2025 Quality Program Work Plan

UCare Products

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

Value Committees/Work Groups

Quality Improvement Advisory and Credentialing Committee (QIACC)	
Health Services Management Committee (HSMC)	**QMIC Workgroups**
Utilization Management Committee	Appeals and Grievances
	Call Center
Medical Policy Committee	Emerging Risk
	Enrollee Experience
Pharmacy and Therapeutics Committee (P&T)	Hospitalizations
Key Partners Collaborative	Mental Health
Medicare Advantage Utilization Management Committee	Prevention
Care Coordination Delegation Committee	Provider Quality
Population Health Program Council (PHPC)	Special Needs Plans (SNP)
Quality Improvement Council (QIC)	**Other**
Credentialing Committee	Maximizing Provider Network Workgroup
Quality Improvement Measures Committee (QMIC)	
Health Equity Committee	

UCare Focus Area

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

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	QMIC	QIC	QIACC	Health Equity	Other
Admin	2024 Quality Program Evaluation (on 2024 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 - Apr
Admin	2025 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 - Apr
Admin	2025 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 - Apr
SCC	Adverse Events Bi-Annual Report	All Products	Conduct 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	Bi-Annual Adverse Events Report	VP, Health Services and Quality Operations					Credentialling Committee: Feb; Oct
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 - Enrollee Experience

*Monitoring of previously identified issues in 2024 that require additional follow-up.

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	QMIC	QIC	QIACC	Health Equity	Other
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 Statues Sections 62 D.124 and 62 Q.55 Minn. Rules 4685.1010	Assessment of Network Adequacy Report Accessibility Report Availability Report	VP, Provider Network Management		Mar Nov			Maximizing Provider Network Workgroup - Feb Sep
QS	Assessment of Provider Directory Accuracy	All Products	Evaluate and identify opportunities to improve the accuracy and take action to improve the accuracy of the information in the physician directories.* Meet accuracy goals for the following categories: Office Location - 90% Phone Number - 85% Hospital Affiliations - 70% Accepting New Patients - 90% Awareness of Contract - 90%	Conduct data validation to determine accuracy of the physician directory. Identify and act on opportunities for improvement. Monitor the online solution (DXT) where providers can login securely to review and update the practitioner and site records. Improve tool and process for providers to submit changes to provider data. Conduct calls to verify accuracy of provider information.	NCQA NET 5C-D, 42 CFR §§ 438.206 and 438.207, MN Statues Sections 62 D.124 and 62 Q.55, Minn. Rules 4685.1010	Provider Directory Accuracy Report	VP, Provider Network Management		Mar Sep			Maximizing Provider Network Workgroup - Mar Sep
MemX	Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Enrollee Satisfaction Survey (ESS) Report	All Products	Launch CAHPS and ESS surveys and submit data annually in accordance with regulatory and accreditation requirements. Maintain composite rate of 5 Stars for the Enrollee Experience Survey. Exceed the survey vendor book of business average for Medicaid CAHPS measures.** Maintain 5 Stars for CMS CAHPS measures that are currently 5 Stars, and either maintain performance or achieve statistically significant improvement for all other measures. Focus Areas: UCare Medicare - Getting Needed Care - Getting Appointments and Care Quickly - Getting Needed Prescription Drugs MSHO - Getting Needed Care - Getting Appointments and Care Quickly - Rating of Health Plan* - Customer Service - Getting Needed Prescription Drugs* Connect + Medicare - Getting Needed Care* - Getting Appointments and Care Quickly - Rating of Health Care Quality* - Rating of Health Plan* - Customer Service - Coordination of Care* - Getting Needed Prescription Drugs* - Rating of Drug Plan - Annual Flu Vaccine EssentiaCare - Rating of Health Plan* - Customer Service - Rating of Drug Plan* IFP - Access to Care - Rating of Personal Doctor	Measure satisfaction of services with CAHPS questions in comparison with other MCO plans. Analyze the results against benchmarks. Identify opportunities for improvement based off of trended performance, comparison to 2024 national average scores, comparison to other MCOs, and star rating cut points. Continue and enhance interventions in the following areas: - Customer Service training and improvement. - Member education materials. - Provider education (example: Adult Day Centers, partner product collaboration). - Collaboration and engagement with provider groups. - Improved data collection and analytics (i.e. Voice of the Customer). - Annual flu vaccines pop-up clinics and member outreach. - Collaboration with pharmacy benefit manager and mail order vendor.	NCQA ME 7C-F, NET 3, 42 CFR §§ 422.152 and 422.516	CAHPS and ESS Survey Results	VP, Health Services and Quality Operations	Feb Nov				QMIC Workgroups - Enrollee Experience

Monitoring of previously identified issues in 2024 that require additional follow-up.

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	QMIC	QIC	QIACC	Health Equity	Other
			- Rating of Health Plan * - Rating of Health Care * - Access to Information * - Plan Administration Medicare PPO - Getting Needed Care - Getting Appointments and Care Quickly - Getting Needed Prescription Drugs - Rating of Drug Plan **CAHPS was not administered by DHS in 2024 for PMAP, MnCare, Connect, and MSC+. Therefore, 2024 data is unavailable to determine focus areas. 2025 data will be analyzed and opportunities for improvement identified.									
Admin	Credentialing Plan	All Products	Annual review of the Credentialing Plan, which applies to all providers defined by UCare subject to credentialing.	Review and approve annually. Make the document available on UCare's website for providers and share with UCare delegates.	NCQA CR 1, 2, 5, 6	Credentialing Plan	VP, Health Services and Quality Operations					Credentialling Committee: Mar
Admin	Delegation Oversight (Regulatory)	All Products	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.*	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.	NCQA CR 8/PHM 7/UM 13/NET 6/ME 8	Delegation Annual Audit Care Plan Audit and Quality Review Results	VP, Chief Compliance and Ethics Officer VP, Care Coordination and Long-Term Services and Support		Nov			Credentialling Committee: Feb; Aug
QCC	Dental Benchmark Access	PMAP, MnCare, MSHO, MSC+, Connect, Connect +	Analyze results of 2022-2024 dental utilization performance benchmark. The goal is to achieve 55% dental utilization for all product lines.	Analyze provider access to serve the Medical Assistance population and implement strategies to improve access including capacity-building initiatives, contracting, and UCare's Mobile Dental Clinic. Conduct member engagement and education initiatives, such as direct telephonic outreach, community and provider partnerships, gap in care reminders, incentives, and educational resources. Submit quarterly monitoring reports to DHS.	DHS Contract	Dental Report	VP, Health Services and Quality Operations VP, Provider Network Management VP, Chief Compliance and Ethics Officer	Sep	July			QMIC Workgroups - Prevention
QCC	DHS Withholds	PMAP, MnCare	Monitor data, identify opportunities for improvement, and implement interventions in the following focus areas: 1. Prenatal and Postpartum Care* 2. Childhood Immunization Status (Combo 10)* 3. Well Child Visits in the First 15 months and 30 months of life* 4. Child and Adolescent Well-Care Visits* 5. Follow-up After Hospitalization for Mental Illness (7 and 30-day)* 6. Initiation and Engagement of Alcohol and Drug dependency Treatment* 7. Colorectal Cancer Screening 8. MinnesotaCare Healthcare Equity Stakeholder/Community Engagement 9. No Repeat Deficiencies on the Minnesota Department of Health (MDH) Quality Assurance Examination for Minnesota Health Care Programs - Managed Care (MHCP)	Conduct interventions to improve key metrics including: - Provider and community partnerships to support health education and close gaps in care. - Value-based contracts. - Culturally congruent telephonic outreach. - Provide education to members who have had a non-traumatic emergency department (ED) visit. - Attend regional stakeholder meetings as scheduled. - Conduct provider education (Webinars and resources). - Conduct member education (IVR calls, mailings, emails). - Care Management and Care Coordination	DHS Contract	DHS Withhold Report	VP, Health Services and Quality Operations	Sep	Sep		Nov	QMIC Workgroups - Hospitalizations, Prevention, Mental Health, Provider Network

*Monitoring of previously identified issues in 2024 that require additional follow-up.

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	QMIC	QIC	QIACC	Health Equity	Other
QCC	DHS Withholds	MSC+, MSHO	Monitor data, identify opportunities for improvement, and implement interventions in the following focus areas: 1. Annual Dental Visit, Age 65+* 2. Colorectal Cancer Screening 3. Follow-Up After ED Visit for People with Multiple High-Risk Chronic Conditions 4. Initial Seniors Health Risk Screening or Assessment 5. Completion of and submission to State of Service Accessibility and Care Plan Audit 6. Stakeholder Group reporting 7. No Repeat Deficiencies on the Minnesota Department of Health (MDH) Quality Assurance Examination for Minnesota Health Care Programs - Managed Care (MHCP)	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 (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, emails) - Value-based contracts. - Care Management and Care Coordination	DHS Contract	DHS Withhold Report	VP, Health Services and Quality Operations	Sep	Sep		-	QMIC Workgroups - Hospitalizations, Prevention, Mental Health, Provider Network
QCC	DHS Withholds	Connect, Connect + Medicare	Monitor data, identify opportunities for improvement, and implement interventions in the following focus areas: 1. Annual Dental Visit, Age 18-64* 2. Ambulatory Care: Emergency Department Visits 3. Follow-Up After ED Visit for People with Multiple High-Risk Chronic Conditions (FMC) 4. Follow-Up After Hospitalization for Mental Illness (7 and 30-day) 5. Colorectal Cancer Screening 6. Compliance with Service Accessibility Requirements 7. Stakeholder Group reporting 8. No Repeat Deficiencies on the Minnesota Department of Health (MDH) Quality Assurance Examination for Minnesota Health Care Programs - Managed Care (MHCP)	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 (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, emails) - 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	Sep		-	QMIC Workgroups - Hospitalizations, Prevention, Mental Health, Provider Network
QS	Enhancing Network Responsiveness	PMAP MnCare Connect 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 and education in identifying providers.	NCQA HE 4 B	Enhancing Network Responsiveness Report	VP, Provider Network Management		Mar	Mar	Sep	
MemX	Experience of Care and Health Outcomes Survey (ECHO) Report	All Products	Measure the quality of mental health services and health plan by surveying UCare members who accessed mental health services in the past 12 months. 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, care management, and navigating telehealth services. Analyze effectiveness of interventions. Focus Areas: - Getting Treatment & Information from the Health Plan - Perceived Improvement - Information about Treatment Options	NCQA ME 7 E-F and NCQA NET 3	ECHO Report	VP, Health Services and Quality Operations	Feb Dec				QMIC Workgroups - Mental Health - Dec
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 HEDIS and CAHPS measures. Identify and prioritize opportunities to reduce health care disparities. Implement at least one intervention to address a	NCQA HE 6	Health Disparities Report	VP, Health Services and Quality Operations		Mar	Mar	Oct	

*Monitoring of previously identified issues in 2024 that require additional follow-up.

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	QMIC	QIC	QIACC	Health Equity	Other
				disparity. Evaluate the effectiveness of the intervention.								
QCC	Healthcare Equity Community Engagement Report	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 quarterly.	DHS Contract	Healthcare Equity Community Engagement Report	VP, Health Services and Quality Operations	Dec			~~Dec~~ Nov	
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	Feb Nov				QMIC Workgroups - Prevention - Nov
QCC	Healthcare Effectiveness Data Information Set (HEDIS)** **See QMIC Work Plan & Stars Grid for all performance and benchmark data.	EssentiaCare	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 2024 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) - Breast Cancer Screening* (BCS-E) - Colorectal Cancer Screening* (COL-E) - Controlling High Blood Pressure* (CBP) - Diabetic Eye Exams* (EED) - Diabetes Glycemic Poor Control >9* (GSD) - Diabetic Kidney Health* (KED) - Follow Up ED Multiple Chronic Conditions (FMC) - Plan All Cause Readmissions* (PCR) - Transitions of Care* (TRC) - Statin Therapy for Patients with Cardiovascular Disease* (SPC)	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	Jul			QMIC Workgroups
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	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 2024 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) - Breast Cancer Screening* (BCS-E)	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.).	42 CFR §§ 422.152 and 422.516	HEDIS Survey Results	VP, Health Services and Quality Operations VP, Chief Informatics Officer	Jul	Jul			QMIC Workgroups

*Monitoring of previously identified issues in 2024 that require additional follow-up.

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	QMIC	QIC	QIACC	Health Equity	Other
			- Colorectal Cancer Screen* (COL-E) - Diabetes Glycemic Poor Control >9* (GSD) - Diabetic Eye Exams* (EED) - Diabetic Blood Pressure Control (BPD) - Diabetic Kidney Health* (KED) - Follow Up ED Multiple Chronic Conditions (FMC) - Controlling High Blood Pressure* (CBP) - Osteoporosis Management* (OMW) - Transitions of Care* (TRC) - Plan All Cause Readmissions* (PCR) - Care of Older Adults (COA) (ISNP & MSHO)* - Statin Therapy for Patients with Cardiovascular Disease* (SPC) - Follow up After MH Hosp (7 & 30 day)* (FUH) - Initiation & Engagement of Alcohol & Other Drug Dependence Tx (IET) New - Follow Up After ED Visit for MH (FUM) New								
QCC	Healthcare Effectiveness Data Information Set (HEDIS)** **See QMIC Work Plan & Stars Grid for all performance and benchmark data.	IFP	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 2024 Annual Evaluation.* Complete full Healthcare Effectiveness Data Information Set (HEDIS) evaluation, including trended performance and benchmarks. Measure Focus Areas: - Adult Immunization Status (AIS-E) - Oral Evaluation Dental* (OED) - Antidepr Med Mgmt.(QRS Avg.)* (AMM) - Asthma Medication Ratio* (AMR) - Avoidance of Antibiotic Tx in Adults - Breast Cancer Screening* (BCS-E) - Cervical Cancer Screening* (CCS) - Childhood and Adolescent Immunizations* (CIS & IMA) - Chlamydia Screening* (CHL) - Colorectal Cancer Screening* (COL-E) - Diabetes Glycemic Control* (GSD) - Diabetic Eye Exams* (EED) - Controlling High Blood Pressure* (CBP) - Follow up After MH Hosp (7 & 30 day)* (FUH) - Initiation & Engagement of Alcohol & Other Drug Dependence Tx (IET) - Plan All Cause Readmissions* (PCR) - Prenatal & Postpartum Care* (PPC) - Child Nutrition & Physical Activity* (WCC) - 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	Jul			QMIC Workgroups
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 2024 Annual Evaluation.* Complete full Healthcare Effectiveness Data Information Set (HEDIS) evaluation, including trended performance and benchmarks. Measure Focus Areas: - Adult Immunization Status (AIS-E) - Oral Evaluation Dental* (OED) - Topical Fluoride for Children (TFC) New - Antidepressant Med Mgmt.* (AMM) - Breast Cancer Screening* (BCS-E) - Colorectal Cancer Screening (COL-E) - Cervical Cancer Screening* (CCS) - Controlling High Blood Pressure* (CBP)	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	Jul			QMIC Workgroups

Monitoring of previously identified issues in 2024 that require additional follow-up.

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	QMIC	QIC	QIACC	Health Equity	Other
			- Diabetes Glycemic Control <8* (GSD) - 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) - Plan All Cause Readmissions* (PCR) - Follow Up After MH Hospital (7 & 30 day)* (FUH) - Follow Up After ED Visit for MH (FUM) New - 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)									
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, Customer Services		Mar	Mar	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 DHS.	DHS Contract	Limited English Proficiency Plan	Health Equity Officer				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 2024 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 2025. 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	Sep		

*Monitoring of previously identified issues in 2024 that require additional follow-up.

UCare

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	QMIC	QIC	QIACC	Health Equity	Other
MemX	Member Experience Analysis	All Products	Implement mechanisms to assess and improve member experience. Annually monitor and evaluate member experience with services and identify areas of potential improvement by reviewing appeals and grievances, CAHPS/ESS, and ECHO data.*	Continue or implement interventions in the following areas: - Improve Transparency in Coverage Tool - Weight Loss Drugs and Prior Authorization Process Improvement - Improvement to CAHPS communication strategy - Pulse Surveys on Member Experience - Initiate the CARES customer service program -Additional A&G team training and monitoring of billing and financial appeals -Enhancing ICM post-discharge outreach for ER visits related to MH and SUD -Engaging outreach to members on long-acting injectable antipsychotics -Provide initiation and engagement support to individuals who had a recent substance use disorder transition. -Expand access to UCare's mental health and substance use disorder services team for support. -Enhance member education materials and continue collaborative efforts to develop new engagement strategies.	NCQA ME 7 C-F	Member Experience Report	VP, Health Services and Quality Operations	Mar	Mar		~~Feb~~ Mar	QMIC Workgroups - Enrollee Experience, Mental Health - Mar
Admin	NCQA Accreditation Updates	All Products	Complete all annual requirements for NCQA Health Plan Accreditation and Health Equity Accreditation. Complete timely submission of Health Equity Accreditation renewal survey for Medical Assistance product line.	Conduct regular reviews of documentation to ensure continued compliance with NCQA Standard and Guidelines. Monitor NCQA Health Plan Ratings. Manage document review, survey submission, and survey process.	NCQA	Committee Updates	VP, Health Services and Quality Operations	Oct	Nov			
QCC	NCQA Health Plan Ratings	Connect+ UCare Medicare MSHO Connect PMAP, MnCare EssentiaCare	Maintain 4+ average Star ratings across all plans. Maintain 3+ average Star ratings for Continuity and Coordination of Care (C&C) measures for all plans. Medical Assistance Focus areas: Adolescent immunizations (IMA) BMI percentile assessment (WCC) Prenatal checkups (PPC)* Asthma control (AMR) Patients with opioid use disorder—medication adherence for 6 months (POD) Continued follow-up after ADHD diagnosis (ADD) Diabetes screening for individuals with schizophrenia or bipolar disorder (SSD)* Plan all-cause readmissions (PCR) UCare Medicare Focus Areas: Controlling high blood pressure (CBP) Managing risk of falls (FRM)* Transitions of care—medication reconciliation post-discharge (TRC)* Plan all-cause readmissions (PCR) Acute hospital utilization (AHU) Hospitalization following SNF discharge (HFS) EssentiaCare Focus Areas: Rating of Health Plan Patients with diabetes—kidney health evaluation (KED) Managing risk of falls (FRM)*	Analyze HPR measure performance against previous years and benchmarks to identify opportunities for improvement. Identify and evaluate interventions to improve performance in priority measures that are performing ≤ 2 Stars. Develop performance improvement plan for any C&C measures performing ≤ 1 Star.	NCQA QI 3	Health Plan Ratings Results	VP, Health Services and Quality Operations	Nov	Nov	Dec		QMIC Workgroups

*Monitoring of previously identified issues in 2024 that require additional follow-up.

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	QMIC	QIC	QIACC	Health Equity	Other
MemX	New Member Feedback Report	All Products	Assess member understanding of policies and procedures and health plan materials.	Complete assessment of new members. Identify opportunities for improvement of policies and procedures, and health plan materials provided to new members.	NCQA ME 3 C	New Member Feedback Report	VP, Customer Experience					QMIC Workgrous - Enrollee Experience - Aug
Admin	Non-Discrimination Report	All Products	Identify and track incidences of discrimination in the Credentialing process.	Complete audits of credentialing file data to monitor the Credentialing and Recredentialing process to prevent and/or identify any discriminatory practices.	NCQA CR 1 A	Annual Non-Discrimination Report	VP, Health Services and Quality Operations					Credentialling Committee: Oct
QCC	Performance Improvement Project (PIP) Healthy Start 2021-2026	PMAP, MnCare	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 a baby's health and wellbeing. Improve child well visit rates and reduce health disparities. Well visits are a crucial component of a healthy life to reduce health risks, improve early detection of health problems, and promote early interventions. 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).*	Annually analyze HEDIS PPC, W30 and W15 and CIS 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. 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. Implement a strategy to incorporate the community and member voice into the PIP. Participate in collaborative interventions including: - Provide education, resources, and tools to care teams. - Collaborate with community partners. - Engage doulas and county partners. Implement and evaluate the effectiveness of UCare specific interventions including: - Prenatal and postpartum case management. - Culturally congruent telephonic outreach via Health Improvement Team. - Update and disseminate resources for pregnant members and families. - Partner with providers and community organizations to conduct outreach. - Collect member and community feedback to inform interventions and improvement metrics.	DHS Contract, Minn. Rules, part 4685.1125 and 4685.1130	PIP Interim Report	VP, Health Services and Quality Operations	Aug	Sep			QMIC Workgroups - Prevention - Aug

Community Voices - Aug |
| QCC | DHS Performance Improvement Project (PIP) Diabetes and Depression 2024-2026 | Connect, Connect + Medicare, MSC+, MSHO | Improve health outcomes and reduce health disparities for individuals with co-occurring diabetes and depression. Improve diabetes management by addressing the impacts of the comorbidities of diabetes and depression. This is supported by an abundance of research on the prevalence and impacts that depression can have on diabetes management, as well as impacts that having diabetes can have on a person with depression. Achieve a statistically significant improvement year-over-year for 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). | Annually analyze HEDIS measures KED, HBD, BPD, and 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. 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. Implement a strategy to incorporate the community and member voice into the PIP. Participate in collaborative interventions including: - Continue care coordinator training and webinar series on topics to address health disparity gaps in diabetes and depression care. - Provide educational resources. - Conduct community outreach and develop partnerships. Implement and evaluate the effectiveness of UCare specific interventions including: - Align internal efforts for Diabetes care outreach and initiatives. - Increase services and education of the Disease Management program and Mental Health & Substance Use Disorder Services (MSS) Team | DHS Contract, Minn. Rules, part 4685.1125 and 4685.1130 | PIP Interim Report | VP, Health Services and Quality Operations | Aug | Sep | | | QMIC Workgroups - Emerging Risk, Mental Health - Aug

Community Voices - Aug |

*Monitoring of previously identified issues in 2024 that require additional follow-up.

2025 Quality Program Work Plan

Focus Area	Activity	Products	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	QMIC	QIC	QIACC	Health Equity	Other
				- Utilize Unite Us as a referral platform to connect members to resources relating to diabetes and depression care - Partner with EverlyWell in-home testing kits - Provider partnerships. - Member Education (Emotional Health Mailer and Adult Day Center (ADC)								
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
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) Well Child Visits	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	Aug	Sep			QMIC Workgroups - Prevention - Aug
Admin	Quality Rating System	IFP	Complete quality improvement activities based on Stars ratings. Achieve a 2025 Star Rating of 4.5 out of 5 Stars. Refer to HEDIS and CAHPS/ESS 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 Oct	Sep Nov	Sep		QMIC Workgroups
Admin	Regulatory Oversight	All Products	When applicable, 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. Ensure results of the Department of Human Services' Annual Technical Review (ATR) report are acted upon.	Identify number of deficiencies and mandatory improvements in audit reports. Discuss mandatory improvements with appropriate VPs/Directors and receive written confirmation from VPs of next steps. Corrective action plans (CAPs) relating to the audit deficiencies are complete or in process. Review and respond to Department of Human Services' draft and final ATR reports.	CMS Medicare requirements CMS Medicaid requirements DHS contracts	CMS Medicare Program Final Audit Report MDH QA Exam/DHS TCA Final Audit Report ATR Report	VP, Chief Compliance and Ethics Officer VP, Government Relations		Sep			Compliance Oversight Committee BOD Compliance Committee
Admin	Stars Report **See QMIC Work Plan & Stars Grid for HEDIS	UCare Medicare, MSHO, Connect + Medicare, EssentiaCare,	Complete quality improvement activities based on Stars ratings. Achieve a 2026 rating of 4.5 Stars or higher for UCare Medicare and 4.0 Stars or higher for all other Medicare products.*	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	42 CFR §§ 422.152 and 422.516	Strategic Plan Stars Update	VP, Health Services and Quality Operations	Sep Oct	Jul Sep Nov	Sep	Apr Oct	QMIC Workgroups

Monitoring of previously identified issues in 2024 that require additional follow-up.

Focus Area	Activity	Products*	Yearly Objective	Planned Activities	Regulatory Requirement	Report	Owner	QMIC	QIC	QIACC	Health Equity	Other
	performance and benchmark data.	UCare Your Choice	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.	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. Consult with the Rex Wallace Consulting team and use Hyperlift to set and monitor measure level goals throughout the year.								
QS	Web-based Physician and Hospital Directory Usability Testing	All Products	Evaluate member and prospective member understanding and usefulness of the web-based physician and hospital directories.	Conduct web-based physician and hospital directories testing of the following: -Reading Level. -Intuitive content organization. -Ease of Navigation. -Ensure directories are available in additional languages as appropriate to membership.	NCQA NET 5 I	Provider Search Testing Report	VP, Chief Marketing and Digital Officer					QMIC Workgroups - Enrolle Experience - Nov

*Monitoring of previously identified issues in 2024 that require additional follow-up.