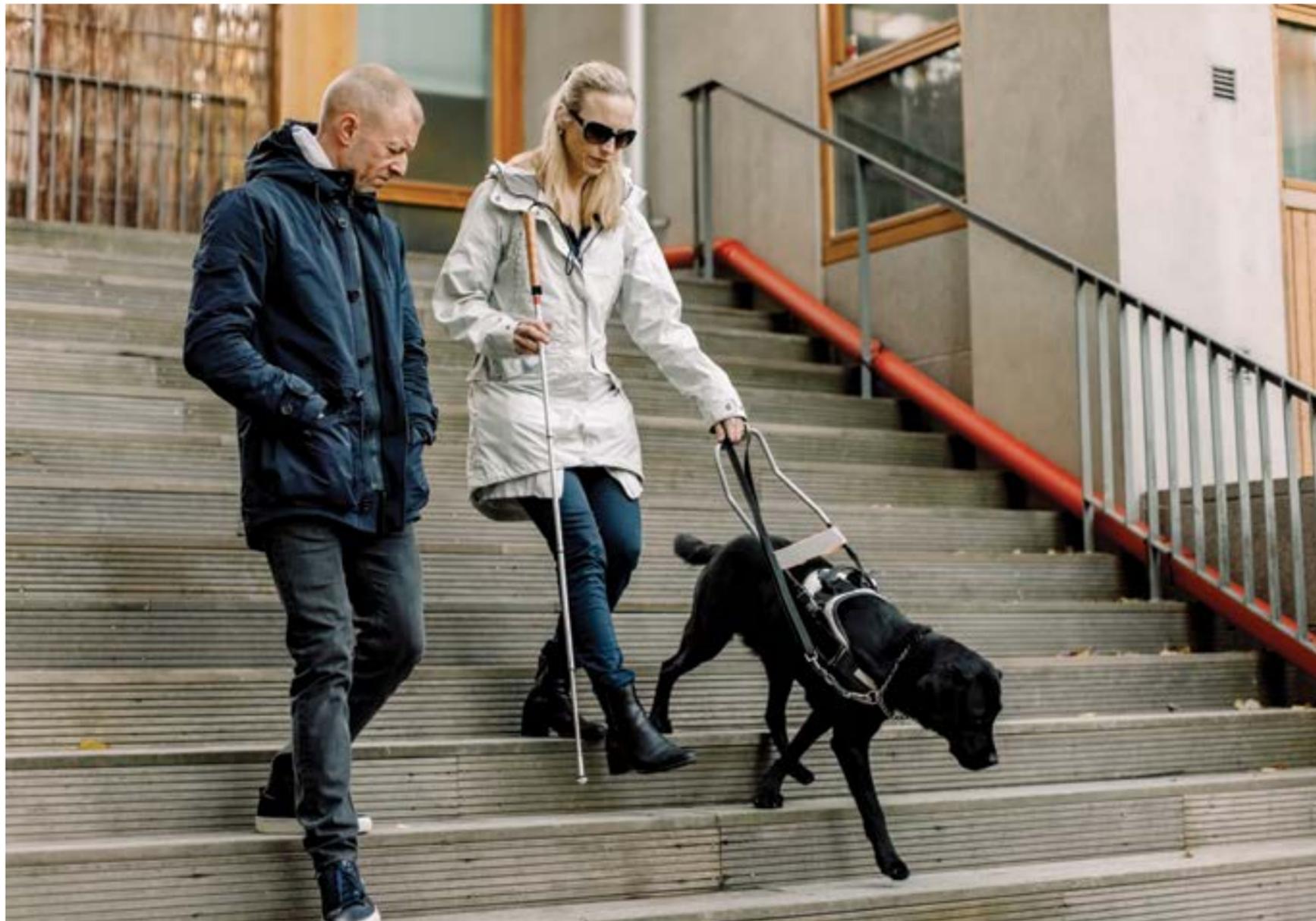


# 2024 Quality Program Work Plan



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

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	Notes and Monitoring of Previously Identified Issues
Admin	2023 Quality Program Evaluation (on 2023 Quality Improvement 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 Department of Human Services (DHS).	NCQA QI 1C, 42 CFR §422.152, Minn. Rules 4685.1110, sub 8, Minn. Rules 4685.1115, Minn. Rules 4685.1120	Quality Program Evaluation	VP, Health Services and Quality Operations			Mar	Mar	Board of Directors - Mar	
Admin	2024 Quality Program Description	All Products	Annual review of Quality Program and structure.	-Complete annual Quality Program Description. Program structure changes made as indicated. -Annual submission to Minnesota Department of Health (MDH).	NCQA QI 1A, 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, Health Services and Quality Operations			Mar	Mar	Board of Directors - Mar	

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
Admin	2024 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 Quality -Improvement Program Evaluation. -Annual submission to Department of Human Services (DHS).	NCQA QI 1B, 42 CFR §422.152, Minn. Rule 4685.1115, Minn. Rules 4685.1130, Minn. Rules 4685.1125, sub 2	Quality Program Work Plan	VP, Health Services and Quality Operations			Mar	Mar	Board of Directors - Mar	
SCC	Adverse Events Bi-Annual Report	All Products	Ongoing monitoring of adverse events between recredentialing 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, Health Services and Quality Operations					Credentialing Committee – Feb Aug	
MemX	Appeals and Grievances 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.	NCQA ME 7C-F, Minn. Rules 4685.1110, sub 9	A&G Trend Report	VP, Health Services and Quality Operations			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.*	-Monitor trends in member Appeals and Grievances, out-of-network requests and utilization, and member experience survey results (CAHPS, QHP, ECHO). -Improve the network appointment availability assessment process. -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 and benefits (access and triage line), use of in-network providers, and pharmacy benefit manager transition. Improve provider search tool to help members identify an in-network provider in their area.	NCQA NET 1-3 and ME 7C-F, 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  Access Report  Availability Report	VP, Provider Relations and Contracting			Mar Sep		Maximizing Provider Network Workgroup - Feb Sep	

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
QS	Assessment of Provider Directory Accuracy	All Products	<ul style="list-style-type: none"> <li>-Evaluate and identify opportunities to improve the accuracy and take action to improve the accuracy of the information in the physician directories.*</li> <li>-Meet accuracy goals for the following categories:                             <ul style="list-style-type: none"> <li>-Office Location - 90%</li> <li>-Phone Number - 85%</li> <li>-Hospital Affiliations - 70%</li> <li>-Accepting New Patients - 90%</li> <li>-Awareness of Contract - 90%</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>-Conduct data validation to determine accuracy of the physician directory.</li> <li>-Identify and act on opportunities for improvement.</li> <li>-Monitor the online solution (DXT) where providers can login securely to review and update the practitioner and site records. Improve tool and process for providers to submit changes to provider data.</li> <li>-Conduct calls to verify accuracy of provider information.</li> </ul>	NCQA NET 5C-D, 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	
QCC	Care Management (CM) Evaluation  <i>See Population Health Work Plan for additional details.</i>	All Products	<ul style="list-style-type: none"> <li>-Help members regain optimum health or improve functional capability, in the right setting and in a cost-effective manner.</li> <li>-Coordinate services for the highest risk members and those experiencing transitions of care.</li> <li>-Address the needs of members with co-occurring behavioral and physical health conditions.</li> <li>-Achieve 80% or greater in member satisfaction scores.</li> <li>-Achieve established goals, which vary by program.</li> </ul>	<ul style="list-style-type: none"> <li>-Identify and inform eligible members.</li> <li>-Assess member health and SDOH needs.</li> <li>-Educate members on conditions and risks.</li> <li>-Provide resources and referrals.</li> <li>-Evaluate effectiveness of the following programs and identify opportunities for improvement: Clinical Services Case Management, Complex Case Management, Maternal and Child Health, and Mental Health and Substance Use Disorder (SUD) Case Management.</li> </ul>	NCQA PHM 1A, 6 NCQA PHM 5	CM Program Evaluation	VP, Clinical Services  Director, Mental Health & Substance Use Disorder Services	May	June				

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
QCC	Chronic Care Improvement Program (CCIP)	UCare Medicare, MSHO, Connect + Medicare, EssentiaCare, UCare Medicare with M Health Fairview & North Memorial Health	-The CCIP program will provide eligible members with education and resources to assist members with chronic condition self-management. -Reduce inpatient admissions and 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. Promote resources to help members manage their general wellness or other chronic conditions. -Evaluate effectiveness of the program and identify opportunities for improvement.	42 CFR §§ 422.152	CCIP Report	VP, Health Services and Quality Operations		Sep				

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
SCC	Clinical Practice Guidelines (CPGs)	All Products	Ensure that medical and mental health and substance use disorder services guidelines are adopted, approved, reviewed, and monitored.	-Review and update existing guidelines every two years. -Distribute to providers and members according to State and Federal standards.  <u>Mental Health and Substance Use Disorder</u> Assessment and Treatment of Child and Adol w/AD/AH Disorder Assessment and Treatment of Child and Adol w/Depressive Disorders Treatment of Patients w/Major Depressive Disorder Treatment of Patients w/Schizophrenia Treatment of Patients w/Substance Use Disorders  <u>Medical</u> Asthma, Diagnosis and Management Care of the Older Adult Diabetes, Type 2; Diagnosis and Management Management of Heart Failure in Adults Obesity in Adults; Prevention and Management Prenatal Care Preventive Services for Adults Preventive Services for Children and Adolescents	42 CFR §§ 438.236	Mental Health and Substance Use Disorder CPGs  Medical CPGs	VP, Clinical Services  Director, Mental Health & Substance Use Disorder Services	Aug			Sep		

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues	
MemX	Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Enrollee Satisfaction Survey (ESS) Report	All Products	<p>-Launch CAHPS and ESS surveys and submit data annually in accordance with regulatory and accreditation requirements.</p> <p>Maintain composite rate of 5 Stars for the Enrollee Experience Survey.</p> <p>-Exceed the National Average for Medicaid CAHPS measures and preform above the MN state Medicaid Average.</p> <p>Maintain 5 Stars for CMS CAHPS measures that are currently 5 Stars, and achieve at least a 1 Star improvement for all other measures.</p> <p>Focus Areas:                      UCare Medicare                      - Rating of Drug Plan*                      MSHO                      - Rating of Health Plan*                      - Rating of Health Care Quality*                      - Rating of Drug Plan*                      - Getting Needed Prescription Drugs*                      Connect + Medicare                      - Rating of Health Plan*                      - Rating of Health Care Quality*                      - Getting Needed Care                      - Coordination of Care                      - Getting Needed Prescription Drugs                      EssentiaCare                      - Rating of Health Plan*                      - Rating of Health Care Quality                      - Rating of Drug Plan*                      IFP                      - Rating of Health Plan *                      - Rating of Health Care                      - Access to Information *                      PMAP                      - Getting Needed Care*                      - Rating of Health Plan*                      - Customer Service*                      MnCare                      -Coordination of Care*                      Connect                      - Getting Needed Care                      - Rating of Health Plan*                      - Coordination of Care *</p>	<p>-Measure satisfaction of services with CAHPS questions in comparison with other MCO plans.</p> <p>-Analyze the results against benchmarks. Identify opportunities for improvement based off of trended performance, comparison to 2023 national average scores, comparison to other MCOs, and star rating cut points.</p> <p>Continue and enhance interventions in the following areas:                      - Customer Service training and improvement.                      - Member education materials.                      - Provider education (example: primary care providers, Adult Day Centers, partner product collaboration).                      - Collaborate with provider groups to pilot a Pulse Survey                      - Implement PBM change communication plan                      - Improved data collection and analytics (i.e. monthly Qualtrix survey, UniteUs)                      - Annual flu vaccines pop-up clinics and member outreach</p>	NCQA ME 7C-F, NET 3, 42 CFR §§ 422.152 and 422.516	CAHPS and ESS Survey Results	VP, Health Services and Quality Operations						<p>QMIC Workgroups - Enrollee Experience</p> <p>QMIC – Feb Nov</p> <p>HE Committee – Mar Dec</p>	

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
			MSC+ - Rating of Health Plan* - Customer Service* - Coordination of Care*										
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: - Exchange of Information Provider Satisfaction - increase satisfaction by 2 percentage points for all measures - Antidepressant Medication Management (AMM)* - achieve NCQA 75th percentile - Follow-Up Care for Children Prescribed ADHD Medication (ADD)- achieve NCQA 75th percentile  - Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) - achieve NCQA 75th percentile - Members who, having been discharged from acute care for a cardiac diagnosis, received follow-up mental health services within 45 days - achieve statistically significant improvement - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)* - achieve NCQA 75th percentile	Collect and analyze data to identify opportunities for improvement of coordination between behavioral and medical care. Implement and evaluate the effectiveness of the following interventions: -Member educational mailings -Partner with provider groups to close gaps in care, Case Management -Targeted medication reviews Evaluate performance metrics and determine future focus areas.	NCQA QI 4 42 CFR §§ 438.208	Continuity and Coordination Between Mental Health and Substance Use Disorder and Medical Care	Director, Mental Health & Substance Use Disorder Services			Mar Sept	Mar	QMIC Workgroups - Mental Health  Key Partners – Apr  HE Committee - Jun	

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
QCC	Continuity and Coordination of Medical Care	All Products	<p>-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.</p> <p>Focus Areas:                      - Transitions of Care* - achieve statistically significant improvement in Patient Engagement After Inpatient Discharge and Medication Reconciliation Post-Discharge.                      - Plan All Cause Readmissions* - achieve NCQA 75th percentile                      - Colorectal Cancer Screenings* - achieve statistically significant improvement in rates of Colorectal Cancer Screenings and rates of Follow-up Colonoscopy Within 180 Days                      - Veteran's Affairs Medical Records* - achieve statistically significant improvement in Adult Immunization Status among Veteran Affairs (VA)-utilizing members</p>	<p>Collect and analyze data to identify opportunities for improvement of coordination of medical care. Implement and evaluate the effectiveness of the following interventions:                      -Post-discharge member engagement calls by nursing staff and pharmacy staff.                      -Interactive Voice Response (IVR) phone calls directed to members post hospital discharge, with option to connect with a UCare Health Improvement Team (HIT) member to assist with scheduling or ask questions.                      -Outreach to members to share Primary Care Physician (PCP) information with screening kit vendor and schedule follow-up with PCP following a positive result.                      -Outreach to members to obtain veteran status, Veteran Affairs (VA) information, and record sharing permissions.</p>	NCQA QI 3 42 CFR §§ 438.208	Continuity and Coordination of Medical Care	VP, Health Services and Quality Operations			Mar Sep	Mar	<p>QMIC Workgroups - Hospitalizations and Emerging Risk - Aug Sep                      QMIC - Oct</p>	
Admin	Credentialing Plan	All Products	Annual review of the Credentialing Plan, which applies to all providers defined by UCare subject to credentialing.	<p>-Review and approve annually.                      -Make the document available on UCare's website for providers and share with UCare delegates.</p>	NCQA CR 1, 2, 5, 6	Credentialing Plan	VP, Health Services and Quality Operations					Credentialing Committee - Apr	
Admin	Delegation Oversight (Regulatory)	All Products	<p>-Perform oversight of delegated facilities and responsibilities in accordance with regulatory and contractual delegation agreements, including assessing quality and appropriateness of care furnished to Enrollees using Long-Term Services and Support (LTSS) covered under the contract (MSHO and MSC+ Elderly Waiver recipients).                      -Determine and follow up on opportunities for improvement.*</p>	<p>-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.                      -Monitor and evaluate the quality of home and community based services provided members.</p>	NCQA CR 8/PHM 7/UM 13/NET 6/ME 8	Delegation Audit Findings Care Plan Audit and Quality Review Results	<p>VP, Compliance                      VP, Care Coordination and Long-Term Services and Support</p>			Nov		Credentialing Committee – Jan Jul	Cred Committee Completed: Jan

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
QCC	Dental Benchmark Access	PMAP, MnCare, MSHO, MSC+, Connect, Connect +	Achieve 55% for all product lines to improve dental utilization (2022-2024 performance benchmark).	<ul style="list-style-type: none"> <li>-Analyze provider access to serve the Medicaid population and implement strategies to improve access including capacity-building initiatives, contracting, and UCare's Mobile Dental Clinic.</li> <li>-Conduct member engagement and education initiatives, such as direct telephonic outreach, community and provider partnerships, gap in care reminders, incentives, and educational resources.</li> <li>-Submit quarterly monitoring reports to DHS.</li> </ul>	DHS Contract	Dental Report	<ul style="list-style-type: none"> <li>VP, Health Services and Quality Operations</li> <li>VP, Provider Relations &amp; Contracting</li> <li>VP, Chief Compliance and Ethics Officer</li> </ul>			Jul		<ul style="list-style-type: none"> <li>QMIC Workgroups - Provider Quality and Prevention</li> <li>QMIC - May</li> </ul>	
QCC	DHS Withholds	PMAP, MnCare	Monitor data, identify opportunities for improvement, and implement interventions in the following focus areas: <ul style="list-style-type: none"> <li>- Childhood Immunization Status (Combo 10)</li> <li>- Well Child Visits in the First 15 months and 30 months of life</li> <li>- Child and Adolescent Well-Care Visits</li> <li>- Prenatal and Postpartum Care</li> <li>- Initiation and Engagement of Alcohol and Drug dependency Treatment</li> <li>- Follow-up After Hospitalization for Mental Illness (7 and 30-day)</li> <li>- MinnesotaCare Healthcare Equity Stakeholder/Community Engagement</li> <li>- No Repeat Deficiencies on the Minnesota Department of Health (MDH) Quality Assurance Examination for Minnesota Health Care Programs - Managed Care (MHCP)</li> </ul>	Conduct interventions to improve key metrics including: <ul style="list-style-type: none"> <li>- Provider and community partnerships to support health education and close gaps in care.</li> <li>- Value-based contracts.</li> <li>- Culturally congruent telephonic outreach.</li> <li>- Provide education to members who have had a non-traumatic emergency department (ED) visit.</li> <li>- Attend regional stakeholder meetings as scheduled.</li> <li>- Conduct provider education (tool kit, Webinars, and resources).</li> <li>- Conduct member education (IVR calls, mailings).</li> <li>- Care Management and Care Coordination</li> </ul>	DHS Contract	DHS Withhold Report	VP, Health Services and Quality Operations		Sep		<ul style="list-style-type: none"> <li>QMIC Workgroups - Hospitalizations, Prevention, Mental Health, Provider Quality, Member Engagement</li> <li>QMIC - Sep</li> </ul>		

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
QCC	DHS Withholds	MSC+, MSHO	-Monitor data, identify opportunities for improvement, and implement interventions in the following focus areas: - No Repeat Deficiencies on the Minnesota Department of Health (MDH) Quality Assurance Examination for Minnesota Health Care Programs - Managed Care (MHCP) - Completion of and submission to State of Service Accessibility and Care Plan Audit - Initial Seniors Health Risk Screening or Assessment - Stakeholder Group reporting - Annual Dental Visit, Age 65+* - Colorectal Cancer Screening (COL) - Follow-Up After ED Visit for People with Multiple High-Risk Chronic Conditions (FMC)	Conduct interventions to improve key metrics including: - Culturally congruent telephonic outreach. - Partner with dental delegate 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 provide health education and close gaps in care. - Member education and incentives (Interactive Voice Response (IVR) calls, mailings) - Value-based contracts. - Care Management and Care Coordination	DHS Contract	DHS Withhold Report	VP, Health Services and Quality Operations			Sep		QMIC Workgroups - Hospitalizations, Prevention, Mental Health, Provider Quality, Member Engagement  QMIC - Sep	
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 Minnesota Department of Health (MDH) Quality Assurance Examination for Minnesota Health Care Programs - Managed Care (MHCP) - Compliance with Service Accessibility Requirements - Stakeholder Group reporting - Annual Dental Visit, Age 18-64* - Ambulatory Care (AMB): Emergency Department Visits - Follow-Up After ED Visit for People with Multiple High-Risk Chronic Conditions (FMC) - Follow-Up After Hospitalization for Mental Illness (7 and 30-day)	Conduct interventions to improve key metrics including: - Culturally congruent telephonic outreach. - Partner with dental delegate 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 provide health education and close gaps in care. - Member education and incentives (Interactive Voice Response (IVR) calls, mailings) - Value-based contracts. - Care Management and Care Coordination - In-home test kits for colorectal cancer screening	DHS Contract	DHS Withhold Report	VP, Health Services and Quality Operations			Sep		QMIC Workgroups - Hospitalizations, Prevention, Mental Health, Provider Quality, Member Engagement  QMIC - Sep	

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
QCC	Disease Management (DM) Annual Report  <i>See Population Health Work Plan for additional details.</i>	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. -Achieve 5% reduction in emergency department visits; 10% reduction in inpatient admissions; and 15% reduction in plan all cause readmissions. -Meet/exceed 80% member satisfaction.	-Identify relevant process or outcome measures, analyze results and identify opportunities for improvement. -Identify and inform eligible members of Disease Management (DM) programs. -Monitor and enhance interventions for members in DM programs. -Provide DM health coaching for members and help them develop self-management skills. -Evaluate effectiveness of the following DM programs and identify opportunities for improvement: Asthma, Diabetes, Chronic Kidney Disease, Coronary Obstructive Pulmonary Disease, Heart Failure, Hypertension, Migraine.	NCQA PHM 1, PHM 2, PHM 6 DHS Contract	Disease Management (DM) Annual Evaluation	VP, Health Services and Quality Operations	Mar	Mar				
QS	Enhancing Network Responsiveness	PMAP MnCare Connect MSC+ MSHO	-Improve the capacity of UCare's provider network to meet members' cultural and linguistic needs and preferences. -Achieve goal of 80% of Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey respondents responding 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.*	-Annually analyze capacity of network to meet the language needs of members. -Annually analyze capacity of network to meet needs of members for culturally appropriate care. -Develop plan to address gaps identified. -Based on analysis, act on opportunities for improvement and evaluate the effectiveness of interventions, including provider education on language services, provider cultural congruence training, and member support in identifying providers.	NCQA HE 4 B	Enhancing Network Responsiveness Report	VP, Provider Relations and Contracting			Mar	Mar	HE Committee - Nov	
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, which vary by measure and product.*	-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: promoting the mental health triage and access line, expanding provider network and accessibility, improving prior authorization processes, strategies to enhance education on health benefits/services and treatment options, and navigating telehealth services. -Analyze effectiveness of interventions.	NCQA ME 7 E-F and NCQA NET 3	ECHO Report	VP, Health Services and Quality Operations					QMIC Workgroups - Mental Health  QMIC – Feb Nov	

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
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 and gender data to determine if health care disparities exist in Healthcare Effectiveness Data and Information Set (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 6	Health Disparities Report	VP, Health Services and Quality Operations			Mar	Mar	HE Committee - Mar	
QCC	Health Equity Stakeholder and Community Engagement	All Products	Identify key measures to improve health outcomes for our populations. Engage and obtain input from communities that experience health disparities. Implement at least one intervention based on input received to address health inequities in access to care and quality of care.	Develop and refine strategy for collecting input from at least 4 communities and members that experience health disparities through the Community Voices Sub-Committee.  Aggregate and analyze data.  Collaborate with Quality Improvement and UCare teams to develop and implement community-informed interventions to reduce identified health disparities.  Analyze effectiveness of interventions.  Submit supporting documentation to DHS for PMAP and MnCare activities.	DHS Contract	Health Equity Addendum - Population Health Management Report	VP, Health Services and Quality Operations					QMIC – Jan Health Equity Committee - Dec	
SCC	Health Outcomes Survey (HOS)	UCare Medicare, MSHO, EssentiaCare, UCare Medicare with M Health Fairview & North Memorial Health	-Achieve a 1 Star rating improvement for all Health Outcomes Survey (HOS) measures that were below a 4 Star Rating, including Reducing Risk of Falling, Improving Bladder Control, and Monitoring Physical Activity.* -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. -Evaluate the effectiveness of interventions.	42 CFR §§ 422.152 and 422.516	HOS Survey Results	VP, Health Services and Quality Operations					QMIC Workgroups - Mental Health and Prevention  QMIC – Feb Nov	

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
QCC	Healthcare Effectiveness Data Information Set (HEDIS)**  **See QMIC Work Plan & Stars Grid for all performance and benchmark data.	EssentiaCare, UCare Medicare with M Health Fairview & North Memorial Health (MHFVNM)	-Maintain 5 Stars for HEDIS measures that are currently 5 Stars, and achieve at least a 1 Star improvement for all other measures. -Address issues identified in 2023 Annual Program Evaluation.* -Complete full Healthcare Effectiveness Data Information Set (HEDIS) evaluation, including trended performance and benchmarks.  Measure Focus Areas: - Adult Immunization Status (AIS-E) New - Breast Cancer Screening* (BCS-E) - Colorectal Cancer Screening* (COL) - Controlling High Blood Pressure* (CBP) - Diabetic Eye Exams* (EED) - Diabetes HbA1c Poor Control >9* (HBD) - Diabetic Kidney Health* (KED) - Follow Up ED Multiple Chronic Conditions (FMC) New - Plan All Cause Readmissions* (PCR) - Transitions of Care* (TRC) - Statin Therapy for Patients with Cardiovascular Disease* (SPC) - Statin Therapy for Patients with Diabetes* (SPD)	-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. -Identify interventions to improve performance in measures that are below the threshold and as identified in the annual evaluation. -Explore member engagement solutions. -Conduct member outreach (e.g. Interactive Voice Response (IVR), telephonic, mailings, incentives, etc.). -Conduct provider outreach to focus on Star measures (e.g. action lists, education on measures, etc.).	42 CFR §§ 422.152 and 422.516	HEDIS Survey Results	VP, Health Services and Quality Operations  Chief Informatics Officer			Jul		QMIC Workgroups  QMIC - Jul	

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
QCC	Healthcare Effectiveness Data Information Set (HEDIS)**  **See QMIC Work Plan & Stars Grid for all performance and benchmark data.	UCare Medicare, I-SNP, MSHO, Connect + Medicare, YourChoice PPO	<p>- Maintain 5 Stars for HEDIS measures that are currently 5 Stars, and achieve at least a 1 Star improvement for all other measures. Address issues identified in 2023 Annual Program Evaluation.*</p> <p>- Complete full Healthcare Effectiveness Data Information Set (HEDIS) evaluation, including trended performance and benchmarks.</p> <p>Measure Focus Areas:                      - Adult Immunization Status (AIS-E) New                      - Breast Cancer Screening* (BCS-E)                      - Colorectal Cancer Screen* (COL)                      - Diabetes HbA1c Poor Control &gt;9* (HBD)                      - Diabetic Eye Exams* (EED)                      - Diabetic Kidney Health* (KED)                      - Follow Up ED Multiple Chronic Conditions (FMC) New                      - Controlling High Blood Pressure* (CBP)                      - Osteoporosis Management* (OMW)                      - Transitions of Care* (TRC)                      - Plan All Cause Readmissions* (PCR)                      - Care of Older Adults (COA) (ISNP &amp; MSHO)*                      - Statin Therapy for Patients with Cardiovascular Disease* (SPC)                      - Statin Therapy for Patients with Diabetes* (SPD)</p>	<p>- 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. - Identify interventions to improve performance in measures that are below the threshold and as identified in the annual evaluation. - Explore member engagement solutions. - Conduct member outreach (e.g. Interactive Voice Response (IVR), telephonic, mailings, etc.). - Conduct provider outreach to focus on Star measures (e.g. action lists, education on measures, etc.).</p>	42 CFR §§ 422.152 and 422.516	HEDIS Survey Results	<p>VP, Health Services and Quality Operations</p> <p>VP, Chief Informatics Officer</p>			Jul		<p>QMIC Workgroups</p> <p>QMIC - Jul</p>	

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
QCC	Healthcare Effectiveness Data Information Set (HEDIS)**  **See QMIC Work Plan & Stars Grid for all performance and benchmark data.	IFP	<ul style="list-style-type: none"> <li>- Maintain 5 Stars for HEDIS measures that are currently 5 Stars, and achieve at least a 1 Star improvement for all other measures.</li> <li>- Address issues identified in 2023 Annual Evaluation.* Complete full Healthcare Effectiveness Data Information Set (HEDIS) evaluation, including trended performance and benchmarks.</li> </ul> <p>Measure Focus Areas:</p> <ul style="list-style-type: none"> <li>- Adult Immunization Status (AIS-E) New</li> <li>- Annual Dental*</li> <li>- Antidepr Med Mgmt.(QRS Avg.)* (AMM)</li> <li>- Asthma Medication Ratio* (AMR)</li> <li>- Avoidance of Antibiotic Tx in Adults</li> <li>- Breast Cancer Screening* (BCS-E)</li> <li>- Cervical Cancer Screening* (CCS)</li> <li>- Childhood and Adolescent Immunizations* (CIS &amp; IMA)</li> <li>- Chlamydia Screening* (CHL)</li> <li>- Colorectal Cancer Screening* (COL)</li> <li>- Diabetes HbA1c Control &lt;8* (HBD)</li> <li>- Diabetic Eye Exams* (EED)</li> <li>- Controlling High Blood Pressure* (CBP)</li> <li>- Follow up After MH Hosp (7 &amp; 30 day)* (FUH)</li> <li>- Initiation &amp; Engagement of Alcohol &amp; Other Drug Dependence Tx (IET)</li> <li>- Plan All Cause Readmissions* (PCR)</li> <li>- Prenatal &amp; Postpartum Care* (PPC)</li> <li>- Child Nutrition &amp; Physical Activity* (WCC)</li> <li>- Well Visits Ages 3-21* (WCV)</li> <li>- Well Visits 15 and 30 months* (W30)</li> </ul>	<ul style="list-style-type: none"> <li>-Monitor effectiveness of care, access/availability of care, and use of services.</li> <li>-Analyze results against previous years, other health plans, and benchmarks to identify opportunities for improvement.</li> <li>-Identify interventions to improve performance in measures that are below the threshold and as identified in the annual evaluation.</li> <li>-Explore member engagement solutions.</li> <li>-Conduct member outreach (e.g. Interactive Voice Response (IVR), telephonic, mailings, incentives, etc.).</li> <li>-Conduct provider outreach to focus on Star measures (e.g. action lists, education on measures, etc.).</li> </ul>	42 CFR §§ 422.152 and 422.516	HEDIS Survey Results	<p>VP, Health Services and Quality Operations</p> <p>VP, Chief Informatics Officer</p>			Jul		<p>QMIC Workgroups</p> <p>QMIC - Jul</p>	

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
QCC	Healthcare Effectiveness Data Information Set (HEDIS)**  **See QMIC Work Plan & Stars Grid for all performance and benchmark data.	PMAP, MnCare, MSC+, Connect	-Achieve the 75th NCQA percentile or above. -Address issues identified in 2023 Annual Evaluation.*  -Complete full Healthcare Effectiveness Data Information Set (HEDIS) evaluation, including trended performance and benchmarks.  Measure Focus Areas: - Adult Immunization Status (AIS-E) New - Annual Dental* - Antidepressant Med Mgmt.* (AMM) - Breast Cancer Screening* (BCS-E) - Colorectal Cancer Screening (COL-E) - Cervical Cancer Screening* (CCS) - Controlling High Blood Pressure* (CBP) - Diabetes HbA1c Control <8* (HBD) - Diabetic Eye Exams* (EED) - Diabetic Kidney Health* (KED) - Child Nutrition & Physical Activity* (WCC) - Childhood & Adolescent Immunizations* (CIS & IMA) - Chlamydia Screening* (CHL) - Follow Up ED Multiple Chronic Conditions (FMC) New - Plan All Cause Readmissions* (PCR) - Follow Up After MH Hospital (7 & 30 day)* (FUH) - Initiation & Engagement of Alcohol & Other Drug Dependence Tx (IET) - Prenatal & Postpartum Care* (PPC) - Well Visits Ages 3-21* (WCV) - Well Visits 15 and 30 months* (W30)	-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. -Identify interventions to improve performance in measures that are below the threshold and as identified in the annual evaluation. -Explore member engagement solutions. -Conduct member outreach (e.g. Interactive Voice Response (IVR), telephonic, mailings, incentives, etc.). -Conduct provider outreach to focus on Star measures (e.g. action lists, education on measures, etc.).	42 CFR §§ 422.152 and 422.516	HEDIS Survey Results	VP, Health Services and Quality Operations  VP, Chief Informatics Officer			Jul		QMIC Workgroups  QMIC - Jul	
QCC	Inter-Rater Reliability (IRR) Report	All Products	-Ensure uniform application of objective measurable criteria for utilization decisions. -Achieve IRR test results of over 90%.	-Calculate percent of inter-rater reliability. Update InterQual medical criteria. -Continue the testing process and implement training, as applicable.	NCQA UM 2 C	Inter-Rater Reliability (IRR) Report	VP, Health Services Quality and Operations	Sep					

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
MemX	Language Services Assessment	PMAP MnCare Connect Connect+ MSC+ MSHO	-Annually use data to monitor and assess language services offered to members. -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.*	-Assess utilization of language services for organizational functions. -Assess eligible individual experience with language services for organizational functions. -Assess staff experience with language services. -Assess individual experience with language services during health care encounters. -Based on analysis, act on opportunities for improvement and evaluate effectiveness of interventions including providing provider education and improve internal processes for language services.	NCQA HE 6	Language Services Assessment	VP, Health Services and Quality Operations			Mar	Mar	HE Committee - Sep	
QS	Limited English Proficiency Plan	All Products	Review our Limited English Proficiency (LEP) plan to ensure UCare is providing meaningful language access to individuals with limited English proficiency while accessing services and information from UCare.	-Review and update the LEP plan with Health Equity Committee members. -Submit the LEP plan to Government Relations for DHS submission.	DHS Contract	Limited English Proficiency Plan	Health Equity Officer					HE Committee - Oct	
QCC	Medical Record Standards and Advance Directives Audit	All Products	Monitor quality of medical records for compliance with UCare standards. Achieve 80% threshold for all medical record standards audit measures. Address issues identified in 2023 Annual Evaluation, including: - Immunizations are updated and documented on an immunization record. - Documentation exists related to the inquiry/counseling of alcohol/other substance habits. - Documentation addresses the availability of preventive screening services. - Social Factors (SDoH) have been assessed (Including access to food, housing, transportation, etc.).	-Evaluate providers for compliance with UCare Medical Record Standards. UCare standards and criteria will remain the same for 2024. -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, Health Services and Quality Operations			Sep	Sep	QMIC - Jul	

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
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, Consumer Assessment of Healthcare Providers and Systems (CAHPS)/ Quality Health Plan (QHP), and Experience of Care and Health Outcomes (ECHO) data.*	Continue or implement interventions in the following areas: - Implementation of Pharmacy Benefit Manager (PBM) change and member communication strategy - Claims Processing Configuration for Colonoscopy Services - Transportation Scheduling Platform Upgrade - Transparency in Coverage Tool Roll-Out - Weight Loss Drugs and Prior Authorization Process Improvement - Improvement to CAHPS communication strategy - Pulse Surveys on Member Experience -Expanding Mental Health and Substance Use Disorder Case Management program -Engaging outreach to members with BH concerns indicated on Health Risk Assessments (HRAs)	NCQA ME 7 C-F	Member Experience Report	VP, Health Services and Quality Operations			Mar		QMIC Workgroups - Appeals and Grievances, Enrollee Satisfaction, Mental Health  HE Committee - May	
QCC	Model of Care (MOC)	MSHO, Connect + Medicare, I-SNP	Improve the Special Needs Plans (SNPs) ability to deliver high-quality health care services and benefits to SNP beneficiaries.*	-Conduct an annual analysis of select measures related to the Model of Care (MOC) and identify opportunities for improvement. -Complete timely submission of MSHO MOC proposal.	CMS MOC 4	MOC Annual Evaluations	VP, Care Coordination and Long-Term Services and Support	Apr			Jun	QMIC Workgroups - SNP, Emerging Risk & Prevention Workgroups  QMIC – Mar CLS/MSS UM - Feb	
Admin	NCQA Accreditation Updates	All Products	Complete all annual requirements for NCQA Health Plan Accreditation and Health Equity Accreditation.	-Conduct regular reviews of documentation to ensure continued compliance with NCQA Standard and Guidelines. Monitor NCQA Health Plan Ratings.	NCQA	Bi-annual Updates	VP, Health Services and Quality Operations			Mar Sep		QMIC - Oct	

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
QCC	Medical Record Standards and Advance Directives Audit	All Products	Monitor quality of medical records for compliance with UCare standards. Achieve 80% threshold for all medical record standards audit measures. Address issues identified in 2023 Annual Evaluation, including: - Immunizations are updated and documented on an immunization record. - Documentation exists related to the inquiry/counseling of alcohol/other substance habits. - Documentation addresses the availability of preventive screening services. - Social Factors (SDoH) have been assessed (Including access to food, housing, transportation, etc.).	-Evaluate providers for compliance with UCare Medical Record Standards. UCare standards and criteria will remain the same for 2024. -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, Health Services and Quality Operations			Sep	Sep		
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, Health Services and Quality Operations					Credentialing committee – Oct	
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 Director, Mental Health & Substance Use Disorder Services	May Nov				CLS/MSS UM – Feb May Sep Nov	

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
QCC	Performance Improvement Project (PIP) Improving Care for Co-Occurring Diabetes and Depression Conditions 2024-2026	Connect, Connect + Medicare, MSC+, MSHO	Improve utilization of appropriate medical care to contain the cost of medical services for members.*	<p>-Annually analyze Healthcare Effectiveness Data and Information Set (HEDIS) Kidney Health Evaluation for patients with diabetes (KED), Hemoglobin A1c Control for Patients with Diabetes (HBD), Blood Pressure Control for Patients with Diabetes (BPD), and Eye Exam for Patients with Diabetes (EED) hybrid rates and claims-based administrative data and measure success of interventions by comparing the outcomes of each measurement year to the baseline year (HEDIS MY2022). Administrative rates are not sampled and hybrid rates include a random sample of 411 members from the denominator.</p> <p>-Compare year-over-year change using a p-value of 0.05 to determine statistical significance, and compare confidence intervals to understand statistically significant differences between populations.</p> <p>-Implement a strategy to incorporate the community and member voice into the PIP.</p> <p>Participate in collaborative interventions including:</p> <ul style="list-style-type: none"> <li>- Continue care coordinator training and webinar series on topics to address health disparity gaps in diabetes care.</li> <li>- Provide educational resources.</li> <li>- Conduct community outreach and develop partnerships.</li> </ul> <p>Implement and evaluate the effectiveness of UCare specific interventions including:</p> <ul style="list-style-type: none"> <li>- Align internal efforts for Diabetes care outreach and initiatives.</li> <li>- Increase services and education of the Disease Management program and Mental Health &amp; Substance Use Disorder Services (MSS) Team</li> <li>- Utilize Unite Us as a referral platform to connect members to resources relating to diabetes and depression care</li> </ul>	DHS Contract, Minn. Rules, part 4685.1125 and 4685.1130	PIP Interim Report	VP, Health Services and Quality Operations			Sep		<p>QMIC Workgroups - Emerging Risk</p> <p>QMIC - Aug</p>	

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
				<ul style="list-style-type: none"> <li>- Continue to partner with BioIQ in-home testing kits and telephonic outreach.</li> <li>- Behavioral Consultation Team (BCT) Project</li> <li>- Member Education (Emotional Health Mailer and Adult Day Center (ADC))</li> </ul>									
QCC	Performance Improvement Project (PIP) Diabetes 2021-2023	Connect, Connect + Medicare, MSC+, MSHO	<p>-Improve the Comprehensive Diabetes Care and services for Seniors and SNBC members with the focus on reducing disparities.</p> <p>-Achieve statistically significant improvement year-over-year for KED (Kidney Health Evaluation for patients with diabetes); Hemoglobin A1c (HbA1c) testing (CDC) ; BPD (Blood Pressure Control for Patients with Diabetes (BP Control 140/90)); and EED (Eye Exam for Patients with Diabetes).*</p>	<p>-Annually analyze Healthcare Effectiveness Data and Information Set (HEDIS) Kidney Health Evaluation for patients with diabetes (KED), Hemoglobin A1c Control for Patients with Diabetes (HBD), Blood Pressure Control for Patients with Diabetes (BPD), and ye Exam for Patients with Diabetes (EED) hybrid rates and claims-based administrative data and measure success of interventions by comparing the outcomes of each measurement year to the baseline year (HEDIS 2019). Administrative rates are not sampled and hybrid rates include a random sample of 411 members from the denominator.</p> <p>-Compare year-over-year change using a p-value of 0.05 to determine statistical significance, and compare confidence intervals to understand statistically significant differences between populations.</p> <p>Continue the implementation of and evaluate the effectiveness of collaborative and UCare specific interventions including:</p> <ul style="list-style-type: none"> <li>- Make all webinars, education series, training materials, and collaborative resources available on Stratis Health website for continued use and update resources annually.</li> <li>- Continue culturally-aligned member engagement and outreach activities to connect members with needed diabetes care and reduce barriers to care.</li> <li>- Continue sending in-home testing kits to eligible members.</li> </ul>	DHS Contract, Minn. Rules, part 4685.1125 and 4685.1130	PIP Final Report	VP, Health Services and Quality Operations			Sep		<p>QMIC Workgroups - Emerging Risk</p> <p>QMIC - Aug</p>	

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
QCC	Performance Improvement Project (PIP) Healthy Start 2021-2026	PMAP, MnCare	<p>-Promote a 'Healthy Start' for women and children with a focus on reducing health disparities by race and geography. Improve maternal health outcomes by improving prenatal and postpartum care rates and reducing health disparities among populations of color and populations in rural areas. 100% of pregnancy-related deaths were preventable and maternal health can have a major impact on baby's health and wellbeing.</p> <p>-Improve child well visit rates and reduce health disparities among people of color. Well visits are a crucial component of a healthy life to reduce health risks, improve early detection of health problems, and promote early interventions.</p> <p>-Achieve a statistically significant improvement year-over-year for PPC (Prenatal and Postpartum Care), W30 and W15 (Child and Adolescent Well-Care Visits 30-Months and 15-Months) and CIS (Childhood Immunization Status).*</p>	<p>-Annually analyze HEDIS PPC (Prenatal and Postpartum Care), W30 and W15 (Child and Adolescent Well-Care Visits 30-Months and 15-Months) and CIS (Childhood Immunization Status) claims-based administrative data and measure success of interventions by comparing the outcomes of each measurement year to the baseline year (HEDIS MY2022). Administrative rates are not sampled.</p> <p>-Compare year-over-year change using a p-value of 0.05 to determine statistical significance, and compare confidence intervals to understand statistically significant differences between populations.</p> <p>-Implement a strategy to incorporate the community and member voice into the PIP.</p> <p>Participate in collaborative interventions including:</p> <ul style="list-style-type: none"> <li>- Provide education, resources, and tools to care teams.</li> <li>- Community partnership interventions.</li> <li>- Doulas and county partners.</li> </ul> <p>Implement and evaluate the effectiveness of UCare specific interventions including:</p> <ul style="list-style-type: none"> <li>- Organizational redesign for prenatal and postpartum case management.</li> <li>- Develop strategies to improve childhood well care and immunizations rates with the impact COVID-19.</li> <li>- Engage doulas.</li> <li>- Utilize Community Health Workers (CHW) and social workers.</li> <li>- Assess benefits to improve access and utilization of services.</li> </ul>	DHS Contract, Minn. Rules, part 4685.1125 and 4685.1130	PIP Interim Report	VP, Health Services and Quality Operations			Sep		<p>QMIC Workgroups – Prevention</p> <p>QMIC – Aug</p> <p>HE Committee - Oct</p>	

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
QCC	Population Health Management Work Plan	All Products	Define population health related planning and monitoring of activities as well as activities on cost, utilization, quality, Social Determinants of Health (SDOH) for improvement for the coming year.	Complete annual Population Health Work Plan for all products based on organizational need, regulatory requirements, and findings from previous Population Health Program Evaluation.	N/A	Population Health Program Work Plan	VP, Health Services and Quality Operations		Mar	-	Mar	Board of Directors - Mar	
QCC	Population Health Management - Impact Evaluation	All Products	-Evaluate the overall effectiveness of the Population Health Management (PHM) Program and evaluate performance in cost, utilization, quality, and Social Determinants of Health (SDOH). -Evaluate effectiveness of Population Health Management (PHM) strategy and determine whether goals were achieved and identify areas for improvement.*	-Complete annual Population Health Program Evaluation. -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 Population health Management (PHM) programs and activities. -Evaluate effectiveness of the programs and identify opportunities for improvement.	DHS Contract, NCQA PHM 6, Minn. Rules 4685.1110, sub 8, Minn. Rules 4685.1115, Minn. Rules 4685.1120	Population Health Management Impact Evaluation	VP, Health Services and Quality Operations		Mar	-	Mar	Board of Directors - Mar	
QCC	Population Health Management - Population Assessments	All Products	-Assess needs of members and determine actionable categories for appropriate intervention. -Identify top 3 trends for cost, utilization, quality and Social Determinants of Health (SDOH) to identify existing programs and new programs to support data trends.	-Annually assess and review the characteristics and needs of members by product, including social determinants of health, subpopulations, child/adolescent members, and members with disabilities and serious and persistent mental illness (SPMI). -Utilize population assessments to review and update PHM activities and resources. -Define criteria for measuring effectiveness of population health programs. -Quarterly review trends and program updates.	DHS Contract, NCQA PHM 2	Population Assessments	VP, Health Services and Quality Operations		Mar	-	Mar		

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
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	Population Health Management Strategy	VP, Health Services and Quality Operations		Mar	-	Mar	Board of Directors - 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 and Mental Health and Substance Use Disorder Services Authorizations  Medical Injectable Drug Authorizations	VP, Pharmacy  VP, Health Services Quality and Operations	Sep			Sep	HE Committee – Sep  P&T Committee - 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. -Achieve goal of 100% for functionality of the member portal functions and quality and accuracy of information provided to members related to primary care provider change requests, authorizations, and financial/benefit information. -Achieve goal of 90% for quality and accuracy of information provided to members via telephone related to benefit and authorization information. -Achieve goal of 100% for timeliness of portal response and 90% for quality and accuracy of portal responses.*	-Collect and analyze the quality and accuracy of health plan services information provided via the website, phone, and email response. -Based on analysis, act on opportunities for improvement and evaluate effectiveness of interventions including Customer Services training and process improvement efforts.	NCQA ME 6	Quality and Accuracy of Personalized Information on Health Plan Services	VP, Customer Service			Mar	Mar	Enrollee Experience Workgroup: Mar	

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
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. -Achieve goal of 100% for the Pharmacy Benefit Manager (PBM) member portal providing accurate and quality information to members. -Achieve goal of 90% for quality and accuracy of key pharmacy-related information provided to members via telephone.*	-Collect and analyze the quality and accuracy of pharmacy benefit information provided via the website and telephone. -Based on analysis, act on opportunities for improvement and evaluate effectiveness of interventions including Customer Services training and process improvement efforts.	NCQA ME 5	Quality and Accuracy of Pharmacy Benefit Information	VP, Customer Service  VP, Pharmacy			Mar	Mar	Enrollee Experience Workgroup - Mar	
QCC	Quality Improvement Strategy (QIS) Cervical Cancer Screening	IFP	Conduct focused studies to improve well child visits for children ages 3-21 by 2.9 percentage points, and reduce health disparities by improving well child visit rates for Native Americans by 17.2 percentage points.	Implement and evaluate the effectiveness of UCare specific interventions including: - Incentive mailings - Member education - Telephonic outreach - Community-based partnerships to close gaps in care	ACA, section 1311(g) (1) (45 CFR 156.200 (b))	QIS Report	VP, Health Services and Quality Operations			Sep		QMIC Workgroups – Prevention  QMIC - Aug	
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 and track closed investigation to ensure that the resolution timeframe is met. -As appropriate, refer to peer review to the Credentialing Committee. -Analyze quarterly trend reports by volume, issues, severity, and outcome. -Provide education and monitor providers included unsubstantiated cases. -Provide cross-departmental education regarding Quality of Care concerns.	DHS Contract	Quality of Care Report	VP, Health Services and Quality Operations	<del>Jan</del> Feb Apr Jul Oct					Jan presentation moved to February.

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
Admin	Quality Rating System	IFP	Complete quality improvement activities based on Stars ratings. Achieve a 2024 Star Rating of 4.5 out of 5 Stars. Refer to HEDIS, CAHPS/ESS, and HOS activities for detailed focus areas. Focus areas are prioritized by those measures farthest away from the benchmark.	-Develop and implement interventions based on overall Stars ratings to achieve statistically significant improvement. -Provide activity reports to QMIC, QIC, and QIACC. -Complete Plan-Do-Study-Act (PDSA) cycle on all interventions. -Develop focus areas and interventions in QMIC workgroups. -Work closely with Product and Coverage teams to understand barriers. -Work on areas below the benchmark threshold and as identified in the annual evaluation.	Section 1311(c)(3) of Patient Protection and Affordable Care Act	Strategic Plan Stars Update	VP, Health Services and Quality Operations			Sep Nov	Dec	QMIC Workgroups QMIC – Sep Oct	
Admin	Regulatory Oversight	All Products	Ensure results from the CMS Medicare program audit and Minnesota Department of Health Quality Assurance (QA) Examination/Department of Human Services Triennial Compliance Assessment (TCA) audit reports are reviewed and acted upon.	I-identify number of deficiencies and mandatory improvements in audit reports. -Discuss mandatory improvements with appropriate VP/Directors and receive written confirmation from VPs of next steps. -Corrective action plans (CAPs) relating to the audit deficiencies are complete or in process. -Respond to Department of Human Services' External Quality Review Organization (EQRO) requests (ATR report).	CMS Requirements DHS contracts	CMS Audit, MDH QA Exam/DHS TCA, and DHS's ATR report	VP, Compliance  VP, Government Relations			Sep			
SCC	Special Health Needs (SHCN) (Regulatory)	PMAP, MnCare, Connect, MSC+, MSHO, Connect + Medicare	Ensure the effective mechanisms are in place to: -Identify adult and pediatric members with Special Health Care Needs (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 emergency room (ER) avoidance efforts. -Continue to offer case management for members with special health care needs. -Develop written description of Special Health Care Needs (SHCN) Plan. -Complete annual and quarterly reports.	DHS Contract	Screenings Referrals for Services Claims Data Guiding Care Data	VP, Clinical Services	Mar				CLS & MSS Utilization Management Workgroup	

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
Admin	Stars Report  **See QMIC Work Plan & Stars Grid for HEDIS performance and benchmark data.	UCare Medicare, MSHO, Connect + Medicare, EssentiaCare, UCare Medicare with M Health Fairview & North Memorial Health, UCare Your Choice	-Complete quality improvement activities based on Stars ratings. Achieve a 2025 rating of 4.5 Stars or higher for UCare Medicare and 4.0 Stars or higher for all other Medicare products.*  -Refer to HEDIS, CAHPS, and HOS activities for detailed focus areas. Focus areas are prioritized using a data analysis platform and supplemental data sources, as well as the impact of the 5x weighted Quality Improvement measures and the Reward Factor.	-Assign measure owners by department expertise. -Develop and implement interventions based on overall Stars ratings to achieve statistically significant improvement. -Provide activity reports to QMIC, QIC, and QIACC. -Complete Plan-Do-Study-Act (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. -Analyze impact of the Health Equity Index and establish priorities.	42 CFR §§ 422.152 and 422.516	Strategic Plan Stars Update	VP, Health Services and Quality Operations			May Jul Sep Nov	Dec	QMIC Workgroups  QMIC – Sep Oct  Health Equity Committee - Oct	
QCC	Utilization Management (UM) Criteria Review	All Products	Annual review of Utilization Management (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, Health Services and Quality Operations	Dec			Dec	HE Committee - Apr	
QCC	Utilization Management (UM) Evaluation	All Products	Complete an annual evaluation of the Utilization Management (UM) program to determine if the program remains current and appropriate.*	-Evaluate the Utilization Management (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, Health Services and Quality Operations	Mar			Mar		

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	HSMC	PHPC	QIC	QIACC	Other	Notes and Monitoring of Previously Identified Issues
QCC	Utilization Management (UM) Program Description	All Products	-Ensure Utilization Management (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.	<ul style="list-style-type: none"> <li>- Annually review Utilization Management (UM) plan and ensure it includes the following:                             <ul style="list-style-type: none"> <li>-A written description of the program structure.</li> <li>-The behavioral health care aspects of the program.</li> <li>-Involvement of a designated senior-level physician in UM program monitoring.</li> <li>-Involvement of a designated behavioral health care practitioner in the behavioral health care aspects of the UM program.</li> <li>-The program scope and process used to determine benefit coverage and medical necessity.</li> <li>-Information sources used to determine benefit coverage and medical necessity.</li> </ul> </li> </ul>	NCQA UM 1A, DHS Contract, Minn. Rules 4685.1110, sub 8, Minn. Rules 4685.1115, Minn. Rules 4685.1120	Utilization Management Plan	VP, Health Services and Quality Operations	Mar			Mar		