Management			Sep		QMIC - Sep QMIC Workgroups - Hospitalizations, Prevention, Mental Health, Provider Quality

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other
QCC	DHS Withholds	Connect, Connect + Medicare	Monitor data, identify opportunities for improvement, and implement interventions in the following focus areas: – No Repeat Deficiencies on the MDH QA Examination for MHCP* – Compliance with Service Accessibility Requirements* – Stakeholder Group reporting* – Annual Dental Visit, Age 18-64*	Conduct interventions to improve key metrics including: – Culturally congruent telephonic outreach. – Partner with Delta Dental on providing additional outreach services to members. – Attend regional stakeholder meetings as scheduled. – Conduct provider education (tool kit, Webinars, and resources). – Continue Mobile Dental Clinic. – Provider and community partnerships to close gaps in care.	DHS Contract, CLAS 1	Committee Updates	VP, Quality and Population Health Management			Sep		QMIC - Sep QMIC Workgroups - Hospitalizations, Prevention, Mental Health, Provider Quality
QCC	Disease Management (DM) Annual Report	All Products	Help members regain optimum health and/or improve functional capability, in the right setting and in a cost-effective manner. Improve DM program. Goal is to meet/exceed 80% member satisfaction.	Identify relevant process or outcome measures, analyze results and identify opportunities for improvement. Integrate DM strategy with the Population Health Management Strategy. Identify and inform eligible members of the DM program. Provide DM health coaching for members and help them access needed resources.	NCQA PHM 1, PHM 2, PHM 6 DHS Contract	DM Experience Report and Annual Evaluation	VP, Quality and Population Health Management		Mar			
MemX	Experience of Care and Health Outcomes Survey (ECHO) Report	All Products	Measure overall experience from members who accessed mental health services in the past 12 months to obtain information about experiences with mental health care services and the health plan. Meet or exceed UCare performance benchmarks.*	Analyze results against previous years and benchmarks to identify opportunities for improvement. Identify interventions to improve performance in measures that are below the benchmark, including expanding provider network and accessibility, improving prior authorization processes, and navigating telehealth services. Analyze effectiveness and utilization of Triage and Access line.	NCQA ME 7 E-F	ECHO Report	VP, Quality and Population Health Management					QMIC - Feb/Nov QMIC Workgroups - Mental Health
QCC	Health Disparities Report	PMap MnCare Connect Connect+ MSC+ MSHO	Annually use data to identify health care disparities, identify opportunities to reduce disparities, implement interventions, and evaluate the effectiveness of the interventions.	Use race/ethnicity, language, sexual orientation and gender data to determine if health care disparities exist in HEDIS and member experience (CAHPS) measures. Identify and prioritize opportunities to reduce health care disparities. Implement at least one intervention to address a disparity. Evaluate the effectiveness of the intervention.	NCQA HE 6B/D, CLAS 1	Health Disparities Report	VP, Quality and Population Health Management					Health Equity Committee - Sep
SCC	Health Outcomes Survey (HOS)	UCare Medicare, MSHO, EssentiaCare, UCare Medicare with M Health Fairview & North Memorial Health	Achieve a rating of 4.5 Stars or higher for all UCare products. Assess and monitor physical and mental health functional status of Medicare members. Utilize data to improve functional outcomes as indicated by survey results, as a measurement tool, and as a comparative indicator of member health.*	Conduct a two-year cohort study on a sample of members. Review questions that pertain to physical and mental health outcomes. Trend results and compare benchmarks. Review HRA data to identify at-risk members. Implement interventions including provider education, member education, annual wellness exam incentive, falls prevention mailer, and Strong & Stable Kit expansion.	42 CFR §§ 422.152 and 422.516	HOS Survey Results	VP, Quality and Population Health Management					QMIC - Nov QMIC Workgroups - Mental Health and Prevention

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other
QCC	Healthcare Effectiveness Data Information Set (HEDIS)** <i>**See QMIC Work Plan and Stars Grid for all performance and benchmark data.</i>	EssentiaCare, UCare Medicare with M Health Fairview & North Memorial Health	Achieve 5 Star ratings. Address issues identified in 2022 Annual Program Evaluation.* Evaluate COVID-19 impacts to final HEDIS MY 2022 rates.* Complete full HEDIS evaluation, including trended performance and benchmarks. Measure Focus Areas: <ul style="list-style-type: none"> - Breast Cancer Screening* - Colorectal Cancer Screening* - Controlling High Blood Pressure* - Diabetic Eye Exams* - Diabetes HbA1c Poor Control >9* - Diabetic Kidney Health* - Plan All Cause Readmissions* - Transitions of Care* - Statin Therapy for Patients with Cardiovascular Disease* 	Monitor effectiveness of care, access/availability of care, and use of services. Analyze results against previous years, other health plans, and benchmarks to identify opportunities for improvement. Analyze results by race/ethnicity and language, when appropriate. Identify interventions to improve performance in measures that are below the threshold and/or where a disparity exists and as identified in the annual evaluation. Explore member engagement solutions. Conduct member outreach (i.e., IVR, telephonic, mailings, incentives, etc.). Conduct provider outreach to focus on Star measures (i.e., action lists, education on measures, etc.). Evaluate COVID-19 impacts on final HEDIS MY 2022 rates.	42 CFR §§ 422.152 and 422.516	HEDIS Survey Results	VP, Quality and Population Health Management VP, Chief Informatics Officer			Jul		QMIC - Jul QMIC Workgroups
QCC	Healthcare Effectiveness Data Information Set (HEDIS)** <i>**See QMIC Work Plan & Stars Grid for all performance and benchmark data.</i>	UCare Medicare, I-SNP, MSHO, Connect + Medicare	Restore 5 Star rating for UCare Medicare. Achieve 5 Star ratings for MSHO & Connect + Medicare. Address issues identified in 2022 Annual Program Evaluation.* Evaluate COVID-19 impacts to final HEDIS MY 2022 rates.* Complete full HEDIS evaluation, including trended performance and benchmarks. Measure Focus Areas: <ul style="list-style-type: none"> - Breast Cancer Screening* - Colorectal Cancer Screen* - Diabetes HbA1c Poor Control >9* - Diabetic Eye Exams* - Diabetic Kidney Health* - Controlling High Blood Pressure* - Osteoporosis Management* - Transitions of Care* - Plan All Cause Readmissions* - Care of Older Adults (ISNP & MSHO)* - Statin Therapy for Patients with Cardiovascular Disease 	Monitor effectiveness of care, access/availability of care, and use of services. Analyze results against previous years, other health plans, and benchmarks to identify opportunities for improvement. Analyze results by race/ethnicity and language, when appropriate. Identify interventions to improve performance in measures that are below the threshold and/or where a disparity exists and as identified in the annual evaluation. Explore member engagement solutions. Conduct member outreach (i.e., IVR, telephonic, mailings, etc.). Conduct provider outreach to focus on Star measures (i.e., action lists, education on measures, etc.). Evaluate COVID-19 impacts on final HEDIS MY 2022 rates.	42 CFR §§ 422.152 and 422.516	HEDIS Survey Results	VP, Quality and Population Health Management VP, Chief Informatics Officer			Jul		QMIC - Jul QMIC Workgroups

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QCC	Healthcare Effectiveness Data Information Set (HEDIS)** <i>**See QMIC Work Plan & Stars Grid for all performance and benchmark data.</i>	IFP	Maintain 4 Star or above for QRS Rating. Address issues identified in 2022 Annual Evaluation.* Evaluate COVID-19 impacts to final HEDIS MY 2022 rates.* Complete full HEDIS evaluation, including trended performance and benchmarks. Measure Focus Areas: <ul style="list-style-type: none"> - Annual Dental* - Antidepr Med Mgmt.(QRS Avg.)* - Asthma Medication Ratio* - Avoidance of Antibiotic Tx in Adults - Breast Cancer Screening* - Cervical Cancer Screening* - Childhood and Adolescent Immunizations* - Chlamydia Screening* - Colorectal Cancer Screening* - Diabetes HbA1c Control <8* - Diabetic Eye Exams* - Controlling High Blood Pressure* - Follow up After MH Hosp (7 & 30 day)* - Initiation & Engagement of Alcohol & Other Drug Dependence Tx - Plan All Cause Readmissions* - Prenatal & Postpartum Care* - Child Nutrition & Physical Activity* - Well Visits Ages 3-21* - Well Visits 15 and 30 months* 	Monitor effectiveness of care, access/availability of care, and use of services. Analyze results against previous years, other health plans, and benchmarks to identify opportunities for improvement. Analyze results by race/ethnicity and language, when appropriate. Identify interventions to improve performance in measures that are below the threshold and/or where a disparity exists and as identified in the annual evaluation. Explore member engagement solutions. Conduct member outreach (i.e., IVR, telephonic, mailings, incentives, etc.). Conduct provider outreach to focus on Star measures (i.e., action lists, education on measures, etc.). Evaluate COVID-19 impacts on final HEDIS MY 2022 rates.	42 CFR §§ 422.152 and 422.516	HEDIS Survey Results	VP, Quality and Population Health Management VP, Chief Informatics Officer			Jul		QMIC - Jul QMIC Workgroups
QCC	Healthcare Effectiveness Data Information Set (HEDIS)** <i>**See QMIC Work Plan & Stars Grid for all performance and benchmark data.</i>	PMAP, MnCare, MSC+, Connect	Achieve the 75th NCQA percentile or above. Address issues identified in 2022 Annual Evaluation.* Evaluate COVID-19 impacts to final HEDIS MY 2022 rates.* Complete full HEDIS evaluation, including trended performance and benchmarks. Measure Focus Areas: <ul style="list-style-type: none"> - Annual Dental* - Antidepressant Med Mgmt.* - Breast Cancer Screening* - Colorectal Cancer Screening (new for Medicaid) - Cervical Cancer Screening* - Controlling High Blood Pressure* 	Monitor effectiveness of care, access/availability of care, and use of services. Analyze results against previous years, other health plans, and benchmarks to identify opportunities for improvement. Analyze results by race/ethnicity and language, when appropriate. Identify interventions to improve performance in measures that are below the threshold and/or where a disparity exists and as identified in the annual evaluation. Explore member engagement solutions. Conduct member outreach (i.e., IVR, telephonic, mailings, incentives, etc.). Conduct provider outreach to focus on Star measures (i.e., action lists, education on measures, etc.). Evaluate COVID-19 impacts on final HEDIS MY 2022 rates.	42 CFR §§ 422.152 and 422.516	HEDIS Survey Results	VP, Quality and Population Health Management VP, Chief Informatics Officer			Jul		QMIC - Jul QMIC Workgroups

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	Healthcare Effectiveness Data Information Set (HEDIS)** Continued		<ul style="list-style-type: none"> – Diabetes HbA1c Control <8* – Diabetic Eye Exams* – Diabetic Kidney Health* – Child Nutrition & Physical Activity* – Childhood & Adolescent Immunizations* – Chlamydia Screening* – Follow Up After MH Hospital (7 & 30 day)* – Prenatal & Postpartum Care* – Well Visits Ages 3-21* – Well Visits 15 and 30 months* 									
QCC	Inter-Rater Reliability (IRR) Report	All Products	Ensure uniform application of objective measurable criteria for utilization decisions.	Calculate percent of inter-rate reliability. Update InterQual medical criteria. Continue the testing process.	NCQA UM 2 C	Inter-Rater Reliability (IRR) Report	VP, Clinical Services VP, Mental Health and Substance Use Disorder Services	Sep				
QS	Language Services Assessment	PMAP MnCare Connect Connect+ MSC+ MSHO	Annually use data to monitor and assess language services offered to members. Annually analyze census and community-level data to better understand language needs in UCare's service area. 85% of members reporting satisfaction with language services provided by UCare.	Assess utilization of language services for organizational functions, individual experience with language services for organizational functions and during health care encounters, and staff experience with language services. Determine languages spoken by 5% of the population (or 1,000 eligible individuals) and 1% of the population (or 200 eligible members) using census-level data. Share service area population data on language needs with network providers. Assess impact on programmatic and language services offered. Identify opportunities for improvement, implement interventions, and evaluate effectiveness of interventions.	NCQA HE 3 C NCQA HE 6 B-C CLAS 10, 11 and 12	Language Services Assessment Report	VP, Chief Experience Officer VP, Chief Informatics Officer					Health Equity Committee - Sep
QCC	Long Term Support Services (LTSS)	MSHO, MSC+, Connect, Connect + Medicare	Create a system to implement effective services that produces positive outcomes through accountability, continuous improvement, cultural responsiveness, and partnership. Assess quality and appropriateness of care furnished to Enrollees using LTSS covered under the contract.	Identify a strategic direction of services and supports. Identify performance measures related to LTSS. Monitor and evaluate the quality of home and community based services provided members.	DHS Contract	Care Plan and TRC Audit Results Report	VP, Clinical Services VP, Mental Health and Substance Use Disorder Services	Nov		May		

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other
QCC	Medical Record Standards and Advance Directives Audit	All Products	Monitor quality of primary care medical records for compliance with UCare standards. Address issues identified in 2022 Annual Evaluation.*	Evaluate providers for compliance with UCare Medical Record Standards. UCare standards and criteria will remain the same for 2023. Conduct provider outreach and education post audit, as necessary.	Minn. Rules, part 4685.1110, subpart 13 DHS contract	Medical Record Standards and Advance Directives Audit Results	VP, Quality and Population Health Management			Sep	Sep	QMIC - Jul
MemX	Member Experience Analysis	All Products	Implement mechanisms to assess and improve member experience. Annually monitor and evaluate member experience with services and identify areas of potential improvement by reviewing appeals and grievances, CAHPS/QHP, and ECHO data.*	Continue or implement interventions in the following areas: <ul style="list-style-type: none"> – Cross-departmental workgroup to identify and resolve configuration issues. – PBM and provider collaboration to decrease appeals. – Member outreach post-discharge and for AMM. – Triage and Access Line improvements/develop member materials to increase awareness of lines. – MH/SUD hospital room availability in designated counties. – Off cycle CAHPS survey. 	NCQA ME 7 C-F	Member Experience Report	VP, Quality and Population Health Management			Jan Mar		QMIC Workgroups - Appeals and Grievances, Enrollee Experience, Mental Health
QCC	Model of Care (MOC)	MSHO, Connect + Medicare, I-SNP	Improve the Special Needs Plan’s (SNP’s) ability to deliver high-quality health care services and benefits to SNP beneficiaries.*	Conduct an annual analysis of select measures related to the MOC and identify opportunities for improvement. Complete timely submission of MSHO MOC proposal.	CMS MOC 4	MOC Annual Evaluation	VP, Clinical Services VP, Mental Health and Substance Use Disorder Services	Apr			Jun	QMIC - Mar MSS UM Committee - Feb/May/Sep CLS UM Committee - Feb QMIC Workgroups - SNP, Emerging Risk, Prevention
Admin	NCQA Accreditation Updates	All Products	Complete all annual requirements for NCQA Health Plan Accreditation and Health Equity Accreditation. Complete timely submission of NCQA Health Plan Accreditation renewal surveys for all applicable product lines.	Manage document review and survey submission throughout the organization. Monitor NCQA Health Plan Ratings.	NCQA	Committee Updates	VP, Quality and Population Health Management			Mar Sep		QMIC - Oct
Admin	Non-Discrimination Report	All Products	Identify and track incidences of discrimination in the Credentialing process.	Complete audits of credentialing files to monitor the Credentialing and Recredentialing process to prevent and/or identify any discriminatory practices. Complete audits of practitioner complaints for evidence of alleged discrimination.	NCQA CR 1 A	Annual Non-Discrimination Report	VP, Quality and Population Health Management					Credentialing Committee - Oct

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other
QCC	Over/Under Utilization Report	All Products	Improve utilization of appropriate medical care to contain the cost of medical services for members.*	Monitor both over and under utilization of medical resources, and identify opportunities to improve appropriate utilization of medical care.	DHS Contract	Over and Under Utilization Report	VP, Clinical Services VP, Mental Health and Substance Use Disorder Services	May Nov				MSS UM Committee - Feb/May/Sep/Nov CLS UM Committee - Feb/May/Sep/Nov
QCC	Performance Improvement Project (PIP) Diabetes 2021-2023	Connect, Connect + Medicare, MSC+, MSHO	Improve the Comprehensive Diabetes Care and services for Seniors and SNBC members with the focus on disparities varying by Managed Care Organizations (MCO).*	<p>Participate in collaborative interventions including:</p> <ul style="list-style-type: none"> – Continue care coordinator training and webinar series on topics to address health disparity gaps in diabetes care. – Provide educational resources. – Conduct community outreach and develop partnerships. <p>Implement UCare specific interventions including:</p> <ul style="list-style-type: none"> – Align internal efforts for Diabetes care outreach and initiatives. – Increase services and education of the Disease Management program. – Utilize Unite Us to identify social risk factors for members with diabetes and tailor intervention approaches. – Continue to partner with BioIQ in-home testing kits and telephonic outreach. 	DHS Contract, Minn. Rules, part 4685.1125	PIP Interim Report	VP, Quality and Population Health Management			Sep		QMIC - Aug QMIC Workgroups - Emerging Risk
QCC	Performance Improvement Project (PIP) Healthy Start 2021-2023	PMAP, MnCare	Promote a 'Healthy Start' for women and children with a focus on health disparities.	<p>Participate in collaborative interventions including:</p> <ul style="list-style-type: none"> – Provide education, resources, and tools to care teams. – Community partnership interventions. – Integrated Care for High Risk Pregnancies (ICHRP). – Doulas and county partners. <p>Implement UCare specific interventions including:</p> <ul style="list-style-type: none"> – Organizational redesign for prenatal and postpartum case management. – Develop strategies to improve childhood well care and immunizations rates with the impact COVID-19. – Engage doulas. – Utilize Community Health Workers (CHW) and social workers. – Assess benefits to improve access and utilization of services. 	DHS Contract, Minn. Rules, part 4685.1125	PIP Interim Report	VP, Quality and Population Health Management			Sep		QMIC - Aug QMIC Workgroups - Prevention

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other
QCC	Population Health Management - Strategy	All Products	Develop a cohesive population health management (PHM) strategy for addressing member needs across the continuum of care.	Annually review and update Population Health Management (PHM) strategy. Maintain a minimum of one program/activity in the following areas: Keeping Members Healthy; Emerging Risk; Chronic Conditions; Multiple Chronic Conditions; Patient Safety or Outcomes Across Settings. Report out on community and stakeholder engagement on health equity and identify opportunities for improvement.	DHS Contract, NCQA PHM 1, CLAS 13	Population Health Management Strategy	VP, Quality and Population Health Management		May		Jun	
QCC	Population Health Management - Population Assessments	All Products	Assess needs of members and determine actionable categories for appropriate intervention.	Annually assess and review the characteristics and needs of members by product, including social determinants of health, subpopulations, child/adol. members, disabilities and SPMI. Utilize population assessments to review and update PHM activities and resources.	DHS Contract, NCQA PHM 2	Population Assessments	VP, Quality and Population Health Management		Apr		Jun	
QCC	Population Health Management - Impact Analysis	All Products	Evaluate effectiveness of PHM strategy and determine whether goals were achieved and identify areas for improvement.*	Annually conduct a comprehensive analysis inclusive of clinical, cost/utilization and experience measures to evaluate the effectiveness of the PHM programs and the overall impact of the PHM strategy. Assess and develop internal strategy for evaluating PHM programs and activities.	DHS Contract, NCQA PHM 6	Population Health Management Impact Analysis	VP, Quality and Population Health Management			Mar	Mar	
QCC	Prior Authorization (PA) Grids	All Products	Ensure UCare's prior authorization processes meet the needs of members and providers.	Review PA requirements and update as needed.	DHS Contract	Medical Services Authorizations Mental Health and Substance Use Disorder Authorizations Medical Injectable Drug Authorizations	VP, Clinical Services VP, Mental Health and Substance Use Disorder Services VP, Pharmacy	Sep			Sep	P&T - Sep
QCC	Quality and Accuracy of Personalized Health Plan Information and Services	All Products	Provide members information to understand and use the health plan benefits. Ensure the quality and accuracy of health plan information.	Collect and analyze the quality and accuracy of health plan services information provided via the website, phone and email response and identify and act on opportunities for improvement.	NCQA ME 6	Quality and Accuracy on Personalized Information on Health Plan Services	VP, Customer Service			Jan Mar	Mar	

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other
QCC	Quality and Accuracy of Pharmacy Benefit Information	All Products	Provide members information to understand and use the pharmacy benefit. Ensure pharmacy benefit information is accurate.*	Collect and analyze the quality and accuracy of pharmacy benefit information provided via the website and telephone and identify and act on opportunities for improvement.	NCQA ME 5	Quality and Accuracy of Pharmacy Benefit Information	VP, Customer Service VP, Pharmacy			Jan Mar	Mar	
QCC	Quality Improvement Strategy (QIS) Cervical Cancer Screening	IFP	Focused studies conducted to improve cervical cancer screening rates. Cervical Cancer Screening goal is to increase the screening rate by 10 percentage points to 61.58%. The health disparity goal is to increase the cervical cancer screening rate for Native Americans by 6.11 percentage points to 46.59%, a statistically significant margin from the baseline MY2021 HEDIS baseline rate of 40.48%.*	Implement UCare specific interventions including: – Monitor provider prescribing trends – Provide education and member outreach – Partnership with Planned Parenthood	ACA, section 1311(g) (1) (45 CFR 156.200 (b))	QIS Report	VP, Quality and Population Health Management			Sep		QMIC - Aug QMIC Workgroups - Prevention
QCC	Quality of Care Reviews	All Products	Complete quality reviews/investigations in a timely manner to ensure a safe and quality provider network. Close 90% of Quality Care cases within 90 days of receipt.	Monitor percent of cases closed that meet resolution timeline. Analyze quarterly trend reports by volume, issues, severity, and outcome. Provide education and monitor providers included unsubstantiated cases. Refer to peer review as required. Provide cross-departmental education regarding Quality of Care concerns.	DHS Contract	QOC Trend Report	VP, Clinical Services	Mar June Sep Dec				
Admin	Quality Rating System	IFP	Complete quality improvement activities based on Stars ratings. Achieve a 2023 Star Rating of 5 out of 5 Stars. <u>Focus Areas (goal is to achieve a significant % improvement):</u> – Use of Imaging Studies for Low Back Pain* – QHP Survey measures* – Medical Assistance with Smoking and Tobacco Use Cessation* – Avoidable Readmissions* – Asthma Medication Ratio* – Well Child Visits in the First 30 Months of Life*	Develop and implement interventions based on overall Stars ratings to achieve statistically significant improvement. Provide activity reports to QMIC, QIC, and QIACC. Complete PDSA cycle on all interventions. Develop focus areas and interventions in QMIC workgroups. Work on areas below the threshold and as identified in the annual evaluation.	Section 1311(c)(3) of Patient Protection and Affordable Care Act	Strategic Plan Stars Update	VP, Quality and Population Health Management			Sep Nov	Dec	QMIC - Sep/Oct QMIC Workgroups
Admin	Regulatory Oversight	All Products	Ensure results from the CMS Medicare program audit and MDH Quality Assurance (QA) Examination/TCA audit reports are reviewed and acted upon .	Identify number of deficiencies and mandatory improvements in audit reports. Discuss mandatory improvements with appropriate VP/Directors and receive written confirmation from VP's of next steps. CAPs relating to the audit deficiencies are complete or in process. Respond to DHS's External Quality Review Organization (EQRO) requests.	CMS Requirements DHS contracts	CMS Audit, MDH QA and TCA ATR report	VP, Compliance VP, Government Relations			Sep		

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other
SCC	Special Health Needs (SHCN) (Regulatory)	PMap, MnCare, Connect, MSC+, MSHO, Connect + Medicare	Ensure the effective mechanisms are in place to: <ul style="list-style-type: none"> Identify adult and pediatric members with SHCN.* Assess members identified, offer care management and monitor the member's plan of care.* 	Maintain tracking of select utilization indicators per contract. Monitor clinical/utilization triggers. Continue ER avoidance efforts. Continue to offer case management for members with special health care needs. Develop written description of SHCN Plan. Complete annual and quarterly reports.	DHS Contract	Screenings Referrals for Services Claims Data Guiding Care Data	VP, Clinical Services	Mar				CLS Utilization Management Workgroup MSS Utilization Management Workgroup
Admin	Stars Report <i>**See QMIC Work Plan & Stars Grid for HEDIS performance and benchmark data.</i>	UCare Medicare, MSHO, Connect + Medicare, EssentiaCare, UCare Medicare with M Health Fairview & North Memorial Health	Complete quality improvement activities based on Stars ratings. Achieve a 2024 rating of 4.5 Stars or higher for all UCare products. <u>Focus Areas (goal is to achieve a significant % improvement):</u> UCare Medicare <ul style="list-style-type: none"> Osteoporosis Management in Women with Recent Fracture* MTM Program Completion Rate for CMRs* Medication Adherence measures (3) Reducing the Risk of Falling Improving Bladder Control Monitoring Physical Activity Transitions of Care - Medication Reconciliation Post Discharge* MSHO <ul style="list-style-type: none"> Plan Makes Timely Decisions about Appeals Reviewing Appeals Decisions MTM Program Completion Rate for CMRs* Medication Adherence measures (3) Breast Cancer Screening All CAHPS Survey measures* Transitions of Care - Medication Reconciliation Post Discharge* Osteoporosis Management in Women with Recent Fracture* Connect + Medicare <ul style="list-style-type: none"> Med Adherence for Hypertension* SNP Care Management* MTM Program Completion Rate for CMRs* All CAHPS Survey measures, including Annual Flu Vaccine* Transitions of Care - Medication Reconciliation Post Discharge* 	Develop and implement interventions based on overall Stars ratings to achieve statistically significant improvement. Provide activity reports to QMIC, QIC, and QIACC. Complete PDSA cycle on all interventions. Develop focus areas and interventions in QMIC workgroups. Work on areas below the threshold and as identified in the annual evaluation.	42 CFR §§ 422.152 and 422.516	Strategic Plan Stars Update	VP, Quality and Population Health Management			Sep Nov	Dec	QMIC - Sep/Oct QMIC Workgroups

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other
	Stars Report Continued		EssentiaCare <ul style="list-style-type: none"> – MTM Program Completion Rate for CMRs* – Medication Adherence measures (3) – All CAHPS Survey measures, emphasis on Customer Services* – Monitoring Physical Activity – Reducing the Risk of Falling – Improving Bladder Control MHF/NM <ul style="list-style-type: none"> – MTM Program Completion Rate for CMRs* – Medication Adherence measures (3) – Transitions of Care - Medication Reconciliation Post Discharge* 									
QCC	Utilization Management (UM) Criteria Review	All Products	Annual review of UM written criteria based on sound clinical evidence to make utilization decisions and specify procedures for appropriately applying the criteria.	Review and apply objective and evidence-based criteria and take individual circumstances and the local delivery system into account when determining the medical appropriateness of health care services.	NCQA UM 2 DHS Contract	UM Criteria	VP, Clinical Services	Dec			Dec	
QCC	Utilization Management (UM) Evaluation	All Products	Complete an annual evaluation of the UM program to determine if the program remains current and appropriate.*	Evaluate the UM program structure, scope, processes, and information sources used to determine benefit coverage and medical necessity. Evaluate the level of involvement of the senior-level physician and designated behavioral health care practitioner in the UM program. Identify relevant measures and analyze results to identify opportunities for improvement. Collect and analyze practitioner experience data to identify improvement opportunities and take action on opportunities for improvement.	NCQA UM 1B	Annual Utilization Management Evaluation	VP, Clinical Services VP, Mental Health and Substance Use Disorder Services	Mar			Mar	
QCC	Utilization Management (UM) Program Description	All Products	Ensure UM program is well structured and makes utilization decisions affecting the health of members in a fair, impartial, and consistent manner. Ensure the UM program has clearly defined structures and processes and assigns responsibility to appropriate individuals.	Annually review UM plan and ensure it includes the following: <ul style="list-style-type: none"> – A written description of the program structure. – The behavioral health care aspects of the program. – Involvement of a designated senior-level physician in UM program monitoring. – Involvement of a designated behavioral health care practitioner in the behavioral health care aspects of the UM program. – The program scope and process used to determine benefit coverage and medical necessity. – Information sources used to determine benefit coverage and medical necessity. 	NCQA UM 1A DHS Contract	Utilization Management Plan	VP, Clinical Services VP, Mental Health and Substance Use Disorder Services	Mar			Mar	