2024 Quality Program Evaluation

Executive Summary

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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 improving 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 the 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 is an evaluation of the previous years' quality improvement 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 (UM) 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. These documents include:

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 Work Plan: The annual Utilization Management Work Plan documents and monitors utilization management activities for 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 utilization management program evaluation and in the analysis of utilization metrics. The work plan is updated as needed throughout the year to assess the progress of initiatives.

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 timeliness of denial notifications, provider and member experience with the utilization management process, quality of care, inpatient admissions, hospitalizations, and emergency department utilization.

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 levels of health care 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 identify barriers and opportunities for improvement. For example, the Population Health Management Program Evaluation includes evaluations of Disease Management programs, Care Management programs, Health Improvement Outreach, and Care Coordination.

Introduction to UCare

UCare (www.ucare.org) is a community-based nonprofit health plan delivering comprehensive health coverage and administrative services to members across Minnesota and western Wisconsin. Serving over 600,000 members with a provider network covering 97% of providers across Minnesota, UCare has been dedicated to improving member health since 1984. Guided by its mission to deliver innovative services and foster partnerships that strengthen communities, UCare ensures access to high-quality care for individuals of all ages, abilities, and backgrounds.

As a market leader in Minnesota's Medicare, Medical Assistance (Medicaid), and Individual and Family Plan (IFP) sectors, UCare offers innovative plans that evolve to meet the changing needs of health care. In 2023, UCare expanded its Medicare offerings with a national provider network, enhancing access to care for members who travel. UCare's fastest- growing Medicare product, UCare Your Choice, is a PPO plan offering prescription coverage, Part B givebacks, and yearly allowances for dental, hearing, and vision benefits. UCare continues to diversify its product portfolio, maintain a comprehensive provider network, and introduce new supplemental benefits to its Medical Assistance and IFP plans.

UCare's commitment to delivering high-quality care is reflected in strong performance across key metrics. UCare Medicare consistently earns high scores on the CMS Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) member satisfaction survey and the CMS Medicare Star Ratings. In 2024, UCare's 2025 CMS Medicare Star Ratings for EssentiaCare earned 4.5 out of 5 Stars, UCare Medicare and IFP plans earned 4 out of 5 Stars, while Minnesota Senior Health Options (MSHO) achieved 3.5 Stars, and Connect + Medicare earned 3 Stars.

UCare also maintains NCQA Health Plan Accreditation for most lines of business, a recognition it has held since 2014. In addition, UCare maintained NCQA Health Equity Accreditation for its Medical Assistance products.

Breaking down barriers to care is central to UCare's mission. The organization provides a variety of programs and services to improve access and health outcomes, including interpreter and transportation services, wellness initiatives, and innovative programs like free car seats, fitness programs, preventive care incentives, a mobile dental clinic, and food insecurity programs. In 2024, UCare partnered with Violet, a platform focused on cultural competence and inclusive care, to equip health care providers and UCare staff with tools and training for delivering culturally competent care. Through the UCare Foundation and other community initiatives, UCare supports programs addressing social determinants of health and works to close care gaps for at-risk populations.

As a people-powered health plan, UCare fosters workforce diversity and a collaborative organizational culture. Recognized as a Star Tribune Top Workplace since 2010 and ranked the nation's top health plan in USA Today's 2024 Top Workplace program, UCare is committed to employee engagement and inclusion. In celebration of its 40th anniversary, UCare completed 40 acts of community service, with employees volunteering and donating across Minnesota to reinforce the organization's mission and commitment to the community. UCare's Equity and Inclusion Department leads efforts to enhance diversity within the organization and in the broader community, including the 2024 launch of six Employee Resource Groups that amplify diverse voices and support UCare's diversity, equity, and inclusion goals.

UCare's unwavering commitment to quality, innovation, and equity has made it a leader in delivering health care that meets the diverse needs of its members. As UCare continues to grow and evolve, it remains focused on providing inclusive, high-quality care that improves lives and strengthens communities. Through its partnerships, programs, and workforce initiatives, UCare is a trusted health plan and a catalyst for positive change in the health care landscape.

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 (MinnesotaCare)
	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 and Direct from UCare (Off-exchange)	UCare Individual and Family Plans (IFP)
	UCare Individual and Family Plans with M Health Fairview

UCare Medicare with M Health Fairview & North Memorial Health plans closed the end of 2024

Membership

As of November 2024, UCare had about 585,241 fully insured members. Between December 2023 and November 2024, UCare's enrollment decreased by about 26,976 members. A breakdown of enrollment by product group is as follows:

December 2023 and November 2024 Enrollment by Product Group
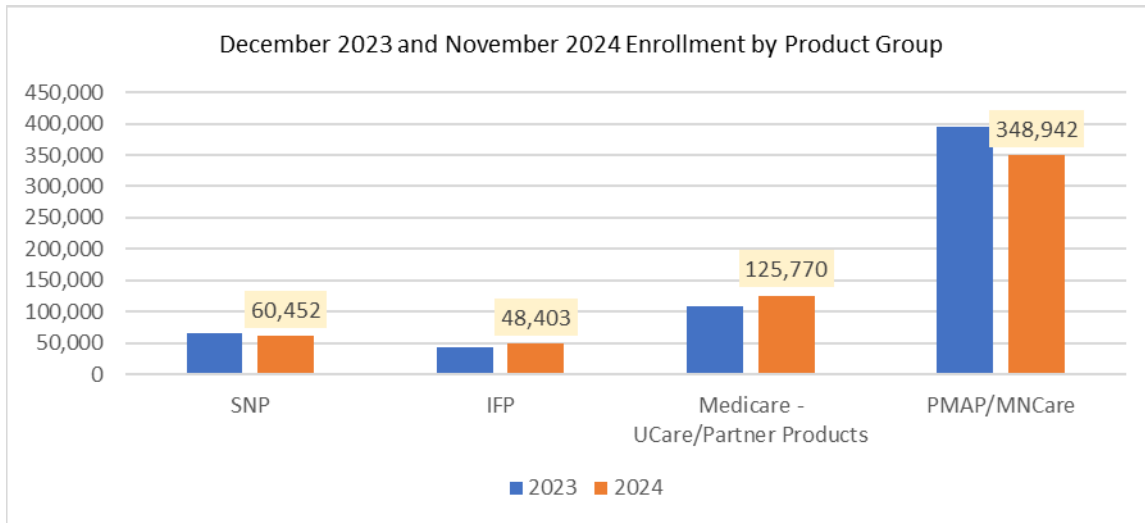
The majority of UCare's population comprises members within the PMAP/MinnesotaCare programs, which is about 64%. The PMAP/MinnesotaCare population is diverse, with about 57% of the population being non-White. PMAP/MinnesotaCare members between 0 and 19 years old account for about 52% of the population, and 48% are adults from 20 to 85+ years old. About 70% of the population lives in the 7-metro county (Table 1).

UCare's Medicare population (UCare Medicare, EssentiaCare, UCare Medicare - PPO) is the next biggest, consisting of 21% of UCare members. UCare's Medicare population is predominantly White (95%) compared to other races/ethnicities, and 56% lives in the seven-county metro. In terms of gender, about 56% of members are female, and 44% are male. 50% of Medicare members are between 65 and 74 years old, and 50% of the population are between 75 and 85+ (Table 1).

Individual and Family Plans (IFP) represent 8% of the UCare population. IFP membership is predominantly White (86%), with 53% coming from the 46-64-year-old age group. Approximately 47% 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/Minnesota Care
Age (years)				
0-1	-	396	-	16,394
2-5	-	1,153	-	38,064
6-12	-	2,592	-	69,024
13-19	542	3,105	-	61,070
20-26	3,235	3,267	19	33,309
27-45	12,701	11,944	287	82,680
46-64	19,055	25,646	2,969	45,531
65-74	14,885	278	63,108	1,895
75-84	6,781	15	45,299	794
85+	3,253	7	14,088	181
Sex				
Female	33,884	25,387	70,079	187,607

	SNP*	IFP	Medicare**	PMAP/Minnes otaCare
Male	26,568	23,016	55,691	161,335
Race				
Asian	6,427	2,115	1,804	41,739
Black or African/American	13,907	1,623	1,552	112,853
Native American (American Indian/ Alaskan Native)	1,521	295	1,425	6,048
No Race Listed	118	2,569	680	16,714
Two or More Races	1,371			20,620
Pacific Islander	68	54	103	735
White	37,040	41,747	120,206	150,233
Ethnicity Hispanic				
No	57,769	37,105	109,225	286,345
Yes	2,301	1,270	1,584	49,534
Seven County Metro				
No	28,253	28,283	55,609	103,699
Yes	32,199	22,905	70,701	245,243

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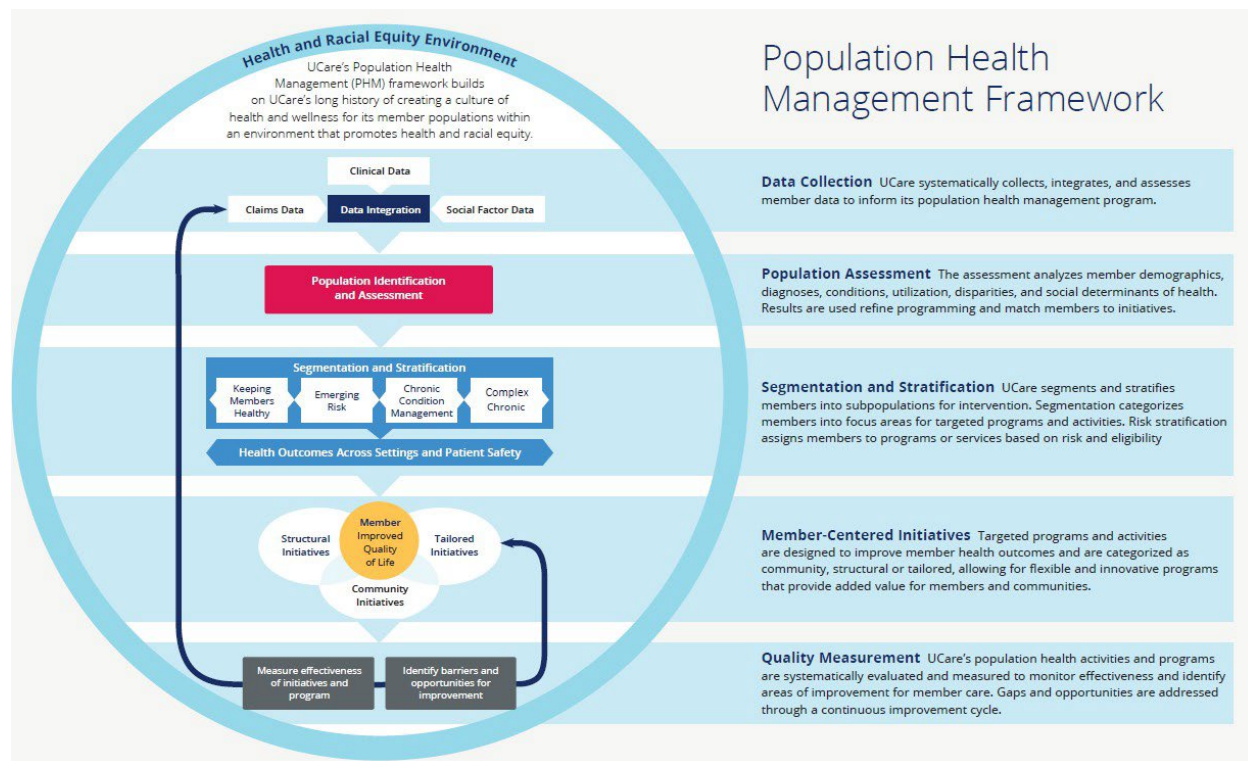*** Includes UCare Medicare, EssentiaCare, and UCare Medicare PPO.*

Population Health Strategy and Structure

UCare's Population Health strategy seeks to improve the health and well-being of our members, families, and the communities in which they live through a comprehensive population health approach. The population health strategy is an action plan that describes our population health activities that are designed to impact member health and well-being across the continuum of care, in the community, and across all product lines. The population health strategy defines a roadmap to ensure the Population Health program aligns with UCare's organizational strategic priorities and to communicate program goals and activities.

The foundation of the population health strategy provides a framework for continuous improvement that guides the refinement of program activities. The framework supports collaboration and synchronization of population health efforts across the organization, allowing for flexibility to respond to member needs, thus creating a culture where health and wellness can thrive 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 on health and racial equity.

Population health program activities are coordinated by the Population Health team who is responsible for providing facilitating the oversight and direction for designing, implementing, and supporting population health activities across the organization. Data and information flow between areas to achieve program objectives with dedicated support from teams across the enterprise.

UCare's 2024 Quality Program Evaluation is organized within this framework, with quality improvement initiatives segmented in the following categories: Structural Interventions, Community Resources, and Tailored Initiatives.

Population Health Management Framework

Health and Racial Equity Environment
UCare's Population Health Management (PHM) framework builds on UCare's long history of creating a culture of health and wellness for its member populations within an environment that promotes health and racial equity.

Clinical Data | Claims Data | **Data Integration** | Social Factor Data

Data Collection UCare systematically collects, integrates, and assesses member data to inform its population health management program.

Population Identification and Assessment

Population Assessment The assessment analyzes member demographics, diagnoses, conditions, utilization, disparities, and social determinants of health. Results are used refine programming and match members to initiatives.

Segmentation and Stratification
Keeping Members Healthy | Emerging Risk | Chronic Condition Management | Complex Chronic

Health Outcomes Across Settings and Patient Safety

Segmentation and Stratification UCare segments and stratifies members into subpopulations for intervention. Segmentation categorizes members into focus areas for targeted programs and activities. Risk stratification assigns members to programs or services based on risk and eligibility

Structural Initiatives | Member Improved Quality of Life | Tailored Initiatives | Community Initiatives

Member-Centered Initiatives Targeted programs and activities are designed to improve member health outcomes and are categorized as community, structural or tailored, allowing for flexible and innovative programs that provide added value for members and communities.

Measure effectiveness of initiatives and program | Identify barriers and opportunities for improvement

Quality Measurement UCare's population health activities and programs are systematically evaluated and measured to monitor effectiveness and identify areas of improvement for member care. Gaps and opportunities are addressed through a continuous improvement cycle.

Health and Racial Equity

UCare is dedicated to implementing a multi-layered approach aimed at addressing social risk factors, promoting health and racial equity, and reducing healthcare 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 information, rural versus urban access to care, and social determinants of health such as demographics, diagnoses, and utilization. The analysis of these sources is done in partnership with our internal Healthcare Economics and Health Services Analytics teams.

- Unite Us Insights: UCare leverages the repository of data available through Unite Us 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 Assessments: 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, we partner 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, focus

groups, 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.
- Provider Education: In 2024, UCare began a pilot with an online training and analytics platform to provide training and education to 500 member-facing employees and up to 3500 network providers. This training focuses on improving cultural competence and responsiveness across the continuum of care.
- NCQA Health Equity Accreditation: In January 2023, UCare proudly achieved NCQA Health Equity Accreditation and maintained this accreditation. This accreditation supports and enhances UCare's efforts related to fostering an internal culture and workforce that supports health equity, maintaining a supporting provider network, and prioritizing data analysis and quality improvement efforts to target and evaluate initiatives to reduce health disparities.

Program Structure and Resources

The 2024 UCare Quality Program Committee structure is outlined below. These committees were responsible for the oversight of activities conducted in 2024 and described in this evaluation. Details of the Quality Program are included in the 2024 Quality Program Description.

2024 Goals

The goals that guided the 2024 Quality Program were to:

Improve 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 Medical Assistance 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.

Advance 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 MinnesotaCare 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

Reduce 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 healthcare 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.

Enhance 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.

Maintain Regulatory Requirements:
- Maintain National Committee for Quality Assurance (NCQA) Health Plan Accreditation for all products.
- Maintain NCQA Health Equity Accreditation for Medical Assistance 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 2024 Work Plan were achieved. The activities that were not completed will be considered for continuation in 2025. 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 2024, 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 2024, UCare met all goals for primary care appointment availability. UCare met most goals for specialty care availability except ophthalmology, cardiology, and neurology for certain products. UCare did not meet most 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 Network Management 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 do not have 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 will focus on provider education to emphasize cultural congruence trainings offered by UCare, and also remind members and providers about available translation and interpreter services. 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 reports different metrics at different intervals to ensure members have the best network possible. 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 Healthcare Providers Systems (CAHPS), and the Experience of Care and Health Outcomes (ECHO) surveys. 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 annually 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, awareness of a UCare provider contract and hospital affiliations. In 2024, primary care providers met all accuracy goals. Specialty and mental health and substance use disorder providers met most accuracy goals except accepting new patients and awareness of a contract. Practitioner listings at locations continue to challenge UCare but improvements have been made by partnering with the largest care systems to find solutions. Additionally, UCare is closely monitoring the recent highly publicized changes to Medicare Advantage networks across the state and country. While UCare's network has not been affected, these sudden changes may prompt increased provider contract uncertainty by appointment schedulers as they work to provide the most accurate information possible to members.

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 2024, UCare ensured delegates and their activities were closely monitored and audited against federal, state, and 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 2024, UCare conducted the Medical Records Standards Audit (MRSA) 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 2024 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, grocery discounts, healthy food allowance, food access outreach, over-the-counter (OTC) allowance, Management of Maternity Services (MOMS) program, preventive incentives, wellness kits, prescription eyewear allowance, combined flexible benefit 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 is committed to strengthening and expanding community partnerships statewide to address social risk factors affecting members and communities. We aim to enhance primary care, support provider networks and advance programs and research that improve healthcare 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) coordinate care and services to meet members where they are through closed loop referrals. The platform includes an estimate of 13,000 resource directory programs, 675 organizations and 1,361 on-platform programs with 59% of programs receiving closed loop referrals across the state of Minnesota and Wisconsin. Currently, UCare has close to 350 platform users, spread across 13 teams in various departments.

Tailored Interventions
National Committee for Quality Assurance (NCQA): Maintained NCQA Health Plan Accreditation across UCare's full line of Medicare, Partner Products, Medical Assistance, and Marketplace products as well as NCQA Health Equity Accreditation for its Medical Assistance products.

Healthcare Effectiveness Data and Information Set (HEDIS): Monitoring HEDIS measures and trends is an ongoing process, conducted retrospectively both monthly and annually. This allows UCare to identify focus areas with the

lowest performance rates or greatest opportunity to meet improvement targets, to implement interventions aimed at enhancing rates across all products. Key interventions to support members include member outreach, education, community partnerships, and provider support. Past challenges posed by the COVID-19 pandemic from 2020-2022 and Medical Assistance renewal policies in 2023 have significantly impacted trends of HEDIS rates and our members' access to care. In HEDIS MY 2023, the following measure elements met or exceeded the national NCQA 75th percentile for each product:

- 61.2% of EssentiaCare
- 55.6% of UCare Medicare
- 48.6% of YourChoice PPO UCare Medicare
- 44.7% of MinnesotaCare
- 48.3% of Connect + Medicare
- 48.5% of M Health Fairview North Memorial
- 46.7% of MSHO
- 65.4% of Individual and Family Plans (Based on Quality Rating System)
- 50.7% of Connect
- 30.5% of PMAP

Reviewing UCare's HEDIS MY 2023 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 2025 to bolster quality measure performance across all products.

Managed Care Withholds Evaluation: UCare participates in Minnesota's Department of Human Services (DHS) Managed Care Withholds program. The overall purpose of the program is to achieve overall improvement and a reduction in health care disparities in a set of measures focused on prevention or early detection and screening of essential health care services. In the 2023 DHS Withhold program, UCare met 52% (33/63) of identified performance improvement goals for PMAP/MinnesotaCare, including reducing disparities in Childhood Immunization Status (CIS), Prenatal and Postpartum Care (PPC), Initiation and Engagement of Alcohol, Opioids, and Other Drug Dependence Treatment (IET), and Well Child Visits in the First 30 Months of Life (W30). UCare met 75% (3/4) of identified performance improvement goals for MSHO/MSC+, including completing initial health screenings on new enrollees, and did not meet the performance improvement goal (0/1) for Special Needs BasicCare. Areas of opportunities have been identified for 2025 and UCare remains committed to reducing health care disparities.

Medicare Star Ratings Program: CMS continues to make significant measurement changes that make it harder for plans to maintain and achieve high ratings. The national average Star performance declined for the third year in a row, with only seven 5-Star plans remaining for the 2025 plan year - none in Minnesota. UCare plans experienced Star losses but retained high ratings for our UCare Medicare and EssentiaCare plans. MSHO and Connect + Medicare decreased by a half Star for the 2025 plan year. Overall, Special Needs Plans (SNP) offered in Minnesota dropped in Star Ratings for the 2025 plan year. This was the first year that UCare Your Choice qualified for an individual Star Rating and earned 3.5 out of 5 Stars. Areas of improvement for all products have been identified and improvement efforts have begun.

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 2025 plan year. Notably, UCare maintained a 5.0 out of 5.0 Star average performance for the Enrollee Experience measures. Measures that improved relating to Clinical Quality Management include: blood pressure management, eye exams for patients with diabetes, and cervical and colorectal cancer screenings. Areas of improvement have been identified and improvement efforts have begun.

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. The HOS also assesses whether members are at risk of falling and/or urinary incontinence and had conversations with

their doctor about such risks and how to prevent them. In 2024, 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 1 out of 3 measures, with declines in the other two measures. EssentiaCare declined in their Star rating for one measure, maintained one measure, and improved one measure. MSHO continued to have the highest performance, with two measures receiving 4-stars and the last measure maintaining 3-stars. Connect + Medicare's rates improved for two measures, Improving Bladder Control and Reducing the Risk of Falling. Connect + Medicare's rate for Monitoring Physical Activity did decrease for 2025. UCare's Your Choice plan was too new to report for the 2025 Star Ratings, though 2026 Star Ratings are anticipated. Opportunities for improvement and interventions for 2025 have been identified.

Reducing Health Care Disparities: Reducing health care disparities is essential to achieving UCare's mission of health equity. Social determinants of health (SDoH), such as language, race, and access to resources, significantly impact member outcomes. UCare analyzed disparities in 2024 using HEDIS and CAHPS measures by race, ethnicity, language, gender identity, and sexual orientation. Key measures, including Well-Child Visits, Controlling High Blood Pressure, and Prenatal and Postpartum Care, revealed notable disparities. Most goals were not met in 2024, with significant gaps in well-child visit rates across racial and ethnic groups and among Hmong-, Somali-, and Spanish-speaking members. Language barriers also impacted CAHPS measures related to receiving care in an understandable language. UCare identified opportunities for improvement in 2025, including culturally tailored outreach, expanded support for key populations, and strategies to improve access and engagement. These efforts aim to reduce disparities, enhance member experience, and improve health outcomes.

Health Equity Community Engagement: UCare is dedicated to advancing health equity, with a particular focus on maternal health and mental health outcomes among populations experiencing significant disparities, including Black/African American, Asian American/Pacific Islander, and Native American/Native Alaskan communities, within PMAP and MinnesotaCare. The Community Voices workgroup executes strategies such as focus groups, surveys, and community collaboration, to collect feedback from the communicate on barriers to care. Identified barriers include limited access to culturally responsive care, transportation challenges, appointment availability, and mental health support. Insights from these efforts shape programs designed to address disparities in maternal health and mental health follow-up care. However, gaps remain in meeting target goals. Cross-departmental workgroups continue to analyze outcomes and refine interventions, focusing on improving data collection, expanding culturally sensitive resources, and strengthening community partnerships to promote equitable healthcare delivery and outcomes.

Member Experience: Member experience remains a central focus at national, state, and local levels. UCare evaluates member satisfaction through appeals and grievances data, as well as surveys like CAHPS, QHP Enrollee, and ECHO. While UCare met most thresholds for appeals and grievances, opportunities for improvement were identified in non-mental health and substance use disorder services, particularly in Quality of Care, Access, Attitude/Service, and Billing/Financial categories. CAHPS results highlighted opportunities in areas such as plan ratings, care coordination, and access to care. QHP survey results declined slightly in 2024, with similar challenges in health care ratings and access. ECHO surveys revealed areas for improvement in treatment ratings, access, and plan communication. In 2024, UCare implemented quality improvement initiatives, including enhanced claims processing, transportation platforms, and member support. Looking ahead, UCare plans to continue current interventions and pilot new strategies to further enhance member experience.

Language Services Analysis: UCare makes it a priority to provide language services to members with limited English proficiency during any encounter with UCare staff and during health care encounters to help reduce barriers to care. UCare utilizes an external interpreter vendor for telephonic encounters with members. All UCare member-facing staff have access to this interpreter service. On an annual basis, UCare evaluates staff experience with language services for organizational functions, member experience with language services for organizational functions and during health care encounters, and utilization of language services. In 2024, overall, members and staff were satisfied with language services provided by the vendor. While results remain relatively high, the staff survey and member experience campaigns, coupled with the utilization data, provide our organization with

opportunities for improvement. UCare is especially focused on enhancing interpretation service quality, streamlining processes, and gaining deeper insight into translation services.

Customer Service - Personalized Information: To ensure UCare members consistently receive accurate information, the Customer Service department evaluates the functionality of self-service processes available through the UCare online member account and website. It also assesses the quality and accuracy of information provided via the online member account, website, telephone, and email. In 2024, UCare met all goals for the quality and accuracy of information delivered via telephone and email. However, the goal for the timeliness of email responses was not achieved. Additionally, most goals related to the quality and accuracy of information available on the website and Online Member Account were not met. These declines were attributed to the implementation of a new auditing methodology, which introduced stricter criteria and greater scrutiny compared to previous years. In response, UCare has identified areas of opportunity and developed targeted interventions for 2025 to improve performance in areas where goals were not met.

Customer Service - Quality and Accuracy of Pharmacy Information: UCare evaluates members' ability to access pharmacy benefit information through the Online Member Account and telephone and assesses the quality and accuracy of information provided. In 2024, 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 2025 related to training Customer Service staff.

Quality Improvement Strategy – Well Child Visits: The Centers for Medicare and Medicaid Services (CMS) implemented the Quality Improvement Strategy (QIS) for health issuers participating in the Marketplace for two or more consecutive years, requiring them to implement strategies that reward quality through market-based incentives. From 2017 to 2023, UCare concentrated on increasing cervical cancer screening rates. Having achieved steady improvement and met our goal for that measure, UCare shifted focus in 2024 to address the need for increased well-child visit rates, due to the high number of children lacking necessary preventive care. The statewide decline in well-child visit rates since the pandemic has raised significant concern, highlighting the importance of targeted efforts to restore these rates to pre-pandemic levels. UCare's 2024 interventions to boost well-child visits included enhancing member outreach, delivering targeted member education, and strengthening community partnerships. Additionally, UCare placed a specific focus on reducing disparities, particularly between Native American and White populations, to ensure equitable access to preventive care for all children.

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 Medical Assistance 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 included member outreach, unique partnerships with community dental providers, and the Mobile Dental Clinic. UCare will explore additional strategies to increase access to services including growing community partnerships, expanding dental provider network, and exploring other methods of member engagement.

Healthy Start for Pregnant Members and Their Children Performance Improvement Project: UCare, in collaboration with other health plans, is engaged in a performance improvement project (PIP) that began in 2021, aimed at promoting a "Healthy Start" for Minnesotan children in the PMAP and MinnesotaCare populations. The project focuses on enhancing services for pregnant members and infants, particularly in communities facing significant racial and ethnic disparities. With the project extended by DHS through 2026, UCare has set goals to improve prenatal care, postpartum care, well-child visits, and Combo 10 immunization rates, with an emphasis on reducing disparities within its membership. Key interventions include care team education, case management, community partnerships, member outreach, and education. UCare will continue to build on these strategies, refining them and identifying new opportunities for improvement in the coming years.

Diabetes Performance Improvement Project: UCare, in collaboration with other health plans, participated in a three-year (2021-2023) Performance Improvement Project aimed at enhancing diabetes care and services for

members enrolled in Connect, Connect + Medicare, MSHO and MSC+. Throughout 2023, UCare continued its interventions, which included provider education, member resources, and community partnerships. Specific focus areas included culturally and linguistically appropriate member outreach, engagement in disease management programs, and distribution of in-home testing kits for kidney function and blood sugar levels. Although the Diabetes Performance Improvement Project has concluded, opportunities remain to further improve diabetes care for UCare members. To support this ongoing effort, UCare will continue to measure the effectiveness of these interventions and develop resources and tools to better equip care systems with the skills necessary to achieve greater health outcomes for this population. For the 2024-2026 Performance Improvement Cycle, UCare and other health plans will continue to focus on diabetes, with a specific emphasis on members with diabetes and depression. This new phase, named "Diabetes and Depression Performance Improvement Project," will be the focus of the upcoming study cycle.

Quality Program 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 2024.

Overall Evaluation

Overall, most activities planned in the 2024 Work Plan were achieved. Refer to the Overall Effectiveness section for a summary of activities in 2024.

Effectiveness of Quality Program Structure

Adequacy of Resources

In 2024, 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 2024, there were no significant changes within the Health Services Quality and Operations department. There were notable changes to the structure of internal care management and care coordination teams in order to better support members and strengthen delegate oversight. This included reorganizing existing staff to create a Care Coordination and Long Term Services and Supports department, as well as an Integrated Care Management department that includes all care management programs. These reorganizations aim to strengthen population health management programs and improve member health outcomes.

After evaluating the performance of the Quality Program, 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 that collects, analyzes, and integrates data that is necessary to implement the QI Program is adequate. UCare continued optimization activities on the GuidingCare platform, 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. Work to improve reporting capabilities of this platform and make data readily available to

UCare staff continued into 2024. UCare continues to evaluate the impact of data and information resources and continually evaluates additional technology needs and resources for the organization.

Committee Structure

After evaluating the Quality Program committee structure, UCare added a new Care Coordination Delegation Committee reporting to Health Services Management Committee. The purpose of this committee is to ensure a coordinated, streamlined, and cost-effective process for managing and developing care coordination delegation. This change will be evaluated for effectiveness throughout 2025. Committee charters are available in UCare's 2025 Quality Program Description, 2025 Population Health Management Strategy, and 2025 Utilization Management Program Description.

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 Medicare Advantage Utilization Management 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. 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. 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 Medicare Advantage Utilization Management 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 evaluation of adequacy of the Quality Program resources, data and information support, Quality Program structure, practitioner involvement and leadership involvement, UCare has determined that the current Quality Program is effective. No additional changes to the Quality Program structure are needed at this time. Changes made in 2024 will continue to be evaluated for effectiveness throughout 2025.

Effectiveness of Health Equity and CLAS Program

UCare continues to make progress towards advancing health equity and integrating Culturally and Linguistically Appropriate Services (CLAS) program principles into its operations, showcasing its commitment to improving health outcomes and reducing disparities for its diverse member populations. Structural changes within the organization bolstered these efforts, including the creation of the Health Equity Whole Person Data subcommittee and the strategic alignment of the health equity and CLAS programs under the Health Services Quality and Operations department. This integration fostered stronger cross-departmental collaboration, resource alignment, and accountability, enabling UCare to achieve many of its planned initiatives.

In 2024, UCare's partnership with Violet Health, a cultural competency and health equity platform, was a notable highlight, with 423 out of 497 invited employees (85%) onboarding onto the platform. This platform facilitated the delivery of two critical training programs — "Mental Health: Conducting Culturally Responsive Intakes" and "Reproductive Health: The Basics." These one-hour courses focused on providing culturally competent care to Black, Indigenous and People of Color (BIPOC), Lesbian, Gay, Bisexual and Queer (LGBQ), and Transgender and Nonconforming (TGNC) communities by addressing intersectionality, culturally informed attitudes, reproductive justice, and barriers to care. Completion rates for the trainings were 76% and 78%, respectively, demonstrating UCare employees' strong engagement with these essential topics. By equipping staff with these skills, UCare reinforced its focus on improving maternal and mental health outcomes, two priority areas identified by the Health Equity Committee.

UCare's data-driven approach to health equity resulted in measurable outcomes in clinical and operational areas. While UCare exceeded its goal rate for the postpartum care (PPC) and annual wellness visit (AWV) measures in the Black/African American population, however disparities persisted in other measures, including follow-up after hospitalization (FUH) and child well-care visits (WCV). These findings underscore the importance of ongoing efforts to reduce disparity gaps across all sub-populations.

Recognizing the need for continuous improvement, UCare continues to utilize the Health Equity Improvement Plan (HEIP) tool to integrate health equity principles within Appeals and Grievances, Pharmacy and Disease Management team initiatives. Additionally, we conducted an NCQA Health Equity Accreditation Plus gap analysis to identify areas for growth. A newly created Health Equity SharePoint website provides employees with updates, educational resources, and tools to support this work.

Finally, UCare submitted letters of support for key state and federal initiatives, such as DHS's Transforming Maternal Health CMS proposal and legislation to establish culturally focused care models like the African American-focused Homeplace Model and American Indian-focused birth centers. As we celebrate our advancements, UCare continues to identify several challenges at the member, organizational, and care system levels that require sustained attention. Many members continue to face social, cultural, financial, and linguistic barriers to care, which the organization seeks to address through education, community engagement, and cross-sector partnerships.

Incomplete data on member race, ethnicity, language, and social drivers of health limits the ability to design targeted interventions, prompting the Whole Person Health Equity Data subcommittee to explore new data sources. Additionally, staffing shortages and provider burnout continue to impact appointment availability and quality of care. To mitigate these challenges, the Provider Network Management department strengthened collaboration across internal teams as well as with external providers to enhance network responsiveness.

UCare's health equity and CLAS program activities were strategically aligned with the NCQA Health Equity Accreditation standards, a 2023 milestone achievement that reflects the organization's commitment to high-quality, equitable care. This alignment enabled UCare to implement evidence-based and data-driven programs, such as maternal and mental health initiatives, while fostering a culture of accountability across leadership levels. By listening to members, learning from data, acting on insights, and evaluating outcomes, UCare continues to raise the bar on achieving health equity for all.

Looking ahead, UCare remains steadfast in its mission to remove barriers to care and improve health outcomes for its members. The organization's path forward will involve addressing persistent disparities, enhancing data collection, and fostering innovative partnerships. While challenges such as incomplete data and systemic workforce issues present obstacles, UCare is committed to leveraging its learnings and resources to create meaningful, lasting change. By maintaining a rigorous focus on health equity, UCare aims to fulfill its vision of equitable health outcomes for all members, regardless of their background or individual circumstances.

Adequacy of Resources

UCare understands the critical role adequate staffing plays in effectively advancing its health equity and CLAS program goals. The organization utilizes a combined centralized and decentralized approach to ensure meaningful progress.

The centralized component is led by the Health Equity Officer, who is responsible for implementing strategies that align UCare's products and services with the diverse needs of its members. The Health Equity Specialist focuses on organizing, monitoring, and evaluating quality and health equity projects, analyzing, and interpreting data, and providing actionable insights to design programs and interventions for populations most impacted by health and racial disparities. The decentralized approach engages all UCare teams and external partners in shared responsibility for advancing health equity goals. This collaborative structure enables diverse teams across the organization to contribute to initiatives that drive meaningful change.

While current staffing levels are sufficient to meet immediate, short-term needs, additional resources and staff will be essential to expand the scope and deepen the impact of these long-term efforts. As UCare's membership grows, the organization remains committed to regularly reassessing staffing and resource allocation to ensure sustained support for its health equity initiatives and programs.

Data and Information Support

UCare is continuously enhancing data collection and accuracy to improve member care and address health inequities for UCare members. A key focus area is supporting 2SLGBTQIA+ communities. Since 2023, UCare has worked diligently to expand Sexual Orientation and Gender Identity (SOGI) data collection, integrate this data into our systems, and train member-facing staff on its respectful and meaningful use to better support members. As part of this effort, we introduced four SOGI questions—sex at birth, gender identity, sexual orientation, and pronouns—on the Health Risk Assessment. To date, over 53,000 responses have been collected, providing valuable insights into the diverse gender identities and sexual orientations of UCare members.

There continues to be strong collaboration across UCare departments such as Customer Services, Information Technology, Health Services and Quality Operations, and Legal—to develop tailored processes and programs that empower all members to live their healthiest lives. Future initiatives include establishing a central "source of truth" for SOGI data through the Customer Relationship Management (CRM) system, incorporating SOGI questions into the UCare Online Member Account, offering additional SOGI-focused staff training, implementing an organization-wide SOGI communication strategy, and defining costs and timelines for integrating SOGI data across all platforms.

UCare is also partnering with Minnesota's Department of Health and Human Services (DHS) to advocate for the inclusion of SOGI questions on state enrollment applications, ensuring this critical information is available for UCare members. In addition to collecting data, there is strong collaboration with the Equity and Inclusion department, the UPride Employee Resource Group, and the newly established Health Equity Whole Person Data Subcommittee to develop member-specific processes, programs, and communications.

Looking ahead, there are plans to expand data collection to encompass disabilities, veteran status, income, social risk factors, and community health needs assessments. These efforts underscore UCare's commitment to advancing equity and addressing the holistic needs of our diverse membership.

Program and Committee Structure

UCare has strengthened the Health Equity Committee structure by adding two new subcommittees: Community Voices and Health Equity Whole Person Data.

The Community Voices subcommittee focuses on establishing and leading organizational priorities around gathering and integrating member and community feedback into UCare's work. Its membership includes representatives from Integrated Care Management, Community Relations, Customer Experience, County & Tribal Relations, Health Care Economics, Population Health, Product, Public Relations, and Quality Improvement.

The Health Equity Whole Person Data subcommittee is dedicated to identifying new sources of health equity data to enhance member care and reduce health inequities within the communities we serve. Its membership comprises representatives from Marketing, Equity and Inclusion, Quality Improvement, Information Technology, and Government Relations.

These two subcommittees work collaboratively to deepen the understanding of members' backgrounds, experiences, and needs, driving initiatives that promote equity. UCare remains committed to identifying and implementing innovative ways to advance health equity and support the diverse communities we serve.

Participation of Practitioners and Community Representatives

UCare continues to work closely with the Provider Network Management team to strengthen provider relations and advance health equity. A key tool in this effort is the Closed Network Health Inequity/Disparity Tool, which evaluates appeals from providers seeking to join UCare's closed network. This proprietary tool re-assesses appeals by asking critical questions about the provider's practice location, team demographics, diversity training, use of data to improve health outcomes, community engagement activities, practice materials, and support for addressing patients' social drivers of health (SDoH) needs.

Community engagement also played a central role in understanding and addressing barriers to care. UCare attended or hosted five community events targeting Black, Native American, and Hmong populations, collecting 250 survey responses to gain insights into members' experiences. This feedback was shared across the organization to drive process improvements and targeted initiatives. Strengthened relationships with the UCare Foundation and health equity grantees, such as Route 1 MN, COPAL, Steps of Strategy, Bountiful Basket, Mewinzha Ondaadiziike Wiigaming, and the Tiwahe Foundation, created opportunities for deeper integration across business lines, sponsorship of community events, and sustained funding for impactful programs. For example, Route 1 MN's Community-Supported Agriculture (CSA) packages were made available to employees, promoting healthy eating, wellness, and community connection.

Additionally, in response to DHS contractual requirements, UCare developed and submitted the DHS Community Engagement Stakeholder Analysis report. This report highlighted community engagement activities, including hosting events, gathering stakeholder feedback, and incorporating that feedback into organizational initiatives. UCare led efforts in planning activities, designing surveys, analyzing survey data, and presenting key findings and opportunities. The report was created in collaboration with multiple departments, and activity details and key takeaways are also documented in UCare's Population Health Management Strategy.

Leadership Involvement

UCare demonstrates full leadership engagement in advancing health equity initiatives. The Health Equity Committee continued throughout 2024 and monthly meetings have consistently achieved a 75% or higher attendance rate, reflecting strong commitment across all levels of leadership. Leaders are not only informed about health equity goals and workstreams but are actively involved in driving and evaluating progress.

The Health Equity team maintains regular collaboration with leaders from various departments, fostering a culture of shared accountability and innovation. These meetings provide a platform to exchange updates, share ideas, and

identify opportunities to enhance visibility and alignment across health equity initiatives. This proactive approach ensures that health equity remains a core organizational priority supported by engaged and dedicated leadership.

2025 Goals Priorities

Based on the 2024 Quality Program Evaluation, successes, challenges and changing health care landscape, UCare has refined existing goals and developed new goals for the Quality Program in 2025. The goals emphasize health equity, population health, member experience, appropriate utilization, and care team well-being.

Enhancing the Care Experience: *Demonstrate organization-wide commitment to improving the quality of care and member satisfaction by ensuring a high-quality and accessible provider network, resolving concerns raised by members, and building strong partnerships with providers.*
- Exceed national and state averages for measures within Consumer Assessment of Healthcare Providers and Systems (CAHPS) and the Qualified Health Plan (QHP) Enrollee Experience Survey, focusing on measures including access to care, health care quality, care coordination, and filling prescription drugs.
- Maintain and improve member experience through Medicare and Individual and Family Plan (IFP) Star Ratings and NCQA Health Plan Ratings:
    - Improve performance in Rating of Health Plan and Rating of Drug Plan by a statistically significant amount for Medicare Advantage and SNP members.
    - Maintain a 5 Star Rating for Enrollee Experience category for the QRS Star Ratings program for Exchange.
    - Maintain a rating of 4.5 in the Patient Experience category for the NCQA Health Plan Rating programs for Medical Assistance.

Reducing Costs: *Ensure medical, mental health, and substance us disorder services are delivered at an appropriate and medically necessary level of care in a timely, effective, and efficient manner through implementation of an effective utilization management program and population health management programs.*
- Increase completion of preventive care services to promote early detection and proactively manage health conditions to reduce emergency room visits, inpatient stays, and hospital readmissions.

Improving Population Health: *Improve overall health and wellness for UCare members by implementing a data-driven Population Health Management program to identify members' needs, develop and evaluate tailored initiatives and programs, and identify resources to support each member in improving their health.*
- Increase the percentage of members who experience the greatest disparities in care that receive at least one wellness visit during the year from 21.1% to 21.7% by supporting members to get in for care.
- Maintain and improve member health through Medicare and Individual and Family Plan (IFP) Star Ratings and NCQA Health Plan Ratings:
    - Have at least 80% of UCare Medicare Advantage and SNP members in a plan that has a CMS Star rating of 4 or higher.
    - Maintain a 4 Star Rating for Exchange products for the QRS Star Ratings program.
    - Maintain a rating of 4 for Medical Assistance for the NCQA Health Plan Rating program.

Advancing Health Equity: *Advance health equity among UCare members by identifying, implementing, and measuring health equity strategies aimed at reducing health disparities and improving culturally and linguistically appropriate services.*
- Identify and decrease health care disparities where disparities are present for key metrics for the organization, including but not limited to Prenatal and Postpartum Care, Follow-up after Hospitalization for Mental Illness, Adult Wellness Visits, and Well Child Visits for PMAP and MnCare populations:
    - Timeliness of Prenatal Care (PPC):
        - Achieve a statistically significant improvement in Timeliness of Prenatal Care for Indigenous population from 52.07% to 69.96%.
    - Postpartum Care (PPC):

- Achieve a statistically significant improvement in Timeliness of Prenatal Care for Indigenous population from 51.24% to 69.20%.
- Achieve a statistically significant improvement in Timeliness of Prenatal Care for Black population from 52.28% to 56.08%.
- Achieve a statistically significant improvement in Timeliness of Postpartum Care for Asian population from 49.90% to 56.06%.
  - Follow-up after Hospitalization for Mental Illness (FUH) – 30 days
    - Achieve a statistically significant improvement in Follow-up after Hospitalization for Mental Illness (FUH) – 30 days for Black population from 56.27% to 64.66%.
    - Achieve a statistically significant improvement in Follow-up after Hospitalization for Mental Illness (FUH) – 30 days for Asian population from 62.63% to 80.91%.
    - Achieve a statistically significant improvement in Follow-up after Hospitalization for Mental Illness (FUH) – 30 days for Indigenous population from 62.50% to 80.40%.
  - Adult Wellness Visit (AWV)
    - Achieve a statistically significant improvement in Adult Wellness Visit (AWV) for Indigenous population from 12.47% to 14.75%.
    - Achieve a statistically significant improvement in Adult Wellness Visit (AWV) for Asian population from 21.47% to 22.55%.
  - Well Child Visit (WCV)
    - Achieve a statistically significant improvement in Well Child Visit (WCV) for Indigenous population from 39.14% to 42.97%.
    - Achieve a statistically significant improvement in Well Child Visit (WCV) for Pacific Islander from 46.38% to 60.32%.
    - Achieve a statistically significant improvement in Well Child Visit (WCV) for Asian population from 47.09% to 48.46%.
- Achieve a goal of 90% of members reporting satisfaction with language services by providing high quality language services to members with limited English proficiency during encounters with UCare staff and during health care encounters.
- Achieve a goal of 80% of CAHPS survey respondents responding that they received health care services in a language they can understand (current rate 72.8%) and that they felt health care staff were sensitive to their cultural needs by enhancing the ability of our provider network to meet members' needs and preferences (current rate 71.5%).

Care Team Well-Being: *Improve provider satisfaction and care team well-being by streamlining heath plan processes, supporting care teams through member engagement activities and health education, and providing supportive resources and training.*
- Engage 3,500 practitioners in Violet Health cultural competency training opportunities to support care teams in providing culturally congruent care.
- Achieve 5 stars or identified NCQA percentile benchmarks for provider groups in a value-based agreements, demonstrating UCare's partnership with providers in supporting holistic care for members.

Regulatory: *Exceed compliance with local, state, and federal regulatory requirements, and accreditation standards demonstrating UCare's commitment to the highest quality of care and service.*
- Maintain National Committee for Quality Assurance (NCQA) Health Plan Accreditation for all accredited products.
- Maintain NCQA Health Equity Accreditation for Medical Assistance products.

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 Medical Assistance 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 Medical Assistance.

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.